Virginia Department of Health Professions
Board of Counseling

FINAL-APPROVED
Virginia Board of Counseling
Regulatory Committee Meeting Minutes
Friday, March 28, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

PRESIDING OFFICER: Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

BOARD MEMBERS PRESENT:
Nakeisha Gordon, LPC
Luanne Griffin, LPC
Gerard Lawson, PhD, LPC, LSATP, NCC
Terry R. Tinsley, PhD, LPC, LMFT, CSOTP
Tiffinee Yancey, PhD, LPC

BOARD STAFF PRESENT:
Latasha Austin, Licensing & Operations Manager
Krystal Blanton, Discipline & Compliance Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director – Licensing
Dalyce Logan, Senior Licensing Specialist

DHP STAFF PRESENT:
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
Matthew Novak, Policy Analyst, Department of Health Professions
Arnie Owens, Agency Director, Department of Health Professions *(left meeting at 10:42am)*

PUBLIC ATTENDEES: Tania Hammock, Community Resident Inc.

CALL TO ORDER: Ms. Stransky called the Regulatory Committee Meeting to order at 10:00a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: An introduction was done of all Committee members and staff. Six members of the Committee were present at roll call; therefore, a quorum was established.

MISSION STATEMENT: Ms. Stransky read the mission statement of the Department of Health Professions, which was also the mission statement of the Committee. Ms. Stransky also read the emergency egress instructions.

ADOPTION OF AGENDA: The meeting agenda was adopted as presented.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last meeting held on October 18, 2024.

Motion: Dr. Yancey made a motion, which Ms. Gordon properly seconded, to approve the minutes from the October 18, 2024, as presented. The motion passed unanimously.

PUBLIC COMMENT: No public comment was provided.

UNFINISHED BUSINESS:

- **Discussion of the Use of Artificial Intelligence (AI)**
  The Committee reviewed the American Association of State Counseling Boards (AASCB) AI Position and Guidance document and discussed the implications of using AI in counseling practice.

Dr. Lawson gave a brief synopsis of the document provided in the agenda packet, which emphasized that regardless of the tools used, licensees remain fully responsible for their use, data storage, informed consent, and staying within their scope of practice.

The document included educational content for the Board and stresses the importance of informed consent and caution its use in crisis situations.

Committee Comments:

- Board Members expressed concern over data privacy, misunderstanding by clients, and the potential misuse of AI, especially with vulnerable populations.
- Multiple members noted the need for due diligence, especially regarding tools claiming HIPAA compliance.

Next Steps:

- The Board agreed to have staff post links to the AASCB, ACA, and NBCC AI documents on the Board of Counseling website as a resource.
- Staff will draft a guidance document that includes a statement clarifying the Board's interpretation of AI usage as being covered under existing regulations, particularly those related to recordings, and will present it to the Committee for review.
- Staff will provide additional outreach by adding information to the news section of the website and sending out an email blast to licensees. In addition, staff will share this information with stakeholders.

NEW BUSINESS:

- **Discussion of Potential Amendments to Licensure by Endorsement**
  The Committee reviewed proposed amendments to Regulation 18VAC115-20-45 regarding licensure by endorsement for professional counselors. Mr. Novak presented the draft revisions, and Ms. Lenart clarified that the changes are intended to streamline the process.

  An extensive discussion followed about the Counseling Compact's requirements and limitations around mandating background checks. Ms. Barrett clarified that the Department of Health Professions (DHP) lacks the authority to impose background checks on currently licensed individuals, and such a requirement would necessitate a separate statutory amendment.

  Motion: Dr. Lawson made a motion, which Dr. Yancey properly seconded, to recommend regulatory amendments to 18VAC115-20-45 via fast-track action as presented to the full Board. The motion passed unanimously.

- **Discussion of Potential Amendments to Residency and Supervisor Requirements**
  The Committee discussed potential amendments to residency and supervisor requirements. Ms. Barrett distributed a fast-track action already in progress. ***(See Attachment 1)***

  The Committee discussed the need for increased training for supervisors. Committee members proposed requiring continuing education (CE) in supervision as part of license renewal. The idea of creating a supervisor credential was also discussed. Committee members also suggested hosting a "Supervisor Summit" to gather input from supervisors.

  Board Staff proposed adding a requirement for supervisors to maintain records for three years.

It was suggested that continuing education (CE) in supervision could count toward the 20 required renewal hours if supervision training were to become a requirement during renewal.

Board Staff proposed requiring supervisors to attest to meeting requirements on their application, which Ms. Barrett indicated would necessitate a regulatory change.

The Committee discussed sending surveys to both supervisors and supervisees to gather feedback on needs and challenges.

Committee members also recommended adding clarifying language in 18VAC115-20-52(3)(a) by adding "per week."

Action Item: Committee members will submit potential survey questions to Ms. Lenart prior to the next committee meeting. Ms. Lenart will also contact Boost 200 for their survey responses to supervision. Ms. Lenart will compile all the potential survey questions and present the information at the next committee meeting.

NEXT MEETING DATES: The next meeting is scheduled for Friday, June 13, 2025.

ADJOURNMENT: Ms. Stransky adjourned the March 28, 2025, meeting at 11:48a.m.

Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

Jaime Hoyle, JD, Executive Director

Attachment 1

Project 8176 - Fast-Track

Board of Counseling

Reduction of residency requirements

Section 18VAC115-20-52 of action only

18VAC115-20-52. Resident license and residency requirements ~~for a residency~~.

A. Resident license. Applicants for temporary licensure as a resident in counseling shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;

2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51;

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a ~~3,400-hour~~ supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches. ~~in the following areas:~~

~~a. Assessment and diagnosis using psychotherapy techniques;~~

~~b. Appraisal, evaluation, and diagnostic procedures;~~

~~c. Treatment planning and implementation;~~

~~d. Case management and recordkeeping;~~

~~e. Professional counselor identity and function; and~~

~~f. Professional ethics and standards of practice.~~

2. The residency shall include a minimum of 2,000 hours of face-to-face client contact providing clinical counseling services.

3. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident.

a. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

b. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. ~~Up to 20 hours of the supervision received during the supervised internship may be counted toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.~~

~~3.~~ c. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. The resident will complete a minimum of 1,000 hours of face-to-face client contact and 100 hours of supervision within two years immediately preceding application to the board for licensure as a professional counselor.

5. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

~~5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.~~

~~6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours toward the requirements of a residency.~~

~~7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.~~

~~8.~~ 6. The residency shall be completed in not less than 21 months ~~or more than four years~~. ~~Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.~~

7. A resident shall meet the renewal requirements of ~~subsection C of~~ 18VAC115-20-100 in order to maintain a license in current, active status.

~~9.~~ 8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.

~~10.~~ 9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

~~11.~~ 10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

~~12.~~ 11. The board will accept residency ~~Residency~~ hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section ~~shall be accepted~~.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100

hours of the supervision shall be rendered by a licensed professional counselor. ~~Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.~~

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. ~~Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements that were in effect at the time the supervision was rendered.~~