

Virginia Board of Counseling

Supervisor Summit

September 7, 2018

Virginia Department of Health Professions (DHP)

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.

Overview

Counseling Board is composed of 12 members:

LPCs – 6

LMFTs - 3

LSATP – 1

Citizen Members - 2

- Appointed by the Governor for 4 year terms
- Terms are staggered – allows for new ideas and new faces each year



Board Members

<p>Kevin Doyle, Ed.D., LPC, LSATP Chairperson Charlottesville, VA 2nd Term Ends 06/30/2021</p>	<p>Maria Stransky, LPC, CSAC, CSOTP Richmond, VA 1st Term Ends 6/30/2021</p>
<p>Johnston Brendel, Ed.D., LPC, LMFT Williamsburg, VA 1st Term Expires 6/30/2019</p>	<p>Jane Engelken, LPC, LSATP Vice Chairperson Fairfax Station, VA 2nd Term Ends 6/30/2021</p>
<p>Bev-Freda L. Jackson, Ph.D., MA, Citizen Member 1st Term Expires 6/30/2020</p>	<p>Natalie Harris, LPC, LMFT Newport News, Virginia 1st Term Ends 6/30/2021</p>
<p>Vivian Sanchez-Jones, Citizen Member Roanoke, VA 2nd Term Ends 6/30/2022</p>	<p>Tiffinee Yancey, Ph.D., LPC Suffolk, VA 1st Term ends 06/30/2021</p>
<p>Barry Alvarez, LMFT Falls Church, VA 1st Term Ends 6/30/2021</p>	<p>Holly Tracy, LPC, LMFT Norfolk, VA 2nd Term Ends 6/30/2022</p>
<p>Danielle Hunt, LPC Richmond, VA 1st Term Expires 6/30/2019</p>	<p>Terry R. Tinsley, PhD, LPC, LMFT, NCC, CSOTP Gainesville, VA 2nd Term Expires 6/30/2022</p>

Meet the Staff

Jaime Hoyle, Esquire – Executive Director	Jennifer Lang – Deputy Executive Director
Charlotte Lenart – Licensing Manager	Tracey Arrington-Edmonds – Licensing Specialist
Brenda Maida – Licensing Specialist	Christy Evans – Discipline Case Specialist/Compliance Case Manager
Victoria Prosser – Administrative Assistant	Sharniece Vaughn – QMHP Administrative Assistant
Kelby Johnson – QMHP Administrative Assistant	Linda Young – QMHP Administrative Assistant
Natalie Unmusig – Administrative Assistant	Trasean Boatwright – QMHP Administrative Assistant

Board of Counseling

Types of Licenses, Certifications and Registrations issued:

- Licensed Professional Counselors (LPC)
 - Resident in Counseling
- Licensed Substance Abuse Treatment Practitioners (LSATP)
 - Resident in Substance Abuse Treatment
- Licensed Marriage and Family Therapists (LMFT)
 - Resident in Marriage and Family Therapy
- Certified Substance Abuse Counselors (CSAC)
 - CSAC Supervisee
- Certified Substance Abuse Counselors Assistants (CSAC-A)
- Certified Rehabilitation Provider (CRP)
- Qualified Mental Health Professional – Adult (QMHP-A)
- Qualified Mental Health Professional – Children (QMHP-C)
- Qualified Mental Health Professional – Trainees (QMHP-Trainee)
- Peer Recovery Specialists (RPRS)

Current Licensure/Certification/Registration Count as of 9/5/2018

LPC: 5,351
Residents in counseling: 7,628

LMFT: 866
Residents in marriage and family therapy: 248

LSATP: 210
Resident in substance abuse treatment: 5

CSAC: 1,813
Substance abuse trainees: 1,766

CRP: 239

CSAC-A: 221

QMHP-A: 3,171
QMHP-C: 2,663
QMHP- Trainee: 330

RPRS: 130

Board of Counseling's Role



Who qualifies as a supervisor?

