Virginia Department of Health Professions
Board of Counseling

Agenda

Full Board Meeting
April 25, 2025
10:00 a.m.
9960 Mayland Dr
2nd Floor, Board Room 2
Richmond, VA 23233

10:00 a.m. Call to Order – Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Chair

- Moment of Silence
- Introductions/Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures…… Page 3

Adoption of Agenda

Closed Session for Legal Consultation

Consideration of Summary Suspension*

Public Comment

The Board will receive public comment related to agenda items at this time. The Board 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.

Approval of Minutes

- January 24, 2024 Board Meeting Minutes* ……Page 5

Agency Director Report (Verbal) – Arne Owens

Chair Report (Verbal) – Dr. Tinsley

Legislative and Regulatory Report – Jaime Hoyle, Executive Director, Boards of Counseling, Psychology and Social Work (BSU)

- Regulatory Chart…… Page 40
- Legislative Report……...Page 42
- Adoption of Final Regulatory Changes for Licensure of Art Therapists*……...Page 45

Regulatory Committee Report - Maria Stransky, LPC, CSAC, CSOTP, Regulatory Committee Chair

- March 28, 2025 Draft Regulatory Committee Minutes…… Page 89

New Business

- Discussion of Board-Approved Training for BHTAs, BHTs, and QMHPs – Ms. Hoyle
  - Recommendations for Potential Revisions/Additions to Policy Documents*…… Page 92
    - Recommended Core Curriculum

- Continuing Education Credits
- Education/Degree Equivalency
- Procedure for Board Approval of Training
- FAQs

Staff Reports

- **Executive Director's Report** – Ms. Hoyle
  - Counseling Compact Update
  - American Association of State Counseling Boards (AASCB) and Counseling Regulatory Boards Summit (CRBS) Updates
- **License Report** – Jennifer Lang, Deputy Director, Boards of Counseling, Psychology and Social Work ..... Page 96
- **Discipline Report** – Ms. Lang..... Page 100

Consideration of Recommended Decisions*

Next Meeting:

- Board Meeting: July 25, 2025

Meeting Adjournment

12:30 p.m. Formal Hearing

*Indicates a Board Vote is required.
**Indicates these items will be discussed within closed session.
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 2.2-3708(D).

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
Public Hearing & Quarterly Board Meeting Minutes
Friday, January 24, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER: Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Board Chairperson

BOARD MEMBERS PRESENT:
Maria Anastasiou, LMFT
Marlo Burdge, Citizen Member
Nakeisha Gordon, LPC *(left meeting at 2:03pm)*
Luanne Griffin, LPC *(arrived at 10:16am)*
Shannon Kuschel, PhD, LPC
Gerard Lawson, PhD, LPC, LSATP, NCC
Matthew Scott, LMFT
Maria Stransky, LPC, CSAC, CSOTP, Board Vice-Chairperson

BOARD MEMBERS ABSENT:
Benjamin Allison, Citizen Member
Lester Paul Bernard, PhD, LPC
Tiffinee Yancey, PhD, LPC

BOARD STAFF PRESENT:
Latasha Austin, Licensing & Operations Manager
Krystal Blanton, Discipline & Compliance Case Specialist
Trasean Boatwright, Sr. Licensing Specialist
Shannon Brogan, Sr. Licensing Specialist
Sandie Cotman, Registration Program Supervisor
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing
Dalyce Logan, Sr. Licensing Specialist

DHP STAFF PRESENT: Matthew Novak, Policy Analyst, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

PRESENTATION SPEAKERS:
Barbara Hodgdon, PhD, Deputy Director, DHP Healthcare Workforce Data Center
Trinette Randolph, Boost 200 Program Manager, Virginia Health Care Foundation
Yetty Shobo, PhD, Executive Director, DHP Healthcare Workforce Data Center

PUBLIC ATTENDEES:
Eileen Douglas, Associate Professor, Old Dominion University
Deborah Oswalt, Executive Director, Virginia Health Care Foundation
Spencer Powers, Assistant Professor, Old Dominion University
Mary Roberts, Professor, Old Dominion University

CALL TO ORDER: Dr. Tinsley called the meeting to order at 10:02 a.m.

MOMENT OF SILENCE: Moment of silence was observed.

ROLL CALL/ESTABLISHMENT OF A QUORUM: A formal introduction of all Board members and staff was conducted. At the time of roll call, eight Board members were present, establishing a quorum.

MISSION STATEMENT: Dr. Tinsley read the mission statement of the Department of Health Professions, which was also the mission statement of the Board. Dr. Tinsley also read the

emergency egress instructions.

ADOPTION OF AGENDA: Mr. Novak informed the Board that the Regulatory and Legislation Reports were not included on the agenda or in the agenda package and needed to be added and discussed.

Motion: Dr. Lawson made a motion, which Mr. Scott properly seconded to adopt the agenda with the amendments from Mr. Novak. The motion passed unanimously.

PUBLIC HEARING: A Public Hearing was held for the Board to receive public comment regarding the proposed regulatory action to license art therapist.

PUBLIC HEARING COMMENT: No public comment was provided during the public hearing.

The Public Hearing concluded at 10:08a.m.

PUBLIC COMMENT: No public comment was provided regarding other items on the agenda.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last quarterly board meeting held on October 4, 2024.

Motion: Dr. Lawson made a motion, which Ms. Stransky properly seconded to approve the minutes from the October 4, 2024 meeting as presented. The motion passed unanimously.

AGENCY REPORT: No report

BOARD CHAIR REPORT: Dr. Tinsley welcomed new board member Dr. Kuschel. Dr. Tinsley also informed the Board that the Regulatory Committee would continue its discussion regarding the use of ChatGPT and other artificial intelligence at the next Regulatory Committee meeting scheduled for March 2025.

PRESENTATIONS:

- **Overview of Boost 200 Program**
  Ms. Randolph presented a PowerPoint presentation on how the Boost Program pays for supervision required for licensure and provides exam preparation. ***(See Attachment 1)***

- **Virginia's Licensed Professional Counselor Workforce**
  Dr. Hodgdon presented a PowerPoint presentation on the Licensed Professional Counselor Workforce in Virginia which was included in the agenda packet. The presentation concluded that there is an increase in licensees and the Virginia workforce, the median education debt is higher than the median income, the majority accept cash/self-pay; with an increase in percentage accepting Medicare. The presentation also concluded that there is a decrease in percentage working in community boards and clinics, with an increase in percentage working in private practice. The majority also provide telehealth in state; with over 1in 4 who intend to join the compact.

- **Virginia's Qualified Mental Health Professional Workforce**
  Dr. Hodgdon presented a PowerPoint presentation on the Qualified Mental Health Professional Workforce in Virginia which was included in the agenda packet. The presentation concluded that 95% of registrants are in the workforce, with a majority of the workforce being female, and high diversity index. The presentation also concluded that most of the QMHPs have held their registration for over 5 years, the majority are providing treatment and clinical services, and more than 2 or 5 QMHPs

intend to continue education as a resident.

Action Item: The Board engaged in a discussion regarding the need to collect data on the salary range of QMHPs and to update the survey questions in order to gain a clearer understanding of the services currently being provided by QMHPs.

LEGISLATION & REGULATORY REPORT:

- **Current Regulatory Actions**
  Mr. Novak provided the Board with an overview of the current regulatory actions for the Board of Counseling, as of January 22, 2025. ***(See Attachment 2)***

  Action Item: After review, board members suggested that staff add language to the Board website about the Counseling Compact.

- **Legislation Report**
  Mr. Novak gave a brief description of the general assembly. He reviewed with the Board current House Bill and Senate Bills related to health and human services, behavioral health, and licensure and certification regulations. ***(See Attachment 3)***

- **Petition for Rulemaking #1**
  Mr. Novak reviewed and discussed a petition for rulemaking received to establish a licensure pathway for LSATPs to become LPCs.

  The Board received three public comments regarding the petition.

  Motion: Dr. Lawson made a motion, which Ms. Stransky properly seconded, to deny the petition for rulemaking as the Board feels LSATPs and LPCs are different professional tracks with distinct educational requirements. The Board concluded that, as a result, a distinct pathway for LSATPs to become LPCs is not viable. The motion passed unanimously.

- **Petition for Rulemaking #2**
  Mr. Novak reviewed and discussed a petition for rulemaking received to allow previous clinical experience obtained by an LPC or LMFT who also holds a license as a psychologist, LCSW, or psychiatrist to satisfy requirements for two years of post-licensure clinical experience to become a supervisor.

  The Board received 24 public comments regarding the petition. Twenty-one public comments were submitted in opposition to the petition, while three comments expressed support for the petition.

  Motion: Dr. Kuschel made a motion, which Ms. Stransky properly seconded, to deny the petition for rulemaking as the Board feels the current standards of supervision are sufficient. The motion passed unanimously.

- **Petition for Rulemaking #3**
  Mr. Novak reviewed and discussed a petition for rulemaking received to accept passage of the National MFT exam in place of the NCMHCE or NCE for marriage and family counselors applying for licensure as an LPC.

  The Board received 24 public comments regarding the petition. Thirteen public comments were submitted in opposition to the petition, two were in support, and one comment did not take a position on the petition.

  Motion: Ms. Gordon made a motion, which Ms. Burdge properly seconded, to deny the petition for rulemaking. The Board feels there is not sufficient information on

the equivalence of the LMFT exam to the currently accepted exams by the Board for licensure as an LPC. The motion passed, with one opposed.

- **Petition for Rulemaking #4**
  Mr. Novak reviewed and discussed a petition for rulemaking requesting creation of a regulatory pathway for LMFTs to become LPCs similar to that provided for LPCs to become LMFTs.

  Nine public comments were received in response to the petition, with eight expressing opposition and one showing support.

  Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to deny the petition for rulemaking as the Board feels current regulations are sufficient for individuals who hold a LMFT license to obtain LPC credentials. The motion passed unanimously.

- **Petition for Rulemaking #5**
  Mr. Novak reviewed and discussed a petition for rulemaking received requesting that the Board amend 18VAC115-20-52(C)(2) and 18VAC115-50-60(C)(3) to require supervisors complete two hours of continuing education in ethics yearly.

  Fifteen public comments were received in response to the petition, with three expressing opposition and twelve in support of the petition.

  Motion: Ms. Gordon made a motion, which Ms. Burdge properly seconded, to deny the petition for rulemaking and send the issue to the Regulatory Committee. While the Board supported the idea of the petition, they preferred the Regulatory Committee look at the issue to identify all potential changes that would need to be made. The motion passed unanimously.

  The Board took a break at 12:08pm. The meeting reconvened at 12:20pm

- **Consideration of Fast-track regulatory amendments for the reduction of residency requirements**

  Mr. Novak reviewed and discussed with the Board the recommendation from the Regulatory Committee to considered reductions to residency requirements to become a licensed professional counselor, licensed marriage and family therapist, and licensed substance abuse treatment provider. The amendments generally included:
    - Removing the requirement to obtain 3,400 hours of residency, leaving in place the requirement of a minimum of 2,000 hours fast-to-face client contact;
    - Requiring that 1,000 hours face-to-face experience and 100 hours of supervision be completed within two years preceding application to the Board for licensure;
    - Removing the maximum time that an applicant must complete supervised experience;
    - Creating an option for residents to move to inactive status;
    - Making other changes consistent with changes described here (for example, eliminating the definition of "ancillary counseling services").

  After review and discussed, the Board suggested the following additional amendments to the draft document:

- 18VAC115-50-60(B)(2); Clarify regulations by adding wording that the 2,000 hours in clinical marriage and family services shall at least be 2,000 hours face-to-face client contact in clinical marriage and family services.
- 18VAC115-50-60(B)(4); Clarify that the resident in marriage and family therapy must complete a minimum of 1,000 hours of face-to-face client contact in clinical marriage and family services and 500 hours in face-to-face client contact with couples or families or both and 100 hours of supervision within two years immediately preceding application.

Motion: Dr. Lawson made a motion, which Ms. Gordon properly second to accept the recommendation of the Regulatory Committee with the additional amendments and adopt the proposed language as a fast-track regulatory action. The motion passed unanimously.

Action Item: In addition, board members suggested that 18VAC115-20-52(B)(3)(a) in the draft proposed reduction of residency requirements *(18VAC115-20-52(B)(2) in the current regulations)* be reviewed and discussed at a future meeting by the Regulatory Committee.

- **Adoption of proposed regulatory language to implement the Counseling Compact**

Mr. Novak reviewed and discussed with the Board the proposed regulatory language. No public comment was received.

Motion: Dr. Lawson made a motion, which Ms. Griffin properly seconded, to adopt proposed regulatory language to implement the Counseling Compact. The motion passed unanimously

The Board took a break at 1:12pm. The meeting reconvened at 1:24pm

COMMITTEE REPORTS:

Regulatory Committee

Ms. Stransky indicated that, since the Regulatory Committee report had already been covered in the Legislative and Regulatory section of the meeting, she had no additional report to provide.

UNFINISHED BUSINESS:

- **Consideration of policy document regarding approved trainings for BHTAs, BHTs, and QMHPs**

The Board reviewed the documents included in the agenda packet for approved training for registration as a BHT and BHTA and qualifications and approved training as a QMHP and QMHP-Trainee.

Motion: Ms. Stransky made a motion, which Ms. Gordon properly seconded, to accept the documentation provided as policy. The motion passed unanimously

The approved and accepted documents will be posted on the Board's website under Policies.

- **Required Supervisor Training**

Ms. Hoyle reviewed and discussed with the board the Board of Social Work's Guidance Document 140-9 for training on supervision for Clinical Social Work as a reference ***(Attachment 4)*** and an overall chart of current supervision requirements and approved providers of supervision training. ***(Attachment 5)***

Ms. Hoyle posed several questions to the Board to help staff create a policy document for supervision training for QMHPs, QMHP-Trainees, BHTs and BHTAs. Who can train a QMHP? What does training look like? How many hours of supervision training should be required?

After discussion, the Board recommends that prior to supervising a QMHP, QMHP-Trainee, BHT or BHTA, the supervisor complete the following hours of supervision training:

- Licensed Mental Health Providers (LMHPs) complete 4 hours of continuing education in supervision training.
- Resident in Counseling, Residents in Marriage and Family Therapy, Residents in Substance Abuse Treatment, Residents in Psychology, and Supervisees in Social Work complete 8 hours of continuing education in supervision training.
- QMHPs with 3 years of experience complete 16 hours of continuing education in supervision training.
- BHTs with 3 years of experience complete 16 hours of continuing education in supervision training.

The board recommends that the supervision training curriculum include the following content areas:

- Scope of practice
- Professional boundaries
- Nature of a professional relationship
- Confidentiality
- Record-keeping
- Ethics
- Leadership

Motion: Ms. Gordon made a motion, which Ms. Stransky properly seconded, for board staff to create a document outlining the supervisor qualifications, training requirement and training content areas in a policy. The motion passed unanimously.

NEW BUSINESS:

- **Appointment of alternate Commissioner to the Counseling Compact**

Motion: Dr. Tinsley made a motion, which Ms. Griffin properly seconded, to appoint Charlotte Lenart, Deputy Executive Director as the alternate commissioner to the Counseling Compact. The motion passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:

No report

DISCIPLINE REPORT:

Ms. Lang reported on the discipline case information from September 21, 2024 to January 10, 2025. A copy of the report was included in the agenda packet. She noted that in 2024, the Board of Counseling received 493 new cases and closed 435. For the three behavioral science boards (Counseling, Psychology, and Social Work), discipline staff received 884 new cases and closed 732, with 578 open cases. Since 2021, the new cases received for the three boards has increased by 55%. With the new credentials created for the boards of Counseling and Psychology, staff expects this number to continue to rise.

Ms. Lang acknowledged Dr. McAdams for his hard work on the probable cause reviews and noted that he completed 270 case reviews in 2024. She also thanked Christy Palmore for her continued hard work and dedication to the public and the Board of Counseling, as well as to the Boards of Psychology and Social Work.

Ms. Lang introduced Krystal Blanton, the newly hired Discipline and Compliance Case Specialist for the three behavioral science boards. Ms. Blanton has been at DHP for almost 18 years, with the Boards of Medicine and Nursing, and has a master's degree in public administration. She is continuing to learn the discipline processes but has already been a wonderful addition to the team.

Ms. Lang advised that she gave a presentation to students at William & Mary. Additionally, she continues to meet with the Virginia Department of Education to provide information relevant to the CTE program in mental health. VADOE is creating a second-year curriculum for the program, with the help of Dr. Yancey who served on the curriculum review panel. Ms. Lang further advised that she will bring this issue back to the board in the future for discussion on how the curriculum might meet the requirements for the CSAC-A credential.

LICENSING REPORT:

Ms. Lenart referenced the licensure report included in the agenda packet that reported on the licensure stats for the Board of Counseling as of January 6, 2025. Sahe highlighted that the Board is currently regulating 42,000 licensee, certificate holder and registrants.

Ms. Lenart acknowledged the Counseling Licensing staff for their dedication and hard work, noting that the recent satisfaction survey, which reflected a 95.1% satisfaction rate, is a testament to their commitment.

She also announced that a restructuring process is underway to both retain current staff and establish a clear succession pathway. Ms. Lenart introduced Alesia Baskin as the newly hired Senior Licensing Specialist, who brings over 20 years of experience at DHP and will assist Ms. Cotman in managing the growing volume of QMHP and Peer applications.

Additionally, Ms. Lenart informed the Board that the reengineering efforts for the Board's website have been completed, including updates to online application handbooks, a step-by-step guide for applying, updated forms, applications, license verifications, FAQs, and automatic emails for all license types, CSAC, and CSAC-As. She noted that work is now underway on updates for BHT, BHTA, as well as QMHP and QMHP Trainee processes.

Mr. Novak, Mr. Boatwright, Ms. Brogan, Ms. Cotman, Ms. Logan and all public attendees left the meeting at 2:15p.m. for the Board of Counseling to move into a closed session.

CONSENT ORDER CONSIDERATION:

(Attachment 6)

NEXT MEETING DATES:

The next meeting is scheduled for Friday, April 25, 2025.

ADJOURNMENT:

Dr. Tinsley adjourned the January 24, 2025, meeting at 2:25 p.m.

