Virginia Department of Health Professions
Board of Counseling

Agenda

Regulatory Committee Meeting
September 19, 2025
9960 Mayland Dr, Board Room 2
10:00 a.m.

Call to Order – Gerard Lawson, PhD, LPC, LSATP, NCC, Committee Chairperson

- Welcome and Introductions
- Mission of the Committee/Evacuation Instructions……..Page 2

Approval of Agenda

Approval of Minutes

- Regulatory Committee Meeting – June 13, 2025*…….....Page 4

Public Comment

The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Unfinished Business

- Draft Guidance Document on Use of Artificial Intelligence*……..Page 9
- Discussion of Draft Supervision Survey
  - Discussion on requiring continuing education hours for supervisors
  - Residents billing directly for services

New Business

- Prescribing Wildlife as Emotional Support Animals
  - Letter from Virginia Department of Wildlife Resources……..……Page 11
  - Guidance Document 115-6: Guidance on Emotional Support Animals*……..……..Page 13

Next Meeting

- January 15, 2026

Meeting Adjournment

*Requires a Committee Vote.This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

Virginia Department of
Health Professions
Board of Counseling

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **LEFT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 2

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the doors, turn **LEFT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Virginia Department of Health Professions
Board of Counseling

DRAFT

Virginia Board of Counseling
Regulatory Committee Meeting Minutes
Friday, June 13, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

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

BOARD MEMBERS PRESENT: Nakeisha Gordon, LPC
Luanne Griffin, LPC *(Virtually- via Webex due to health reasons)*
Gerard Lawson, PhD, LPC, LSATP, NCC
Terry R. Tinsley, PhD, LPC, LMFT, CSOTP

BOARD MEMBERS ABSENT: Tiffinee Yancey, PhD, LPC

BOARD STAFF PRESENT: Latasha Austin, Licensing & Operations Manager
Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director – Licensing *(Virtually- via Webex)*
Dalyce Logan, Senior Licensing Specialist

DHP STAFF PRESENT: Matthew Novak, Policy Analyst, Department of Health Professions
Arnie Owens, Agency Director, Department of Health Professions *(arrived at 10:10am, left meeting at 10:47am)*

PUBLIC ATTENDEES: Becky Bowers-Lanier
Kathryn Zapach, Virginia Health Care Foundation

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**.** Four members of the Committee were present in person and one member of the Committee was present virtually via Webex 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 March 28, 2025.

Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the minutes from the March 28, 2025, as presented. The motion passed unanimously.

PUBLIC COMMENT: No public comment was provided.

LEGISLATIVE & REGULATORY UPDATE: No report or update was provided.

NEW BUSINESS:

- **Draft Guidance Document on the Use of Artificial Intelligence (AI)**
  Ms. Hoyle presented the draft Guidance Document on the Use of Artificial Intelligence (Attachment 1) to the Committee. The Committee discussed whether the document

should remain a guidance document or be developed into a policy or regulation. It was noted that guidance documents are non-binding and cannot mandate actions ("should" vs. "must"). If mandatory language is desired, the Regulatory Committee could propose incorporating AI language into formal regulation.

After review, the Committee suggested making the following edits to the draft Guidance Document on the Use of Artificial Intelligence:

- Add a definition of Artificial Intelligence.
- In the first sentence of the first paragraph, cite the full section of the Standards of Practice regulation.
- Revise the second sentence of the first paragraph to read: "but it is merely a tool."
- Include references to specific regulations within the recommendations.
- Amend Recommendation #5 to note that AI "may contain bias and may provide guidance that is clinically contraindicated."

Action Items & Next Steps:

- Ms. Hoyle will revise the draft with the suggested edits.
- Dr. Lawson will contact a potential AI presenter for the next Board meeting.
- The Committee requested that legal counsel review and comment on the Guidance Document at the next meeting

Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the Guidance Document on the Uses of Artificial Intelligence with the recommended amendments. The motion passed unanimously.