- Virginia licensee with an active, unrestricted license in the jurisdiction where supervision is being provided, with at least two (2) years of post-licensure clinical experience (post-licensure clinical practice experience in another jurisdiction can be considered toward the 2 year requirement)
 - LPC's can supervise Residents in Counseling, Residents in Marriage and Family Therapy, Residents in Substance Abuse Treatment and CSAC Supervisees
 - LMFT's can supervise Residents in Counseling and Residents in Marriage and Family Therapy and CSAC Supervisees
 - LSATP's can supervise Residents in Substance Abuse Treatment and CSAC Supervisees
- Provide documentation of professional training in supervision
 - Three (3) semester credit or four (4) quarter credit hours in supervision, or at least 20 hours of continuing education in supervision
 - CE provider must meet the same requirements for renewal CE's

Approved providers for continuing education in supervision:

- Federal, state or local government agencies.
- Licensed health facilities and licensed hospitals.
- Universities or colleges.
- The International Association of Marriage and Family Counselors and its state affiliates.
- The American Association for Marriage and Family Therapy and its state affiliates.
- The American Association of State Counseling Boards.
- The American Counseling Association and its state and local affiliates.
- The American Psychological Association and its state affiliates.
- The Commission on Rehabilitation Counselor Certification.
- NAADAC, The Association for Addiction Professionals and its state and local affiliates.
- National Association of Social Workers.
- National Board for Certified Counselors.
- A national behavioral health organization or certification body.
- 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.
- The American Association of Pastoral Counselors.

HOW CAN A LICENSEE RECEIVE BOARD APPROVAL TO SUPERVISE RESIDENTS?

- Sign the residency application to supervise a specific Resident and submit your supervision training documentation.

OR

- Complete the “Supervisor Approval Application” located under the website under the “Supervisor Information” tab and submit it to the Board along with a hard copy of your documentation of supervision training.

NOTE: Once a licensee’s supervision application is approved, or he/she is approved for supervision of a specific Resident, the licensee is added to the supervisor registry. This registry is located on the Board of Counseling website at www.dhp.virginia.gov/Counseling and is updated quarterly.

What are my responsibilities as a
supervisor?

“Supervision” means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

- The supervisor and resident must receive board approval prior to beginning the supervised residency.
- The supervisor shall assume full responsibility for the clinical activities of the board-approved resident, regardless if the supervisor is onsite or offsite, specified within the supervisory contract (application) for the duration of the residency.
 - *Note: It is important for supervisors to be aware of the resident’s practice. If the resident has other board-approved supervisors, you should maintain open communication with the supervisor(s) to ensure the resident’s ethical and competent practice.*
- Supervisors are responsible for notifying the Board upon termination of supervision.
 - “Request for termination of supervision” form



- Residents shall not engage in practice under supervision in any areas for which they have not had the appropriate education.
- Residents may not directly bill for services rendered.
 - Residents in private practice
- Residents may not represent themselves as independent, autonomous practitioners, and shall inform clients in writing of the resident's status and the supervisor's name, professional address and phone number.
- During the residency, residents shall use their name, initials of their degree, and the applicable title in all written communications:
 - LPC residents shall use "Resident in Counseling"
 - LMFT residents shall use "Resident in Marriage and Family Therapy"
 - LSATP residents shall use "Resident in Substance Abuse Treatment"
- Residents who continue to provide clinical counseling services are required to stay under board-approved supervision until they are licensed, unless exempt from requirements of licensure in § 54.1-3501 of the Code of Virginia.