_____

Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Board Chairperson

_____

Jaime Hoyle, JD, Executive Director

Attachment 1

Boost!
Making Mental Health Happen

Board of Counseling Meeting

January 24, 2025

VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

About the Virginia Health Care Foundation

VHCF is a statewide public/private partnership initiated 33 years ago by the Virginia General Assembly and its Joint Commission on Health Care.

VHCF's **mission** is to increase access to primary health care, including behavioral health services, for uninsured and medically underserved Virginians.

One critical component of access is a sufficient health workforce with adequate distribution throughout the state.

VIRGINIA HEALTH CARE FOUNDATION

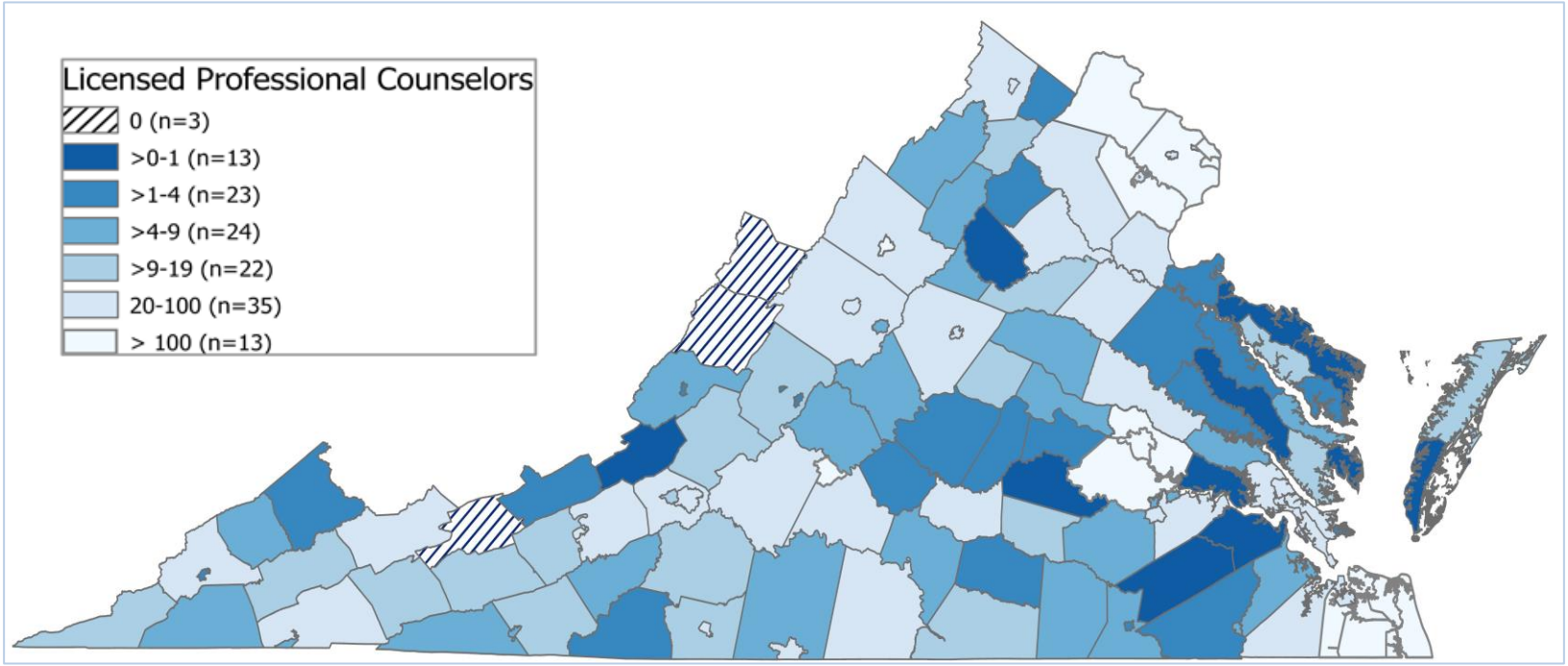
BOOST 200+
MAKING MENTAL HEALTH HAPPEN

Significant Shortages in All BH Professions

Key Findings

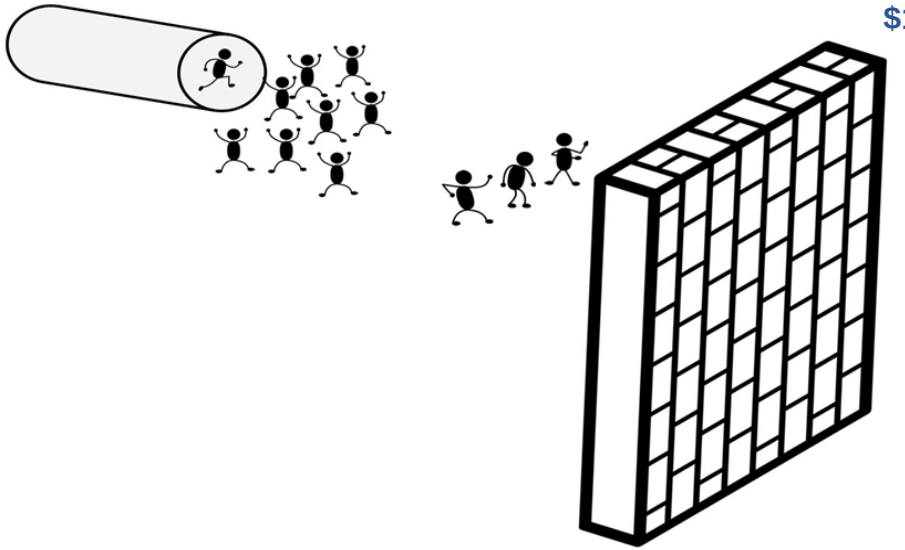
1. Aging Workforce
2. Insufficient Diversity
3. Inadequate Pipeline
4. Insufficient Distribution across the state

Distribution of LPCs in Virginia



Barrier to Licensure of Counselors and Social Workers

Cost of Supervision
Required for Licensure
$10,000 (MSWs)-$20,000 (MCs)



VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

Boost!

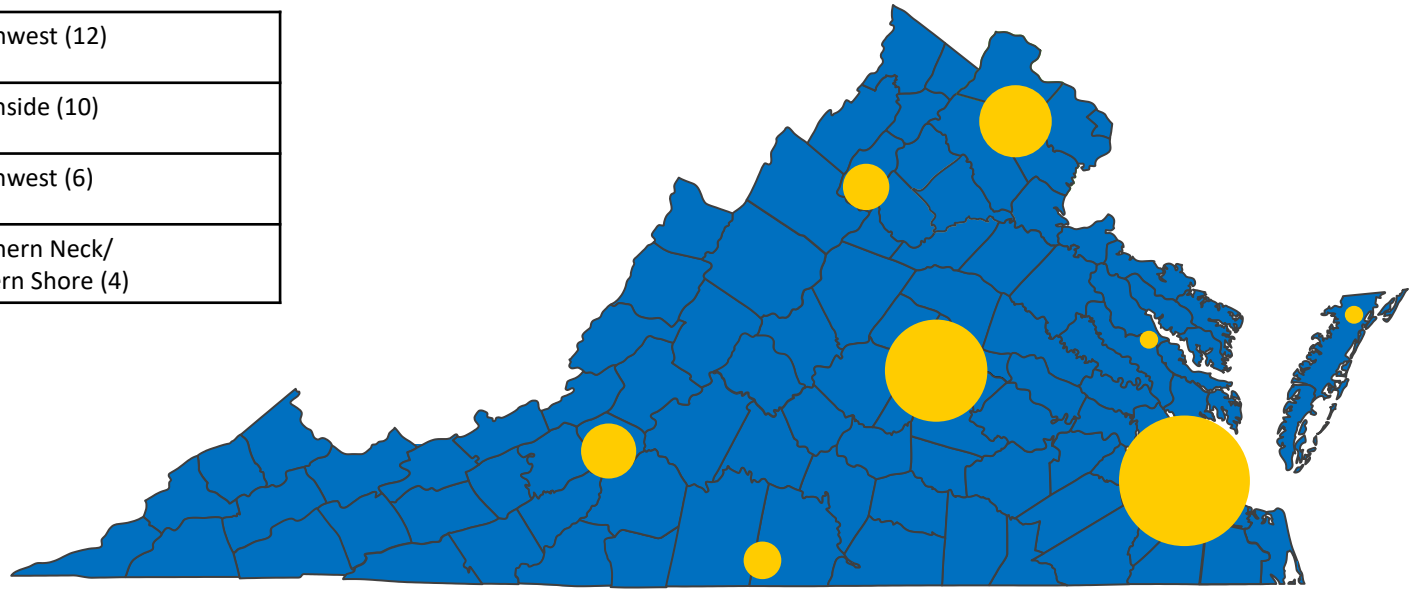
- **Pays for supervision required for licensure** of MCs, MSWs and provides exam prep.
- In return, *Boost!* enrollees commit to practice in Virginia for 2 years, once licensed.
- Prioritizes therapists who are persons of color, fluently bilingual, or practice in a mental health professional shortage area.
- Launched in September 2022 and **90 are already licensed** with more coming soon!

VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

336 Enrollees by Region

Hampton Roads (133)	Northwest (12)
Central (106)	Southside (10)
Northern (44)	Southwest (6)
Roanoke Valley (21)	Northern Neck/ Eastern Shore (4)



VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

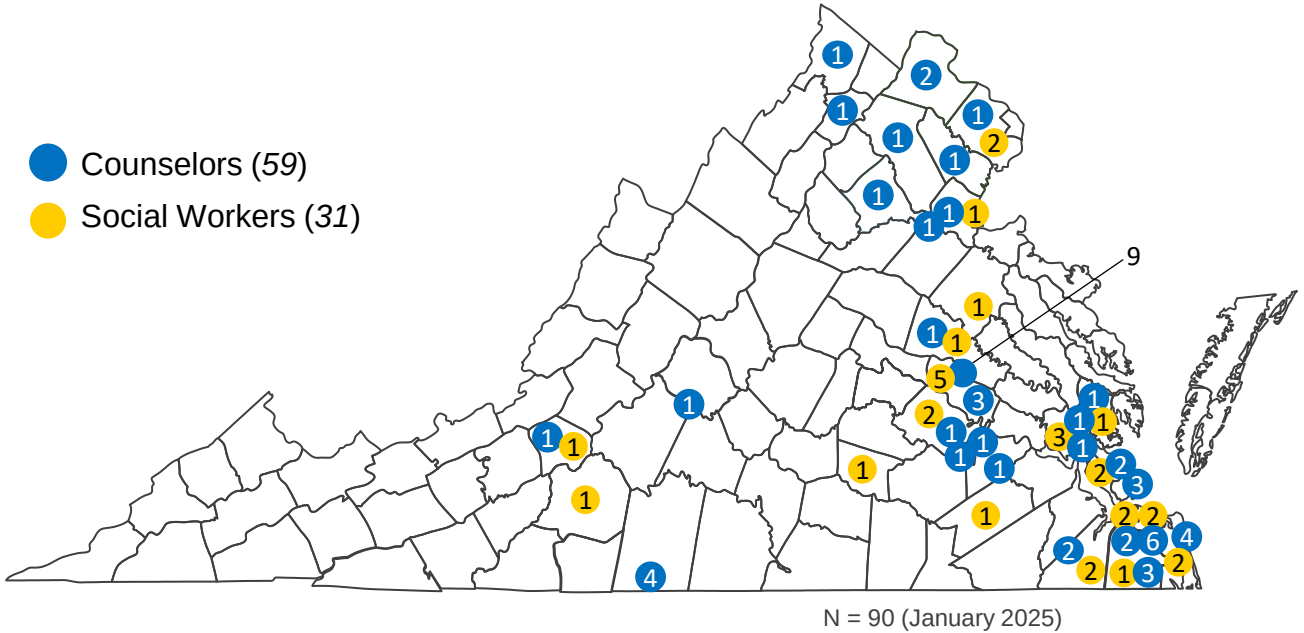
Profile of *Boost!* Counselors

- **65% are people of color; 10% are bilingual**
- **45% are first-generation graduates (*parents did not complete a 4-year college program*)**
- 36 years old (*average*)
- Majority female (*76%*)
- Average salary of $58,000
- 85% carry student loan debt with an average debt load of $117,000
- 100% paid out of pocket or would have had to for their supervision prior to *Boost!*

VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

Newly Licensed *Boost!* Therapists



N = 90 (January 2025)

VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+ MAKING MENTAL HEALTH HAPPEN

Licensure is the Goal

Licensure as an LPC or LMFT requires

- ✓ 3400 clinical hours
- ✓ 200 supervised hours
- ✓ Passing the licensure exam

Different rules apply to the timing of licensure exams for counselors and social workers.

- **Counselors** can take the licensure exam at any point after they graduate with their Masters of Counseling degree, including during their residency.
- **Social workers** are only allowed to take their exam after their required supervision and clinical hours have been completed.

Counselors

- To date,106 *Boost!* counselors have passed the National Clinical Mental Health Counseling Examination or the National Counselor Examination.
- Counselors are strongly encouraged to take the licensure exam while *Boost!* is paying for their supervision, if they have not passed it already.
- This will enable these counselors to become licensed immediately after completing their supervision hours.
- Licensure exam prep resources are offered to those who have not already passed exam. (*Many thanks to United Healthcare*)

Lessons Learned

- All *Boost!* enrollees have needed help with understanding the pathway to licensure
- Licensure exam prep should be given to all *Boost!* enrollees
- Obtaining applications from rural areas requires targeted marketing
- Some enrollees experience life changes that impact their participation
- Program is not a fit for everyone-requires a steady pace to finish in a timely manner

VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

Feedback from *Boost!* Counselor Enrollees

- *"Boost* has supported me throughout my entire journey to licensure and even provided an amazing licensure exam prep course that assisted me in passing my exam*."*-**A. Goss, LPC**

- "My supervision costs are the amount of a car payment! I had to choose which I would pay each month. I am thankful that *Boost* can help with this financial burden!"- **K. Grace, LPC**

- "This program is great, I would not be licensed right now, if it wasn't for this program. Thank you!!" – **M. Brooks, LMFT**

- *Boost* provided the guidance, support, and encouragement I needed throughout the time I was part of the program." **P. Walker, LPC**

Future Focus for *Boost!*

- Seek funding for more *Boost!* slots in the FY26 state budget and from private funders
- Collaborate with key partners to promote *Boost!* to potential applicants from rural areas
- Educate all licensed *Boost!* therapists on Virginia's Behavioral Health Loan Repayment Program
- Continue to track, monitor and support the timely progress of *Boost!* enrollees' clinical and supervision hours
- Track *Boost!* graduates to ensure they meet their 2-year service commitment

VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

Questions?

Trinette Randolph
Boost! Program Manager
Trinette@vhcf.org
804.773.8037

Attachment 2

Board of Counseling
Current Regulatory Actions
As of January 22, 2025

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	Secretary 841 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-20	Emergency/ NOIRA	Implementation of the Counseling Compact	5/8/2023	Secretary 357 days	Implements the Counseling Compact.
18VAC115-20	NOIRA	Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe	10/8/2024	96 days	Result of acceptance of a periodic review

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-80	Exempt/ Final	Changes pursuant to SB403 of the 2024 Session	10/7/2024	107 days	Implements legislation from 2024
18VAC115-100	Exempt/ Final	Creates registration for behavioral health technicians and behavioral health technician assistants pursuant to SB403 of the 2024 Session	10/7/2024	107 days	Implements legislation from 2024

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC115-20	Emergency/ NOIRA	Implementation of the Counseling Compact	10/7/2024	Comment period 10/7 – 11/7/2024. Proposed stage before the Board for action.
18VAC115-90	Proposed	New licensure for art therapists	12/16/2024	Comment period is underway and will end on 2/14/2025. The Board will vote on a final stage action at its April meeting

Attachment 3

Legislative Report
Board of Counseling
Full Board Meeting
January 24, 2025

HB 1629 - Health care records; fees, certain requests by a patient or his attorney.
Chief Patron: Thomas
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Health care records; fees; certain requests by a patient or his attorney. Prohibits a health care provider from charging a fee for a request by a patient, or his attorney, for such patient's health care records when such records are to be used for the purpose of supporting a claim or appeal under the Social Security Act or any federal or state financial needs-based benefit program.

House
Referred from Health and Human Services and referred to Courts of Justice (Voice Vote)
01/21/2025
House
Assigned Courts sub: Civil

HB 1877 - Barrier crimes; peer recovery specialists; screening requirements.
Chief Patron: Callsen
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Barrier crimes; peer recovery specialists; screening requirements. Modifies the barrier crimes screening assessment requirements for peer recovery specialists applying for employment with the Department of Behavioral Health and Developmental Services, an employer licensed by the Department, or a community services board to require that such specialists have completed all prison or jail terms and have no pending charges in any locality in order to be eligible for a screening assessment. Under current law, an applicant must also have paid all fines, restitution, and court costs for any prior convictions, been free of parole or probation for at least five years for all convictions, and not be under probation or parole supervision.

01/14/2025: Assigned sub: Behavioral Health

HB 1636 - Civil immunity; health care professionals; professional programs related to career fatigue and wellness.
Chief Patron: Hope
Status: In House

SUMMARY AS INTRODUCED:
Civil immunity; health care professionals; professional programs related to career fatigue and wellness. Expands civil immunity for persons who participate in professional programs related to career fatigue and wellness for health care professionals to include those who participate in programs for (i) any health care professionals licensed, registered, or certified by the Department of Health Professions or (ii) students enrolled in programs that are prerequisites to licensure, registration, or certification by the Department of Health Professions. Under current law, civil immunity extends only to persons participating in programs for (a) professionals licensed, registered, or certified by the Boards of Dentistry, Medicine, Nursing, or Pharmacy or (b) students enrolled in a school of dentistry, dental hygiene, medicine, osteopathic medicine, nursing, or pharmacy.

