

HEADLINES



April 2008

VOLUME 07-08, ISSUE 2

IN THIS ISSUE



Using Functional Behavioral Assessments and Behavioral Intervention Plans in Clinical Practice

by: [Kimberly Finn, LPC](#)

Whether you like him or not, you are most likely familiar with Dr. Phil's now famous phrase, "So how's that working for you?" I believe that Dr. Phil is asking his clients the wrong question. Of course their behavior is working for them. If it wasn't working, they wouldn't be engaging in the behavior. The more accurate question is, "Is your behavior working for you in a healthy way?" This question is critical in helping clients evaluate their behavior in order to identify more appropriate and healthy ways to have their needs met.

Although educators have understood for a long time that a student's behavior can prevent him from achieving academically, the use of functional behavioral assessments (FBAs) and behavioral intervention plans (BIPs) in addressing behavioral issues in the school setting is relatively new. In 1997, changes in IDEA law mandated that educators

address behaviors that interfere with a special education student's ability to make academic progress. This mandate resulted in the utilization of FBAs and BIPs in instances when behavior is found to be interfering with a special education student's progress.

The premise for FBAs is founded on Glasser's work. The main idea underlying the concept is that all behavior serves a purpose and is meeting a need for the person engaged in the behavior. For every behavior there is a consequence. For every action there is a reaction. Whether an observer sees the outcome of the behavior as positive or negative is irrelevant. It is only by looking from the perspective of the person engaged in the behavior that one can determine what is reinforcing the behavior. In the case of a student who is engaging in an inappropriate behavior, the FBA team attempts to identify the need that is being met so that they can help the student learn more appropriate ways to

meet this need. Common identified needs include but are not limited to the need for control, the desire to escape (a situation, problem, person, or task), the desire to belong and the need for attention. Sensory needs are also important to consider.

When developing a plan to address problematic behaviors, the school team asks and answers four major questions. Are there antecedents and/or environmental triggers that contribute to the behavior and are there ways to alter these? Does the student have a skill deficit that leads to the behavior and what skill or alternative behavior needs to be taught to replace the behavior? What are the natural and logical consequences that are reinforcing the behavior and how can the replacement behavior be reinforced in order to offer enough incentive for the student to try a new behavior? Finally, the team determines how the replacement behavior can be maintained once the plan is phased out.

Continue on Page 3 

Using FBA and BIP Plans in Clinical Practice	1 & 3
Licensure Standards and Reimbursement	2
VACC Awards	2
Upcoming VACC Conference	2
Web Site Updates	3
Upcoming VACC Conference	3
House Passes Historic Parity Legislation!	4
Membership Update	45
VACC News	5
LPC Board Proposes Changes in Regulations for Supervisors	6
Free Winter Conference	6
Contacts	7



Licensure Standards and Reimbursement

by: Michael Nahl, Advocacy Committee Chair

<http://www.vacc.org> 

At one point in the past, LPCs in Virginia were not covered by legislation that mandated third party reimbursement. Even with such legislation, our services can still be denied by out-of-state commercial insurers. TRICARE, as you know, doesn't reimburse LPCs except with physician referral and oversight (unless you are dually licensed as an LMFT).

While exclusion is a relatively rare event these days, VACC once operated a very active advocacy program, writing to hundreds of businesses and insurers, asking them to change their policies and reimburse us. We were successful in 63% of the attempts because we had a very persuasive letter that emphasized Virginia's high standards for licensure (and the economic benefits to all concerned by recognizing us).

Virginia, as most of you know, was the first state to license LPCs (in 1976). We remain the state with the most demanding licensure standards. A survey of state licensing standards was conducted by the American Association of State Counseling Boards in 2004 as a prelude to developing standards for licensure portability.



Their research found that there was considerable variability among licensure standards (a fact stated often by those who would deny reimbursement). Nineteen of the 46 states then with licensure required 60 graduate semester hours of education. Twelve states required 48 hours, and 15 required a Master's degree in counseling of unstipulated length.

In 2004, two of the states (Virginia included) required 4000 or more

hours of clinical experience under supervision. Three states required 3500 hours; eleven states required 2000-2400 hours; one required 1800 hours; one required only 1000. The reader is referred to the AASCB website (<http://aascb.org>) and the section on portability of licensure for more information.

