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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>City</th>
<th>Term End Date</th>
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</thead>
<tbody>
<tr>
<td>Kevin Doyle, Ed.D., LPC, LSATP</td>
<td>Chairperson</td>
<td>Charlottesville, VA</td>
<td>2nd Term Ends 06/30/2021</td>
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<tr>
<td>Johnston Brendel, Ed.D., LPC, LMFT</td>
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<td>Williamsburg, VA</td>
<td>1st Term Expires 6/30/2019</td>
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<tr>
<td>Bev-Freda L. Jackson, Ph.D., MA, Citizen Member</td>
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<td>Roanoke, VA</td>
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<td>Vivian Sanchez-Jones, Citizen Member</td>
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<td>Roanoke, VA</td>
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<tr>
<td>Barry Alvarez, LMFT</td>
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<td>Falls Church, VA</td>
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<tr>
<td>Danielle Hunt, LPC</td>
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<td>Richmond, VA</td>
<td>1st Term Expires 6/30/2019</td>
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<tr>
<td>Maria Stransky, LPC, CSAC, CSOTP</td>
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<td>Richmond, VA</td>
<td>1st Term Ends 6/30/2021</td>
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<tr>
<td>Jane Engelken, LPC, LSATP</td>
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<td>Fairfax Station, VA</td>
<td>2nd Term Ends 6/30/2021</td>
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<td>Natalie Harris, LPC, LMFT</td>
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<td>Newport News, Virginia</td>
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<tr>
<td>Tiffinee Yancey, Ph.D., LPC</td>
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<td>Suffolk, VA</td>
<td>1st Term ends 06/30/2021</td>
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<tr>
<td>Holly Tracy, LPC, LMFT</td>
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<td>Norfolk, VA</td>
<td>2nd Term Ends 6/30/2022</td>
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<tr>
<td>Terry R. Tinsley, PhD, LPC, LMFT, NCC, CSOTP</td>
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<td>Gainesville, VA</td>
<td>2nd Term Expires 6/30/2022</td>
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<tr>
<td><strong>Jaime Hoyle, Esquire – Executive Director</strong></td>
<td><strong>Jennifer Lang – Deputy Executive Director</strong></td>
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<tr>
<td><strong>Charlotte Lenart – Licensing Manager</strong></td>
<td><strong>Tracey Arrington-Edmonds – Licensing Specialist</strong></td>
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<tr>
<td><strong>Brenda Maida – Licensing Specialist</strong></td>
<td><strong>Christy Evans – Discipline Case Specialist/Compliance Case Manager</strong></td>
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<td><strong>Victoria Prosser – Administrative Assistant</strong></td>
<td><strong>Sharniece Vaughn – QMHP Administrative Assistant</strong></td>
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<tr>
<td><strong>Kelby Johnson – QMHP Administrative Assistant</strong></td>
<td><strong>Linda Young – QMHP Administrative Assistant</strong></td>
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<td><strong>Natalie Unmusig – Administrative Assistant</strong></td>
<td><strong>Trasean Boatwright – QMHP Administrative Assistant</strong></td>
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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

## Quarterly Evaluation for LPC Licensure

Sections 15.2–D and E of the Virginia LPC regulations require that the applicant’s supervisor provides quarterly evaluations to the resident. This form must be signed and dated by the supervisor. This form is to be completed by the supervisor such queries and provided to the resident to the resident in their progress report that may need to submit their licensure applications.

**Date of Applicant: Last Four Digits**

**Applicant’s Email Address**

**SUPERVISION/REVIEW**

**Supervisor’s Name (Last, First)**

**License Number**

**License Type**

**Residence and Address of Residence** Work Site Where Clinical Internship Obtained (OR LOCATION ONLY)

**Dates of Internship:** From (month/day/year) To (month/day/year)

<table>
<thead>
<tr>
<th>All Columns Must Be Completed</th>
<th>Hours per week</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hours of supervision resident (face-to-face client contact hours + ancillary hours)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>New entry from prior Direct contact hours did the resident provide?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>New entry: Indirect Supervision did the resident conduct?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>New entry: Number of indirect supervision visits per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If applicable, total number of face-to-face client contact with Couples and Families</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If applicable, total number of face-to-face client hours</td>
<td></td>
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</tbody>
</table>

According to 18VAC9.35-50:01 of the LPC Regulations, the resident must have completed resident in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the latter stage.

- 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 demonstrate knowledge of professional counselor identity and function while under your direct supervision? Yes | No
- Did the applicant demonstrate competence in professional standards and 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**

## Verification of Clinical Supervision for LPC Licensure

### General Information

- **Name of Applicant (Last, First)**
- **Applicant’s Social Security Number**
- **Supervisor’s Name (Last, First)**
- **License Number**
- **License Type**
- **Supervisor’s Employee Number**

**Residence and Address of Residence** Work Site Where Clinical Internship Obtained (OR LOCATION ONLY)

**Dates of Internship:** From (month/day/year) To (month/day/year)

**Total Hours:**

- Under your direct supervision, did the resident receive a resident of one hour and a maximum of 20 hours of supervision per 40 hours of work experience and more supervision considered with this resident? Yes | No

- Total amount of hours spent in supervision with the resident.