Mr. Novak provided the Committee with a refresher on the periodic review process, including the timeline for each stage. He noted that several periodic reviews are currently open, with the exception of QMHP and agency sub, which are not under review at this time. He also gave a brief overview of the full regulatory process, outlining the various types of regulatory actions (e.g., exempt actions, NOIRA stage, fast-track action, emergency action). Mr. Novak reminded members that they can track the progress of any regulatory action on the Virginia Regulatory Townhall website, where a document explaining the full process is also available.

- **Discussion of Draft Supervision Survey**
  The Committee reviewed the draft survey questions from the agenda packet. Members suggested scaling back the survey, merging certain questions, and potentially dividing it into multiple surveys. They also recommended providing context on the purpose of the survey. Ms. Lenart will revise and streamline the questions accordingly.

  Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the draft supervision survey with the Committee's recommended revisions and to forward it to the DHP Workforce Development Center staff for final development and distribution to residents. The motion passed unanimously.

- **Discussion on Requiring Continue Education Hours for Supervisors**
  The Committee will revisit requiring continuing education hours for supervisors after receiving the results of the supervision survey.

- **Residents billing directly for services**
  The Committee will revisit residents billing directly for services after receiving the results of the supervision survey.

NEXT MEETING DATES: The next Full Board meeting is scheduled for July 25, 2025, and the next Regulatory Committee meeting is scheduled for Friday, September 19, 2025.

ADJOURNMENT: Ms. Stransky adjourned the June 13, 2025, Regulatory Committee meeting at 11:33a.m.

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Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

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Jaime Hoyle, JD, Executive Director

Attachment 1

Guidance document: Adopted:

Virginia Board of Counseling

Guidance on Use of Artificial Intelligence (AI)

The standards of practice set forth in section 130 of the regulations and in the Code of Virginia apply regardless of the method of delivery. The regulations do not prohibit the use of AI, but it is a tool, and the counselor remains accountable and responsible for all decisions. Utilization of AI should enhance the provision of services and should not interfere with human relationships. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

The Board of Counseling recommends the following when a licensee uses AI:

1. The counselor should seek training or otherwise demonstrate expertise in the use of AI, especially in the matter of protecting confidentiality and security. Such training should provide a foundational knowledge of how AI works, its risks and limitations, ethical considerations, and best practices.

2. The counselor must take steps to protect client confidentiality and security.

3. Counselors should obtain informed consent regarding AI. This informed consent should explain how and when AI tools will be used, disclose any risks, and explain the purpose and potential benefits.

4. Counselors should maintain transparency and document instances of AI tools utilized.

5. Counselors should recognize that AI is imperfect and may contain bias.

6. Counselors should ensure data security and patient privacy and confidentiality. AI platforms must adhere to federal and state privacy laws, and counselors must ensure personal identifying information and personal health information remain protected.

7. Supervisors should incorporate discussions regarding AI use with residents in counseling, to include risks, best practices, and outside resources for further training.

8. Counselors should actively work to ameliorate AI risks and report concerns to AI platforms.

The Board recommends that licensees review the following links from counseling national associations before incorporating AI into their practice. These resources also provide templates for informed consent regarding AI.

Guidance document: Adopted:

- American Counseling Association (ACA) - Recommendations for Practicing Counselors and Their Use of AI
- National Board for Certified Counselors (NBCC) - Ethical Principles for Artificial Intelligence in Counseling
- American Association of State Counseling Boards (AASCB) - AASCB AI Position and Guidelines

Guidance document: Adopted:

Virginia Board of Counseling

Guidance on Use of Artificial Intelligence (AI)

Artificial Intelligence (AI) generally refers to the ability of a computer or computer-controlled robot to perform tasks that would typically require human intelligence, such as reasoning, learning, decision-making, problem-solving, and perception. As AI becomes increasingly integrated into clinical practice, the Board of counseling is committed to ensuring that AI enhances care quality while maintaining client safety, privacy, and the integrity of the therapeutic relationship.

Licensees remain responsible for the care they provide regardless of the tools they use. The standards of practice and the grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license set forth in the Regulations Governing the Practice of Professional Counseling,[i] apply regardless of the method of delivery. The regulations do not prohibit the use of AI, but AI is merely a tool, and the licensee remains accountable and responsible for all decisions. Licensees should recognize that AI may contain bias and may provide guidance that is clinically contraindicated.