Our national organizations encourage states to move toward more rigorous credentials



but such revisions usually require legislative action to accomplish. Still, the above variability is cited by legislators who are opposed to our recognition by Medicare and TRICARE. What can we do? ■ VACC

VACC Awards

by: Michael Nahl, Advocacy Committee Chair

In June of 2007, VACC debuted an addition to its lineup of conferences, the "Last Minute Ethics Conference." At that time, we awarded the VACC Exemplary Service Award to our speaker, Dr. Ted Remley, Jr. Dr. Remley is a national and international ethics expert who was instrumental in the founding of our profession in Virginia and the nation. Dr. Remley is an LPC and also a lawyer, and a former Chair of the Board of

Counseling, among his many other credentials. He has recently returned to the Hampton Roads area to head up the graduate Counseling programs at Old Dominion University, including its new doctorate program.

At our recent Clinical supervision conference at Sweet Briar College, VACC awarded Anna Epperson its Executive Board Member of the Year (2006-07). In addition to being our Membership Chairperson, Anna attends every Board meeting and is an enthusiastic

contributor to VACC's conferences and other activities. Anna works part-time with college students as a staff counselor at Virginia Tech's Cook Counseling Center. She is not yet licensed as a LPC and hopes to have the 4000 hours completed in 2008 so she can take the licensure examination. Additionally, she is a doctoral candidate at Virginia Tech working on her dissertation in Counselor Education and Supervision. She hopes to graduate in December 2008. ■ VACC

Upcoming VACC Conference!

Another Professional Training

Seminar in Clinical Supervision is being scheduled for late May at Sweet Briar College. It will feature **Hildy Getz, PhD, LPC, LMFT**, Associate Professor Emeritus in Counselor Education at Virginia Tech. Dr. Getz presented our last Supervision workshop, which was very well attended and received. Details will be presented on our website and in e-mails and mailings.



Continuation from Page 1

Using Functional Behavioral Assessments and Behavioral Intervention Plans in Clinical Practice

The use of FBAs and BIPs is extremely helpful in addressing a student's behaviors in the academic setting. The use of these tools helps break down behaviors into concrete and manageable parts and to develop a plan to address each component of the behavior. FBAs and BIPs help school personnel and parents better understand underlying reasons for behavior. This helps separate the behavior from the child so that staff and parents do not personalize the behavior. They also learn how to address the behavior using concrete strategies that are realistic and achievable. Although FBAs and BIPs are currently used primarily in the school setting, their

use in private practice could be invaluable. Parents often bring their children to clinicians feeling completely overwhelmed and

with little understanding of the behavior or how to help their child. Using FBAs and BIPs in a clinical setting can help take the mystery out of a child's behavior. The development of a BIP creates a concrete and individualized plan using structured interventions. This can make addressing a behavior less overwhelming to parents and can also help a child gain insight into his behavior. In short, the use of FBAs and BIPs can increase hope and motivation for those who work with children with behavioral issues.

For examples of FBA and BIP assessment forms, please contact Kimberly Finn at kfinn@fcps1.org

site at no charge. You can also advertise yourself and your practice for free on the Member's Spotlight, which is easy to complete.

Updates on federal and state legislation affecting LPCs can be found on the home page and the You Can Help sections of the website. The You Can Help section also features the Hall of Shame, wherein we list examples of discriminatory hiring and reimbursement practices to-

ward members of our profession. This section also contains links to federal and state legislators.

Looking for a job? Want to advertise a job position you have available? Need or want to rent office space? We can help. Look for the Job Opportunities section.

Want to renew your membership or become a member? You can do that online. You can also register

Web Site Updates

by: [Michael Nahl, Communications](#)

Have you looked at our website (www.vacc.org) lately? We have some great links, to the Board of Counseling and the Department of Health Professions, to nearby state clinical counseling associations, to AMHCA, to Virginia graduate counseling programs, insurance companies, and to all the state and federal legislators. Our website is a handy site for connecting to other places you might want to go.

For the students, we have a separate page that includes links to the state counseling programs, Board mentors, and a list of clinical supervisors. By the way, any VACC member who provides supervision can list themselves on our

for our conferences and pay for them over the website.

The history of our profession and VACC can also be found on the website, as can recent newsletters and our bylaws.