01/16/2025: Subcommittee recommends reporting (8-Y 0-N)
01/21/2025: Reported from Health and Human Services (21-Y 0-N)

HB 1861 - Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.
Chief Patron: Price
Status: In Subcommittee

Agency Bill

SUMMARY AS INTRODUCED:
Department of Health Professions; health regulatory boards; regulations; licensure by endorsement. Directs each health regulatory board regulated by the Department of Health Professions to enact regulations to provide a licensure by endorsement pathway for qualified applicants as practitioners of the particular profession or professions regulated by such board. The bill specifies that the Board of Medicine shall be the first health regulatory board to enact regulations to provide a licensure by endorsement pathway. Companion to SB1438 (Durant)

01/06/2025: Referred to Committee on Health and Human Services
01/14/2025: Assigned sub: Health Professions

HB 1940 - International licensure and certification; regulations.
Chief Patron: Willett
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Department of Professional and Occupational Regulation; international licensure and certification; regulations. Directs the regulatory boards within the Department of Professional and Occupational Regulation to promulgate regulations allowing the issuance of a license or certification to any applicant who holds a comparable international license or certification issued by another country.

01/06/2025: Referred to Committee on General Laws
01/20/2025: Assigned GL sub: Professions/Occupations and Administrative Process

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HB 2399 - Minors; parental access to health records.
Chief Patron: Scott, P.A.
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Parental access to minor's health records. Requires health care entities that provide access to health records of minors through a secure website to make such health records available to the minor's parent or guardian through the same secure website.

01/08/2025: Referred to Committee on Health and Human Services
01/21/2025: Assigned sub: Health

SB 826 - Predetermination for licensing eligibility; prior convictions.
Chief Patron: Locke
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Department of Professional and Occupational Regulation; Department of Health Professions; predetermination for licensing eligibility; prior convictions. Prohibits the use of vague or arbitrary terms by a regulatory board or department within the Department of Professional and Occupational Regulation or Department of Health when refusing a person a license, certificate, or registration to practice, pursue, or engage in any regulated occupation or profession. The bill requires such regulatory board or department denying a registration, license, or certificate based on information in the applicant's criminal history record to notify the applicant in writing of (i) the specific offense or offenses that contributed to such denial; (ii) how the criminal history directly relates to the occupation for which the registration, license, or certificate applies; and (iii) how the regulatory board or department weighed rehabilitation factors when making its decision.

The bill further allows an applicant to request a written predetermination from a regulatory board or department within the Department of Professional and Occupational Regulation concerning whether his criminal record would disqualify him from obtaining a license, certificate, registration, or other authority to engage in a particular occupation, trade, or profession in the Commonwealth.

12/31/2024: Referred to Committee on Education and Health
01/17/2025: Assigned Education sub: Health Professions

SB 876 - Virginia Freedom of Information Act; notice of public meetings, proposed agenda required.
Chief Patron: Ebbin
Status: In Committee
SUMMARY AS INTRODUCED:
Virginia Freedom of Information Act; notice of public meetings; proposed agenda required. Requires public bodies subject to the Virginia Freedom of Information Act to include a proposed agenda listing all items expected to be considered by the public body at its meeting. The bill allows for amendments to be made to any such proposed agenda but provides that the public body shall not take any final action on those amended or additional agenda items.

01/03/2025: Referred to Committee on General Laws and Technology
01/15/2025: Reported from General Laws and Technology with substitute and rereferred to Finance and Appropriations (14-Y 0-N)

SB 1293 - School board employees; health care professionals; professional development and continuing education; optional programs; children with autism spectrum disorder.
Chief Patron: Stanley
Status: In Subcommittee

SUMMARY AS INTRODUCED:
School board employees; health care professionals; professional development and continuing education; optional programs; children with autism spectrum disorder. Directs the Board of Education to provide guidance on and each school board to provide each year an optional program of high-quality professional development for instructional personnel and school board employees whose duties include regular contact with students on communicating with and supporting students with autism spectrum disorder. The bill provides that any instructional personnel or school board employee who completes such professional development shall be eligible for professional development points toward renewal of his license. The bill also requires each health regulatory board to adopt and implement policies providing for an optional continuing education program each year on communicating with children with autism spectrum disorder for any individual who is registered, certified, licensed, or issued a multistate licensure privilege by any health regulatory board whose duties involve direct contact with children and

provides that the completion of such continuing education program shall count toward licensure renewal.

01/08/2025: Referred to Committee on Education and Health
01/23/2025: Assigned Education sub: Public Education

SB 1363 - Elimination of Board of Health Professions; transfer of powers and duties.
Chief Patron: Pillion
Status: In Committee

Agency Bill

SUMMARY AS INTRODUCED:
Elimination of Board of Health Professions; transfer of powers and duties. Eliminates the Board of Health Professions and transfers certain powers and duties from the Board to the Department of Health Professions.

01/13/2025: Referred to Committee on Education and Health

Guidance document: 140-9

Revised: July 12, 2024
Effective: October 10, 2024

Virginia Board of Social Work

Content for Training on Supervision for Clinical Social Work

Introduction:
18VAC140-20-50(C) of the Regulations Governing the Practice of Social Work applies to those practitioners providing supervision to social workers who intend to apply for clinical licensure in the Commonwealth of Virginia.

The requirement states that supervisors must have an initial 14 hours of continuing education in supervision or a three-hour graduate level course in supervision. A supervisor must thereafter obtain 7 hours of continuing education in supervision every five years. This requirement recognizes the essential role good supervision plays in the training and mentoring of Social Workers desiring licensure. The supervisory role uses unique knowledge and a set of skills that can be articulated and taught.

Content domains for training:
To clarify the supervisory training, the Board has reviewed a number of existing courses and an updated study produced by the Association of Social Work Boards ("ASWB") in collaboration with the National Association of Social Workers ("NASW"). The Board recommends a Clinical Supervision Course address the following seven Domains:

- Context of Supervision
  - Understanding Scope of Practice
  - Communities of Practice
  - Interdisciplinary Supervision
  - Cultural Awareness and Cross-Cultural Supervision
  - Dual Supervision and Conflict Resolution
  - Parallel Process
  - Theories of Supervision

- Conduct of Supervision
  - Confidentiality
  - Contracting for Supervision
  - Leadership and Role Model
  - Competency
  - Supervisory Signing Off
  - Self-Care

- Legal and Regulatory Issues
  - Liability
  - Regulations
  - Documentation

  - Other Legal Concerns

- Ethical Issues
  - Ethical Decision Making
  - Boundaries
  - Self-Disclosure
  - Attending to Safety
  - Alternative Practice

- Technology
  - Distance Supervision
  - Risk Management

- Evaluation and Outcomes

- Termination

The ASWB and NASW study enumerates each of these competencies in each of these areas. The total study can be secured at https://www.aswb.org/wp-content/uploads/2021/01/standards-social-work-supervision.pdf and at https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbl4BuwI%3D&portalid=0.

Additional knowledge content:
A course should also incorporate knowledge of the following:

- The Virginia Board of Social Work Regulations, particularly:
  1. Supervision, supervisory responsibilities, and requirements
  2. Regulations on the standards of practice

- The Social Work Code of Ethics (NASW or the Clinical Social Work Association)

Teachers/Trainers for a course in supervision:
Teachers/Trainers should instruct persons taking a course in supervision in the competencies as outlined in accordance with acceptable teaching practices to include, but which are not limited to: the didactic method, discussion, role play, and the distribution of relevant readings. Teachers/Trainers should be clinicians with supervisory experience and knowledge of theory and practice in the art of supervision.

Attachment 5

Supervision Requirements

	Licensed Mental Health Professional	Person under supervision approved by Board of Counseling, Psychology, Social Work as prerequisite for Licensure	QMHP-Trainee	QMHP with 3 years of Experience	BHT with 3 years of Experience	BHTA
Can Supervise:						
LMHP	X	X				
Resident in Counseling, Resident in Psychology, or Supervisee in SW	X	X				
QMHP	X	X		X		
QMHP-Trainee	X	X		X		
BHT	X	X		X	X	
BHTA	X	X		X	X	

Approved Supervisor Training

	On Supervisor Registry	Board approved to Supervise Residents in Counseling, Residents in Psychology, Supervisees in SW	Supervision Course approved by Board according to Regs	Number of Hours Recommended?	Curriculum?
LMHP	x	x	x		
Board approved to Supervise Residents in Counseling, Residents in Psychology, Supervisees in SW			X		
QMHP with 3 Years of Experience			X		
BHT with 3 Years of Experience			X		

Approved Providers of Supervision Training:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates. 13

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

QMHP Approved CE Providers:

1. Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS;

Board of Psychology Approved CE Providers

(1) Any psychological association recognized by the profession or providers approved by such an association.

2. Any association or organization of mental health, health, or psychoeducational providers recognized by the profession or providers approved by such an association or organization.

3. Any regionally accredited institution of higher learning.

4. Any governmental agency or facility that offers mental health, health, or psychoeducational services.

5. Any licensed hospital or facility that offers mental health, health, or psychoeducational services.
6. Any association or organization that has been approved as a continuing education provider by a psychology board in another state or jurisdiction.

Board of Social Work Approved CE Providers:

The Child Welfare League of America and its state and local affiliates.

(2) The National Association of Social Workers and its state and local affiliates.

(3) The Association of Black Social Workers and its state and local affiliates.

(4) The Family Service Association of America and its state and local affiliates.

(5) The Clinical Social Work Association and its state and local affiliates.

(6) The Association of Social Work Boards.

(7) Any state social work board.

Attachment 6

Consideration of a Consent Order

Board members in attendance:

Terry Tinsley, Ph.D., LPC, LMFT, CSOTP, Chairperson
Maria Stransky, LPC, CSAC, CSOTP, Vice-Chairperson
Maria Anastasiou, LMFT
Marlo Burdge, Citizen member
Luanne Griffin, LPC
Shannon Kuschel, LPC
Gerard Lawson, Ph.D., LPC, LSATP
Matthew Scott, LMFT

Closed Meeting:

Mr. Scott moved that the Board of Counseling convene in a closed session pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* to consider a Consent Order in the matter of Tammy Forbes, LPC Reinstatement Applicant. He further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, Latasha Austin, and Krystal Blanton attend the closed meeting because their presence was deemed necessary and would aid the board in its consideration. The motion was seconded and passed unanimously.

Case Considered:

Tammy Forbes, LPC Reinstatement Applicant
License No. 0701010511
Case No. 243417

Reconvene:

Mr. Scott certified that, pursuant to § 2.2-3712 of the *Code of Virginia*, the Board of Counseling heard, discussed, and considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such business matters as identified in the original motion.

Decision:

Dr. Lawson made a motion approve the Consent Order as presented. The motion was seconded and passed with a unanimous vote.

Board of Counseling
Current Regulatory Actions
As of April 7, 2025

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	Secretary 916 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-20	NOIRA	Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe	10/8/2024	171 days	Result of acceptance of a periodic review

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	Proposed	Implementation of the Counseling Compact	2/7/2025	59 days	Replaces emergency regulations

18VAC115-20 18VAC115-50 18VAC115-60	Fast-track	Reduction of residency requirements	2/7/2025	59 days	Will significantly reduce burdens on residents

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC115-90	Proposed	New licensure for art therapists	12/16/2024	Comment period ended on 2/14/2025. The Board will vote on a final stage action today.
18VAC115-80	Exempt/ final	Changes to QMHP regulations pursuant to SB403 of the 2024 General Assembly	4/7/2025	5/7/2025
18VAC115-100	Exempt/ final	Creates registration for behavioral health technicians and behavioral health technician assistants pursuant to SB403 of the 2024 Session	4/7/2025	5/8/2025

Legislative Report
Board of Counseling
April 25, 2025

HB 1897 - Master's social worker; scope of practice, regulations.
Chief Patron: Willett

Board of Social Work; Board of Counseling; master's social worker; scope of practice; regulations. Expands the scope of practice of master's social workers to allow the provision of clinical services under the supervision of a licensed clinical social worker. The bill also directs the Board of Social Work to promulgate regulations to allow master's social workers to engage in clinical services under the supervision of a licensed clinical social worker and directs the Board of Counseling to amend its regulations to state that a licensed baccalaureate social worker shall not be required to (i) register with the Board of Counseling or (ii) fulfill any additional training or education requirements in order to serve as a QMHP-trainee. The bill directs DMAS and DBHDS to amend their regulations to deem the services provided by a licensed baccalaureate social worker to be equivalent to the services provided by a QMHP-trainee and reimbursed at a comparable rate, and directs DMAS to seek all necessary federal authority to enact such changes.

Passed House: Y Passed Senate: Y
Enrolled Bill communicated to Governor on March 11, 2025
03/19/2025 Approved by Governor-Chapter 146 (Effective 07/01/25)

HB 1861 - Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.
Chief Patron: Price
AGENCY BILL

Department of Health Professions; health regulatory boards; regulations; licensure by endorsement. Directs each health regulatory board regulated by the Department of Health Professions to enact regulations to provide a licensure by endorsement pathway for professions which do not currently have licensure by endorsement. **This bill is identical to SB 1438.**

Passed House: Y Passed Senate: Y
Enrolled Bill communicated to Governor on March 11, 2025
03/24/2025 Approved by Governor-Chapter 553 (Effective 07/01/25)

SB 826 - Predetermination for licensing eligibility; prior convictions.
Chief Patron: Locke

Department of Professional and Occupational Regulation; Department of Health Professions; predetermination for licensing eligibility; prior convictions. Prohibits the use of "good moral character" or crimes of "moral turpitude," despite existing statutory language which

was not changed by this legislation allowing such use, by a regulatory board within DPOR or DHP when refusing a person a license, certificate, or registration to practice, pursue, or engage in any regulated occupation or profession. The bill requires such regulatory board denying a registration, license, or certificate based on information in the applicant's criminal history record to notify the applicant in writing of (i) the specific offense or offenses that contributed to such denial; (ii) how the criminal history directly relates to the occupation for which the registration, license, or certificate applies; and (iii) how the regulatory board weighed rehabilitation factors when making its decision.

The bill further allows an applicant to request a written predetermination from a regulatory board within DPOR or DHP concerning whether his criminal record would disqualify him from obtaining a license, certificate, registration, or other authority to engage in a particular occupation, trade, or profession in the Commonwealth. It appears no fee can be charged for this determination, which will create a bifurcated licensure process and has significant legal and financial ramifications for DHP and its regulatory boards.

Legal advice has been requested regarding implementation and the requirements of this legislation.

Passed House: Y Passed Senate: Y
Enrolled Bill Communicated to Governor on March 5, 2025
03/24/2025 Approved by Governor-Chapter 505 (Effective 07/01/25)

SB 1293 - Autism spectrum disorder; school board employees, professional development and continuing education.
Chief Patron: Stanley

School board employees; professional development and continuing education; optional programs; children with autism spectrum disorder. This legislation is directed toward the Department of Education and available training for educators regarding communicating with children diagnosed with autism spectrum disorder.

An enactment clause requires boards of DHP to communicate a recommendation to licensees to complete continuing education on communicating with children diagnosed with autism spectrum disorder. **This is not a requirement, simply a communication with a recommendation.**

Passed House: Y Passed Senate: Y
Enrolled Bill Communicated to Governor on March 11, 2025
03/24/2025 Approved by Governor-Chapter 516 (Effective 07/01/25)

SB 1363 - Health Professions, Board of; transfer of powers and duties.
Chief Patron: Pillion
Status: Acts of Assembly Chapter
AGENCY BILL

Elimination of Board of Health Professions; transfer of powers and duties. Eliminates the Board of Health Professions and transfers certain powers and duties from the Board to the Department of Health Professions.

Passed House: Y Passed Senate: Y
Enrolled Bill Communicated to Governor on March 5, 2025
03/21/2025: Approved by Governor-Chapter 341 (Effective 07/01/25)

Agenda Item: Adoption of final regulatory changes for the licensure of art therapists

Included in your agenda package:

- Draft final regulations regarding changes necessary for licensure of art therapists as recommended by the Advisory Board on Art Therapy;

- Public comment received regarding the proposed stage.

Staff notes: The final regulations change the following:

- Combine some draft regulations that were unnecessarily separated
- Make clear that in many cases the ATR-BC certification will satisfy licensure requirements; and
- Language clean up.

The proposed action was published with the understanding that the Board of Counseling would make these changes as the final action. The Advisory Board on Art Therapy previously reviewed the majority of the changes shown here and approved them (October 2023). Given the length of time of Executive Branch review of the proposed stage, the Advisory Board reviewed the changes again on March 28, 2025. The Advisory Board recommended the included draft final regulations.

96 public comments were received. Most were supportive of licensure of art therapists and did not address the proposed regulatory language. One requested an addition to the accepted providers of continuing education. In the attached changes the list of approved providers is removed from regulation; approvals for CE providers should be in a guidance document for flexibility and do not constitute a requirement that should be in regulation. Another provided detailed suggestions to make the regulatory language more restrictive. Those changes are not recommended by the policy office and were not adopted as part of the recommendation from the Advisory Board.

Action needed:

- Motion to adopt final regulatory changes as recommended by the Advisory Board on Art Therapy.

Project 6583 - Final

Board of Counseling

New chapter for licensure

Chapter 90

Regulations Governing the Practice of Art Therapy

18VAC115-90-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Art therapist"

“Art therapy”

"Art Therapy Associate"

“Board"

"Counseling"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as an art therapist or art therapy associate.

“ATCB” means the Art Therapy Credentials Board, Inc.

“ATR” means a Registered Art Therapist, a credential issued by the ATCB after meeting established educational standards, successful completion of advanced specific graduate-level education in art therapy and supervised post-graduate art therapy experience.

"ATR-BC" means a Board Certified Registered Art Therapist, a credential issued by the ATCB after meeting the requirements for the ATR credential and passing a national examination.

"ATR-P" means a Provisional Registered Art Therapist, a credential issued by the ATCB after meeting the established educational standards, successful completion of advanced specific graduate-level education in art therapy, and practicing art therapy under an approved supervisor.

18VAC115-90-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as an art therapist or art therapy associate:

~~Initial licensure~~ Licensure as an art therapist~~: Application processing and initial licensure~~	$175
~~Initial licensure~~ Licensure as an art therapy associate~~: Application processing and initial licensure~~	$65
Active annual license renewal as an art therapist	$130
Inactive annual license renewal as an art therapist	$65
Late renewal	$45
Duplicate license	$10
Verification of licensure to another jurisdiction	$30
Reinstatement of a lapsed license	$200
Replacement of or additional wall certificate	$25
Returned check or dishonored credit card or debit card	$50
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

18VAC115-90-30. ~~Prerequisites~~ Requirements for licensure as an art therapist and art therapist associate.