Guidance for Technology-Assisted Supervision (Guidance Document: 115-1.4)

The Board of Counseling recommends the following when a licensee uses technology-assisted supervision:

1. Supervision is most commonly offered in a *face-to-face relationship*. Supervision that from the outset is delivered in a technology-assisted manner may be problematic in that the supervisory relationship, client identity and other issues may be compromised.
2. The counselor must take steps to protect supervisee(resident) confidentiality and security.
3. The counselor should seek training or otherwise demonstrate expertise in the use of technology-assisted devices, especially in the matter of protecting supervisee(resident) confidentiality and security.
4. Counselors must follow the same code of ethics for technology assisted supervision as they do in a traditional counseling/supervision setting.
5. The Board of Counseling governs the practice of counseling in Virginia. Counselors who are working with a client who is not in Virginia are advised to check the regulations of the state board in which a supervisee(resident) is located. It is important to be mindful that certain states may regulate or prohibit supervision by an individual who is unlicensed by that state.

Evaluation and Verification of Supervision

Quarterly Evaluations

- Reports must be completed quarterly by the supervisor. Supervisors may use a business quarter schedule or may begin the quarter based on the resident's approval date.
- Quarterly reports should be held by the resident until they have completed their residency and apply to sit for the examination.

Verification of Supervision form

- Verification must be completed by the supervisor regarding the resident's competency level for independent practice, as well as the total hours of residency.
 - Counting required experience hours
 - Counting supervision hours
 - Hour vs. therapeutic hour
 - Amount of residents allowed in individual supervision.
 - Ancillary vs. clinical counseling services
 - Mental Health Skill Building
 - Supervisor-assigned research
 - Private practice setup

LPC Forms

 Virginia Department of Health Professions Board of Counseling	9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 www.dhp.virginia.gov/counseling	Email: coun@dhp.virginia.gov (804) 367-4610 (Tel) (804) 527-4435 (Fax)
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QUARTERLY EVALUATION FOR LPC LICENSURE

Section 115-20-52-D-3 of the Virginia LPC regulations requires that the applicant's supervisor provide quarterly evaluations to the resident. This form must be signed and dated by the supervisor. This form is to be completed by the supervisor each quarter and provided to the resident to be held in their possession until they are ready to submit their licensure application.

Name of Applicant (Last, First, Middle)		Applicant's Email Address	
SUPERVISOR'S EVALUATION:			
Supervisor's Name (Last, First)	License Number:	License Type:	
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)			
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____			
All Columns Must Be Completed	Hours per week	Total hours	Hours are duplicated on another supervisor's quarterly form
Total hours of supervised residency (face-to-face client contact hour + ancillary hours)			Yes No
How many Face-to-face Client Contact hours did the resident provide?			Yes No
How many Individual Supervision hours did the resident receive?			<small>Note: Must have a minimum of 1 and maximum of 4 hours per 40 hours of work experience.</small>
How many Group Supervision hours did the resident receive?			
If applicable, Total number of face-to-face client contact with Couples and Families or both.			Yes No
If applicable, Total number of face-to-face client contact hours clinical substance abuse treatment services.			Yes No
According to 18 VAC 115-20-52 of the LPC Regulations, the resident must have supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the below areas.			
Did the applicant provide assessment and diagnosis using psychotherapy techniques while under your direct supervision?			Yes No
Did the applicant provide appraisal, evaluation and diagnostic procedures while under your direct supervision?			Yes No
Did the applicant provide treatment planning and implementation while under your direct supervision?			Yes No
Did the applicant provide case management and recordkeeping while under your direct supervision?			Yes No
Did the applicant demonstrate minimum competencies of professional counselor identity and function while under your direct supervision?			Yes No
Did the applicant demonstrate minimum competencies professional ethics and standards of practice while under your direct supervision?			Yes No
Do you have any concerns about the competency of the resident? If yes, explain on separate page.			Yes No
Supervisor's Signature: _____		Date: _____	