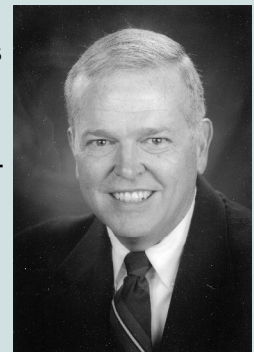


There's much more. And don't forget to tell a colleague about us!

www.vacc.org ■ VACC

Upcoming VACC Conference!

The annual **Last Minute Ethics Conference** will be held on June 20th at Old Dominion University (Norfolk). This conference features an ethics expert with national and international credentials. **Dr. Ted Remley, Jr.** is an LPC and a lawyer credentialed in Virginia and other states. Dr. Remley was instrumental in the founding of our profession in Virginia and the nation, and a former Chair of the Board of Counseling, among his many other credentials. He has recently returned to the Hampton Roads area to head up the graduate Counseling programs at Old Dominion University, including its new doctorate program. This will be either a two or three hour presentation that will fulfill your ethics requirements for licensure. Dr. Remley is inviting VACC members to suggest particular ethics topics they would like to have addressed. Contact Michael Nahl at michaelnahl@cox.net with your suggestions and ideas. ■ VACC



Dr. Ted Remley, Jr.

House Passes Historic Parity Legislation!

by: Beth Powell

AMHCA Director, Public Policy and Professional Issues

On March 5th the House of Representatives passed comprehensive legislation requiring private health insurance plans to use the same treatment limitations and financial requirements for mental health and addictive disorder coverage as is used for substantially all other covered services. H.R. 1424, the "Paul Wellstone Mental Health and Addiction Equity Act of 2007," introduced by Representatives Patrick Kennedy (D-RI) and Jim Ramstad (R-MN), was passed with strong bipartisan support by a vote of 268-148. (House members' votes are listed online at <http://clerk.house.gov/evs/2008/roll101.xml>.) The legislation is named for the late Senator Paul Wellstone of Minnesota, a tireless advocate for Americans with mental illness.

House passage of H.R. 1424 is an historic step forward for mental health and addiction treatment advocates, and comes after years of hard work by the mental health and addictive disorder advocacy community. Although similar in many respects to legislation passed last year by the Senate, H.R. 1424 provides more consumer protections by requiring plans covering mental and addictive disorder treatments to cover the full range of disorders recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM)—the same range of disorders as is covered for members of Congress and all other federal employees under long-standing requirements for Federal Employee Health Benefits Program (FEHBP) policies. Unlike the Senate's bill, H.R. 1424 also stipulates that health plan covering out-of-network services for medical and surgical

benefits must also offer out-of-network coverage for mental health and addictive disorder benefits. This requirement applies for both outpatient and inpatient care.

AMHCA and ACA applaud Representatives Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) for their long, hard, heroic work in gaining House passage of H.R. 1424. During floor debate, both Kennedy and Ramstad spoke about their own personal battles with mental and addictive disorders, their treatment, and how their treatment has enabled them to lead productive lives. AMHCA and ACA also thank those counselors who took the time to contact their representative on this issue.

Attention now shifts to House-Senate negotiations to reconcile their chambers' versions of the parity legislation. Like the business community, the Bush administration argued in favor of the weaker Senate version,

issuing a statement of policy expressing opposition to H.R. 1424. Despite this, AMHCA, ACA and other mental health and addictive disorder advocates are

now working to build upon the strong bipartisan support for H.R. 1424 and the unanimous passage last year of the Senate's bill, to encourage the development and enactment of parity legislation that provides consumer protections as strong as possible.

For more information on this issue, contact Beth Powell with the American Mental Health Counselors Association at 703-548-6002 x105, or at bpowell@amhca.org. ■ VACC



Membership Update

Members now can access their membership information on-line at the VACC website <http://www.vacc.org/>. They can also signup or renew on-line by using PayPal. The URL to sign up for membership <http://www.vacc.org/amember/signup.php> If you are currently a member and do not have your login name, you can request your membership login on-line by going to the VACC website and request that it be sent to you. If you have questions or need directions, please contact our membership chair, Anna Epperson

(anna.epperson@yahoo.com) or webmaster (webmaster@vacc.org).

