

BEFORE THE VIRGINIA BOARD OF PSYCHOLOGY

IN RE: BRIAN HOCKING, L.C.P.
License Number: 0810-000802
Case Number: 206870

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Psychology (“Board”) held an informal conference on February 24, 2023, in Henrico County, Virginia, to inquire into evidence that Brian Hocking, L.C.P., may have violated certain laws and regulations governing the practice of clinical psychology in the Commonwealth of Virginia.

Brian Hocking, L.C.P., appeared at this proceeding and was represented by Andrew Miller, Esquire, and Nora Ciancio, Esquire.

NOTICE

By letter dated November 9, 2022, the Board sent a Notice of Informal Conference (“Notice”) to Dr. Hocking notifying him that an informal conference would be held on February 24, 2023. The Notice was sent by certified and first class mail to the legal address of record on file with the Board.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Brian Hocking, L.C.P., was issued License Number 0810-000802 to practice clinical psychology on January 17, 1978. Said license is scheduled to expire on June 30, 2023.
2. Dr. Hocking violated 18 VAC 125-20-150(B)(5) (currently found at 18 VAC 125-20-150(B)(7) of the Regulations Governing the Practice of Psychology, effective June 23, 2021 (“Regulations”)) and 18 VAC 125-20-160(4) and (8) of the Regulations in that, between 2006 and 2020,

while providing individual therapy on an on-again, off-again, basis to Client A, a woman with diagnoses of anxiety, depression, and an unspecified personality disorder, he failed to maintain appropriate boundaries, engaged in excessive self-disclosure without therapeutic purpose, failed to appropriately address Client A's transference and/or recognize and address his own counter-transference, and allowed his personal feelings to interfere with the therapeutic relationship, 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 on a frequent basis and failed to recommend termination 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 expressed personal feelings of anger and hurt, engaged in sarcastic and terse dialogue, and provided harsh criticism stemming more from his personal sensitivity than from therapeutic intent. 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 him was her fear that her words would make him angry and prompt conflict.

i. In 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 April 21, 2008, Client A expressed frustration and hurt over his 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. In response, Dr. Hocking expressed anger towards Client A for implying that he was not doing his job correctly and implying that he was behaving in a dishonest and unethical manner. He further criticized her for engaging in devaluation of him and his role as a therapist. Dr. Hocking concentrated on his personal emotions during the session and failed to tie his criticisms into other areas of her life or relationships outside of her relationship with him, indicating that the feedback was based in anger and feelings of conflict rather than greater therapeutic benefit to Client A.

ii. In another therapy session on June 19, 2008, Client A brought up the conflict they had over the insurance issue again, stating that when she felt matters were not being handled in the best way and she tried to address it, Dr. Hocking responded by telling her that she was accusing him of not doing his job correctly. Client A further stated that things may have gone more smoothly if he was not so easily offended. Dr. Hocking responded reactively by stating that the situation may have gone more smoothly if she was not “always on the moral high ground” and acting as if she was being “short-changed.” He further stated that her tone expressed impatience and devaluation and that she seemed to accuse him of dishonesty. Despite the fact that Client A’s decision to return to the topic several months later indicated that she had remained distressed about and fixated on the conflict and that she was attempting to express and process her own feelings about the conflict, Dr. Hocking responded in an argumentative manner, focused on his own emotional response to the situation, and engaged in non-productive criticism of Client A. In addition, Dr. Hocking acknowledged that his frustration was higher the more he cared about her and that he might “like [her] too much.” However, he failed to take steps to address the clear transference and countertransference in the relationship and/or terminate the relationship.

iii. In 2008, after Client A saw a bumper sticker on Dr. Hocking's car supporting a specific political candidate in the upcoming 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 if she could not get past the difference of opinion, they should discontinue therapy, but he further stated that she was devaluing him and that her rigidity and strong moral stance was responsible for her failure to make progress in therapy. Although he recommended that she consider ending therapy, his message had a tone of personal anger and criticality and implied the failure to make progress in therapy was Client A's fault. In addition, despite his repeated entreaties in therapy that she disclose her emotions openly, Dr. Hocking's message pressured her to repress her emotions on the subject rather than suggesting that she work on communicating those emotions more effectively.

iv. On 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 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 angrily, stating that he "should have

known that a tongue in cheek 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.”