A. Every applicant for licensure as an art therapist shall submit to the board:

1. A completed application;

2. The application processing fee and initial licensure fee as prescribed in 18VAC115-90-20;

3. Evidence of current, active certification in good standing as an ATR-BC granted by the ATCB or its successor organization, as approved by the board;

~~3.~~ 4. Verification of any other mental health or health professional license, registration, or certificate ever held in Virginia or another jurisdiction; ~~and~~

5. Every applicant for initial licensure by examination by the board as an art therapist shall provide documentation of passage of the Art Therapy Credentials Board examination prescribed by the ATCB; and

~~4.~~ 6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. An applicant shall have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration held in Virginia or in another U. S. jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

C. Every applicant for licensure as an art therapy associate shall submit to the board:

1. A completed application;

2. The application processing fee and initial licensure fee as prescribed in 18VAC115-90-20;

3. Evidence of a current registration as an ATR-P from the ATCB;

4. Verification of any other mental health or health professional license, registration, or certificate ever held in Virginia or another jurisdiction; and

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

18VAC115-90-40. Requirements for licensure by endorsement.

~~In addition to pre-requisites as set forth in 18VAC115-90-30:~~

~~A. Every applicant for licensure by examination as an art therapist shall submit to the board evidence of a current ATR-BC certification from the ATCB.~~

~~B.~ Every applicant for licensure by endorsement as an art therapist shall submit to the board:

1. Verification of a current, unrestricted art therapy license issued from another United States jurisdiction, or if lapsed, evidence that the license is eligible for reinstatement;

2. ~~An attestation of having read and understood the regulations and laws governing the practice of art therapy in Virginia; and either~~

~~a.~ Current ATR-BC certification from the ATCB, or

b. Documentation of passage of the examination of the ATCB and evidence of autonomous, clinical practice in art therapy, as defined in §54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical art therapy services, clinical supervision of clinical art therapy services, or teaching graduate-level courses in art therapy.

~~C. Every applicant for licensure as an art therapy associate shall submit to the board evidence of a current registration as an ATR or an ATR-P from the ATCB.~~

18VAC115-90-50. ~~Requirements for~~ Limitation on Practice as an Art Therapy Associate.

A. Art therapy associates shall not call themselves Licensed Art Therapists, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners. Associates shall use the title of "Art Therapy Associate" in all written communications. Clients shall be informed in writing that the associate does not have the authority for independent practice, is practicing under supervision, and shall provide the supervisor's name, professional address, and phone number.

B. Associates shall not engage in practice under supervision in areas for which they have not had the appropriate education or training.

18VAC115-90-60. General requirements applicable to art therapy associates; ~~examination requirements;~~ schedules; time limits.

A. ~~Every applicant for initial licensure by examination by the board as an art therapist shall pass the Art Therapy Credentials Board examination prescribed by the ATCB.~~

~~B.~~ An ~~applicant~~ **art therapy associate** is required to ~~pass the prescribed examination and~~ obtain registration as an ATR-BC no later than five years from the date of initial issuance by the board of an art therapy associate license, unless the board has granted an extension of the associate license.

C. An art therapy associate who has not met the requirements for licensure as an art therapist within five years of issuance of licensure as an art therapy associate may submit an application for extension of licensure to the board. Such application shall include:

1. A plan for completing the requirement to obtain licensure as an art therapist;

2. Documentation of compliance with the continuing education requirements;

3. Documentation of compliance with requirements related to supervision; and

4. A letter of recommendation from the clinical supervisor of record.

An extension of an associate art therapy license shall be valid for a period of two years.

18VAC115-90-70. Annual renewal of licensure; address of record.

A. Every art therapist who intends to continue active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the art therapist attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-90-20.

B. An art therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-90-20. No person shall practice art therapy in Virginia unless he holds a current active license. A licensee who has selected an inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC115-90-110.

C. ~~The license of an art therapy associate shall expire after five years from initial licensure unless an extension is granted as indicated in subsection C of 18VAC115-90-60.~~

~~D.~~ Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

~~E.~~ D. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-90-80. Continued competency requirements for renewal of a license.

A. In order to renew an active license, a practitioner shall attest to the following to the board:

1. Maintenance of a current credential as an ATR-BC, which shall satisfy board requirements for continuing education; or

2. Completion of a minimum of 20 hours of continuing competency. A minimum of two of hours shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

B. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. An art therapist who holds another license issued by a Virginia health regulatory board shall not be required to obtain more than 20 total continuing education hours in order to renew an art therapy license, except at least 10 of the required hours of continuing education shall be specifically related to art therapy.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through the delivery of art therapy services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. An art therapist who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

~~**18VAC115-90-90. Continuing competency activity criteria.**~~

~~A. Approved hours of continuing competency activity for an art therapist shall be approved if they meet the continued education requirements for recertification as an ATR-BC.~~

~~B. Additionally, continuing competency activity for an art therapist shall be approved if they are workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:~~

~~1. The International Association of Marriage and Family Counselors and its state affiliates;~~

~~2. The American Association for Marriage and Family Therapy and its state affiliates;~~

~~3. The American Association of State Counseling Boards;~~

~~4. The American Counseling Association and its state and local affiliates;~~

~~5. The American Psychological Association and its state affiliates;~~

~~6. The Commission on Rehabilitation Counselor Certification;~~

~~7. NAADAC, The Association for Addiction Professionals and its state and local affiliates;~~

~~8. National Association of Social Workers;~~

~~9. National Board for Certified Counselors;~~

~~10. A national behavioral health organization or certification body;~~

~~11. Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state;~~

~~12. The American Association of Pastoral Counselors;~~

~~13. The American Art Therapy Association and its state affiliates;~~

~~14. The Art Therapy Credentials Board; or~~

~~15. The International Expressive Arts Therapy Association.~~

18VAC115-90-100. Documenting compliance with continuing competency requirements.

A. Art therapists ~~are required to~~ shall maintain ~~original~~ documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of art therapists to verify compliance with the requirement for that renewal period.

C. Upon request, an art therapist shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

~~D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.~~

18VAC115-90-110. Late renewal; reactivation or reinstatement.

A. An art therapist whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-90-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements~~.~~ or providing evidence of current and active certification in good standing as an ATR-BC.

B. An art therapist who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours~~.~~ or providing evidence of current and active certification in good standing as an ATR-BC. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. An art therapist wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours or providing evidence of current and active certification in good standing as an ATR-BC.; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

18VAC115-90-120. Standards of practice.

A. 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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of art therapy.

B. Persons licensed by the board shall:

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. 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. Stay abreast of new art therapy information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a therapeutic relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a therapeutic relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

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 art therapy is initiated, and throughout the therapeutic process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U. S. Department of Education, or credentials granted by a national certifying agency, and that are art therapy in nature; and

13. Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

C. In regard to client records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination. Client records include artwork or any visual production produced by the client during clinical sessions;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative or as otherwise permitted or required by law;

4. Ensure confidentiality in the usage of client records and clinical materials, including artwork or any visual production produced by the client during clinical sessions, 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; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the art therapy relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or ten years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual relationships, persons licensed by the board shall:

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients.) Art therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not provide therapy to persons with whom they have had a romantic relationship or sexual intimacy. Art therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the art therapy relationship. Art therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of art therapy, amount of time since art therapy, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with an art therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish an art therapy or psychotherapeutic relationship with a supervisee or student. Licensed Art Therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is

a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of art therapy.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-90-130. Grounds for revocation, suspension, probation, reprimand, or denial of license.

~~A. Action by the~~ The board may refuse to issue a license, reprimand, impose a monetary penalty, place on probation, impose such terms as the board may designate, ~~to~~ revoke, or suspend~~, deny issuance or renewal of~~ a license~~, or take disciplinary action may be taken in accordance with~~ for one or more of the following grounds:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of art therapy, or any provision of this chapter;

2. Procuring, attempting to procure, or maintaining a license by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice art therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

5. Performance of functions outside the demonstrable areas of competency;

6. Failure to comply with the continued competency requirements set forth in this chapter;

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of art therapy, or any part or portion of this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

~~B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.~~

18VAC115-90-140. Reinstatement following disciplinary action.

~~A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure.~~

~~B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.~~

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC115-90-130 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii)

submit any other credentials as prescribed by the board. After a hearing, the board may, at the board's discretion, grant the reinstatement.

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Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Practice of Art Therapy [18 VAC 115 - 90]**

Action	**New chapter for licensure**
Stage	**Proposed**
Comment Period	Ended on 2/14/2025

96 comments

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Miki Goerdt

12/30/24 2:51 pm

Suggestions for the AT license regulations

Hello,

I appreciate the consideration this reg gives for us to be able to use volunteer servce hours for continuing education credits.

I have one suggestion:

Please inlcude Association of Social Work Boards (ASWB) as well as local chapters of National Social Workers Assocaition (NASW) as qualified providesr for continuign education. Much like myself, there are some social workers who hold the credentials of art therapist. Including these organizations as the CEU provider helps off-set the cost to maintain licenses tremendously.

Thank you,

Miki Goerdt, LCSW, ATR-BC

CommentID: **229074**

Commenter: Heather A Stemas

1/7/25 4:36 pm

Art therapy regulations

Please expedite the credential process for Art therapists in Virginia. Mental Health needs across all demographics in the state of Virginia are very high and Art therapist should be included to the list of clinicians available. This would improve access to care for many more who need it, and it would open up more appropriate jobs to increase job satisfaction, job retention and reimbursement for Art therapists- issues that are sorely lacking in our State.

CommentID: **229118**

Commenter: Jeff Reichert

1/7/25 9:08 pm

Art Therapy Licensure

My wife is a licensed Art Therapist in Maryland and DC who's excluded from many Art Therapist jobs in Virginia due to the lack of licensure in Virginia. Because of this, she currently works in Maryland as an Art Therapist rather than her home state where she'd prefer to work and help those in need. As a result, the people of Virginia are losing out a wonderfully talented and experienced Art Therapist. Please expedite the credential process for Art Therapists in Virginia.

CommentID: **229119**

Commenter: Suzanne Alfaro

1/8/25 5:06 pm

Support for Proposed Art Therapy Regulations

Virginians should have a range of mental health therapeutic options available so I am in support the passage of the Proposed Art Therapy Regulations. I support ensuring competency and accountability for Art Therapists and that they, as with other licensed mental health professionals, be reimbursed for their services by insurers/third-party payers. I recommend passage of the regulations.

CommentID: **229120**

Commenter: Christina Koenig

1/13/25 10:47 am

Support for Art Therapy Licensure

Creative art therapy professionals continue to advocate for regulations to gain recognition and protect the clients we serve. Many people who seek out art therapy have come from circumstances such as trauma, abuse, substance use, and mental health challenges that can make them vulnerable. Lack of licensure regulations allows an untrained person to claim themselves as an art therapist, work with people from the above circumstances, and cause harm due to lack of knowledge. Just like social workers and licensed professional counselors are regulated, it is imperative that art therapists receive the same regulatory protections.

CommentID: **229131**

Commenter: Alyssa Hayes - The Center for Creative Healing

1/13/25 11:11 am

Art Therapy Licensure

As an art therapist, I have found providing opportunities for creative expression to be incredibly important to reaching clients who do not respond to traditional talk therapy. Passing this bill will be essential to incorporating creative arts into therapy space under the specific standards of Virginia.

CommentID: **229135**

Commenter: Crista Kostenko

1/18/25 10:23 am

Art therapist licensure

Our communities need more access to mental health resources. In view of the mental health crisis in our state, and the lack of adequate resources for Virginians who would benefit from mental health treatment, I am contacting you as an art therapist regarding these proposed art therapy regulations. Establishing licensure for art therapists would protect the public and serve to expand access to vital mental health resources for all Virginians. Empowering the Board of Counseling to issue licenses to Virginian art therapists will serve to provide clarity in the marketplace by instituting title and practice protection around art therapy, protecting the public from bad actors or untrained professionals from other fields who would otherwise market themselves as art therapists while providing dangerously substandard care.

CommentID: **229358**

Commenter: Hannah Phillips Hale (Creating Compassion LLC)

1/20/25 11:01 am

Art Therapy Licensure will be a wonderful thing for the state of Virginia!!

Virginia art therapists have worked hard over the course of many years to pass legislation creating a unique license for art therapists that protects the public and allows art therapists to practice art therapy in its own right. Creating a licensure process for Art Therapists will allow communities to be served in more robust ways and will also provide more protection for the public, so that there are less 'bad actors' engaging in unethical and harmful practices, when they have not been appropriately trained for the job. Licensure for Art Therapists in the state of Virginia would empower our community to better address the mental health crisis within the state and practice art therapy as art therapists, rather than as practitioners of other mental healthcare professions, as Art Therapists are specifically trained for this work (in the creative process, psychological development, group therapy, art therapy assessment, psychodiagnostics, research methods, and multicultural competency development and cultural humility). The coursework, typically involved for Art Thearpists includes Psychopathology, Psychological assessment, Human growth and development, Counseling/Psychological theories, Helping relationships, Research, Professional orientation, Ethical and legal issues, Multicultural and social issues, History and theory of art therapy, Materials and techniques of practice in art therapy, Creativity studies, Studio art, Application of art therapy with people in different treatment settings, Art therapy assessment, Group art therapy, Culminating thesis or project, and Practicum and internships. Everyday, art therapists support clients' mental, emotional, and physical well-being, including children experiencing behavioral challenges, such as Autism Spectrum Disorder; people and caregivers in medical crises; victims of violence or other trauma—from military service members to student survivors of mass shootings; older adults struggling with dementia or Alzheimer's Disease; or anyone that needs help coping with life's challenges. Providing further efforts to support Art Therapists in meeting the needs of the public, through implementing Licensure for this profession, would be a wonderful way to also support the people of Virginia and empower our state to use more creative opportunities for people to heal, grow, and learn about what allows them to live their healthiest and happiest lives.

CommentID: **229448**

Commenter: John Cafazza

1/21/25 11:00 am

Support for Art Therapy Licensure (18 VAC 115-90)

Thank you for your serious consideration of and sincere efforts to pass this bill. I know and can attest to the value and life-changing benefit of Art Therapy on behalf of family members. Please make every effort to provide this additional recognition of and support for this key tool to provide critical life changing healing for so many Virginians in need.

CommentID: **229495**

Commenter: Sarah

1/21/25 1:45 pm

Art Therapy in Virginia

It is important for and beneficial to the state of Virginia to provide licensure for the field of Art Therapy. Other states are already doing this and have been for many years. This is a positive move for the state: licensure allows more protection for both the public and for providers, so there are more regulatory guidelines in place and less 'bad actors' who may be using it unethically, without training, and in a way that might harm others or allow primarily for personal gains. By offering licensure, the state could see growth instead of people moving out out of Virginia for jobs. Art Therapists in Virginia want to be recognized and also want to have the ability to help more people, as licensure will also allow for more individuals to access services through their insurance. Case studies and small experiments have suggested that art therapy can help with many different conditions, including depression, self-esteem, and social behavior. It can also help people express themselves non-verbally, which can be beneficial for people who have difficulty expressing themselves verbally. Thank you for the opportunity to make a public comment and I hope this regulatory action moves forward.

CommentID: **229537**

Commenter: Jennifer August

1/24/25 8:16 am

Public Comment on Virginia Art Therapist License Proposed Regulations

"Purpose: The board has adopted regulations to establish qualifications for education, examination, and experience that will ensure minimal competency for issuance or renewal of licensure as an art therapist to protect the health and safety of clients or patients who receive art therapy services."

"Issues: The primary advantage to the public is that the proposed amendments ensure competency and accountability"

The Regulations must empower these obligations by authoritatively, consistently administering the Standards of the Art Therapy Profession cited as required for licensure. Overall, the regs seem to set the appropriate standard for Art Therapist licensees, but defeat the purpose of the license through confounded standards that defer to unqualified practitioners, 'certifying' agencies, and 'training' programs.

I. **The Art Therapy Credentials Board Code of Ethics, Conduct and Disciplinary Procedures shall be the standard for the Board to oversee the conduct of licensees because its ATR-P, ATR, and ATR-BC credentials are required for licensure.**

The Proposed Regulations improperly accommodate licensees who do not maintain the ATR-BC credential, and, therefore, are not subject to the ATCB Code of Ethics. Furthermore, it is possible that a person could have been

credentialed by the ATCB, but deemed ineligible through disciplinary action. And third, the teaching of a graduate course in Art Therapy, or having practiced Art Therapy, should not be qualifying factors for the license.

Section **18VAC115-90-120. Standards of practice** parses out certain ethical obligations. It needs to set forth the licensee must not have criminal, no contender pleas, and obligate them to self-report any such violation unless Virginia law enforcement already supplies that information to the Board.

Mandatory reporting of abuse also needs to be incorporated into the Regs, unless elsewhere.

II. **These Sections of the Regs are mutually incongruent:**

"18VAC115-90-40. Requirements for licensure.

In addition to the prerequisites set forth in 18VAC115-90-30:

1. Each applicant for licensure by examination as an art therapist shall submit to the board evidence of a current ATR-BC certification from the ATCB. (…) and:

c. Either:

(1) Current ATR-BC certification from the ATCB; or

(2) Documentation of passage of the examination of the ATCB and evidence of autonomous, clinical practice in art therapy, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical art therapy services, clinical supervision of clinical art therapy services, or teaching graduate-level courses in art therapy."

III. **The "minimum" Art Therapy Master's degree empowers the 'Standards of Practice' among the Professions Licensed by the Board**:

The only national standard for the "minimum" training and education "for entry-level practice of Art Therapy" to meet the State's "Purpose" and "Issues" above requires an accredited Art Therapy, and no other, Master's degree per the American Art Therapy Association.

The Regs must consistently reflect this "minimum" training to support practitioners' adherence to their separate Codes of Ethics which require: "a person shall only practice according to qualified training and qualified experience," being the Art Therapy Master's degree, or post-graduate equivalent Art Therapy degree unmentioned in the Regs.

Section **18VAC115-90-120. Standards of practice** may ensure consumer protection by driving non-Art Therapists to the minimum education to practice Art Therapy, and their Codes of Ethics, specifically:

“A. 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 and

B. Each person licensed by the board shall:

2. Practice only within the boundaries of the licensee's competence, based on education, training, supervised experience, and appropriate professional experience, and represent education, training, and experience accurately to clients;

13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive. Such as holding the “minimum” credential to practice Art Therapy.