Utilization of AI should enhance the provision of services and should not interfere with human relationships. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guides in determining the appropriate professional conduct of all persons whose activities are regulated by the Board of Counseling.

Sections of the standards of practice for licensed professional counselors* that may be applicable include guidance to:

1. 18VAC115-20-130 B. 1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.

2. 18VAC115-20-130 B. 2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education training and experience accurately to clients.

3. 18VAC115-20-130 B. 9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements.

4. 18VAC115-20-130 C. 2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

5. 18VAC115-20-130 C. 4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

The Board recommends that licensees review the following links from counseling national associations before incorporating AI into their practice. These resources also provide templates for informed consent regarding AI.

- American Counseling Association (ACA) - Recommendations for Practicing Counselors and Their Use of AI
- National Board for Certified Counselors (NBCC) - Ethical Principles for Artificial Intelligence in Counseling
- American Association of State Counseling Boards (AASCB) - AASCB AI Position and Guidelines

*Similar standards of practice are found in regulations for marriage and family therapists and licensed substance abuse treatment practitioners.

[i] 18 Va. Admin. Code § 115-20-130 (2024) and 18 Va. Admin. Code § 115-20-140 (2024). Available at LPC.pdf.

COMMONWEALTH of VIRGINIA

Department of Wildlife Resources

Stefanie K. Taillon
Secretary of Natural and Historic Resources

Ryan J. Brown
Executive Director

May 29, 2025

Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Subject: Prescribing Wildlife as Emotional Support Animals – Unlawful Possession of Wildlife

Good morning. I apologize for the general greeting, but I am unsure who in your agency this should go to.

The Virginia Department of Wildlife Resources would appreciate your assistance with an emerging issue in Virginia. It has come to our attention that some Virginia health care providers are prescribing wildlife as emotional support animals. We are asking for your assistance in getting the word out that possessing wildlife in Virginia is illegal even if you have a prescription to have one as an emotional support animal. In addition, possessing a wild animal presents a significant risk to human health and safety, is detrimental to the animal, and presents a risk of additional emotion trauma to the patient as illegally possessed wildlife is subject to confiscation. For these reasons, we are seeking your assistance in preventing this practice.

Wildlife possession can pose a significant threat to human health and safety. Generally speaking, there is no means to come to possess wildlife in Virginia without obtaining it from the wild. Wild animals can carry rabies, round worm, distemper, mange, parasites, and tick-borne diseases. These diseases are prevalent in wildlife and are communicable to humans. Additionally, a wild animal that has been food conditioned or habituated to human contact is much more likely to cause physical harm to people. This can pose a risk to the person in possession of the animal, those who come into contact with the animal, and those who come in contact with the person in possession of the animal.

The general population is not qualified to care for wild animals and the availability of veterinarians who are qualified to provide care to wild animals is limited. Improper care and undiagnosed conditions may create stress in the animal that may, in turn, make an already precarious situation worse.

For additional information, please read the article at https://dwr.virginia.gov/blog/wildlife-arent-pets/.

Thank you for your time, understanding and assistance with this important issue. Please reach out to me, Paul Kugelman, at paul.kugelman@dwr.virginia.gov if you have any questions.

Sincerely,

Paul Kugelman, Jr.
Legal Compliance Officer
Dept. of Wildlife Resources

Board of Counseling

Guidance on Emotional Support Animals

Licensees who are asked by clients to write letters or otherwise advocate for clients' use of emotional support animals, therapy animals, or other animal-assisted accommodations are advised to consider whether the licensee has relevant training and/or experience to support such advocacy.

Licensees are also advised to consider the plan for treatment, appropriate documentation, and the justification for their advocacy, based on clinical reasons.

Sections of the standards of practice for licensed professional counselors* that may be applicable include guidance to:

18VAC115-20-130 B. 1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

18VAC115-20-130 B. 2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education training and experience accurately to clients;

18VAC115-20-130 B. 3. Stay abreast of new counseling information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

18VAC115-20-130 B. 4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

18VAC115-20-130 C 5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship.

**Similar standards of practice are found in regulations for marriage and family therapists, licensed substance abuse treatment practitioners, and certified substance abuse counselors*