
Call to Order – Aliya Chapman, Ph.D, Committee Chair

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures.....Page 2

Approval of Minutes

- Regulatory Committee Meeting – May 22, 2023*Page 4

Ordering of Agenda

Public Comment

The Committee will receive public comment related to agenda items at this time. The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Chair Report – Dr. Chapman

Unfinished Business

- Continued Discussion Regarding Master’s level psychologists.....Page 7

Next Meeting – December 5, 2023

*Requires a Committee Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).



Virginia Department of
Health Professions
Board of Psychology

EMERGENCY EGRESS

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

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

Board Room 1

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

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

Board Room 2

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

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

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

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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

**Virginia Board of Psychology
Regulatory Committee Meeting Minutes
Monday, May 22, 2023 at 1:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 1**

PRESIDING OFFICER: J.D. Ball, Ph.D., LCP

COMMITTEE MEMBERS PRESENT: William Hathaway, Ph.D., LCP
Christine Payne, BSN, MBA
Gary Sibcy, Ph.D., LCP
Kathryn Zeanah, Ph.D., LCP, LSP (virtual attendance via WebEx)

OTHER BOARD MEMBERS: Aliya Chapman, Ph.D., LCP
Susan Brown Wallace, Ph.D., LCP, LSP

BOARD STAFF PRESENT: Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director

DHP STAFF PRESENT: Erin Barrett, Director of Legislative Affairs and Policy, DHP
James Jenkins, Deputy Director, DHP
Matt Novak, Policy and Economic Analyst, DHP

CALL TO ORDER: Dr. Ball called the meeting to order at 1:03 p.m.

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

ESTABLISHMENT OF A QUORUM: With five (5) members in attendance, in-person, a quorum was established.

APPROVAL OF MINUTES: The minutes from the September 26, 2022, Regulatory Committee meeting were adopted as presented.

ADOPTION OF AGENDA: The agenda was adopted as presented.

PUBLIC ATTENDEES: Jennifer Morgan, VACP Liaison
Steele Knudson
Ashley Holland
Chris Fleury, Health Policy Analyst, Medical Society of Virginia
Dr. Denise Malone, Virginia Dept of Corrections
Scott Castro, Director of Health Policy, Medical Society of Virginia
Denise Daly Konrad, Virginia Health Care Foundation

PUBLIC COMMENT:

Public comment was made by:

Steele Knudson requested that the committee recommend legislative changes to address the lack of public notification when the board determines that an individual has practiced without a license, and to address concerns about unlicensed individuals testifying as expert witnesses in court.

Ashley Holland commented on prescriptive authority and reporting requirements.

Dr. Denise Malone commented in support of master's level psychology licenses.

CHAIR REPORT:

Dr. Ball talked about his meeting with Dr. Ed Tiller, Past President of the Virginia Academy of Psychologist (VACP). In their discussion, Dr. Ball shared with Dr. Tiller that the Board would not be initiating legislation for a master's level license and that any such legislation would need to come from a stakeholder. Dr. Ball stated that VACP Board of Directors appear to be advocates for a master's level psychologists license.

UNFINISHED BUSINESS:

Update on the Examination for Professional Practice in Psychology (EPPP):

The committee discussed the concerns and benefits of requiring part II of the EPPP prior to the Association of State and Provincial Psychology Boards' (ASPPB) implementation deadline in 2026. Dr. Ball made a motion, which was properly seconded, to recommend that the Board begin requiring part II of the EPPP, in addition to the current part required for licensure. The motion was seconded and passed unanimously.

Update and Continued Discussion of Master's Level Psychologists:

The committee discussed the potential structure of a license to practice psychology at the master's level but also acknowledged that the board must wait for legislative authority before it can proceed forward. The discussion included potential titles, education/training, and scope of practice. The committee noted the need to differentiate master's level psychology professionals versus master's level practice in other mental health professions.

Dr. Chapman provided information from the ASPPB and noted that of the 17 states with a master's level license, 60% allow licensees to provide therapy, 20% allow assessments, and 20% allow other forms of practice. Dr. Wallace advised that Radford University and William & Mary has noted an interest in working with the board on training requirements.

Update and Continued Discussion of School Psychologist Shortage:

Dr. Wallace reported that, currently, there are 82.5 unfilled school psychology positions in Virginia. Additionally, she advised that schools report the main reason they are not able to fill positions is the lack of qualified candidates. They are working on a three-point plan to focus on recruiting, retaining, and re-specializing school psychologists.

NEW BUSINESS:

Discussion on Prescriptive Authority:

The committee discussed the prescriptive authority and noted that VACP has not yet released a position statement.

NEXT MEETING DATE: The next Regulatory Committee meeting is scheduled for September 18, 2023.

ADJOURNMENT: Dr. Ball adjourned the meeting at 3:02 p.m.