Commentary: The Regs may follow suit of nearby states to incorporate the standards of the respective mental health licensees by stating “Art teaching is not Art Therapy;” “an individual may not practice, attempt to practice, or offer to practice Art Therapy unless licensed as an Art Therapist by the Board” to empower this section that already conveys “License required,” but which could be authoritatively stated “no person shall convey or tend to convey the person is trained or otherwise qualified to deliver Art Therapy services unless licensed by the Board and holding an Art Therapy Master’s degree.” This protects the public, comporting with the states and Virginia’s “Purpose” and “Issues” set forth above.

IV. The Proposed Regs presuppose a standard no where in Art Therapists’ training or other states’ licensure -- that Art in Therapy “is a modality.”

The separate licensure of Art Therapists in Virginia settles, as legally unsupportable, that Art in Therapy is a “modality.” The Definition of “Art Therapy” in Section 5.4.1-3500 Code of Virginia incorporated into the Regs makes anything Art+health, mental health, psychotherapy “Art Therapy” – now separately regulated by the Board as “Art Therapy”:

"Art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, or groups.

Therefore, the findings of the 2018 Report that are feathered throughout the Regs were unsupportable then, and are unsupportable now based on every standard in America for the Art Therapy profession and the practice of Art Therapy. The Regs must align the licensure law with the national standards (it also sets forth) to correct the disinformation that preceded the enactment of the license:

“Background. In 2018, the Board of Health Professions assembled a regulatory research committee that conducted a study titled "Study into the Need to Regulate Art Therapists in the Commonwealth of Virginia" on behalf of the Virginia Art Therapy Association.[3] The major findings of the study are:

1. Art therapy is an integrative mental health and human services profession. Art therapists are educated in psychotherapeutic principles as specifically trained in the use of art media to provide counseling to individuals, families and groups.

2. Art therapy is categorically different than "art in therapy." Art in therapy is a therapeutic modality leveraging the creative process as a growth-producing experience.”

Comporting with the separate licensure of Counselors and Art Therapists in Virginia, in 2009, the American Counseling Association and the American Art Therapy Association established a national standard that Art Therapy "is a separate and distinct" profession from Counseling.

The Regs need to reflect this and certainly not make way for modality-practice of a separately-regulated, advance-practice healthcare profession (US Department of Labor Standard Occupational Classification O*NET: "Art Therapist," "Healthcare Occupation," "extensive preparation necessary." Once a mental health profession attains licensure, it is no longer a free-for-all icebreaker "modality." Art-in-Therapy, by every standard, is "Art Therapy." Those presenting otherwise are attempting unqualified practice, or unethically supporting it. Modality practice defeats consumer protection obligations and oppresses the Art Therapist workforce.

To further support the license as separate, the Definitions in Virginia Code Section 5.4.1-3500 separately define the other disciplines licensed by the Board: "Practice of counseling," "Practice of marriage and family therapy," and "practice of substance abuse treatment."

The separate practice of "Art Therapy" is empowered by the separate accredited Art Therapy Master's degree, also required for licensure. The Regs need to authoritatively communicate the actual qualifying standards of the Art Therapy profession (simply: Art Therapy Master's degree plus ATCB credential).

V. **The ATCB standards of the profession also need to be implemented in the approved supervisor section, set forth as a supervisor holding the ATR-BC or ATCS credential.**

This recognizes that non-credential holders cannot comply with their Codes of Ethics to provide clinical supervision unless they have the "minimum" training and demonstrated competency attained in a Master's program in Art Therapy (AATA). These are 2 national standards the Regs must adopt.

VI. **The continuing competency standards propose unrelated or substandard 'training' and 'certification' for the "Art Therapy" profession.**

As a consumer protection obligation, the Regs must reconcile that Art Therapists, and the profession overall, are facing unprecedented, unqualified, competing, and diminishing 'training,' 'certification,' and 'ethics' that controvert the national standards adopted in the license. This confuses the public, who are led to believe a workshop "certificate" equates with the 8-year-earned ATR-BC credential required for licensure. Where, throughout America, "Art Therapy" is the name of the regulated profession and occupation, as in Virginia Code corresponding to the Regs, it would be helpful if the CEUs were ones related to the license – that are offered by accepted national certifying entities with legal presence in Virginia.

For example, the IEAT is not a domestic entity and is widely involved with issuing 'certificates' in Art Therapy that confuse the public. Those holding the REAT credential must take 1 hour per certification cycle to maintain that credential. Thus, relying on the IEAT for Art Therapists' continuing education is not a substantially similar standard. Other proposed CUE purveyors seem unrelated to the profession and the license. It would seem more appropriate if the CEU standards of the ATCB were simply adopted, to assure apples-to-apples, particularly, since the licensee would be sing the approved continuing training to maintain the ATCB credential.

The sections of the regs that seem to defeat the “Purpose” and “Issues” of the Regs as set forth above are:

“18VAC115-90-90. Continuing competency activity criteria.

A. Hours of continuing competency activity for an art therapist shall be approved if the hours meet the continued education requirements for recertification as an ATR-BC.

B. Additionally, continuing competency activity for an art therapist shall be approved if the activities are workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

6. The Commission on Rehabilitation Counselor Certification;

10. A national behavioral health organization or certification body;

15. The International Expressive Arts Therapy Association

Related Commentary for CEUs: 18VAC115-90-120. Standards of practice.

“12. Use only in connection with the licensee's practice as a mental health professional those educational and professional degrees or titles that (i) have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, (ii) are credentials granted by a national certifying agency, and (iii) are art therapy in nature”

As a consumer protection and advertising issue, non-Art Therapists can earn the non-domestic REAT (Registered Expressive Arts Therapist) ‘credential’ in as few as 15 hours, I believe. The Regs should omit Section 12 above to protect licensees and clearly communicate the only domestic standard, adopted via the “Art Therapist” license, being the LPAT and LAAT credentials.

Overall, it is disappointing to see the Proposed Regs accommodate persons who do not meet the “minimum” training or the ATCB credentials to qualify for the credentials. I look forward to the simple revisions to implement the actual standards of the Art Therapy profession, without functional or administrative revision. Thank you for your work.

Jennifer August, LPAT (Delaware), LCPAT (Maryland), ATR-BC Dated: 1/24/25

CommentID: **229829**

Commenter: Candace E Phillilps

1/24/25 12:25 pm

Licensure for Art Therapy

Mental health is a huge part of the public health of Virginia and the improvement of positive mental health deserves to be approached with the appropriate experience and training which has been

acquired by licensed Art Therapists. It is vital that the state of Virginia approves and moves forward with providing licensure for the field of Art Therapy. Licensure would provide more protection for the public since the treatment provided would follow guidelines for effective and positive help in treatment. Licensure requirements would hopefully weed out potential practitioners who really have not undertaken the necessary training to work with the public for mental health improvement. Licensure would also allow more individuals to access mental health services through their insurance. This bill addressing Art Therapy Licensure in Virginia would be a move toward improvement in mental health services for the people in this state.

CommentID: **229852**

Commenter: Christina Hart

1/25/25 11:38 am

Support for Art Therapy Licensure

I am immensely grateful that the board is taking a serious look into the benefits of Art Therapy for licensing to protect all future clients from harm that could unintentionally occur from those trying to utilize art therapy methods without proper training. Art therapy is such a wonderful process that allows the subconscious to unleash memories and emotions that may have been buried deep within the individual in order to process and express emotions in times that verbal communication may be difficult, and all by using line/color/shape.

I can attest to the value of art therapy through the success of my clients. There are a number of studies available that also show how art therapy can help identify, process, and help in the healing process to reduce symptoms of anxiety, depression, PTSD, postpartum troubles and more including exploring ones spirituality and views of self. There are also studies that show how art therapy can aid in couples and family work to help bring these groups into a more cohesive bond by helping explore attachments, decision making skills, social cues, mindfulness, gratitude and more.

I sincerely hope this regulatory process moves forward into completion and gets the recognition that it so deserves.

CommentID: **229966**

Commenter: Lynne Oglesby

1/25/25 1:29 pm

Support Art Therapy

As an RN, A health and wellness coach and a pottery teacher, I see the value in the healing power of art. It has the ability to reorient ourselves as in the Wounded Warrior Project, to help us connect to ourselves and others, as I have seen in children's pottery classes and to build confidence in self-esteem as we explore our creative abilities.

Thank you for making this healing modality a priority in a complex and challenging world.

CommentID: **229989**

Commenter: Alana Chandler

1/25/25 1:33 pm

Support Art Therapy

Art Therapy is a powerful integration of using counseling skills and the art making process to assist in building insights and healing in our clients and communities. Art is the communication avenue for the world to connect when words just aren't enough. Art Therapy Licensure will allow not only more healing our communities but more growth as a field - more evidence based research opportunities, more awareness, and more support.

CommentID: **229990**

Commenter: Juli Edwards-McDaniel

1/25/25 1:35 pm

Healing through Art

All forms of art and their ability to help us all heal from trauma or vicarious trauma is such a powerful media that should continue to be supported.

Juli

CommentID: **229992**

Commenter: Dana Roebuck, Seeking Depth to Recovery

1/25/25 1:59 pm

Art Therapy is Crucial

The importance of art therapy is both seen and felt, in the hands of the creators, the arms of the clinicians, and the lives of the community. Neurologically, our trauma is stored in feeling states connected to our senses. Our tougher and best memories have color, texture, shape, and smell. Our ability to verbally process these moments can be stifled by our trauma, nervous system, and access to safe spaces. Having a clinician facilitate a space to do this, share this, and hold this safely is crucial to the lives of those who are differently abled, neurologically challenged, and those just seeking another way to heal!

CommentID: **229993**

Commenter: Davin Lindsey

1/25/25 2:58 pm

Support Art Therapy

When I made the journey to come to this art show, I thought about what I might see and how I would be respectful and try my hardest to understand every piece that I see. When walking around the Art Show and looking at every piece I tried my best to understand any meaning that may be associated with art. And I can confidently say that Art Therapy is very important and can really help people that may have a hard time expressing themselves. I truly do believe that what these Art Therapists do and what they work so hard to accomplish, is very important not only to the teachers but also their clients / patients. Please keep continuing to make the community a better place and continue to support and help those that need you helping hand,

CommentID: **229995**

Commenter: Isabelle Lee

1/25/25 3:02 pm

Support Art Therapy

I am very glad that i came to the newport art show i saw many great art pieces today and i saw my sisters beautiful and I completely support art theirapy and the importance of it.

CommentID: **229996**

Commenter: Virginia citizen

2/4/25 5:51 pm

Where is the family?

If it doesn't include family and/or guardians then forget it.

CommentID: **230627**

Commenter: Laura Tuomisto

2/5/25 8:43 am

Support for Regulation of Art Therapists

I support regulating the practice of art therapy. Our communities continue to be in great need of access to mental health care and it feels imperative to remove as many barriers as possible. Without a path to licensure in the state of Virginia, art therapists have been forced to double up on their education and training to obtain additional licenses, move to a state with an active license for art therapists, and/or work in positions that do not always allow them to use their full set of skills when supporting clients. In addition, this regulatory process would also protect the public from those who are advertising themselves as art therapists without adequate training. It is my hope that this process is completed soon so that we can be a part of the solution to the mental health crisis we face.

CommentID: **230641**

Commenter: Savanna Kelley, Valley CAC

2/5/25 12:04 pm

Please Support Art Therapy!

Supporting art therapy is a vital way to support mental health efforts in communities across the nation! Please support art therapists and the crucial work they are doing to provide essential mental health interventions!

CommentID: **230644**

Commenter: Valley Children's Advocacy Center

2/5/25 1:08 pm

Art Therapist Licensure

By allocating funds and recognizing art therapists as licensed professionals, we will advance the services catered to helping community members heal. I hope that you all take the time and effort to recognize these integral professionals, who dedicated their time, education, and money to heal our society.

CommentID: **230649**

Commenter: Cindy Fellows

2/5/25 3:51 pm

Support Art Therapy

Champion art therapists and their essential work in providing creative, healing interventions for those in need. Supporting art therapy is a powerful way to promote mental health in communities nationwide!

CommentID: **230650**

Commenter: Seth

2/5/25 4:52 pm

Support Art Therapy!

Supporting art therapy is so important! Please make this happen!

CommentID: **230652**

Commenter: Emily Vandevander

2/5/25 6:13 pm

The value of art therapy/Art Therapy licensure

Art therapy has been very helpful for me and I truly feel that the therapists should be allowed to be licensed.

CommentID: **230655**

Commenter: Lisa. Coastal Art Therapy Services

2/5/25 11:21 pm

Yes to the regulations

I support the proposed art therapy regulations and am in favor of art therapy licensure in Virginia. Art therapists are trained mental health professionals who have a master's degree and have received didactic and internship training comparable to other regulated mental health professions like counseling and social work. Art therapists in Virginia should also be entitled to get title protection and get mandatory third-party reimbursement, just like counselors and social workers. Unregulated mental health professions increase the risk of harming the public and malpractice.

CommentID: **230657**

Commenter: Nichole Kern

2/6/25 9:07 am

Bringing Art Therapy Inline with Other Practices

I fully support aligning Art Therapy regulations and licensing with other counseling practices, particularly patient safety protections. This should improve both the profession and practitioners.

CommentID: **230663**

Commenter: Camille

2/6/25 10:41 am

Art Therapy is Invaluable

Art therapy has been a lifesaver for families like ours with children. These practitioners have incredible tools that enable children to build trust and learn a language to express their feelings, communicate them with others, and even advocate for themselves. It's not hyperbole to say art therapy saves lives.

CommentID: **230665**

Commenter: Lauren

2/7/25 2:15 pm

Support for Art Therapy

Art therapy is a powerful mental health tool that fosters healing and self-expression, particularly for individuals who struggle to articulate their feelings through traditional methods.

CommentID: **230755**

Commenter: David L.

2/7/25 3:56 pm

In Support of Art Therapists

I believe mental health is an ever-present problem that seldom gets the proper attention it deserves as an issue for both public commons and individuals. I believe the established licensure of art therapists will assist in ameliorating mental health issues.

CommentID: **230768**

Commenter: Marie (Meg) Fay Mortman, BSN, RN, ONN-CG

2/8/25 12:02 pm

In support of Art Therapists

In view of the mental health crisis in our state, and the lack of adequate resources for Virginians who would benefit from mental health treatment, I am contacting you as a health professional regarding Regulations Governing the Practice of Art Therapy. This established licensure for art therapists would protect the public and serve to expand access to vital mental health resources for all Virginians. Empowering the Board of Counseling to issue licenses to Virginian art therapists will serve to provide clarity in the marketplace by instituting title and practice protection around art therapy, protecting the public from bad actors or untrained professionals from other fields who would otherwise market themselves as art therapists while providing dangerously substandard care.

As an RN, I see the need we have for this specialized form a care. Art Therapists are uniquely positioned to provide care in a way that patients need but often do not know about or have access to. Formalizing their licensure would benefit all parties involved.

CommentID: **230848**

Commenter: Anonymous

2/8/25 1:41 pm

In support of Art Therapists

In view of the mental health crisis in our state, and the lack of adequate resources for Virginians who would benefit from mental health treatment, I am contacting you as a (*professional educator*) regarding Regulations Governing the Practice of Art Therapy. This established licensure for art therapists would protect the public and serve to expand access to vital mental health resources for all Virginians. Empowering the Board of Counseling to issue licenses to Virginian art therapists will serve to provide clarity in the marketplace by instituting title and practice protection around art therapy, protecting the public from bad actors or untrained professionals from other fields who would otherwise market themselves as art therapists while providing dangerously substandard care.

CommentID: **230867**

Commenter: Gioia Chilton, ATR-BC

2/8/25 7:12 pm

Make the CEU standards same as the ATCB

I agree with the intent here and second the comment that it would be simpler as Jennifer August stated, if the CEU standards of the ATCB were simply adopted, to assure apples-to-apples, particularly, since the licensee would be obtaining the approved continuing training to maintain the ATCB credential anyway.

CommentID: **231050**

Commenter: Anonymous

2/9/25 7:43 am

In support of Art Therapy Licensure

As a recent resident of the Commonwealth and an individual who practiced art therapy in a state that now has licensure, I am in support of this bill. Licensure will protect the public from receiving services from untrained art therapists. In addition, licensure has the potential to bring more art therapists, needed mental health professionals, to the Commonwealth to serve Virginians.

CommentID: **231258**

Commenter: Laura Dobbs

2/9/25 8:12 am

Ethical practice supports art therapy licensure

I have been a registered art therapist for 23 years and it has been a fight to educate others about ethical practices in our field. I am also a licensed professional therapist because art therapy is not billable currently. Just because a therapist uses art in session does not make it “art therapy” and it can be a strong misrepresentation of the thorough training an art therapist has. By introducing an art therapy licensure, we can minimize harm to clients and ensure that those seeking art therapy services will be met with experienced and adequately trained clinicians. Licensure will also promote third party reimbursement and allow access to additional populations that may not be able to afford out of pocket costs for treatment.

CommentID: **231270**

Commenter: Christina Hagemeier

2/9/25 9:24 am

In support of art therapy

I have been practicing art therapy since 2018. I know the power that it can bring to a session and the benefit it has for clients and patients. Having a license that regulates this profession will allow for better patient care and greater support for those individuals practicing. The regulations and requirements should be in line with the ATCB and other states who have already implemented such licenses in order to keep consistency across the profession. Art therapy is a lifesaving profession that will benefit from regulation in our to protect patients and better equip professionals.

CommentID: **231313**

Commenter: Melissa Sykes, Summit Counseling Services

2/9/25 10:16 pm

Art Therapy Licensure

I have been practicing art therapy post-graduate since 2016 and believe very strongly in this modality as an intervention for mental health difficulties from all walks of life. By allowing for art therapy licensure in Virginia, we can more effectively provide this service to those who can benefit in a safe and effective form. I appreciate your time and attention in this matter!

Melissa Sykes, LPC, ATR, CSAC

CommentID: **231979**

Commenter: Kathy Sow

2/9/25 10:57 pm

Supporting Art Therapy Licensure

Art therapy provides a powerful way for people to express themselves, heal, and improve their well-being. Establishing a distinct art therapy licensure in Virginia will help ensure more people have access to this valuable service and allow art therapists to practice under ethical and safe guidelines.