v. Following the incident on May 10 and 11, 2017, Dr. Hocking and Client A met in a therapy session on 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 chided her for being unable and/or unwilling to thank him without adding in criticism of his actions. Instead of helping Client A process her feelings in response to his text message, he focused his discussion on expressing his own anger and hurt and on providing critical feedback without clear therapeutic intent and/or without tying the feedback into Client A’s therapeutic goals or her relationships outside of her relationship with him. 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. During the therapeutic relationship, Dr. Hocking frequently forwarded Client A personal emails between himself and third parties regarding situations going on in his personal life. The emails 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 that weekend. Client A’s responses indicated that she was highly 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 she had little therapeutic alliance or collaboration between them. Despite the lack of progress in addressing these concerns, he met with Client A in therapy sessions on a nearly daily basis between September 26, 2006, and April 27, 2012, and later between July 17, 2012, and April 10, 2017. 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 countertransference. As a result, he regularly 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, he overshared personal information and his own personal feelings, and he demonstrated personal sensitivity and poor emotional self-regulation by engaging in conflict and engaging in criticism of Client A based in his own personal anger. Specifically, at times of conflict, he regularly 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. However, these observations were shared during arguments and conflicts and were based on the conflict itself rather than on information about her life outside of their individual relationship.

e. In 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].”

3. At the informal conference, Dr. Hocking admitted that he failed to seek appropriate consultation regarding the difficult nature of his relationship with Client A.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Psychology hereby ORDERS that Brian Hocking, L.C.P., be placed on INDEFINITE PROBATION for a period of not less than six months of active clinical practice subject to the following terms and conditions:

1. The period of probation shall begin on the date that this Order is entered and shall continue INDEFINITELY. Dr. Hocking may request that the Board terminate his probation after not less than six months from the date this Order is entered. Upon receipt of evidence that Dr. Hocking has complied with the terms and conditions of this Order for not less than six months of active clinical practice, the Committee authorizes the Executive Director of the Board to terminate the probation imposed on Dr. Hocking’s license. In the alternative, the Executive Director may refer the matter to a Special Conference Committee of the Board for further administrative proceedings.

2. All reports required by this Order shall be submitted in writing to the Board office with the first report being received no later than 40 days following the date that this Order is entered. Subsequent reports must be received quarterly by the last day of the months of March, June, September,

and December until the period of probation ends. Dr. Hocking is fully responsible for ensuring that all required reports are properly submitted and received by the Board in a timely manner.

3. Within six months of the date of entry of this Order, Dr. Hocking shall successfully complete, and submit certification, or other evidence satisfactory to the Board, of completion of two hours of Board-approved psychology continuing education credits (“CE”) on the topic of suicidal ideation. These CE shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). All CE shall be approved in advance of registration by the Executive Director of the Board. These hours shall not be counted toward the CE hours required for the renewal of Dr. Hocking’s license.

4. Within 40 days of entry of this Order, Dr. Hocking shall enter into individual supervision of his practice with a Board-approved supervisor, under the following terms:

a. Said supervisor shall be a licensee of the Virginia Board of Psychology and shall hold a current, active, and unrestricted license to practice clinical psychology in the Commonwealth of Virginia. Said supervisor shall submit his/her resume, qualifications and credentials to the Board for approval, and shall act as a duly constituted agent of the Board. Dr. Hocking shall meet with the supervisor within 15 days of the date of approval for the purpose of beginning supervision. Dr. Hocking will ensure that the Board-approved supervisor receives a copy of this Order prior to supervision commencing. Prior to any change of supervision, Dr. Hocking must obtain Board approval.

b. Dr. Hocking and his supervisor shall meet in person at least two hours per month of practice during the period of probation, in a supervisory session for the purpose of engaging in continuous audit and monitoring of Dr. Hocking’s practice, with a focus on therapeutic communications, transference/countertransference, and resolving therapeutic impasses. At each supervisory session, Dr.