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VERIFICATION OF CLINICAL SUPERVISION FOR LPC LICENSURE

GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY			
Name of Applicant (Last, First)		Applicant's Email Address	
SUPERVISOR'S EVALUATION:			
Supervisor's Name (Last, First)	License Number:	License Type:	Supervisor's Telephone Number
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)			
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____ Total Months: _____			
Under your direct supervision , did the resident receive a minimum of one (1) hour and a maximum of four (4) hours of in-person supervision per 40 hours of work experience and was the supervision concurrent with the residency?			Yes No <small>If no, explain on separate page.</small>
Total amount of in-person hours of supervision with the resident.			Individual Hours: _____ Group Hours: _____
How many total supervised residency hours, in the role of a professional counselor working with various populations, clinical problems and theoretical approaches did the resident provide under your direct supervision ? (Do not include hours obtained under another supervisor)			_____ hours
How many total hours of face-to-face client contact, in providing clinical counseling services, did the resident provide while under your direct supervision ? (Do not include hours obtained under another supervisor)			_____ hours
Did the applicant demonstrate minimum competencies of assessment and diagnosis using psychotherapy techniques while under your direct supervision?			Yes No
Did the applicant demonstrate minimum competencies of appraisal, evaluation and diagnostic procedures while under your direct supervision?			Yes No
Did the applicant demonstrate minimum competencies of treatment planning and implementation while under your direct supervision?			Yes No
Did the applicant demonstrate minimum competencies of case management and recordkeeping while under your direct supervision?			Yes No
Did the applicant demonstrate minimum competencies of professional counselor identity and function while under your direct supervision?			Yes No
Did the applicant demonstrate minimum competencies professional ethics and standards of practice while under your direct supervision?			Yes No
In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice in clinical counseling services? If not, explain on separate page.			Yes No
I declare that, to the best of my knowledge, the foregoing is true and correct. This evaluation has been discussed with the resident and a copy has been provided to the resident.			
Supervisor Signature: _____			Date: _____

LMFT Forms

 <p>Virginia Department of Health Professions Board of Counseling</p>	<p>9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 www.dhp.virginia.gov/counseling</p>	<p>Email: coun@dhp.virginia.gov (804) 367-4610 (Tel) (804) 527-4435 (Fax)</p>
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QUARTERLY EVALUATION FOR LMFT LICENSURE

Section 115-50-60-D-1 of the Virginia LMFT regulations requires that the applicant's supervisor provide quarterly evaluations to the resident. This form must be signed and dated by the supervisor. This form is to be completed by the supervisor each quarter and provided to the resident to be held in their possession until they are ready to submit their licensure application.

Name of Applicant (Last, First, Middle)		Applicant's Email Address	
SUPERVISOR'S EVALUATION:			
Supervisor's Name (Last, First)	License Number:	License Type:	
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)			
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____			

All Columns Must Be Completed	Hours per week	Total hours	Hours are duplicated on another supervisor's quarterly form	
Total hours of supervised residency (face-to-face client contact hour + ancillary hours)			Yes	No
How many Face-to-face Client Contact hours did the resident provide?			Yes	No
How many face-to-face client contact hours were with <u>Couples and Families or Both</u>?			Yes	No
How many Individual Supervision hours did the resident receive?				
How many Group Supervision hours did the resident receive?				
If applicable, Total number of face-to-face client contact hours in clinical substance abuse treatment services.			Yes	No

These areas are outlined in Section 18 VAC 115-50-55 of the LMFT Regulations. The resident must have supervised residency in the role of a marriage and family therapist in the below areas.

<p>Did the applicant provide clinical marriage and family services in the below core areas while under your direct supervision?</p> <ul style="list-style-type: none"> • Marriage and Family Studies • Marriage and Family Therapy • Human Growth and Development Across the Lifespan • Abnormal Behaviors • Diagnosis and Treatment of Addictive Behaviors • Multicultural Counseling • Professional Identity • Research • Assessments and Treatment 	<p>Yes No</p> <p>If no, explain on a separate page.</p>
<p>Do you have any concerns about the competency of the resident? If yes, explain on separate page.</p>	<p>Yes No</p>
Supervisor's Signature: _____	Date: _____

