



Virginia Board of Psychology
Full Board Meeting Minutes
Tuesday, September 27, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

PRESIDING OFFICER: J.D. Ball, Ph.D., ABPP, Acting Board Chair

BOARD MEMBERS PRESENT: William Hathaway, Ph.D.
Aliya Chapman, Ph.D.
Norma Murdock-Kitt, Ph.D.
Christine Payne, BSN, MBA
Gary Sibcy, Ph.D.
Cheryl Snyder
Susan Brown Wallace, Ph. D
Kathryn Zeanah, Ph. D

BOARD STAFF PRESENT: Deborah Harris, Licensing Manager
Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director
Jennifer Lang, Deputy Executive Director

DHP STAFF PRESENT: Erin Barrett, Senior Policy Analyst, Department of Health Professions
David E. Brown, D.C., Director, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

CALL TO ORDER: Dr. Ball called the meeting to order at 10:05 a.m.

MISSION STATEMENT: Ms. Hoyle read the mission statement of the Department of Health Professions, and also read the emergency egress procedures.

ESTABLISHMENT OF A QUORUM: Following a roll call of Board members and staff, Ms. Harris indicated a quorum was established.

ADOPTION OF AGENDA: Dr. Ball proposed that the discussion from the Regulatory Committee be moved up earlier in the agenda.

PUBLIC ATTENDEES: None

PUBLIC COMMENT: A letter from Joshua C. DeSilva, who is the Vice Chair, of Virginia Latino Advisory Board, was reviewed and discussed. Mr. DeSilva recommended that the Boards of Psychology, Social Work and Counseling consider adding regulations to require that licensed providers in each profession complete continuing education credits in working with diverse populations annually to renew their licenses. This would be in addition to the required ethics credits that the Board currently require by regulation.

Dr. Ball stated that Committee decided to take no action as changes to the continuing education requirements would require a statutory change.

Dr. Murdock-Kitt asked if the Board could interpret the requirement for continuing education to include cultural competencies as part of the ethics requirement. Mr. Rutkowski stated that he will look into this. Dr. Ball noted that it is the separate *requirement* for this type of CE that requires statutory change, not just the separate *allowance* for this type of CE.

APPROVAL OF MINUTES:

Ms. Payne made a motion to approve the June 28, 2022 meeting minutes as written. The motion was seconded and carried unanimously.

AGENCY DIRECTOR REPORT:

Dr. Brown welcomed the new board members and wanted to highlight that this Board is a hands-on working board that is actively involved in the Agency's mission to protect the public.

Dr. Brown informed the Board of the Governor's initiative to reduce unnecessary regulations by 25%, which was reiterated in Executive Order 19. The Governor has established the Office of Regulatory Management to carry out this initiative. He sees this as an opportunity to make sure that the regulations are not overly burdensome and to address workforce issues.

Dr. Brown indicated he is encouraged by the Board's interest in researching the need for Masters level psychologists to help address the workforce shortage.

BOARD CHAIR REPORT:

Dr. Ball reported that he attended an Association of State and Provincial Psychology Board (ASPPB) Chair committee zoom meeting and he wanted to mention that all the Boards around the country are all contending with the same issues as this Board. Ms. Hoyle and Dr. Wallace will represent the Board at the fall ASPPB conference. Dr. Ball stated that the Board is very lucky to have Ms. Hoyle and past Board President Dr. Stewart actively involved in ASPPB leadership positions.

Dr. Ball provided a summary of the brainstorming suggestions he presented to the Regulatory Committee for regulatory and Code changes related to school psychologists, applied psychologists and master's level psychologists. The Board discussed these suggestions for changes and related problems associated with reimbursement for care delivered by unlicensed students at the level of closely supervised doctoral practica and in-residence clinical internship requirements. In these discussions, Dr. Ball emphasized that these were early ideas and not agreed-upon recommendations from the Regulatory Committee. The point of providing this specificity was to put something on the table that Board members might react to and then work from, even while we are still gathering information on these topics from the Virginia Academy of Clinical Psychologists (VACP), the American Psychological Association (APA), and ASPPB. Dr. Murdock-Kitt expressed her opposition to the suggestions for licensure of masters' level psychologist licensees, suggesting the Board emphasize instead increasing the availability of clinical psychology internships. Dr. Ball and Dr. Sibcy spoke to ways that internship availability would be improved by revenues generated from students who held a license as a masters level psychologist, and Dr. Ball noted that even if there were available internship slots for all clinical psychology trainees, the workforce shortage would still be very serious.

Dr. Ball invited Board members to attend the VACP Board hour on October 15, 2022. Dr. Ball intends to present the same brainstorming suggestions about school,

applied, and masters level psychologists that he presented to the Board in order to get broad input from clinical psychologists in Virginia.