J.D. Ball, Ph.D., Chair Chairperson

Date

Jaime Hoyle, JD, Executive Director

Date

DRAFT

Recommendations Regarding a Masters Level Psychology Practice Identity

1. ***Creating a professional licensure pathway for psychological practice at the master's level would facilitate a critically needed additional pipeline of practitioners to meet the mental health needs of our state's residents.*** At present, those needs far exceed the available pool of licensed caregiver's service provision capacities. There is momentum for developing such a licensure nationally at the current time.
2. ***We recommend that any licensing act authorizing licensure of master's level practitioners in psychology indicate that applicants should have completed a master's degree in a health service psychology related area (i.e., clinical or counseling psychology) from a program that is accredited by the APA or from one that offers equivalent training.*** There are just a relatively small number of states that currently have a licensed to practice at the master's level in psychology. However, the primary accreditor of psychology training programs, the American Psychological Association, has developed standards for accrediting master's programs and has just begun to receive applicants for accreditation at this level. Another mental health field, professional counseling, that has only relevantly recently achieved licensure in every state, has grown rapidly. In several states, professional counselors have already become a larger percentage of the licensed mental health provider pool than psychologists. So, it is quite plausible that as master's level psychological practice becomes a licensed reality in more states, this field will grow quickly too.
3. ***There is substantial potential for master's programs to help overcome important barriers to entering the mental health caregiving fields by a broad range of potential contributors to those fields.*** Masters level training programs in a variety of fields exist at more institutions than doctoral level training often because of the prohibitive costs and resource demands involved in providing the lengthier, more expensive and more complex doctoral training for many institutions of higher education. Thus, masters training programs are more likely to emerge in geographically distributed ways that include more rural or underserved areas. This greater geographic distribution of training contexts, briefer training program length, relatively lower costs, greater openness to multiple instructional modalities, and other features more accommodating to non-traditional adult learners, makes it more likely that masters level programs will be more feasible and accessible educational option for a substantial portion of the population. It will also be more likely to have student bodies with greater representation by members of underserved populations.
4. ***We recommend a pathway to independent practice after some adequate period of supervised practice post degree.*** Doctoral level psychology is of mixed opinion about whether masters level practitioners should be licensed and even more so about whether they should be licensed for independent practice. Consistent with related fields, we would recommend 2 years of post-degree supervised practice for eligible applicants by a psychologist or psychological practitioner who is licensed to practice and independent level.

5. ***A new category of licensure for psychological practitioners at the master's level would complement the existing master's level practice work force by adding professional practitioners with distinctive psychological science training. Psychology is the sole mental health field that requires many of these areas of training as part of the curriculum for all accredited programs.*** The distinctive foundational areas of psychological science required by all accredited psychology programs included areas such as quantitative analysis, assessment and evidence-based treatment skills, and foundational psychological science (.e.g, biological bases of behavior, affective bases of behavior, cognitive bases of behavior, or social bases of behavior). Given the costs, length of training, and difficulty of completing doctoral level training in psychology, the master's level option would potentially exponentially expand access to mental health professionals whose training reflected the distinctive psychological science emphasis of the discipline of psychology.

6. ***Since psychologists are trained to apply their scientific training as psychological scientists to clinical issues, we recommend that the identity of psychologist remain a doctoral level identity. We recommend that a distinct practice identity label be used for this new category of licensed provider, that of a psychological practitioner.*** Advanced applied scientific skills in a field as complex and dynamic as psychology require that level of training to cultivate. However, more delimited applications of clinical psychology can be instilled in appropriately mentored practitioners with a master's degree and follow-on supervised experience.

7. ***While competent psychological practice can be performed by master's level practitioners, the range of advanced practice activities that doctoral level psychologists are routinely trained to competently exercise is much broader than can be feasibly instilled in a master's program.*** This is particularly true if the assessment or treatment activities reflect a doctoral level specialty such as neuropsychological evaluation. Formal recognition processes exist in the profession of psychology for doctoral level specialties. In addition, the primary way of validating one's competence to engage in such specialized practice is by obtaining a diplomat status in a nationally recognized board in the specialty, just as occurs in fields such as medicine.

Thus, we recommend the following regarding ***scope of practice***:

- ***Any licensing law and regulations governing a master's level psychological practice identity should clearly require such practitioners to practice within their level and domain of competence and to not engage in psychological practice activities that is beyond their level of competence.*** Accordingly, master's level practitioners should be prohibited from independently engaging in practice that is defined in the field of psychology as a post-doctoral specialty.
- ***Master's level practitioners should also only engage in the practice activities typically performed by doctoral psychologists to the extent that the masters level practitioners have received appropriate training and recognition for having done so.*** It is common in other master's fields to verify such competencies through the acquisition of additional certifications demonstrating the additional training and verification of a competency. But regardless of the specific process used, fostering this culture of demonstrating that one has

attained a current proficiency and competency in one's practice areas will be an important regulatory practice for master's level practitioners.

- ***The Board of Psychology should include members who can use informed professional judgment to evaluate whether master's level practitioners are functioning within their level of competence in responsible and required ways just as board members must now do for professionals licensed at other levels.*** As a master's level practice profession grows, it will be incumbent on regulators to discern what types of routine practice activities may be customarily engaged in by such practitioners with sufficient competence to protect the public and which ones should not be done without further training and/or supervision. But this is true of all fields as practice identities and practitioner populations evolve. Since a number of people with master's degrees currently practice in supervised or exempt settings both in Virginia and elsewhere, there is some awareness already in psychology of the range and types of activities they can safely perform. Thus Board regulation of this new level of practice identity can be done already in a manner informed by existing precedent.