CommentID: **231984**

Commenter: Virginia Citizen

2/10/25 8:56 am

Yes to Licensing for Art Therapy

We need more access to mental health resources. Establishing licensure for art therapists will serve to protect the public and expand access to vital mental health resources. I am writing as a beneficiary of art therapy who's life has been vitally improved by this field. I support the move to empower the Board of Counseling to issue licenses to Virginian art therapists.

CommentID: **232066**

Commenter: Anonymous

2/10/25 10:54 am

Support Art Therapy

Art Therapy can be a stepping stone to those who are new to therapeutic techniques and can be brought with them anywhere to help soothe in daily stresses and anxieties. It is crucial.

CommentID: **232108**

Commenter: Lydia Faulkner - art therapy grad student

2/10/25 11:05 am

Support Art Therapy!

I am currently getting my masters in counseling and art therapy. I want to be able to get my license in Virginia and have no barriers so I can help as many people as I can. Support art therapy it is crucial to the mental health field!!

CommentID: **232110**

Commenter: Gretchen Graves

2/10/25 2:32 pm

Support for these regulations

These regulations look very solid and I support them. If there was any changes to be made, I would say to let continuing education credits and renewal be due once every five years rather than annually. That is 100 CEU's once every five years rather than 20 per year. This would reduce the amount of review the advisory board would have to do and it would sync up with renewal for the ATR-BC. I do feel like there was a reason why this was not implemented, but I don't recall what it was.

CommentID: **232168**

Commenter: Aby C.

2/11/25 9:24 am

Art Therapy connects people with the world!

As someone who previously studied music therapy as their intended career choice, I know how important art therapy is at providing people with disabilities (whether mental, emotional, or physical) a chance at feeling understood and supported when traditional medicine has not worked. Successful therapy is good therapy, and that should fundamentally include music therapy, art therapy, nontraditional but proven methods! There's synapses in the brain that connect when creating. Synapses that don't happen in public school classrooms while learning about the periodic table. Synapses that don't connect while eating with your family at the dining room table. Synapses that don't connect while struggling to communicate with your loved ones. This brain matter growth can often be a key milestone for our community members that has been failed by pills and talk therapy alone. In a world where healthcare is getting more expensive, allowing art therapy licensure in Virginia not only creates another option, but also connects patients with disabilities to the world around them through professionally guided creative expression. This in turn will positively affect the community I live in and in the community I want to raise my future children in. As a Norfolk Resident, I am in full support of pushing forward with art therapy licensure in Virginia!

CommentID: **232310**

Commenter: Julia Willinger, LPC, ATR-BC

2/11/25 11:08 pm

In Support of Art Therapy Licensure

As a Board Certified Art Therapist, Licensed Professional Counselor, and Membership Director for the Virginia Art Therapy Association - I support the approval of the proposed regulations for state-wide licensure. This will provide more credibility to the value of the profession; increase ethical practices/use of Art Therapy throughout the state; and is a step in the right direction for expanding accessibility for the community/general public to receive Art Therapy services.

CommentID: **232495**

Commenter: Monika Burkholder, MS, ATR-BC

2/12/25 3:52 pm

Yes for Art Therapy

As a Board Certified Art Therapist - I support the approval of the proposed regulations for state-wide licensure. This will provide more credibility to the value of the profession; increase ethical practices of Art Therapy throughout the state; and is a step in the right direction for expanding

accessibility for the community/general public to receive Art Therapy services. I have left the state of VA now, and see art therapy licensure as an important step in growing the number of art therapists in Virginia.
CommentID: **232619**

Commenter: Gretchen Cureton

2/13/25 12:06 pm

Support for Art therapy

In view of the mental health crisis in our state, and the lack of adequate resources for Virginians who would benefit from mental health treatment, I am contacting you as a *parent and concerned citizen* regarding Regulations Governing the Practice of Art Therapy. This established licensure for art therapists would protect the public and serve to expand access to vital mental health resources for all Virginians. Empowering the Board of Counseling to issue licenses to Virginian art therapists will serve to provide clarity in the marketplace by instituting title and practice protection around art therapy, protecting the public from bad actors or untrained professionals from other fields who would otherwise market themselves as art therapists while providing dangerously substandard care

CommentID: **232739**

Commenter: Cheryl S.

2/13/25 8:04 pm

Support

Residents of Virginia will benefit from licensure for art therapists by expanding access to the increasing need for mental health care and offer citizens protection by regulating service delivery. Art therapists provide mental health services for people of all ages; treating a continuum of concerns through primarily non-verbal and creative methods. As a provider, I have found art therapy to be particularly effective with children with Autism Spectrum Disorder (ASD), adolescents experiencing anxiety and depression, and military service personnel and their families experiencing myriad challenges. Please allow this regulatory action to advance.

CommentID: **232789**

Commenter: Great News Counseling Services

2/13/25 8:24 pm

Support for art therapy licensure

I support art therapy licensure in Virginia

CommentID: **232792**

Commenter: Anonymous

2/13/25 8:42 pm

Important to license art therapy in Virgi ua

I support art therapy licensure in Virginia.

CommentID: **232795**

Commenter: Jeagle

2/13/25 8:46 pm

Support art therapy

I support art therapy licensure in the state of Virginia

CommentID: **232796**

Commenter: Lindsay Carroll

2/13/25 9:10 pm

Support of art therapy licensure

Art therapy is a critical tool to help constituents learn emotional expression and regulation. Oftentimes, people struggle to find the words to articulate an experience. Art therapy provides a nonverbal language for these experiences to help expand on awareness and improve ability to communicate. Licensure provides a path for trained professionals to practice. Regulations help ensure the public is not misled about the services received.

CommentID: **232798**

Commenter: Kelli Eagle

2/13/25 9:42 pm

Support Art Therapy Licensure

I support Art Therapy licensure in VA which will provide guidelines and protection for the patients and therapists.

CommentID: **232800**

Commenter: Chantel Gates

2/13/25 10:18 pm

Support for Art Therapy Licensure

I'm an art therapy graduate student and I support this as it can positively impact clients, the community, and future art therapists such as myself.

CommentID: **232804**

Commenter: Kristene Thorne (LPC)

2/13/25 11:42 pm

Art Therapy Licensure in the Commonwealth of Virginia

As a mental health therapist in the Commonwealth of Virginia, I strongly support Art Therapy Licensure within Virginia. Research shows that Art Therapy is one of the most effective interventions for treating trauma in children, adolescents, and adults as it addresses the "right brain" in a way that traditional Cognitive Behavioral Therapy cannot. In addition, Virginia NEEDS more child and adolescent friendly therapists, and most art therapists are trained to work with these populations. Art therapy is extremely effective in working with our young people. Art Therapy is not "just coloring and crafts." It is a very expensive and respectable training earned at credible university; a more intensive training than traditional mental health therapists receive. Art Therapists in Virginia should be highly regarded as the specialized trauma professionals that they are as well as more accessible to Virginia residents.

CommentID: **232815**

Commenter: Laura Leonard

2/14/25 5:20 am

Art Therapy Licensure

I support Art Therapy Licensure in the state of Virginia

CommentID: **232820**

Commenter: Mary Roberts

2/14/25 7:07 am

Support Art Therapy Licensure

Please continue to move Licensure for Art Therapists in Virginia forward. I support the requirements for licensure as written to begin issuing much needed licenses in VA. Licensure provides protection to clients and the public for legitimate art therapy services by credentialed and licensed providers. Title protection provides assurance to art therapists that their work is valued and protected ethically with minimum professional dispositions and standards. I support annual continuing education as stated in the regulations and consistent with other licensed professions. I am aware that the ATCB revises policies regularly, as such, the standards as written are aligned based on the ATCB standards written at the time the licensure standards were composed. As the Art Therapy Advisory Board moves forward, a systematic process of review and updating standards at a reasonable schedule can be established. It is most important to begin licensing art therapists with the standards as written, which are clear and proficient for determining who meets requirements for licensure.

CommentID: **232822**

Commenter: Andrew Hale

2/14/25 8:25 am

Art Therapy Licensure

I support Art Therapy licensure in Virginia.

CommentID: **232829**

Commenter: Emilie Bradley

2/14/25 8:29 am

Support for Licensure

As a practicing art therapist in Virginia,I see great benefit in licensure for all art therapists in the state. Please continue to move licensure for all art therapists in Virginia. I support the requirements for licensure to begin issuing much needed licenses in VA. This will provide structure and more credibility to the profession. Title protection will help ensure that there is consistency in the level of care individuals seeking treatment can receive instead of providers trying to pass off using “art therapy” in their practice without appropriate education. It is my hope the process is completed soon so our communities can benefit from the good that art therapy licensure can provide.

CommentID: **232830**

Commenter: Kristopher Forren, MA, ATR-P

2/14/25 8:31 am

Support Art Therapy Licensure!

Please consider supporting the important work Art Therapists in the state of Virginia provide for their clients, patients, students, residents, military personnel, and so on.

CommentID: **232832**

Commenter: Maria Weaver

2/14/25 8:49 am

Support Art Therapy licensure

I have been working in the behavioral health field for about 10 years, and it is incredible to see the benefits of art therapy not only in small children but also for some adults. I definitely support Art Therapy licensure in the state of Virginia.

CommentID: **232838**

Commenter: CK

2/14/25 8:49 am

In full support

Given the ongoing mental health crisis in our state and the shortage of adequate resources for Virginians in need of treatment, I am reaching out as both a parent and a concerned citizen regarding the **Regulations Governing the Practice of Art Therapy.** Establishing licensure for art therapists is a critical step toward expanding access to essential mental health services while ensuring public safety. Granting the Board of Counseling the authority to license art therapists in Virginia would create much-needed clarity in the field, safeguarding individuals from unqualified practitioners who might otherwise claim the title without proper training. This measure would not only protect the integrity of art therapy but also ensure that those seeking care receive safe, professional, and effective treatment.

CommentID: **232839**

Commenter: SJ

2/14/25 9:20 am

Art Therapy Licensure

I support Art therapy licensure in the state of Virginia.

CommentID: **232844**

Commenter: Taylor Kotait

2/14/25 9:51 am

Support Art Therapy

I support and often use Art Therapy as a part of treatment with kids and teens, I have personally seen tremendous growth in clients using this modality and fully support art therapy!

CommentID: **232849**

Commenter: Richard J Phillips

2/14/25 10:00 am

Art Therapy is a Big Plus

Art Therapy is a big plus for the Commonwealth of Virginia and for the general populace at large. We know of several people who have been helped to heal mentally and emotionally due to Art

Therapy services. Licensure allows protection for both providers and for the general public. Regulatory guidelines would help to prevent untrained, unethical, or those seeking personal gain, from practicing Art Therapy to the detriment of others. Moreover, licensure can help provide services to more people who need it because insurance companies would be more willing to participate with payment for services.
CommentID: **232851**

Commenter: ADHD Counseling in the Roanoke Valley

2/14/25 10:00 am

Support Art Therapy

I support the art therapy licensure in the state of Virginia.

CommentID: **232853**

Commenter: Cassie Smith

2/14/25 10:07 am

Support Licensure for Art Therapy

I support licensure for art therapy as it will ensure individuals will be treated by properly trained professionals.

CommentID: **232855**

Commenter: Jaana Kilkki

2/14/25 10:07 am

Supporting Art Therapy Licensure

I support the Art Therapy licensure. As a practicing Art Therapist, I know firsthand how important this license is. Licensing art therapists in Virginia will ensure that ethical practices will be followed, and that mental health access will improve. It also will ensure that art therapists don't need to leave the state to be able to practice and provide services.

CommentID: **232856**

Commenter: Adrienne Fridley

2/14/25 10:11 am

Art Therapy Is Needed

Good morning, my name is Adrienne Fridley. I have been with an Art Therapist for just over four years now. I am currently 34 years old and have been in therapy for my CPTSD since I was 19 years old. I would like to state that I attempted to go to my local CSB for regular therapy as well as case management and medication services, however my involvement there was sporadic. I could never identify with a therapist that "fit my needs". There was a therapist in particular that made a statement that "everyone is a victim of sexual assault" and went on to say other belittling comments which made me leave the CSB for some time. (I am a survivor of sexual assault.) My ultimate choice to leave the CSB was when I found out whom my biological father was and I brought it up to my psychiatrist at the time, she told me that "in her country, cousins get married all the time." This was very hurtful to me at the time and not something I needed to hear while Covid was going on. The main reason it was hurtful is my biological mother had me at 14 and I found out thru ancestry DNA that my "biological father" sexually assaulted her and is also her 2nd cousin, he was also well into his mid 20s at the time.

I mentioned Covid because I met my Art Therapist at this time. She is over an hour away from my home and I am able to do my appointments with her via telehealth and see her in person when I'm able to make it there.

Art Therapy ties hand in hand with CPT/CBT Therapy and it should not be looked down upon, it should be further explored to help people and covered by all insurances to help people. Any form of therapy should, rather it be any I've listed in this above statement or other forms such as hypnotism, acupuncture or the countless other things that could truly make a difference in someone's lives.

The statement "a mile a someone's shoes" truly rings here when it comes to this. The stigma surrounding mental illness or illness in general should not exist in 2025.

Thank you for reading. Please feel free to reach out to me.
CommentID: **232857**

Commenter: Noel Anderson

2/14/25 10:15 am

I support Art Therapy Licensure

The term “art therapy” is often loosely thrown around as a way to engage in art with some sort of emotional focus. I have run into individuals who claim to do art therapy, but are not certified or licensed, they simply do art. There is a stark difference between an artist and a mental health professional. This is the danger that comes without an art therapy license. I support an Art Therapy license in Virginia to protect the title of Art Therapy, but also protect the individuals who wish to receive such services.

CommentID: **232859**

Commenter: Ryan Heathcock, CLVS

2/14/25 10:27 am

I SUPPORT MENTAL HEALTH VIA ART THERAPY

Increased mental health access will ensure that art therapy is practiced ethically by qualified professionals. Likewise, art therapists won't need to leave the state to practice. Having access to professionals committed to patient health and wellness is what helps to serve the greater good of the citizens in need withing the state of Virginia.

CommentID: **232860**

Commenter: Anonymous

2/14/25 10:29 am

Art Therapy is Vital

Art therapy plays a crucial role. It provided my daughter with a way to explore and process sensitive topics that she struggled to understand. Additionally, the art therapist dedicated time to listen to my daughter and introduced her to creative and healthy methods of expressing her thoughts.

CommentID: **232862**

Commenter: Emmy Grinnell

2/14/25 10:29 am

I support art therapy

I support art therapy licensures in the state of Virginia!

CommentID: **232863**

Commenter: Laurie Cordova

2/14/25 10:38 am

In support of art therapy

In view of the mental health crisis in our state, and the lack of adequate resources for Virginians who would benefit from mental health treatment, I am contacting you as a parent and concerned citizen regarding Regulations Governing the Practice of Art Therapy. This established licensure for art therapists would protect the public and serve to expand access to vital mental health resources for all Virginians. Empowering the Board of Counseling to issue licenses to Virginian art therapists will serve to provide clarity in the marketplace by instituting title and practice protection around art therapy, protecting the public from bad actors or untrained professionals from other fields who would otherwise market themselves as art therapists while providing dangerously substandard care.

CommentID: **232864**

Commenter: Kiara Gates

2/14/25 11:18 am

Support Art Therapy

I benefited from art therapy and proudly support it!

CommentID: **232872**

Commenter: mia goff

2/14/25 11:26 am

Art therapy is needed

Art Therapy is extremely helpful and important

CommentID: **232873**

Commenter: Veronica Genova

2/14/25 11:30 am

Art Therapy is Needed

I have worked with so many populations, all of which have expressed valuing what art therapy has provided them. And I know dozens of art therapist who have had the exact same experiences with even more populations.

CommentID: **232875**

Commenter: Susan Garnett, LPC, ATR-BC

2/14/25 11:31 am

Support Art Therapy Licensure

I support the approval of the proposed regulations for state-wide licensure of Art Therapy. This will help make Art Therapy more accessible to more people in Virginia and protect the public from unqualified providers.

CommentID: **232876**

Commenter: Peter Linn

2/14/25 12:40 pm

Support for professional credentials for Art Therapists

I support professionalizing the status and credentialing of an extremely important, supportive, and worthwhile profession - Art Therapy. These individuals are able to help a wide variety of people by age, situation, and problem. They not only assist clients through artistic activities, but are just good listeners, able to help folks work their way through difficult concerns with multiple tools. The rigorous academic and field preparation, continuing, supervised development, and commitment to helping others, are essential to being a recognized, credentialed, professional.

CommentID: **232884**

Commenter: Erin Donohue

2/14/25 2:03 pm

Art Therapy Licensure

Please consider licensure for Art Therapists to practice in Virginia. Art therapy is a valuable and important therapy for many children and adults who are unable to access traditional talk therapy. Thank you for considering supporting this bill!

CommentID: **232888**

Commenter: Dawn E. Campbell, MA Art Therapy - License Eligible

2/14/25 2:18 pm

VA Statewide licensure of Art Therapy

I strongly advocate for the approval of the proposed regulations for statewide licensure of Art Therapy. This crucial step will not only ensure that individuals seeking Art Therapy receive services from qualified and competent professionals, thereby protecting the public's well-being, but also:

- Improve the quality and consistency of Art Therapy services across Virginia.
- Ensure that professional development and ethical standards are promoted within the field.
- Increase public trust and confidence in the efficacy of Art Therapy.
- Licensure will enhance the recognition and integration of Art Therapy within the broader healthcare system, fostering better communication and collaboration between Art Therapists and other healthcare professionals.

CommentID: **232891**

Commenter: Vanae Hatcher,MA, ATR-P

2/14/25 6:34 pm

I Support Art Therapy Licensure!!!

I strongly support Art Therapy Licensure in the state of Virginia!!!

CommentID: **232912**

Commenter: Mckenzie Slough

2/14/25 7:27 pm

Art Therapy

I support!

CommentID: **232923**

Commenter: Saana Williams

2/14/25 7:29 pm

I support!

Art therapy is an important part of mental health practices and deserves the support for this bill. Licensure will ensure that this method is protected and used. I support this bill!

CommentID: **232924**

Commenter: Suvi Williams

2/14/25 7:30 pm

Art Therapy Licensure

Let's get art therapy licensure in the state of VA! It's about time!