COMMITTEE REPORTS:

School Psychologist with a Doctoral Degree:

The Committee recommended amending the regulations to allow for doctoral level school psychologists from a program approved by the APA, CPA, or accrediting body acceptable to the board to be licensed as a clinical psychologist in Virginia as a fast-track action to reduce barriers to licensure. In addition, the Board discussed the need to change the Regulations to allow for individuals seeking licensure as a school psychologist to be supervised by a clinical psychologist. (Attachment A)

The Board also discussed the adding Psychological Clinical Science Accrediting System (PCSAS) as an accrediting body in these Regulations. After discussion, the Board made no changes to the regulations, as PCSAS is now recognized as an accrediting body acceptable to the Board in Guidance Document 125-1.

Motion:

The Board voted to unanimously accept the Regulatory Committee's recommendations as described above.

Guidance Documents:

Guidance Document 125-3.9 Confidential Consent Agreements

Ms. Barrett reviewed the Regulatory Committee's recommended changes.

Motion:

The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Guidance Document 125-7 Guidance on Electronic Communication and Telepsychology

Ms. Barrett reviewed the Regulatory Committee's recommended revisions.

Motion:

The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Guidance Document 125-8 Guidance on Use of Assessment Titles and Signatures

Ms. Barrett reviewed the Regulatory Committee's recommended changes.

Motion:

The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Guidance Document 125-9 Guidance Document on the Practice of Conversion Therapy

Ms. Barrett reviewed the Regulatory Committee's recommended changes.

Motion:

The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Regulatory Reduction:

Ms. Barrett reviewed the Regulatory Committee's recommended changes to Regulations to eliminate language that is duplicative with statute, no longer

applicable, and provides additional language clarification.

Motion:

The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Dr. Brown asked the Board to consider taking out redundant standards of practice language regarding conversion therapy which is addressed in statute. He also asked the Board to consider a simpler way to list out the requirements for continuing education.

Dr. Wallace stated that the Committee felt strongly that the conversion therapy language should remain in the Regulations even though it is stated in the statute. Dr. Ball added that the Board's strong sentiments about this issue were first expressed in a Guidance Document and then in the regulations before there was statute regarding conversion therapy, suggesting a benefit to communicating the Board's conviction that it needs to protect the public in this way. Dr. Ball thanked Dr. Brown for pointing out areas that the Board might investigate further for reducing unnecessary regulations. Regarding continuing education, Mr. Rukowski noted that this Board's lengthy wording on CE requirements stems partly from the fact that statutory language regarding CE requirements for psychology licensure is sparse in comparison to statutory requirements for other licensees.

**EXECUTIVE DIRECTOR'S
financials are in good
REPORT:**

Ms. Hoyle started her report with the Board's financial documents, stating that the standing and the budget is attached to the last page of the agenda. We expect to eliminate the School Psychologist Limited license because the Department of Medical Assistance Services (DMAS) has permitted reimbursement of school psychologists, based only on the Board of Education endorsement. This will eliminate the need for a Board license for reimbursement of in-school activities and lead to many fewer licensure applicants in this category. While, a code change is needed to eliminate this license, this code change will be recommended

Ms. Hoyle reported that Dr. Wallace and she will be attending the ASPPB fall conference in late October in Washington, D.C., and she will be on two different panels throughout the conference. She discussed updated information on PSYPACT. Ms. Hoyle also stated that she was on many committees with the ASPPB and agreed with Dr. Ball's report that all other states are dealing with the same issues as the Virginia Board. Ms. Hoyle thanked her staff for their hard work and welcomed new Board members.

DISCIPLINE REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Psychology from June 11, 2022 through September 9, 2022. A copy of this report was included in the agenda packet. She noted that Dr. Morgan is doing well as the board's discipline reviewer, although there is still a large backlog of probable cause reviews. Psychology discipline cases are often voluminous and time-consuming. Additionally, she advised the board that continuing education audits have begun and she will provide an update on those statistics at the first or second meeting of 2023.

LICENSING REPORT:

Ms. Lenart started the Licensing Report by reviewing with the Board the satisfaction survey percentage and the number of applications received and processed for this reporting cycle. A copy of the report is attached to the agenda. Ms. Lenart thanked and complemented Ms. Harris for her efforts in assisting applicants and licensees.

Ms. Lenart reported on new technology that will be utilized by staff to help enhance communications and efficiencies. She anticipates Board staff starting to use the new BOT technology soon.

ELECTION OF OFFICERS:

Ms. Hoyle discuss the bylaws and information related to the nomination for the election of officers. Ms. Hoyle indicated that Dr. Ball is in his second term as vice-chair.

Motion: Dr. Ball made a motion, which was properly seconded by Ms. Payne, to elect Dr. Wallace as the Chairperson for the Board. The motion passed unanimously.

PRESENTATION

Virginia’s Licensed Clinical Psychologist Workforce: 2022

Dr. Shobo provided a presentation on workforce data as presented in the agenda. Board members were very grateful for the effort and detail involved in this data collection and dissemination. There was a very active Board discussion of these valuable data.

