

BEFORE THE VIRGINIA BOARD OF PSYCHOLOGY

IN RE: BRIAN HOCKING, L.C.P.
License Number: 0810-000802
Issue Date: January 17, 1978
Expiration Date: June 30, 2023
Case Number: 206870

**NOTICE OF FORMAL ADMINISTRATIVE HEARING
AND STATEMENT OF ALLEGATIONS**

You are hereby notified that a formal hearing has been scheduled before the Board of Psychology (“Board”) regarding your right to renew your license to practice clinical psychology in the Commonwealth of Virginia.

TYPE OF PROCEEDING:	This is a formal administrative hearing before a panel of the Board.
DATE AND TIME:	December 5, 2023 12:30 p.m.
PLACE:	Virginia Department of Health Professions Perimeter Center - 9960 Mayland Drive 2 nd Floor - Virginia Conference Center Henrico, Virginia 23233

LEGAL AUTHORITY AND JURISDICTION:

1. This formal hearing is being held pursuant to Virginia Code §§ 2.2-4020, 2.2-4024(F), and 54.1-2400(11). This proceeding will be convened as a public meeting pursuant to Virginia Code § 2.2-3700.

2. At the conclusion of the proceeding, the Board is authorized to take any of the following actions:
 - Dismiss the case and exonerate you;
 - Reprimand you;
 - Require you to pay a monetary penalty;
 - Place you on probation and/or under terms and conditions;
 - Suspend your license/right to renew your license; or
 - Revoke your license/right to renew your license.

RESPONDENT’S LEGAL RIGHTS:

You have the following rights:

- The right to the information on which the Board will rely in making its decision;
- The right to be represented by counsel at this proceeding;
- The right to subpoena witnesses and/or documents; and
- The right to present relevant evidence on your behalf.

ABSENCE OF RESPONDENT AND RESPONDENT’S COUNSEL:

If you and/or your legal counsel do not appear at the formal hearing, the Board may proceed to hear this matter in your absence and may take any of the actions outlined above.

COMMONWEALTH’S EXHIBITS:

- The Commonwealth’s exhibits serve as the basis for the allegations against you. The Board will consider these exhibits at the formal hearing.
- These exhibits have been sent to you via certified mail. *You may be required to sign for these exhibits at the post office.*
- Bring this Notice and the Commonwealth’s exhibits with you to the formal hearing.

FILING DEADLINES:

- If you want to submit evidence on your behalf or use expert witnesses, deadlines are below.
- Deadlines for filing any motions or objections to exhibits or expert witness lists are listed below.
- Submit all exhibits, motions, or objections to Jennifer Lang, Deputy Executive Director, Board of Psychology, at **Jennifer.Lang@dhp.virginia.gov** or at **9960 Mayland Drive, Suite 300, Henrico, Virginia 23233**.
- Include the case number in all correspondence.

I. Exhibit Submission	DEADLINE DATE
Respondent’s Submission of Documents for Evidence (Submit one (1) unbound copy)	November 13, 2023
Commonwealth’s Deadline to Respond to Respondent’s Submission	November 16, 2023
Respondent’s Deadline to Respond to Commonwealth’s Objection	November 21, 2023

NOTE: Any documentation or evidence that you previously submitted for an informal conference that is not already part of the Commonwealth’s evidence must be resubmitted as an exhibit if you want the Board to consider it at the formal administrative hearing.

II. Objections to Commonwealth’s Exhibits	DEADLINE DATE
Respondent’s Objections to Commonwealth’s Exhibits	November 13, 2023
Commonwealth’s Response to Respondent’s Objections	November 16, 2023

NOTE: If no objections have been received by November 13, 2023, the exhibits will be distributed to the Board members for their review.

III. Motions/Continuance Requests	DEADLINE DATE
Respondent’s Motions	November 13, 2023
Commonwealth’s Response to Motions	November 16, 2023

IV. Expert Witness Identification	DEADLINE DATE
Respondent’s Expert Witnesses*	November 13, 2023
Commonwealth’s Deadline to Object to Expert Witnesses	November 16, 2023

* If you have engaged the services of an expert and intend to have the expert testify or introduce the expert’s report, you must provide the name of the expert and the expert’s curriculum vitae or other description of qualifications by the deadline date set forth above. If you intend to introduce into evidence any written report prepared by the expert, the report must also be provided by the deadline date set forth above. If you intend to have the expert testify without the introduction into evidence of a written report, you must provide a statement of the subject matter of the expert’s testimony and the expert’s opinions and the basis for such opinions by the deadline date set forth above.

NOTE: If supplementation of expert witness lists is necessary, parties should transmit such supplement to the Board at least five (5) days in advance of the scheduled administrative proceeding. Objections to expert witnesses submitted on a supplemental list may be made prior to or at the hearing for consideration by the Panel Chair.