CommentID: **232925**

Commenter: Jen W

2/14/25 7:34 pm

Art Therapy!

Art therapy is a vital method and I fully support getting Art Therapy licensure in VA!!!!

CommentID: **232926**

Commenter: Grace Mulumba

2/14/25 7:37 pm

Support Art Therapy

The passing of this bill would significantly improve the field of art therapy in Virginia which is a necessity for the states mental health services.

CommentID: **232927**

Commenter: Paola C

2/14/25 7:43 pm

Support Art Therapy!

Fully support Art Therapy licensure in VA!

CommentID: **232928**

Commenter: Valerie Butler

2/14/25 7:45 pm

I support ART THERAPY

I support ART THERAPHY

CommentID: **232929**

Commenter: SD Hayes

2/14/25 7:47 pm

Art Therapy Licensure

I support Art Therapy Licensure in the state of Virginia!

CommentID: **232930**

Commenter: Vanessa Hayes

2/14/25 7:50 pm

Support Art Therapy

I support Art Therapy licensure in Virginia

CommentID: **232931**

Commenter: Laura Lynn

2/14/25 8:39 pm

Art Therapy in VA

I support Art Therapy licensure in Virginia!

CommentID: **232935**

Commenter: Anonymous

2/14/25 9:06 pm

Art therapy necessary

Art therapy is necessary for the state of Virginia , WE TRULY NEED THIS!!

CommentID: **232936**

Commenter: Claudia Harry

2/14/25 9:23 pm

Art Therapy in Va-yes!

Support

CommentID: **232941**

Commenter: Rindy Trapnell

2/14/25 9:46 pm

Support

I support art therapy.

CommentID: **232943**

Commenter: Lacy Mucklow, MA, ATR-BC, LPAT-S, LCPAT, ATCS

2/14/25 11:59 pm

Support Virginia Licensure

I'm commenting in support of the Virginia art therapy license. It has been many years in the making and I am happy to see that there will be. Licensure, that will put us on par with our other master's level clinicians, as well as recognition of the art therapy profession as a mental health provider to many people who would benefit from it, including the military with whom I have worked for most of my career. Having A license will provide greater availability for services to people who need it. It will also protect the public from people who claim to practice art therapy but are not masters level trained to do so.

CommentID: **232947**

Virginia Department of Health Professions
Board of Counseling

DRAFT

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

Approved Training for Registration as a **Behavioral Health Technician Assistant (BHTA)**

Submit proof of completion of

- one option from List A **OR**
- official transcript documenting completion of a high school diploma/GED AND training from List B

List A – Completion of one of the following:

- American Association of Psychiatric Techs (AAPT) - Level 2 or higher
- High school diploma with successful completion of the Career and Technical Education (CTE) program in Mental Health Assistant or equivalent
- U.S. Air Force Mental Health Service Specialist
- U.S. Army Behavioral Health Tech 68X
- U.S. Navy Behavioral Health Tech

Degree or Certificate from the following community college programs:

- Blue Ridge CC, Human Services, AAS
- Blue Ridge CC, Human Services I, CSC
- Blue Ridge CC, Human Service II, CSC
- Blue Ridge CC, Substance Abuse Counseling, CSC
- Brightpoint CC, Human Services, AAS
- Brightpoint CC, Human Svs-Pre-Social Work Spec, AAS`
- Brightpoint CC, Psychology, AS
- Brightpoint CC, Bereavement and Grief Counseling, CSC
- Brightpoint CC, Substance Abuse Assistant, CSC
- Germanna CC, Paraprofessional Counseling, CSC
- Germanna CC, Behavioral Health Technician, Certificate
- Laurel Ridge CC, Human Services, AAS
- Northern VA CC, Substance Abuse Rehab Coun, Cert
- Rappahannock CC, Psychology/Social Work Spec, AAS
- Reynolds CC, Human Services, AAS
- Reynolds CC, Behavioral Health Technician, CSC
- Reynolds CC, Human Services Tech, CSC
- Reynolds CC, Substance Abuse Counselor Edu, CSC
- Southside CC, Human Services, AAS
- Southside CC, Human Services, CSC
- Southside CC, Human Services, Certificate
- Southside CC, Substance Abuse Counseling Asst, Cert.
- Southside CC, Substance Abuse Counseling Aide, CSC
- Virginia Highlands CC , Human Services, AAS
  - (Discontinued Fall 2025)
- Virginia Highlands CC, Human Services Advocate, Cert.
  - (Discontinued Fall 2025)
- Virginia Highlands CC, Substance Abuse Coun Asst, CSC
- Virginia Peninsula CC, Human Services, AAS
- Virginia Peninsula CC, Substance Abuse Coun Asst, CSC
- Virginia Western CC, Human Services, AAS
- Virginia Western CC, Human Services: Foundations, CSC
- Wytheville CC, Human Services, AS
- Wytheville CC, Human Services Professional, AAS
- Wytheville CC, Human Services-Mental Health, CSC

List B – High School Diploma/GED AND 20 hours of training in one or more of the following:

- Adult Continuing Education (ACE) for Mental Health Tech
- Crisis Intervention Team (CIT) Training (Training available to law enforcement officers and first responders)
- DBHDS Academy
- DBHDS PRS (Peer Recovery) Training
- VHWDA Community Health Worker Training
- Youth Mental Health Corps Training

Approved Training for Registration as a **Behavioral Health Technician (BHT)**

Submit proof of completion of

- one option from List A **OR**
- official transcript documenting completion of an associate's degree AND training from List B

List A – Associate's degree in one of the following programs:

- Blue Ridge CC, Human Services, AAS
- Brightpoint CC, Human Services, AAS
- Brightpoint CC, Human Svs-Pre-Social Work Spec, AAS`
- Brightpoint CC, Psychology, AS
- Laurel Ridge CC, Human Services, AAS
- Rappahannock CC, Psychology/Social Work Spec, AAS
- Reynolds CC, Human Services, AAS
- Southside CC, Human Services, AAS
- Virginia Highlands CC , Human Services, AAS
  - (Discontinued Fall 2025)
- Virginia Peninsula CC, Human Services, AAS
- Virginia Western CC, Human Services, AAS
- Wytheville CC, Human Services, AS
- Wytheville CC, Human Services Professional, AAS

List B – Associate's degree AND 40 hours of training in one or more of the following:

- American Association of Psychiatric Techs (AAPT) - Level 2 or higher
- Adult Continuing Education (ACE) for Mental Health Tech
- Crisis Intervention Team (CIT) (Training available to law enforcement officers and first responders)
- DBHDS Academy + additional training from List B
- DBHDS PRS (Peer Recovery) Training
- High school diploma with successful completion of the Career and Technical Education (CTE) program in Mental Health Assistant or equivalent
- U.S. Air Force Mental Health Service Specialist
- U.S. Army Behavioral Health Tech 68X
- U.S. Navy Behavioral Health Tech
- VHWDA Community Health Worker Training
- Youth Mental Health Corps Training

Certificate from the following community college programs:

- Blue Ridge CC, Human Services I, CSC
- Blue Ridge CC, Human Service II, CSC
- Blue Ridge CC, Substance Abuse Counseling, CSC
- Brightpoint CC, Bereavement and Grief Counseling, CSC
- Brightpoint CC, Substance Abuse Assistant, CSC
- Germanna CC, Paraprofessional Counseling, CSC
- Germanna CC, Behavioral Health Technician, Certificate
- Northern VA CC, Substance Abuse Rehab Coun, Cert
- Reynolds CC, Behavioral Health Technician, CSC
- Reynolds CC, Human Services Technician, CSC
- Reynolds CC, Substance Abuse Counselor Education, CSC
- Southside CC, Human Services, CSC
- Southside CC, Human Services, Certificate
- Southside CC, Substance Abuse Counseling Asst, Cert.
- Southside CC, Substance Abuse Counseling Aide, CSC
- Virginia Highlands CC, Human Services Advocate, Cert.
  - (Discontinued Fall 2025)
- Virginia Highlands CC, Substance Abuse Coun Asst, CSC
- Virginia Peninsula CC, Substance Abuse Coun Asst, CSC
- Virginia Western CC, Human Services: Foundations, CSC
- Wytheville CC, Human Services-Mental Health, CSC

Qualifications and Approved Training for Registration as a **Qualified Mental Health Professional-Trainee (QMHP-T)**

Education Requirement

- Official transcript documenting completion of a bachelor's degree, OR
- Proof you are actively enrolled, and in good standing, in a bachelor's program.

Approved Training Programs - 60 hours in one or more of the following:

- American Association of Psychiatric Techs (AAPT) - Level 2 or higher
- Adult Continuing Education (ACE) for Mental Health Tech
- Crisis Intervention Team (CIT) Training (Training available to law enforcement officers and first responders) (40 hours) + additional training from this list
- High school diploma with successful completion of the Career and Technical Education (CTE) program in Mental Health Assistant or equivalent
- DBHDS Academy + additional training from this list
- DBHDS PRS (Peer Recovery) Training
- U.S. Air Force Mental Health Service Specialist
- U.S. Army Behavioral Health Tech 68X
- U.S. Navy Behavioral Health Tech
- VHWDA Community Health Worker Training

Official transcript documenting completion of one of the following community college programs:

- Blue Ridge CC, Human Services, AAS
- Blue Ridge CC, Human Services I, CSC
- Blue Ridge CC, Human Service II, CSC
- Blue Ridge CC, Substance Abuse Counseling, CSC
- Brightpoint CC, Human Services, AAS
- Brightpoint CC, Human Svcs-Pre-Social Work Spec, AAS
- Brightpoint CC, Psychology, AS
- Brightpoint CC, Bereavement and Grief Counseling, CSC
- Brightpoint CC, Substance Abuse Assistant, CSC
- Germanna CC, Paraprofessional Counseling, CSC
- Germanna CC, Behavioral Health Technician, Certificate
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- Reynolds CC, Human Services Technician, CSC
- Reynolds CC, Substance Abuse Counselor Edu, CSC
- Southside CC, Human Services, AAS
- Southside CC, Human Services, CSC
- Southside CC, Human Services, Certificate
- Southside CC, Substance Abuse Counseling Asst, Cert.
- Southside CC, Substance Abuse Counseling Aide, CSC
- Virginia Highlands CC , Human Services, AAS
  - (Discontinued Fall 2025)
- Virginia Highlands CC, Human Services Advocate, Cert.
  - (Discontinued Fall 2025)
- Virginia Highlands CC, Substance Abuse Coun Asst, CSC
- Virginia Peninsula CC, Human Services, AAS
- Virginia Peninsula CC, Substance Abuse Coun Asst, CSC
- Virginia Western CC, Human Services, AAS
- Virginia Western CC, Human Services: Foundations, CSC
- Wytheville CC, Human Services, AS
- Wytheville CC, Human Services Professional, AAS
- Wytheville CC, Human Services-Mental Health, CSC

Qualifications and Approved Training for Registration as a **Qualified Mental Health Professional (QMHP)**

Education Requirement

- Official transcript documenting completion of a bachelor's degree.

Approved Training Programs - 80 hours in one or more of the following:

***** Education and training approved for QMHP-Trainee can be used towards satisfaction of the QMHP requirements.***

- American Association of Psychiatric Techs (AAPT) - Level 2 or higher
- Adult Continuing Education (ACE) for Mental Health Tech
- Crisis Intervention Team (CIT) Training (Training available to law enforcement officers and first responders) (40 hours) + additional training from this list
- High school diploma with successful completion of the Career and Technical Education (CTE) program in Mental Health Assistant or equivalent
- DBHDS Academy + additional training from this list
- DBHDS PRS (Peer Recovery) Training + additional training from this list
- U.S. Air Force Mental Health Service Specialist
- U.S. Army Behavioral Health Tech 68X
- U.S. Navy Behavioral Health Tech
- VHWDA Community Health Worker Training

Official transcript documenting completion of one of the following community college programs:

- Blue Ridge CC, Human Services, AAS
- Blue Ridge CC, Human Services I, CSC
- Blue Ridge CC, Human Service II, CSC
- Blue Ridge CC, Substance Abuse Counseling, CSC
- Brightpoint CC, Human Services, AAS
- Brightpoint CC, Human Svs-Pre-Social Work Spec, AAS`
- Brightpoint CC, Psychology, AS
- Brightpoint CC, Bereavement and Grief Counseling, CSC
- Brightpoint CC, Substance Abuse Assistant, CSC
- Germanna CC, Paraprofessional Counseling, CSC
- Germanna CC, Behavioral Health Technician, Certificate
- Laurel Ridge CC, Human Services, AAS
- Northern VA CC, Substance Abuse Rehab Coun, Cert
- Rappahannock CC, Psychology/Social Work Spec, AAS
- Reynolds CC, Human Services, AAS
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- Reynolds CC, Substance Abuse Counselor Edu, CSC
- Southside CC, Human Services, AAS
- Southside CC, Human Services, CSC
- Southside CC, Human Services, Certificate
- Southside CC, Substance Abuse Counseling Asst, Cert.
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- Virginia Highlands CC , Human Services, AAS
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- Wytheville CC, Human Services, AS
- Wytheville CC, Human Services Professional, AAS
- Wytheville CC, Human Services-Mental Health, CSC

Virginia Department of
Health Professions
Board of Counseling

LICENSING REPORT

Satisfaction Survey Results	
2025 2nd Quarter (October 1 – December 31, 2024)	95.1%

Totals as of April 14, 2025*

Current Active Licenses	
Certified Substance Abuse Counselor	1,783
CSAC Supervisee	1,481
Substance Abuse Counseling Assistant	330
Licensed Marriage and Family Therapist	1,374
Marriage & Family Therapist Resident	189
Licensed Professional Counselor	10,728
Resident in Counseling	3,431
Substance Abuse Treatment Practitioner	531
Substance Abuse Treatment Residents	19
Rehabilitation Provider	144
Qualified Mental Health Prof-Adult	6,984
Qualified Mental Health Prof-Child	4,442
Trainee for Qualified Mental Health Prof	9,666
Registered Peer Recovery Specialist	979
Total	**42,081***

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Counseling

Licenses, Certifications and Registrations Issued

License Type	November 2024	December 2024	January 2025	February 2025	March 2025*
Certified Substance Abuse Counselor	12	11	9	6	8
CSAC Supervisee	57	48	50	48	77
Certified Substance Abuse Counseling Assistant	11	6	7	0	5
Licensed Marriage and Family Therapist	33	18	27	43	25
Marriage & Family Therapist Resident	1	1	8	2	3
Pre-Education Review for LMFT	0	0	0	0	0
Licensed Professional Counselor	103	104	122	108	120
Resident in Counseling	53	52	143	90	70
Pre-Education Review for LPC	12	8	4	10	12
Substance Abuse Treatment Practitioner	0	4	11	7	9
Substance Abuse Treatment Residents	0	0	3	0	0
Pre-Education Review for LSATP	0	0	0	0	1
Rehabilitation Provider	0	0	1	0	
Qualified Mental Health Prof-Adult	79	50	85	71	78
Qualified Mental Health Prof-Child	50	22	36	31	49
Trainee for Qualified Mental Health Prof	180	127	175	142	190
Registered Peer Recovery Specialist	25	23	29	31	35
Total	**616**	**474**	**710**	**589**	**682***

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Counseling

Licenses, Certifications and Registration Applications Received

Applications Received	November 2024*	December 2024*	January 2025*	February 2025*	March 2025*
Certified Substance Abuse Counselor	9	14	16	13	16
CSAC Supervisee	53	53	57	61	74
Certified Substance Abuse Counseling Assistant	9	1	10	6	11
Licensed Marriage and Family Therapist	33	17	28	45	19
Marriage & Family Therapist Resident	2	1	7	3	1
Pre-Education Review for LMFT	0	0	0	0	2
Licensed Professional Counselor	113	103	122	113	114
Resident in Counseling	47	69	150	75	59
Pre-Education Review for LPC	10	5	12	11	6
Substance Abuse Treatment Practitioner	1	12	9	10	7
Substance Abuse Treatment Residents	0	2	0	1	1
Pre-Education Review for LSATP	0	0	1	0	1
Rehabilitation Provider	0	0	0	0	0
Qualified Mental Health Prof-Adult	70	64	120	84	94
Qualified Mental Health Prof-Child	39	33	67	58	70
Trainee for Qualified Mental Health Prof	152	150	228	159	225
Registered Peer Recovery Specialist	21	37	29	35	34
Total	**559**	**561**	**856**	**674**	**734**

*Unofficial numbers (for informational purposes only)

Additional Information:

- **Board of Counseling Staffing Information:**

  - The Board currently has seven full-time staff to answer phone calls, emails and to process applications across all license, certification and registration types.
    - Board of Counseling - Manager
      - Latasha Austin – Licensing and Operations Manager (Full-Time)
    - Licensing and Certification Staff:
      - Victoria Cunningham – Sr. Licensing Specialist (Full-Time)
      - Dalyce Logan – Sr. Licensing Specialist (Full-Time)
      - Trasean Boatwright – Sr. Licensing Specialist (Full -Time)
      - Vacant - Licensing Administration Assistant (Part-Time)
    - Registration Staff:
      - Sandie Cotman – Program Manager (Full-Time)
      - Shannon Brogan – Sr. Licensing Specialists (Full-Time)
      - Alesia Baskin – Sr. Licensing Specialists (Full-Time)

- **Renewals**

  - Renewal portal will open mid-May
  - Renewal notice emails will be sent out once portal is open

- **Renewal Date Change for Certified Rehabilitation Providers**

  - Certified Rehabilitation Providers (CRP's) are now required to renew their certificates on or before June 30th instead of January 31st.

- **Changes to QMHP and QMHP-Trainee Requirements - (Effective May 7, 2025)**

  - Staff has created a QMHP Registration Process Handbook and updated instructions, applications, automatic email responses and information related to the changes.

- **New registrations Behavioral Health Technician (BHT) and Behavioral Health Technician Assistant (BHTA) – (Effective May 8, 2025)**

  - Staff has created a BHT/BHTA Registration Process Handbook, application instructions, applications, automatic email responses and information related to the new registration types.

Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

Jan 11, 2025 to Apr 11, 2025

NEW CASES RECEIVED BY BOARD Jan 11, 2025 to Apr 11, 2025
118

TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
64

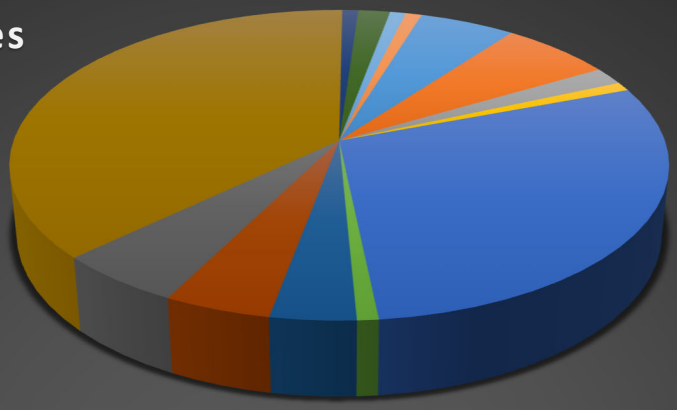
OPEN CASE STAGES as of Apr 11, 2025	
Probable Cause Review	181
Scheduled for Informal Conferences	12
Scheduled for Formal Hearings	7
Other (pending CCA, PHCO, hold, etc.)	17
Cases with APD for processing (IFC, FH, Consent Order)	11
TOTAL ACTIVE CASES AT BOARD LEVEL	**228**

CONFERENCES AND HEARINGS			
Informal Conferences			
Conferences Held:	Jan 31, 2025		
Scheduled Conferences:	May 16, 2025	Jun 27, 2025	Jul 18, 2025
	Sep 5, 2025	Oct 24, 2025	Dec 12, 2025
Formal Hearings			
Hearings Held:	n/a		
Scheduled Hearings:	Apr 25, 2025		

CASES CLOSED Jan 11, 2025 to Apr 11, 2025	
No violation	97
Undetermined	6
Violation 3 Consent Orders 3 Confidential Consent Agreements	6
Application Approved	0
Application Denied	0
Application Withdrawn	1
TOTAL CASES CLOSED	**110**

Virginia Department of
Health Professions
Board of Counseling

Closed Case Categories



- Abuse/Abandonment/Neglect (6)
- Business Practice Issues (7)
- Confidentiality Breach (2)
- Criminal Activity (1)
- Diagnosis/Treatment (32)
  2 violations (RIC, LPC)
- Eligibility (1)
  1 appeal withdrawn (QMHP-C Appl)
- Fraud, patient care (4)
  2 violations (LPC, QMHP-A)
- Inability to Safely Practice (5)
- Inappropriate Relationship (6)
- No jurisdiction (41)
- Noncompliance with Board Order (1)
  1 violation (CSAC Supervisee)
- Records Release (2)
- Reinstatement (1)
  1 violation/granted (LPC)
- Scope of Practice (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**225**
Avg. time in Enforcement (investigations)	85
Avg. time in APD (IFC/FH preparation)	46
Avg. time in Board (includes hearings, reviews, etc).	138

Virginia Department of
Health Professions
Board of Counseling

Discipline Staff for Behavioral Science Boards

Jennifer Lang, Deputy Executive Director
Christy Palmore, Discipline and Compliance Case Specialist
Krystal Blanton, Discipline and Compliance Case Specialist
Discipline Reviewer, Board of Counseling (part-time)
Discipline Reviewer, Board of Psychology (part-time)
Discipline Reviewer, Board of Social Work (part-time)

CASES RECEIVED YEAR-TO-DATE PER BOARD Jan 1, 2025 – Apr 11, 2025	
Board of Counseling	**128**
Board of Psychology	43
Board of Social Work	50
TOTAL CASES RECEIVED	**221**

CURRENT OPEN CASES PER BOARD as of Apr 11, 2025	
Board of Counseling	**228**
Board of Psychology	139
Board of Social Work	220
TOTAL CASES WITH BOARD STAFF	**587**

	BSU Cases Received from Enforcement (by year)			
	COUNSELING	**PSYCHOLOGY**	**SOCIAL WORK**	**BSU TOTAL**
2021	344	132	94	**570**
2022	381	127	108	**616**
2023	440	124	160	**724**
2024	493	193	198	**884**

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: TAMMY MAE FORBES, L.P.C. REINSTATEMENT APPLICANT
a.k.a. TAMMY MAE GUL
License Number: 0701-010511
Case Number: 243417

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Tammy Mae Forbes, as evidenced by their signatures hereto, in lieu of proceeding to a formal administrative proceeding, enter into the following Consent Order affecting Ms. Forbes' application for reinstatement of her license to practice professional counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Tammy Mae Forbes was issued License Number 0701-010511 to practice professional counseling on May 13, 2021, which was mandatorily suspended by Order of the Director of the Department of Health Professions ("DHP") on March 7, 2023.

2. Ms. Forbes violated 18 VAC 115-20-140(A)(1), (7), and (8) of the Regulations Governing the Practice of Professional Counseling ("the Regulations") in that she has been convicted of multiple felony offenses related to substance abuse, as follows:

a. On September 8, 2004, Ms. Forbes pleaded guilty to felony driving under the influence – third offense in the Circuit Court of the City of Virginia Beach, Virginia. She was sentenced to four years incarceration in the Virginia Department of Corrections ("VDOC"), with all but ten days suspended, and indefinite probation.

b. On December 11, 2006, Ms. Forbes was convicted in the Circuit Court of the City of Virginia Beach of a felony probation violation related to her 2004 DUI conviction. She was sentenced to serve six months incarceration.

c. On August 20, 2008, Ms. Forbes was again convicted in the Circuit Court of the City of Virginia Beach of a felony probation violation related to the 2004 DUI conviction. She was sentenced to serve twelve months incarceration.

d. On September 6, 2019, Ms. Forbes was charged with felony driving while intoxicated – third offense pursuant to Virginia Code §§ 18.2-266 and 18.2-270 in Chesapeake, Virginia. She was subsequently found guilty on January 23, 2023, then sentenced in the Circuit Court of the City of Chesapeake on July 24, 2023. She was sentenced to five years incarceration in the VDOC with three and a half years suspended.

e. On September 13, 2022, Ms. Forbes was a driver in a two-vehicle accident in Virginia Beach, Virginia. The accident occurred as a result of Ms. Forbes accelerating through an intersection as the light changed to green and rear-ending the vehicle in front of her. Ms. Forbes was noted as being "obviously drunk" by police who responded to the accident. Ms. Forbes refused a breathalyzer test, and she was arrested and charged with driving under the influence – second offense within five to ten years, refusal of a breathalyzer test, and following too closely. She was subsequently convicted of felony driving under the influence of alcohol or drugs – prior DUI manslaughter, DUI maiming, or felony DUI pursuant to Virginia Code §§ 18.2-266 and 18.2-270. Ms. Forbes was sentenced on February 22, 2023, to incarceration in the VDOC for a period of two years with one year suspended. This conviction resulted in the mandatory suspension of Ms. Forbes' counseling license by the Department of Health Professions on March 7, 2023.

2. Ms. Forbes violated 18 VAC 115-20-140(A)(3), (4), (7), and (8) of the Regulations in that she is unsafe to practice professional counseling due to substance abuse and mental or physical illness, as evidenced by the following:

a. The multiple DUI-related criminal convictions set out above. In addition, on October 4, 2016, Ms. Forbes, formerly known as Tammy Mae Gul, pleaded guilty to driving under the influence in violation of Virginia Code § 18.2-266 in the General District Court of the City of Williamsburg and James City County, Virginia. She was sentenced to twelve months incarceration, all suspended, and five years probation. Further, by her own admission to a Virginia Department of Health Professions ("DHP") investigator, Ms. Forbes has two additional convictions for driving under the influence of drugs or alcohol, one reportedly in Chesapeake in 2002, and the other reportedly in Virginia Beach in 2000.

b. *See* Confidential Exhibit.

c. *See* Confidential Exhibit.

d. In an interview with a DHP investigator on February 21, 2020, Ms. Forbes made the following admissions:

i. After her discharge from treatment at Life Center on January 5, 2020, she had relapsed by drinking vodka twice within four weeks.

ii. She had previously sought and received treatment for substance abuse at Recovery for Life, Williamsburg, Virginia, in 2016.

iii. She had received in-patient substance abuse treatment from Bethany Hall, Roanoke, Virginia, in the early 2000s.

iv. She had received a letter of reprimand from Western Tidewater Community Services Board while employed there as a resident-in-counseling from 2019 to 2021 with respect to an

incident wherein she came onto the business property in an intoxicated condition after regular business hours.

3. Ms. Forbes violated 18 VAC 115-20-140(A)(2), (7), and (8) of the Regulations in that:

a. She falsely answered questions on her initial application for licensure as a professional counselor signed on February 9, 2021. Specifically:

i. Ms. Forbes answered "No" to the following questions: "Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner?" However, as set out above, Ms. Forbes has an extensive history of substance abuse, including incarceration, treatment, and relapse, and has been diagnosed with multiple mental health conditions which require ongoing treatment and monitoring.

ii. Ms. Forbes answered "No" to the question, "Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?" However, as described above, Ms. Forbes admittedly was reprimanded by Western Tidewater Community Services Board in connection with her drunken appearance at the office after hours.

b. Ms. Forbes falsely answered questions on her application for reinstatement signed on November 6, 2024. Specifically:

i. Ms. Forbes answered "No" to the question, "Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency,

or practice?" However, as described above, Ms. Forbes admittedly was reprimanded by Western Tidewater Community Services Board in connection with her drunken appearance at the office after hours.

ii. Ms. Forbes answered "No" to the following questions: "Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?" However, as set out above, Ms. Forbes has an extensive history of substance abuse, including incarceration, treatment, and relapse, and has been diagnosed with multiple mental health conditions which require ongoing treatment and monitoring.

4. On December 19, 2024, Ms. Forbes entered into a Participation Contract with the Health Practitioners' Monitoring Program ("HPMP").

5. Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Ms. Forbes' health records or health services.

CONSENT

Tammy Mae Forbes, by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to a formal administrative hearing before the Board; and the right to representation by counsel;

4. I waive my right to a formal hearing;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice professional counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling, by affirmative vote of at least three-fourths of the members of the Board, effective upon entry of this Order, hereby ORDERS as follows:

1. The license issued to Tammy Mae Forbes, L.P.C., to practice professional counseling in the Commonwealth of Virginia is REINSTATED.

2. It is further ORDERED that said license is SUSPENDED.

3. The suspension is STAYED and shall remain stayed contingent upon Ms. Forbes' continued compliance with all terms and conditions of the HPMP for the period specified by the HPMP.

4. Upon receipt of evidence of Ms. Forbes' participation in and successful completion of the terms specified by the HPMP, the Board, at its discretion, may waive Ms. Forbes' appearance before the Board and conduct an administrative review of this matter, at which time she may be issued an unrestricted license.

5. Failure to comply with the terms and conditions of the stay of suspension shall result in the immediate rescission of the stay of suspension of the license of Ms. Forbes and the license shall be recorded as suspended. After any rescission of the stay of suspension, Ms. Forbes may, within 33 days of the effective date of the rescission, request a formal administrative hearing before the Board.

6. Ms. Forbes shall bear any costs associated with the terms and conditions of this Order.

7. Ms. Forbes shall comply with all laws and regulations governing the practice of professional counseling in the Commonwealth of Virginia.

8. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice as a licensed professional counselor shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 1/29/2025

SEEN AND AGREED TO:

DocuSigned by:
227FBBEF975D476...

Tammy Mae Forbes, L.P.C.

Date Signed: 1/21/2025

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: GILLIAN MARIE ALEXANDER, L.P.C.
License Number: 0701-010760
Case Number: 238139

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Gillian Marie Alexander, L.P.C., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Ms. Alexander's license to practice as a professional counselor in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Gillian Marie Alexander, L.P.C., was issued License Number 0701-010760 to practice as a professional counselor on August 19, 2021, which is scheduled to expire on June 30, 2025.

2. Ms. Alexander violated 18 VAC 115-20-130(B)(1), (4) and (5), and (D)(1), and 18 VAC 115-20-140(A)(3), (4), (7) and (8) of the Regulations Governing the Practice of Counseling in that, by her own admission, Ms. Alexander failed to maintain appropriate boundaries with Patient A, a female high school student to whom Ms. Alexander provided individual psychotherapy and dialectical behavior group therapy from 2020 until July 2023, for anxiety and depression, including self-injuring and suicidal tendencies. Specifically:

a. Ms. Alexander engaged in a harmful, dual personal relationship with Patient A, as evidenced by the following:

i. Ms. Alexander acknowledged crossing professional boundaries with Patient A and viewing her more like a niece or family friend than a patient and admitted that she engaged in non-therapeutic personal communications with Patient A.

ii. When Patient A did not have access to her telephone from August through October 2022, while Patient A received inpatient treatment for an eating disorder, Ms. Alexander continued to have contact with Patient A through a series of letter exchanges with her.

iii. After Patient A resumed therapy with Ms. Alexander subsequent to her release from inpatient treatment, Ms. Alexander often discussed with Patient A, during and outside of therapy sessions, the suicide of another patient of Ms. Alexander, often crying and describing her feelings to Patient A.

iv. Ms. Alexander encouraged Patient A to reach out to her for any reason, at any time of day. Further, Ms. Alexander sent Patient A the following inappropriate text messages:

- I want you to get better and I understand/that today that doesn't feel possible.
  I love you as you are. That will never/change for me. I will always love you as you are.
  You are enough to me.
  Exactly as you are.
  You are enough.

- …There's nothing self/centered or invalid about experiencing true loss through someone else. [Patient A], remember when you asked me about could I develop PTSD from this?? I'm some ways, we are sitting in a complex/trauma together. You are experiencing a trauma through me…through her. ...I know you are/terrified about me, and my ability/maybe willingness to stay safe. I know the fear, I/ know it very well… The contagion factor/of suicide. Kid. I will not hurt myself.

- …I can see how you are stuck on that. Can I tell you something I've never shared with you before? It doesn't matter if the thoughts and urges go away for you, I will also worry about you completely suicide. Even when you are living your life worth living…
  WHICH YOU WILL.
  I will always worry
  I will also ALWAYS love you endlessly.
  I don't know how to not worry about you---my love for you is too strong.

b. Ms. Alexander acknowledged that she should have referred Patient A to another provider and terminated her care much sooner than she did in order to ensure the maintenance of proper professional boundaries.

i. When Patient A wanted to stop therapy, Ms. Alexander told Patient A that she was not ready and that there was "always more to work through", causing Patient A to feel the need to make up problems to "work through" with Ms. Alexander.

ii. On several occasions after Patient A's therapy with Ms. Alexander had been terminated in July 2023, Ms. Alexander approached Patient A in the waiting room of the practice when Patient A was there to see another therapist. During these encounters, Ms. Alexander would question why Patient A no longer contacted her or seemed interested in continuing their relationship. Ms. Alexander reported to her own therapist that, after these encounters with Patient A, Ms. Alexander grew increasingly concerned that Patient A resented her.

iii. Consequently, Ms. Alexander sent Patient A a series of texts while Patient A was on vacation in France and after she returned to high school throughout the fall of 2023. Ms. Alexander's texts sought reassurance from Patient A that she did not resent Ms. Alexander and that they would remain in contact. Patient A reported feeling panicked and unsafe when she received the foregoing text messages from Ms. Alexander.

3. Ms. Alexander has admitted to and accepts responsibility for her boundary violations with Patient A and has taken corrective actions to prevent future boundary violations, to include the following: no longer using her cell phone when communicating with patients; completing continuing education on boundaries; and participating in bi-weekly peer consultation. Further, Ms. Alexander reports that she is no longer treating clients with chronic and pervasive suicidality and self-injurious behaviors.

CONSENT

Gillian Marie Alexander, L.P.C., by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Anisa Kelley, Esq.;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; the right to representation by counsel; and the right to cross-examine witnesses against me;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice as a Licensed Professional Counselor in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS that Gillian Marie Alexander, L.P.C., is REPRIMANDED.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 3/20/2025

SEEN AND AGREED TO:

DocuSigned by:
Gillian Alexander
2F5A1C9D1E2F429...

Gillian Marie Alexander, L.P.C.

Date Signed: 3/19/2025

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: AALA OSMAN, C.S.A.C. SUPERVISEE
Registration Number: 0709-024465
Case Number: 240207

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Aala Osman, C.S.A.C. Supervisee, as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Ms. Osman's registration to practice as a CSAC Supervisee in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Aala Osman, C.S.A.C. Supervisee, was issued Registration Number 0709-024465 to practice as a CSAC Supervisee on February 24, 2021, which is scheduled to expire on February 24, 2026.

2. In a Board Order entered on January 23, 2023 ("Board Order"), Ms. Osman was placed on indefinite probation subject to terms and conditions based on findings that she engaged in a dual personal friendship and later a romantic and sexual relationship with a client.

3. To date, Ms. Osman has failed to comply with any of the terms and conditions of the indefinite probation imposed under the Board Order.

4. On February 29, 2024, during a phone conversation with the Board of Counseling's Compliance Case Manager, Ms. Osman indicated that she had not been working in the substance abuse counseling field for quite some time and that she would like to surrender her registration instead of complying with the terms and conditions of the Board Order.

CONSENT

Aala Osman, C.S.A.C. Supervisee, by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and I am not represented by counsel;

2. I am fully aware that without my consent, no legal action can be taken against me or my Registration except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; the right to representation by counsel; and the right to cross-examine witnesses against me;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party; and

6. I consent to the entry of the following Order affecting my Registration to practice as a CSAC Supervisee in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. The Board accepts the VOLUNTARY SURRENDER for the INDEFINITE SUSPENSION of Ms. Osman's registration to practice as a certified substance abuse counselor - supervisee in the Commonwealth of Virginia.

2. The registration of Ms. Osman will be recorded as SUSPENDED.

3. Should Ms. Osman seek reinstatement of her registration, an administrative proceeding shall be convened to consider such application. At such time, the burden shall be on Ms. Osman to demonstrate that she is safe and competent to practice as a certified substance abuse counselor supervisee. Ms. Osman shall be responsible for any fees that may be required for the reinstatement and/or renewal of her registration prior to the issuance of the registration.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 3/25/2025

SEEN AND AGREED TO:

DocuSigned by:
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Aala Osman, C.S.A.C. Supervisee

Date Signed: 3/25/2025