**Years that resident had clinical internship:**

- In the role of a professional counselor working with various populations, clinical problems, and theoretical approaches did the resident provide while under your direct supervision? Yes | No

- Did the applicant demonstrate knowledge of assessment and diagnosis using psychotherapy techniques while under your direct supervision? Yes | No

- Did the applicant demonstrate knowledge of assessment, evaluations, and diagnostic procedures while under your direct supervision? Yes | No

- Did the applicant demonstrate knowledge of treatment planning and implementation while under your direct supervision? Yes | No

- Did the applicant demonstrate knowledge of case management and research while under your direct supervision? Yes | No

- Did the applicant demonstrate knowledge of professional counselor identity and function while under your direct supervision? Yes | No

- In your opinion, has the applicant demonstrated competency sufficient for the licensing and independent practice in clinical counseling services? Yes | No

**Supervisor’s Signature**

**Date**
LMFT Forms

QUARTERLY EVALUATION FOR LMFT LICENSURE
Section 115.95(D)-5 of the Virginia LMFT regulations require that the applicant complete quarterly evaluations no later than 30 days after the month of training. The evaluation form is to be completed by the supervisor each quarter and returned to the licensee to be kept in the patient record. The licensee is also required to submit the forms to the Board of Health Professions.

Name of Applicant/Licensee:

Address:

SUPERVISOR’S EVALUATION:

Supervisor’s Name:

License Number:

License Type:

Business Name and Address of Residency/Work Site:

When Clinical Hours Were Obtained (STATE LOCATION ONLY):

Date of supervision: From (mm/dd/yyyy) To (mm/dd/yyyy)

All Columns Must Be Completed

Total Hours

Desired Total Hours

Total hours of supervised residencies (please check all that apply) [ ]

Income and External Contact Hours: Writing Hours:

Income Hours:

Total: Yes

No

Face-to-Face Client Contact hours: Did the resident provide?

Yes

No

How many face-to-face client contact hours were with Children and Adolescents?

Yes

No

How many Group Supervision hours did the resident complete?

Yes

No

If applicable, please indicate number of hours face-to-face client contact hours in clinical substance abuse treatment services:

Yes

No

The resident must meet the requirements in Section 115.95(D)-5 of the LMFT Regulations. The resident must have supervised residency in the role of a marriage and family therapist to be eligible to apply for an LMFT license.

Marriage and Family Therapy Program:

Yes

No

Mental Health and Human Services:

Yes

No

Sure, thanks for the most of human knowledge, the remaining text does not seem to be relevant or clear. Please, if possible, remove the rest of the content.
## LSATP Forms

### QUARTERLY EVALUATION FOR LSAT LICENSURE

Section 11.04.06.01 of the Virginia LSATP regulations require that the applicant’s supervision be quarterly evaluated by the resident. This form must be completed and signed by the supervisor. This form is to be completed by the supervisor each quarter and provided to the resident to be signed and returned with their quarterly report. The form is to be kept by the supervisor.

<table>
<thead>
<tr>
<th>Time of Approval</th>
<th>Applicant’s Signature</th>
</tr>
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<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
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</table>

### SUPERVISORY EVALUATION

<table>
<thead>
<tr>
<th>Supervisory Name and Title</th>
<th>License Number</th>
<th>License Type</th>
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</table>

**Business Name and Address:**

<table>
<thead>
<tr>
<th>Business Name and Address</th>
<th>Supervision at Work Site</th>
<th>Supervisor's Name</th>
<th>Supervisor’s Signature</th>
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**Date of Evaluation:**

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<tr>
<th>Date (MM/DD/YYYY)</th>
<th>Signature</th>
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**All Columns Must Be Completed:**

<table>
<thead>
<tr>
<th>Total hours of supervision</th>
<th>Hours per week</th>
<th>Total hours</th>
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**Did the resident receive a minimum of (1) hour and a maximum of (5) hours of supervision per 40 hours of work experience while under your direct supervision?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Did the resident receive a minimum of (1) hour and a maximum of (5) hours of supervision per 40 hours of work experience while under your direct supervision?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<table>
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<tr>
<th>Total amount of hours per week of supervision with the resident.</th>
<th>Individual Hours</th>
<th>Group Hours</th>
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**Supervisor’s Signature:**

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<th>Signature</th>
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## VERIFICATION OF CLINICAL SUPERVISION FOR LSAT LICENSURE

### GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY

<table>
<thead>
<tr>
<th>Name of Applicant (Last, First, Middle)</th>
<th>Applicant’s Email Address</th>
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### CLINICAL SUPERVISION

<table>
<thead>
<tr>
<th>Supervisory Name and Title</th>
<th>License Number</th>
<th>License Type</th>
<th>Supervisor’s Name</th>
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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 an 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 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 evidence 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

Department of Health Professions Website: www.dhp.virginia.gov

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