STATEMENT OF ALLEGATIONS

The Board alleges that:

1. At all times relevant hereto, Brian Hocking, L.C.P., was licensed to practice clinical psychology in the Commonwealth of Virginia.

2. Dr. Hocking violated 18 VAC 125-20-150(B)(5) of the Regulations Governing the Practice of Psychology (“Regulations”), effective November 10, 1999 (currently found at 18 VAC 125-20-150(B)(7) of the Regulations), and 18 VAC 125-20-160(4) and (8) of the Regulations effective June 20, 2001, and June 23, 2021, in that, between or about 2006 and 2020, while providing individual therapy on an on-again, off-again, basis to Client A, a woman with diagnoses of Generalized Anxiety Disorder, Major Depressive Disorder, and Unspecified Personality Disorder, he failed to maintain appropriate boundaries, engaged in excessive self-disclosure without therapeutic purpose, and failed to appropriately address Client A’s transference and/or recognize and address his own counter-transference, which caused confusion and emotional harm to Client A. In addition, despite recognition that Client A was experiencing intense transference and that the therapeutic relationship was not progressing in a beneficial way, he continued to meet with Client A and failed to recommend termination of the professional relationship and referral to a different provider. Specifically:

a. Throughout the therapeutic relationship, Dr. Hocking noted in treatment records and in his sessions with Client A that she was unwilling to open up to him and to disclose her feelings, which hindered therapy. However, during the course of multiple conflicts with Client A, Dr. Hocking repeatedly communicated paternalistic criticality towards Client A through critical sarcasm, angry tones, ridicule, and emotionally provocative terse responses. In addition, he continued to engage in this behavior in times of conflict, despite Client A expressing that part of the reason she felt uncomfortable opening up to Dr. Hocking was her fear that her words would make him angry and prompt conflict.

i. During a treatment session on or about April 17, 2008, after Client A asked Dr. Hocking to destroy a letter she wrote to him without his reading it, he asked Client A why she was unwilling to let him read the letter and why she was hesitant to open up to him. Although Client A had difficulty articulating the reasons for her discomfort, she did state that she held back on disclosing to him because she was worried that what she said might make him angry. Despite the fact that Dr. Hocking had been providing therapeutic services to Client A for nearly a year and a half and that the frequency of their sessions had reached a nearly daily basis, Client A's lack of progress did not lead him to recommend termination of services and referral to another treatment provider.

ii. In or about April 2008, following an argument between Client A and Dr. Hocking and his staff about their management of an insurance matter, Client A left a tearful voicemail for Dr. Hocking in which she criticized his lack of progress regarding the insurance issue and in which she expressed that she was in a state of distress and feeling suicidal. In response, Dr. Hocking left a voicemail for Client A addressing the insurance issue but not addressing her mental distress. During a therapy session on or about April 21, 2008, Client A expressed frustration and hurt over Dr. Hocking's failure to follow-up with her insurance company and even greater distress that he did not contact her about her emotional crisis and expression of suicidal ideation. However, when Client A brought up the conflict again during a therapy session on June 19, 2008, Dr. Hocking expressed frustration and/or anger towards Client A for implying that he was not doing his job correctly or that he was behaving in a dishonest and unethical manner. When Client A told Dr. Hocking that everything could have gone better if he did not get offended easily, he responded by telling Client A that things could have gone better if she was not "always on the moral high ground" and acting as if she was being "short-changed." He further stated that Client A was engaging in devaluation of him and his role as a therapist. In addition, Dr. Hocking acknowledged that his frustration was higher the more he cared about her and that he might "like [her] too

much.” Despite this acknowledgement, Dr. Hocking failed to take steps to address the clear transference and/or counter-transference in the relationship and/or terminate the relationship.

iii. In or about 2008, after Client A saw a bumper sticker on Dr. Hocking’s car supporting a specific political candidate in the then-pending presidential election, she left two messages for Dr. Hocking expressing anger and distress over his support of said candidate. Instead of attempting to de-escalate the conflict, Dr. Hocking left Client A a voicemail saying that “the bumper sticker says, ‘[Political Candidate] for president,’ not ‘F*** you, [Client A]’ or [that he did not] care anything about [Client A].” In the voicemail, he stated that he was concerned about her devaluation and that her rigidity and strong moral stance were responsible for her failure to make progress in therapy.

iv. In an interview with an investigator for the Virginia Department of Health Professions (“DHP Investigator”) on September 17, 2020, Client A stated that in or about 2011, she and Dr. Hocking got into a fight, and when she got up to leave, Dr. Hocking slammed the door behind her, hitting her on the arm and back. Client A further reported that when she returned to therapy with Dr. Hocking, she reminded him of the incident, which he claimed was an accident. In his written statement to the DHP Investigator dated October 8, 2020, Dr. Hocking stated that during the incident, Client A left his office in a rage and he was closing the door behind her, when she turned and accused him of assaulting her. Despite the history of intense conflict, Client A’s failure to make progress in therapy, and her allegation that he deliberately assaulted her, all indications of a damaging level of transference and subsequent resentment, Dr. Hocking did not recommend termination of the professional relationship and referral to another treatment provider. Instead, in his written statement, he stated that Client A requested his services again a few days later and therapy continued.