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VERIFICATION OF CLINICAL SUPERVISION FOR LMFT LICENSURE

GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY			
Name of Applicant (Last, First, Middle)		Applicant's Email Address	
SUPERVISOR'S EVALUATION:			
Supervisor's Name (Last, First)	License Number:	License Type:	Supervisor's Telephone Number
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)			
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____ Total Months: _____			
Did the resident receive a minimum of one (1) hour and a maximum of four (4) hours of in-person supervision per 40 hours of work experience while under your direct supervision ?	Yes	No	If no, explain on separate page
Total amount of in-person hours of supervision with the resident.	Individual Hours:	Group Hours:	
Did the applicant complete a minimum of 3,400 hours of supervised residency in the role of marriage and family therapist under your direct supervision ? If not, how many? _____	Yes	No	
Did the resident complete at least 2,000 hours of face-to-face client contact in providing clinical marriage and family services under your direct supervision ? If not, how many? _____	Yes	No	
Did the resident complete at least 1,000 hours of face-to-face client contact with couples or families or both under your direct supervision ? If not, how many? _____	Yes	No	
Did the applicant demonstrate minimum competencies in the following core areas while under your direct supervision ?	Yes	No	If no, explain on separate page
<ul style="list-style-type: none"> • Marriage and Family Studies • Marriage and Family Therapy • Human Growth and Development Across the Lifespan • Abnormal Behaviors • Diagnosis and Treatment of Addictive Behaviors • Multicultural Counseling • Professional Identity • Research • Assessments and Treatment 			
In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice in marriage and family services? If not, explain on separate page.	Yes	No	
I declare that, to the best of my knowledge, the foregoing is true and correct. This evaluation has been discussed with the resident and a copy has been provided to the resident.			
Supervisor Signature: _____		Date: _____	

LSATP Forms

 <p>Virginia Department of Health Professions Board of Counseling</p>	<p>9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 www.dhp.virginia.gov/counseling</p>	<p>Email: coun@dhp.virginia.gov (804) 367-4610 (Tel) (804) 527-4435 (Fax)</p>
QUARTERLY EVALUATION FOR LSATP LICENSURE		
<p>Section 115-60-90-E-3 of the Virginia LSATP regulations requires that the applicant's supervisor provide quarterly evaluations to the resident. This form must be signed and dated by the supervisor. This form is to be completed by the supervisor each quarter and provided to the resident to be held in their possession until they are ready to submit their licensure application.</p>		
Name of Applicant (Last, First, Middle)		Applicant's Email Address
SUPERVISOR'S EVALUATION:		
Supervisor's Name (Last, First)	License Number:	License Type:
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)		
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____		
All Columns Must Be Completed	Hours per week	Total hours
		<small>Hours are duplicated on another supervisor's quarterly form</small>
Total hours of supervised residency (face-to-face client contact hour + ancillary hours)		Yes No
How many Face-to-face Client Contact hours did the resident provide?		Yes No
Total number of face-to-face client contact hours in providing clinical substance abuse treatment services.		Yes No
How many Individual Supervision hours did the resident receive?		Yes No
How many Group Supervision hours did the resident receive?		Yes No
If applicable, Total number of face-to-face client contact with Couples and Families or both.		Yes No
<p>These areas are outlined in Section 18 VAC 115-60-80 of the LSATP Regulations. The resident must have supervised residency in a supervised residency in substance abuse treatment with various populations, clinical problems, and theoretical approaches in the below areas.</p>		
Did the applicant provide clinical evaluations while under your direct supervision?	Yes No	
Did the applicant provide treatment planning, documentation and implementation while under your direct supervision?	Yes No	
Did the applicant provide referral and service coordination while under your direct supervision?	Yes No	
Did the applicant provide individual and group counseling and case management while under your direct supervision?	Yes No	
Did the applicant demonstrate minimum competencies of client family and community education while under your direct supervision?	Yes No	
Did the applicant demonstrate minimum competencies professional and ethical responsibility while under your direct supervision?	Yes No	
Do you have any concerns about the competency of the resident? If yes, explain on separate page.	Yes No	
Supervisor's Signature: _____	Date: _____	