Dues increased from \$50 to \$65 per year for clinical and regular memberships. This is the first increase in dues since 1987. Student membership remains at \$20; retired members pay \$25.

There are currently 176 active members including clinical members, student members, regular members, and retired members.

There are many benefits to being a member of VACC. Conferences,

which provide educational opportunities as well as opportunities to network, are offered at discounted prices. VACC provides advocacy by addressing issues important to licensed professional counselors especially when LPCs are discriminating against in hiring or reimbursement. Newsletters and e-mail announcements keep you informed of matters affecting our profession. On our website (www.vacc.org), you can advertise your practice (Member's Spotlight) or list yourself as a supervisor. We have a "Jobs" section in which you can list openings or find a job.



Continuation from Page 4

Membership Update

You can also link to many other websites from our "Weblinks."

Regional groups meet in Hampton Roads, Richmond, and Northern Virginia. We want to assist any region who would like to have their regional area become more active. At our last board meeting, we decided to work to en-

courage regional members to work together. We have had interest from the Charlottesville area in organizing a local group. If your region would like to contact us, we would be delighted to assist you.

VACC News

by: Joan Normandy-Dolberg

◆-----◆
Recent Statistics

According to the Virginia Board of Counseling, as of March 14, 2006 there were 2,769 Licensed Professional Counselors, 829 Licensed Marriage and Family Therapists, 169 Licensed Substance Abuse Treatment Practitioners, 1,432 Certified Substance Abuse Counselors and 325 Certified Rehabilitation Providers in the state of Virginia.

Health Practitioner Intervention Program

If any health care practitioner has concerns about an impairment affecting himself or herself or another practitioner and would like information concerning the Virginia Health Practitioners' Intervention Program, the following program is designed to provide guidance and assistance:

Virginia Health Practitioners' Intervention Program
700 East Franklin Street, Suite 300 Tower
Richmond, Virginia 23219
(804) 828-1551 (866) 206-4747 (Toll free)
Fax: (804) 828-5386



Copies of the statutes and regulations governing the Health Practitioners' Intervention Program are available from the Virginia Department of Health Professions.

Virginia Board of Counseling Possible Disciplinary or Alternative Actions For Non-Compliance with Continuing Education Requirements

The Virginia Board of Counseling has adopted the following guidelines for resolution of cases of non-compliance with continuing education requirements:

CAUSE

POSSIBLE ACTION

Short due to unacceptable hours	Confidential Consent Agreement; 30 day make up
Short 1 - 10 hours	Confidential Consent Agreement; 30 day make up
Short 11 - 15 hours	Consent Order; Monetary penalty of \$300; 30 day make up
Short 16 - 20 hours	Consent Order; Monetary penalty of \$500; 30 day make up
Did not respond to audit request	Informal Fact-Finding Conference

NOTE: In all cases the licensee will be audited the following renewal cycle.

LPC Board Proposes Changes in Regulations for Supervisors

by: [Michael Nahl and Joan Normandy-Dohlberg](#)

The Virginia Board of Counseling is proposing a change in regulations that will require LPC Supervisors to obtain substantially more training. The Virginia Association of Clinical Counselors supports these amendments, as we expect them to have a positive effect on the training of future LPCs. Presuming the changes survive public comment and other procedures, those who supervise candidates for licensure will have to demonstrate a graduate course in supervision or 20 contact hours of continuing education in supervision.

The Virginia Association of Clinical Counselors is, by virtue of its status as the state branch of the American Mental Health Counselors Association, an approved provider of continuing education by the Board of Counseling. As most of you know, VACC recently sponsored a Clinical Supervision workshop by Dr. Hildy Getz at Sweet Briar College. We are in the process of planning further workshops by Dr. Getz in the spring, at Sweet Briar as well. If there is sufficient demand, we will explore the possibility of supervision workshops in other parts of the state as well.

The proposed changes to the Board of Counseling regulations governing supervision are as follows:

- C. Supervisory ~~requirements~~ qualifications. A person who provides supervision for a resident in professional counseling shall:
1. Document two years of post-licensure clinical experience;
 2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106 (Persons who have provided supervision for a residency prior to (effective date of regulations) shall complete such coursework or continuing education by (two years from the effective date of regulations); and
 3. ~~Shall be licensed~~ hold an active, unrestricted license as a professional counselor, marriage and family therapist, substance abuse treatment practitioner, school psychologist, clinical psychologist, clinical social worker, or psychiatrist in the jurisdiction where the supervision is being provided. ~~At least one-half~~ 100 hours of the ~~individual face-to-face~~ supervision shall be rendered by a licensed professional counselor.