Hocking shall provide his supervisor with a list of all clients and shall make all client treatment records available to his supervisor and his/her request.

c. Dr. Hocking's supervisor shall submit a detailed review of the supervisory activities in addition to any supervisory recommendations to the Board. These reviews shall be sent to the Board office quarterly as stated in Term No. 2 of this Order. Should Dr. Hocking or his practice supervisor request modification of the terms of this Order, said request shall be proffered in writing to the Board.

d. Dr. Hocking shall bear all reasonable expenses of his supervisor including a per hour charge for the supervision, report writing, and information gathering of the supervisor at his/her hourly fee.

e. Should Dr. Hocking and/or his supervisor terminate supervision, within 10 days of the termination of supervision, Dr. Hocking shall notify the Board of the termination, the date(s) of the termination and the last supervisory session, and the reason for the termination of the supervisory relationship. In addition, within 15 days of the date of termination of supervision, Dr. Hocking shall submit the name and curriculum vitae of a new supervisor for approval by the Board. If Dr. Hocking fails to submit the name and curriculum vitae of a new supervisor to the Board within 15 days of termination of supervision, Dr. Hocking shall discontinue clinical practice until such time as he is able to submit the name and curriculum vitae of a new supervisor and obtain approval of the new supervisor from the Board. Supervision with any new supervisor shall be subject to the terms and conditions of this Order.

5. Within 40 days of the date of entry of this Order, Dr. Hocking shall begin therapy with a mental health practitioner holding a current, active, and unrestricted license issued by the Virginia Board of Counseling, the Virginia Board of Social Work, or the Virginia Board of Psychology. Prior to

beginning therapy or changing therapists, Dr. Hocking shall submit the name and curriculum vitae of the practitioner for approval by the Board. Dr. Hocking shall advise the Board when he has made an appointment and shall await authorization from the Board before seeing the practitioner. Dr. Hocking's therapist shall provide written reports regarding Dr. Hocking's condition quarterly as stated in Term No. 2 of this Order. The initial report shall include a statement of the diagnosis, treatment plan, and prognosis. Thereafter, each report shall contain a detailed statement on the current condition, prognosis, and any change in the treatment plan or diagnosis. This treatment shall include individual psychotherapy sessions, the frequency of which will be determined by the treatment provider. Dr. Hocking shall provide all practitioners required to report to the Board pursuant to this Order with a copy of this Order, as well as any materials deemed by the Board as necessary to assist the practitioner.

6. Dr. Hocking shall sign all required authorization forms within 40 days of the date of entry of this Order or, where applicable, within 10 days of the Board's approval of a practice supervisor and/or therapist, allowing for unrestricted communication between and among the Board and Dr. Hocking's practice supervisor and therapist.

7. Dr. Hocking shall terminate supervision of any students, interns, residents, and/or supervisees whom he currently supervises within 45 days from the date this Order is entered and shall not supervise any applicant for licensure and/or mental health practitioner during the probation period.

8. Dr. Hocking shall submit "Self-Reports" quarterly as stated in Term No. 2 of this Order. These reports shall include a current address, telephone number, and verification of any and all current practice employment, as well as any changes in practice employment status. Self-Reports must be submitted whether Dr. Hocking has current practice employment or not.

9. Dr. Hocking shall notify the Board within ten days, in writing, of any changes in the location of his practice; additional practice locations; change in employment, including termination,

suspension, separation, or other interruption in practice (including the name and address of any new employer and the date of employment); change in address, telephone number, or e-mail address; and/or criminal charges or convictions.

10. Dr. Hocking shall bear any costs associated with the terms and conditions of this Order.

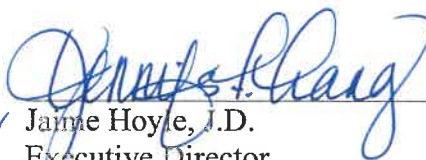
11. Dr. Hocking shall comply with all laws and regulations governing the practice of psychology in the Commonwealth of Virginia.

12. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of psychology shall constitute grounds for further disciplinary action.

13. Failure to comply with all terms and conditions of this Order within five years of the date of entry of the Order may be reason for revoking or suspending the license of Ronald Steven Hocking, L.C.P., L.S.P., and an administrative proceeding shall be held to determine whether to impose such action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

for 

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

ENTERED AND MAILED: March 6, 2023

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Dr. Hocking may, not later than 5:00 p.m., on April 10, 2023, notify Jaime Hoyle, Executive Director, Board of Psychology, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on April 10, 2023, unless a request for a formal administrative hearing is received as described above.