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VERIFICATION OF CLINICAL SUPERVISION FOR LSATP LICENSURE		
GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY		
Name of Applicant (Last, First, Middle)		Applicant's Email Address
SUPERVISOR'S EVALUATION:		
Supervisor's Name (Last, First)	License Number:	License Type:
		Supervisor's Telephone Number
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)		
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____ Total Months: _____		
Did the resident receive a minimum of one (1) hour and a maximum of four (4) hours of in-person supervision per 40 hours of work experience while under your direct supervision ?	Yes No	<small>If no, explain on separate page</small>
Total amount of in-person hours of supervision with the resident.	Individual Hours:	Group Hours:
Did the applicant complete a minimum of 3,400 hours of supervised residency in substance abuse treatment working with various populations, clinical problems and theoretical approaches under your direct supervision ? If not, how many? _____	Yes No	
Did the resident complete at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services while under your direct supervision ? If not how many? _____	Yes No	
Did the applicant demonstrate minimum competencies of clinical evaluation while under your direct supervision?	Yes No	
Did the applicant demonstrate minimum competencies of treatment planning, documentation and implementation while under your direct supervision?	Yes No	
Did the applicant demonstrate minimum competencies of referral and service coordination while under your direct supervision?	Yes No	
Did the applicant demonstrate minimum competencies of individual and group counseling and case management while under your direct supervision?	Yes No	
Did the applicant demonstrate minimum competencies of client family and community education while under your direct supervision?	Yes No	
Did the applicant demonstrate minimum competencies professional and ethical responsibility while under your direct supervision?	Yes No	
In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice in clinical substance abuse treatment services? If not, explain on separate page.	Yes No	
I declare that, to the best of my knowledge, the foregoing is true and correct. This evaluation has been discussed with the resident and a copy has been provided to the resident.		
Supervisor Signature: _____	Date: _____	

Residency Requirements

Residents in Counseling

(towards licensure as a Professional Counselor)

- A Resident must meet all education requirements prior to approval.
- The supervised residency must be completed with various populations, clinical problems and theoretical approaches in certain areas. Core areas to be included in the supervised residency:
 - Assessment and diagnosis using psychotherapy techniques;
 - Appraisal, evaluation and diagnostic procedures;
 - Treatment planning and implementation;
 - Case management and recordkeeping;
 - Professional counselor identity and function; and,
 - Professional ethics and standards of practice.

Residents in Counseling (cont'd)

Residency experience:

- The residency shall be completed in not less than 21 months or more than four (4) years. Residents who began a residency prior August 24, 2016 must complete the residency by August 24, 2020.
- 3,400-hour supervised residency, to include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
- Up to an additional 300 hours can be applied towards residency if the resident's internship was earned after the completion of 30 graduate semester hours and **in excess** of the required 600 total internship hours and 240 face-to-face client contact hours of 240.
- Residents are not prohibited from taking the NCMHCE examination before or during their residency; however, residents will not be taking the exam for Virginia and will need to contact NBCC to have the official score report transferred to Virginia once they submit the LPC by Examination application.



Residents in Counseling (cont'd)

“Ancillary Counseling Services” means activities such as case management, recordkeeping, referral, and coordination of services.

“Clinical Counseling Services” means activities such as assessment, diagnosis, treatment planning and treatment implementation

“Face-to-Face” means the in-person delivery of clinical counseling services.

“Counseling” means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.



Residents in Counseling (cont'd)

In addition to the required experience, the residency must include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the Resident.