v. On or about May 10, 2017, Client A reached out to Dr. Hocking for support as she was helping a friend who was experiencing a mental health crisis and expressing suicidal ideation. In response to a text from Client A in which she made a comment implying that she thought she and her

friend might be better off at Starbucks than at the emergency room, Dr. Hocking responded by telling Client A to take her friend to the emergency room, and that “[l]ast [he] heard Starbucks couldn’t pump someone’s stomach, sew up slashed wrists or treat acute paranoia.” In an email dated May 11, 2017, Client A thanked Dr. Hocking for his help but informed him that she was personally hurt and offended that he described graphic means of suicide in a text message at a time when she was handling a crisis with a potentially suicidal friend. In response, Dr. Hocking responded that he “should have known that a tongue in cheek (sic) comment about Starbucks and ER visits would be ok” coming from her, but that “[he had] no such latitude.” He further stated, “Your hostility knows no bounds.”

vi. Following the incident on May 10 and 11, 2017, Dr. Hocking and Client A met in a therapy session on or about May 22, 2017, to process their conflict. During the session, Client A was tearful and stated that she had expressed gratitude for his help but was hurt by his text message. In response, Dr. Hocking stated that Client A was hostile in her email after he was generous and helpful to her by providing support outside of clinical hours. He further stated that she was ungrateful, and he noted that she was unable and/or unwilling to thank him without adding in criticism of his actions. When he asked her why she followed her expression of gratitude for his help with criticism, Client A responded that she disclosed her feelings because she was hurt and thought she was supposed to share her feelings with her therapist. In response, Dr. Hocking minimized the therapeutic relationship by stating that he had not seen her in “weeks” and was not certain he would ever see her in therapy again.

b. On multiple occasions during the therapeutic relationship, Dr. Hocking forwarded to Client A personal email messages between himself and third parties regarding situations going on in Dr. Hocking’s personal life. The email messages included information relating to the drug abuse and legal problems of a member of Dr. Hocking’s family, pictures and details about his extended family, and information about holiday and weekend plans. In addition, during a therapy session, Dr. Hocking told Client A that the family member with a history of drug abuse and legal issues was planning to visit. Client

A's responses indicated that she was familiar with the personal problems that the individual contributed to Dr. Hocking's family. However, there was no clear therapeutic purpose to Dr. Hocking's discussion of the topic during the session.

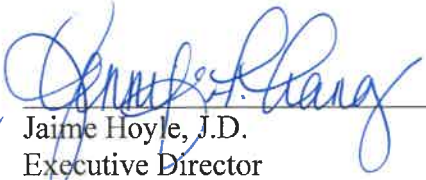
c. In his treatment record, Dr. Hocking noted that Client A was experiencing intense transference and that there was little therapeutic alliance or collaboration between Client A and Dr. Hocking. Despite the lack of progress in addressing these concerns, Dr. Hocking met with Client A in therapy sessions on a frequent basis from September 26, 2006, to April 27, 2012; from July 17, 2012, to January 16, 2015; and from September 16, 2016, to February 19, 2018. Dr. Hocking continued to encourage Client A to continue in therapy and to open up to him, despite the lack of progress and the intense conflicts that arose.

d. Despite Dr. Hocking's recognition that Client A was experiencing transference, he failed to recognize and/or appropriately address his own counter-transference. He expressed personal fondness for Client A, even when she demonstrated that she was overly invested in his opinion of her and whether he cared for her, and he overshared personal information and his own personal feelings. Specifically, at times of conflict, he accused Client A of engaging in devaluation of him and his position as her therapist, of being overly rigid and taking an unreasonably high moral stance, and of playing the victim by taking offense too easily and assuming he was deliberately trying to cause her pain.

e. In or about July 2020, Client A reached out to Dr. Hocking by email to request that she return to him for therapy for the first time since 2018 due to anxiety related to a situation at work. Dr. Hocking responded by informing Client A that she could return, but that the first session would need to be in person. When Client A advised him that her insurance coverage would be greater if they had a telehealth appointment and asking him if they could meet virtually instead, he responded in a terse email stating, "I'll pass." In her complaint to the Virginia Department of Health Professions dated September 4, 2020, Client A stated that she "had a physical reaction that made [her] violently ill and that [she]

contemplated self-harm.” She further stated that she was afraid to reply immediately out of “fear he would be angry and mean to [her].”

See Confidential Attachment for the names of the client and individual referenced above.

for 

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Psychology

November 2, 2023
Date