Dr. Sibcy was particularly interested in being able to give students accurate information about what they could be expected to earn, once they had graduated and were in independent practice. Dr. Chapman observed that there seemed to be a greater percentage of part-time service provision over time, and she wondered whether this related to child care requirements of an increasingly larger percentage of women licensees. Dr. Ball wondered if more retirees had returned to some level of part-time practice, but Dr. Shobo’s analysis suggested that this explanation was unlikely. Dr. Murdock-Kitt expressed chagrin that the percentage of care delivered to patients with Medicaid by licensed clinical psychologists in Virginia was low, and there was discussion about conveying that information to the Virginia Academy of Clinical Psychologists (VACP) to encourage that more services be offered to this population.

NEXT MEETING DATES:

The next Full Board Meeting is scheduled for December 6, 2022.

ADJOURNMENT:

Dr. Wallace noted that she will be making Board member appointments to specific Board sub-committees, and she asked new Board members to give her their preferences. Dr. Wallace then adjourned the meeting at 1:14 p.m.

DocuSigned by:
Susan Wallace
B83CC20918FF47E...

Susan Brown Wallace, Ph.D., Chair Chairperson

2/11/2023

Date

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

Jaime Hoyle, JD, Executive Director

2/11/2023

Date

Attachment A

18VAC125-20-54 Education requirements for clinical psychologists

A. Beginning June 23, 2028, an applicant shall hold a doctorate in clinical, ~~or~~ counseling, or school psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

B. Prior to June 23, 2028, an applicant shall either hold a doctorate from an accredited program, as specified in subsection A of this section, or shall hold a doctorate from a professional psychology program that documents that the program offers education and training that prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.
2. The program shall be recognizable as an organized entity within the institution.
3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.
4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.
5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:
 - a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
 - b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).
 - c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
 - d. Psychological measurement.
 - e. Research methodology.
 - f. Techniques of data analysis.
 - g. Professional standards and ethics.
6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:
 - a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).
 - b. Human development (e.g., child, adolescent, geriatric psychology).
 - c. Dysfunctional behavior, abnormal behavior, or psychopathology.

- d. Theories and methods of intellectual assessment and diagnosis.
- e. Theories and methods of personality assessment and diagnosis including its practical application.
- f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences involving assessment, diagnosis, and psychological interventions. The practicum experiences shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant shall graduate from an educational program in clinical, counseling, or school psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA, or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

F. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65, in the doctoral practicum supervised experience, which occurs prior to the internship, and that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program that meets the criteria specified in this section.
2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.
 - a. "Face-to-face direct client services" means treatment or intervention, assessment, and interviewing of clients.
 - b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.
 - c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided onsite or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.
3. In order for pre-doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:
 - a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;
 - b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and
 - c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.
4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.
5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.
6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.
7. If the supervised experience hours completed in a series of practicum experiences do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate shall fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65.

18VAC125-20-65 Residency

A. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board.

1. For clinical psychology candidates, the hours of supervised practicum experiences in a doctoral program may be counted toward the residency hours, as specified in 18VAC125-20-54. Hours acquired during the required internship shall not be counted toward the 1,500 residency hours. If the supervised experience hours completed in a practicum do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

2. School psychologist candidates shall complete all the residency requirements after receipt of their final school psychology degree.

B. Residency requirements.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to extend a residency if there were extenuating circumstances that precluded completion within three years.

2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56.

3. In order to have the residency accepted for licensure, an individual who proposes to obtain supervised post-degree experience in Virginia shall register with the board prior to the onset of such supervision by submission of:

a. A supervisory contract along with the application package;

b. The registration of supervision fee set forth in 18VAC125-20-30; and

c. An official transcript documenting completion of educational requirements as set forth in 18VAC125-20-54 or 18VAC125-20-56 as applicable.

4. If board approval was required for supervised experience obtained in another United States jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.

5. There shall be a minimum of two hours of individual supervision per 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per 40 hours.

6. Supervision shall be provided by a psychologist who holds a current, unrestricted license in the jurisdiction in which supervision is being provided and who is licensed to practice in the licensure category in which the resident is seeking licensure-, however, a resident seeking licensure as a school psychologist may be supervised by a clinical psychologist.

7. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence nor for activities for which the applicant has not had appropriate education and training.

8. The supervising psychologist shall maintain records of supervision performed and shall regularly review and co-sign case notes written by the supervised resident during the residency period. At the end of the residency training period, the supervisor shall submit to the board a written evaluation of the applicant's performance.

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

C. Residents shall not refer to or identify themselves as clinical psychologists or school psychologists, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists. Notwithstanding, this does not preclude supervisors or employing institutions from billing for the services of an appropriately identified resident.

During the residency period, residents shall use their names, the initials of their degree, and the title "Resident in Psychology" in the licensure category in which licensure is sought.