- For every 40 hours of experience documented by the Resident, a minimum of one (1) hour and a maximum of four (4) hours of supervision must occur.
- “In-person” may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. (see Guidance Document: 115-1.4)
- No more than half of the 200 hours may be satisfied with group supervision. *“Group supervision” means the process of clinical supervision of no more than six (6) persons in a group setting provided by a qualified supervisor.*
- Up to 20 hours of supervision received during the resident’s supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a LPC.
- One (1) hour of group supervision will be deemed equivalent to one (1) hour of individual supervision.
- At least 100 of the 200 hours of supervision must be completed with an LPC, the remaining hours may be completed by a LMFT.
- Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

Residents in Marriage and Family Therapy

(towards licensure as a Marriage and Family Therapists)

- A Resident must meet all education requirements prior to approval.
- The supervised residency must be completed with various populations, clinical problems and theoretical approaches in certain areas. Core areas to be included in the supervised residency:
 - Marriage and family studies (marital and family development; family systems theory)
 - Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches)
 - Human growth and development across the lifespan
 - Abnormal behaviors
 - Diagnosis and treatment of addictive behaviors
 - Multicultural counseling
 - Professional identity and ethics
 - Research (research methods; quantitative methods; statistics)
 - Assessment and treatment (appraisal, assessment and diagnostic procedures)

Residents in Marriage and Family Therapy (cont'd)

Residency experience:

The residency must be completed in not less than 21 months or more than four (4) years. Residents who began a residency before August 24, 2016 must complete the residency by August 24, 2020.

- 3,400-hour supervised residency in the role of a marriage and family therapist.
- At least 2,000 hours must be in clinical marriage and family services, of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services.
- Up to an additional 300 hours can be applied towards residency if the resident's internship was earned after the completion of 30 graduate semester hours and **in excess** of the required 600 total internship hours and 240 face-to-face client contact hours of which 200 hours must be with couples and families.
- Residents are not prohibited from taking the AMFTRB examination during their residency. The Resident must receive an approval code from the Board prior to registering to sit for the examination.

Residents in Marriage and Family Therapy

(cont'd)

Residency experience:

- *“Ancillary Counseling Services” means activities such as case management, recordkeeping, referral, and coordination of services.*
- *“Clinical marriage and family services” means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.*
- *“Face-to-Face” means the in-person delivery of clinical marriage and family services for a client.*

Residents in Marriage and Family Therapy (cont'd)

In addition to the required experience, the residency shall include a minimum of 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident.

- For every 40 hours of experience documented by the Resident, a minimum of one (1) hour and a maximum of four (4) hours of supervision shall occur.
- “In-person” may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.
- No more than half of the 200 hours may be satisfied with group supervision. *“Group supervision” means the process of clinical supervision of no more than six (6) persons in a group setting provided by a qualified supervisor.*
- Up to 20 hours of supervision received during the resident’s supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a LMFT or LPC.
- One (1) hour of group supervision will be deemed equivalent to one (1) hour of individual supervision.
- At least 100 of the 200 hours of supervision must be completed with an LMFT, the remaining hours may be supervised by a LPC.

Residents in Substance Abuse Treatment

(towards licensure as a Substance Abuse Treatment Practitioners)

- A Resident must meet all education requirements prior to approval.
- The supervised residency must be completed with various populations, clinical problems and theoretical approaches in certain areas. Core areas to be included in the supervised residency:
 - Clinical evaluation
 - Treatment planning, documentation and implementation
 - Referral and service coordination
 - Individual and group counseling and case management
 - Professional and ethical responsibility

Residents in Substance Abuse Treatment (cont'd)

Residency experience:

The residency must be completed in not less than 21 months or more than four (4) years. Residents who began a residency before August 24, 2016 must complete the residency by August 24, 2020.

- 3,400-hour supervised residency in the role of a substance abuse treatment practitioner.
- At least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.
- Up to an additional 300 hours can be applied towards residency if the resident's internship was earned after the completion of 30 graduate semester hours and in excess of the required 600 total internship hours and 240 face-to-face client contact hours of which 200 hours must be in treating substance abuse-specific treatment problems.
- Residents are not prohibited from taking the MAC examination before or during their residency; however, the resident will not be taking the exam for Virginia and will need to contact NBCC to have their official score report transferred to Virginia once they submit the LSATP by Examination application.