One can link to the Board of Counseling website through "Weblinks" form the VACC website (www.vacc.org). ■ VACC

Free Winter Conference

by: [Michael Nahl and Joan Normandy-Dohlberg](#)

VACC provided a free conference to VACC members at the Virginia Home for Boys and Girls in Richmond on February 15th. The conference provided 6 contact hours. Approximately 25 people attended, at this very nice setting. The morning presentation was on PTSD, featuring **Stanley Feuer, LCSW**, the coordinator of the PTSD program at Hunter Holmes McGuire Veterans Administration Hospital in Richmond, one of the foremost PTSD programs



in the United States. Mr. Feuer has a wealth of experience coordinating the program and running groups with veterans who have PTSD. His presentation addressed the history of the diagnosis, the assessment process, and the value of group settings in treating the disorder.

Our afternoon program featured **Donald D. Denton, D.Min, LPC**, who is the Coordinator of Assessments & Publications at the Virginia Institute of Pastoral Care, Richmond, Virginia. He is a Presbyterian minister and published author, who spoke on the benefit of

integrating spiritual values and resources into treatment planning and practice.

VACC hopes to make our Free Winter Conference an annual benefit for our members. Make sure you are on our e-mail list, especially those of you who have changed e-mail providers. Contact michaelnahl@cox.net if you haven't been receiving our e-mails. Make sure you check our website too (www.vacc.org) for information. ■ VACC

Contact VACC Board Members

<u>Name</u>	<u>Position</u>	<u>Phone</u>	<u>Fax</u>	<u>E-mail</u>
Lynessa Glass	President/Conference Committee Co-Chair	757-436-0605		
Joan Normandy-Dolberg	President-Elect	703-569-1300		
Ed Navis	Past President/ Conference Committee Co-Chair	804-270-6566		
Kimberly Finn	Past President	540-788-9071		
Roger Laplace	Government Relations	540-343-0004		
Michael E. Nahl	Professional Advocacy	757-456-1279	757-436-0023	
Anna Epperson	Membership Committee Chair	540 520-3830		
Theresa Johnson-Sion	Continuing Member	757-436-0605		
Michael Jeffrey	Ethics and Standards			
Shelby Dodd	Continuing Member	757 870 8880		
Michael Barton	HRACC President			
Michael Griffin	Webmaster	757-343-1070		webmaster@vacc.org

Job Opportunity

Chesapeake, VA - Independent LPC Contractor needed (full or part time) for busy outpatient therapy office located near I-64. Prefer therapist experienced with children and adolescents, or credentialed substance abuse therapist. Send resume to Frank Griffin, LCSW by fax or e-mail: 757-436-0023 or Frankgrif@cox.net



**P.O. Box 7066
VA Beach, VA 23457**



Mailing Address Label

We're on the web!

www.vacc.org

Check us out for the latest news related to your profession!

WHAT IS THE VIRGINIA ASSOCIATION OF CLINICAL COUNSELORS?

VACC is the state affiliate of the American Mental Health Counselors Association (AMHCA). It has regional groups throughout the state.

VACC has been expanding and protecting the interests of Clinical Counselors since 1980.

VACC currently has approximately 200 members and continues to grow in membership and influence.

WHAT IS THE PURPOSE OF THE VIRGINIA ASSOCIATION OF CLINICAL COUNSELORS?

To promote the counseling profession.

To monitor and take positions regarding legislation that affects Clinical Counselors.

To coordinate and ally with other organizations to promote the counseling profession.

To monitor third party payment issues and initiate appropriate action.

To exchange information with other Clinical Counselors throughout the state.

To promote and advocate for high standards of professional development.

To provide a forum through which Clinical Counselors may advocate for clients.

To promote ethical standards and conduct in the counseling profession.

To support and promote scientific research relevant to Clinical Counselors.

HOW COUNSELORS ARE LICENSED IN VIRGINIA

Sign-on to the internet and point your internet browser to, <http://www.vacc.org/valicensed.html>, to read the article.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.