

**BEFORE THE VIRGINIA BOARD OF PSYCHOLOGY**

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

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**CONSENT ORDER**

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**JURISDICTION AND PROCEDURAL HISTORY**

The Virginia Board of Psychology (“Board”) and Brian Hocking, L.C.P., as evidenced by their signatures hereto, in lieu of proceeding to a formal administrative proceeding, enter into the following Consent Order affecting Dr. Hocking’s right to renew his license to practice clinical psychology in the Commonwealth of Virginia.

**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 expired on June 30, 2023.
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:

**Brian Hocking, L.C.P.**  
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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 April 17, 2008, Client A expressed discomfort opening up to Dr. Hocking and told him 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. He stated that Client A was engaging in devaluation of him and his role

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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.

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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 that included information, pictures

**Brian Hocking, L.C.P.**  
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and details about his extended family and situations going on in Dr. Hocking's personal life without a clear therapeutic purpose.

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 he overshared personal information and his own personal feelings. Dr. Hocking failed to recognize that at times of conflict, his personal fondness for Client A escalated the emotional intensity of the conflicts for Client A and for himself.

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 contemplated self-harm as a result.

**CONSENT**

Brian Hocking, L.C.P., by affixing his signature to this Consent Order, agrees to the following:

**Brian Hocking, L.C.P.**  
**CONSENT ORDER**

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Nora T. Ciancio, Esq.;
2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to a formal administrative hearing before the Board; the right to representation by counsel; and the right to cross-examine witnesses against me;
4. I waive my right to a formal hearing;
5. I neither admit nor deny the Findings of Fact and Conclusions of Law contained herein but waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. I consent to the entry of the following Order affecting my license to practice clinical psychology in the Commonwealth of Virginia.

**ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Psychology hereby ORDERS as follows:

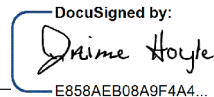
1. The Board accepts the VOLUNTARY SURRENDER of Brian Hocking's right to renew the license to practice clinical psychology in the Commonwealth of Virginia IN LIEU OF DISCIPLINARY ACTION.
2. The license of Dr. Hocking will be recorded as SURRENDERED IN LIEU OF DISCIPLINARY ACTION.
3. Should Dr. Hocking seek reinstatement of his license, an administrative proceeding shall be convened to consider such application. At such time, the burden shall be on Dr. Hocking to demonstrate that he is safe and competent to return to the practice of clinical psychology. Dr. Hocking

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shall be responsible for any fees that may be required for the reinstatement and/or renewal of the license prior to issuance of the license to resume practice.

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

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

ENTERED: 11/22/2023  
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SEEN AND AGREED TO:

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Brian Hocking, L.C.P.

11/21/2023  
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Date Signed

**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**

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**NOTICE OF INFORMAL CONFERENCE  
AND STATEMENT OF ALLEGATIONS**

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**You are hereby notified that an informal conference has been scheduled before the Board of Psychology ("Board") regarding your license to practice clinical psychology in the Commonwealth of Virginia.**

<b>TYPE OF PROCEEDING:</b>	This is an informal conference before a Special Conference Committee ("Committee") of the Board.
<b>DATE AND TIME:</b>	<b>February 24, 2023</b> <b>10:00 a.m.</b>
<b>PLACE:</b>	Virginia Department of Health Professions Perimeter Center - 9960 Mayland Drive 2 <sup>nd</sup> Floor - Virginia Conference Center Henrico, Virginia 23233

**LEGAL AUTHORITY AND JURISDICTION:**

1. This informal conference is being held pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10). This proceeding will be convened as a public meeting pursuant to Virginia Code § 2.2-3700.
  
2. At the conclusion of the proceeding, the Committee 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;
  - Refer the matter to the Board of Psychology for a formal administrative hearing; or
  - Offer you a consent order for suspension or revocation of your license in lieu of a formal hearing.



**ABSENCE OF RESPONDENT AND RESPONDENT’S COUNSEL:**

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

**RESPONDENT’S LEGAL RIGHTS:**

You have the following rights:

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

**INFORMAL CONFERENCE MATERIALS:**

- The informal conference materials (documents) serve as the basis for the allegations against you. The Committee will consider these materials at the informal conference.
- **These materials have been sent to you via certified mail. You may be required to sign for these documents at the post office.**
- **Bring this Notice and the documents with you to the informal conference.**

**FILING DEADLINES:**

- The deadline for filing any materials you wish to have considered at the informal conference is **February 3, 2023**. *Please submit one (1) unbound copy.*
- Submit all correspondence to Jennifer Lang, Deputy Executive Director, Board of Psychology, at [Jennifer.Lang@dhp.virginia.gov](mailto:Jennifer.Lang@dhp.virginia.gov) or at **9960 Mayland Drive, Suite 300, Henrico, Virginia 23233**.
- Include the case number in all correspondence.

**REQUEST FOR A CONTINUANCE**

- Deadline for requesting a continuance: **February 3, 2023**
- Must be made in writing to Jennifer Lang at [Jennifer.Lang@dhp.virginia.gov](mailto:Jennifer.Lang@dhp.virginia.gov) or at **9960 Mayland Drive, Suite 300, Henrico, Virginia 23233**.
- Will be granted only for good cause shown

**STATEMENT OF ALLEGATIONS**

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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)(7) (currently found at 18 VAC 125-20-150(B)(9) of the Regulations Governing the Practice of Psychology) and 18 VAC 125-20-160(4) and (8) of the Regulations Governing the Practice of Psychology, effective June 20, 2001, and June 22, 2021 (“Regulations”), in that in or about 2006, Dr. Hocking contacted Client A to initiate an individual therapy relationship based on a referral from Individual B, a psychiatrist who was providing medication management to Client A, without informing Client A that Individual B and Dr. Hocking were involved in a romantic and sexual relationship. When Client A learned of the personal and romantic relationship between Individual B and Dr. Hocking, a relationship that conflicted with her relationship with each of them as treatment providers, she experienced distress and distrust because she had disclosed negative impressions of Individual B to Dr. Hocking while in therapy.

3. 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) and 18 VAC 125-20-160(4) and (8) of the Regulations Governing the Practice of Psychology, effective June 20, 2001, and June 22, 2021 (“Regulations”) 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 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. 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 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 inability to disclose her feelings and the resultant 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 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.

iii. In another therapy session on or about 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 counter-transference in the relationship and/or terminate the relationship.

iv. In or about 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.

v. 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. Although Client A stated that she could not recall the reasons for the argument, she got up to leave, and Dr. Hocking slammed the door behind her, hitting her on the arm and back. She further stated that she stopped seeing him for therapy at that time, but returned in or about 2012 and 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 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.

vi. 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 “[I]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.”

vii. 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 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. Dr. Hocking routinely engaged in political debates and arguments with Client A, despite knowing that Client A was easily hurt and angered by these topics and despite Client A indicating that she preferred not to discuss these topics.

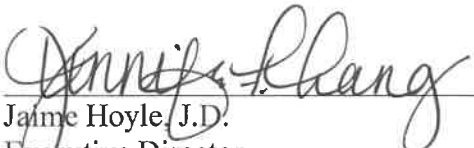
d. In his treatment record, Dr. Hocking noted that Client A was experiencing intense transference and that she had little therapeutic alliance or collaboration between them. Despite the lack of progress in addressing these concerns, he met with Client A in therapy sessions on a nearly daily basis between 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.

e. Despite Dr. Hocking’s recognition that Client A was experiencing transference, he failed to recognize and/or appropriately address his own counter-transference. 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.

f. 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 he 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 name of the client and individual referenced above.

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

  
Date