Residents in Substance Abuse Treatment

(cont'd)

Residency experience:

- *“Ancillary services” means activities such as case management, recordkeeping, referral, and coordination of services.*
- *“Clinical substance abuse treatment services” means activities such as assessment, diagnosis, treatment planning and treatment implementation.*
- *“Face-to-Face” means the in-person delivery of clinical substance abuse treatment services for a client.*

Residents in Substance Abuse Treatment (cont'd)

- In addition to the required experience, the residency shall include a minimum of 200 hours of in-person supervision between the supervisor and resident.
 - Supervisors must provide evident of having at least 100 hours of didactic instruction in substance abuse treatment.
 - For every 40 hours of experience documented by the Resident, a minimum of one (1) hour and a maximum of four (4) hours of supervision shall occur.
 - “In-person” may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.
 - No more than half of the 200 hours may be satisfied with group supervision. “Group supervision” means the process of clinical supervision of no more than six (6) persons in a group setting provided by a qualified supervisor.
 - One (1) hour of group supervision will be deemed equivalent to one (1) hour of individual supervision.
 - Up to 20 hours of supervision received during the resident’s supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a LPC.
 - At least 100 of the 200 hours of supervision must be completed with an LSATP, the remaining hours may be supervised by a LPC.

Supervision toward a Certified Substance Abuse Counselor (CSAC)

- Supervisor Qualifications:
 - LSATP;
 - LPC, LCP, LCSW, LMFT, medical doctor, registered nurse with the following:
 - Board-recognized national certification in substance abuse counseling; or
 - One year experience in substance abuse counseling with at least 100 hours of didactic training substance abuse; or
 - Virginia CSAC who has:
 - A Board recognized national certification in substance abuse counseling; or
 - Two years experience as a VA CSAC



Supervision experience for CSAC:

- 2,000 hours of supervised experience in the delivery of clinical substance abuse counseling services.
- The supervised experience must include a minimum of 1 hour and a maximum of 4 hours per week of supervision.
- Total of 100 hours within the required experience.
- No more than half of these hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

"Clinical supervision" means the ongoing process performed by a clinical supervisor who monitors the performance of the person supervised and provides regular, documented face-to-face consultation, guidance and education with respect to the clinical skills and competencies of the person supervised.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Substance abuse counseling" means applying a counseling process, treatment strategies and rehabilitative services to help an individual to:

- 1. Understand his substance use, abuse or dependency; and*
- 2. Change his drug-taking behavior so that it does not interfere with effective physical, psychological, social or vocational functioning.*

Supervision toward a Qualified Mental Health Professional (QMHP)

- Supervisor Qualifications:
 - A licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.
- Supervision:
 - Supervision must consist of face-to-face training in the services of a QMHP-A or QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual and audio contact among the individuals involved.

Complaints and Disciplinary Action Related to Supervision



- Dual relationship in supervision
- Allowing a resident to practice outside of the scope of education and training
- Submission of verification forms by fraud or misrepresentation
- Refusal to complete the verification forms
- Reporting Resident's unethical practice

Additional topics:

Issuance of registration numbers

Board Information:

- Upcoming Meetings (open to the public):
 - QMHP Information Session – October 11, 2018 (sign up online – 75% full)
 - Regulatory Committee Meeting - November 1, 2018
 - Quarterly Board Meeting - November 2, 2018
- Board offers Licensure Process Handbooks for LPC, LMFT and CSAC.
(LSATP coming soon)
- Keep up-to-date on proposal of regulations or meeting by registering with Virginia Regulatory Town Hall at <http://townhall.virginia.gov/>. (It is the licensee's and resident's responsibility to keep up-to-date on the changes to the regulations.)

How to Contact Us



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