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July 2025

# NVCP Newsletter



*Northern Virginia Clinical Psychologists*

<https://vapsych.org/nvcp-home>

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## From the NVCP President

Mike Schaub, PhD - NVCP President

Every June, when we renew our licenses, we are invited to complete a workforce survey administered by the Virginia Department of Health Professions' Healthcare Workforce Data Center. Recently, I reviewed the report from the 2024 survey and thought I'd share a few highlights with you.

The number of licensed clinical psychologists in Virginia has increased by 58% over the past decade, reaching a total of nearly 4,800 licensees. The 2024 respondent sample of 4,248 represented 88% of the clinical psychologists licensed in the state and 97% of renewing practitioners. The top five primary specialties reported were general mental health (32%), child psychology (13%), forensic and neuropsychology (6% each), and health/medical psychology (4%). With respect to respondents' primary work locations, more than half of Virginia psychologists stated that they work in private practice settings, with 28% in solo practice and 23% in group practice, while smaller percentages indicated affiliations with academic institutions (9%), general hospitals (8%), outpatient mental health facilities (7%), community clinics (4%), schools (4%), and psychiatric hospitals (3%). Encouragingly, 69% of respondents reported being very satisfied with their work, and another 27% reported being somewhat satisfied.

Primary work settings continue to reflect a trend toward privatization: 60% of respondents worked in for-profit settings, 13% in nonprofits, 13% in state/local government, and 8% in the Veterans Administration system. At 82%, the vast majority said they offer teletherapy, which continues to expand access across geographic and logistical barriers. Nearly all of the 31% of respondents currently in an interstate compact indicated they are affiliated with the Psychology Interjurisdictional Compact (PSYPACT).

Several findings raise concerns around important issues such as access to care. Only 34% of Virginia psychologists reported that they work at establishments that accept private insurance, and even fewer that accept Medicare (19%) or Medicaid (17%). These low acceptance rates have significant implications, particularly for elderly and low-income clients who rely on public insurance. As more psychologists adopt private-pay or out-of-network models, we should remain mindful of how these trends contribute to systemic barriers and may widen mental health disparities in our communities.

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*President's Message continued*

The data show that only 7% of psychologists spend at least half of their clinical time at their primary work location serving elderly clients, and just 11% and 10% work with children and adolescents, respectively. These low percentages suggest that some of the most vulnerable age groups may face challenges in accessing psychologists whose practices focus on their developmental needs. Similarly, only 2% of psychologists listed marriage or family therapy as their primary specialty—a surprisingly low figure given how frequently relational issues arise in clinical work.

Another challenge is the significant education debt many psychologists carry. More than one-third of all respondents said they carry education debt, including 67% of respondents under the age of 40. For those with education debt, the median outstanding balance was between \$130,000 and \$140,000. This financial burden may influence career decisions, and steer early-career psychologists toward private-pay settings and away from public sector or lower-paying work with underserved populations.

The data also point to areas where we, as a professional community, could grow. Just 12% of psychologists reported that their primary work location offers Spanish language services. Additionally, Virginia psychologists remain less racially and ethnically diverse than the state's overall population. As we work to make mental health care more inclusive and accessible, these are important gaps to acknowledge.

Overall, the 2024 survey paints a picture of a dynamic, evolving field—one that continues to attract dedicated professionals but also faces structural challenges around access, affordability, and representation. I encourage you to explore the report of survey results in its entirety and consider how we, as members of NVCP, might contribute to solutions through advocacy, outreach, or simply sharing our time and knowledge with those entering the field. To access the report, visit:

<https://data.virginia.gov/dataset/virginia-s-licensed-clinical-psychologist-workforce-2020-2024>.

Wishing you all a peaceful and rejuvenating summer!

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## NVCP Coffee Hour in Falls Church

Carla Messenger Shuman, PhD - NVCP Membership and Social Chair



Drop by for casual conversation, networking, and a morning coffee break!

**Saturday, August 2, 9:30 to 11:00 AM at Godfrey's Coffee, 421 West Broad Street in Falls Church.**

We will gather upstairs.

RSVP by sending an email to Carla ([drcarla.messenger@gmail.com](mailto:drcarla.messenger@gmail.com)); she will provide a phone number for the day of the event and answer any questions you have about this or future coffee hour events.

**To access full information, be sure to double-click on website and email-address links in this digital newsletter!**

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## Continuing Education Corner

Courtney Ferenz, PsyD - CE Co-Chair & Vice President

On June 6, Anita Auerbach, PhD, led a CE program entitled *Expanding Treatment Across the Lifespan: Integrating Psychotherapy, Medication, Advocacy, and the Future of Care*. Dr. Auerbach has a long history of advocacy for prescription privileges for clinical psychologists. She has served in several leadership roles in state-level professional associations, on local university faculties, and as manager of a clinical practice in McLean.

The presentation focused on the ways in which psychologists are increasingly involved with pharmacology—even aside from having direct prescribing authority—as collaborators with prescribers and as sources of support to patients and other healthcare professionals. She discussed the history of incremental authorization of psychologists to prescribe in the U.S. and internationally (starting with specialized training and certification within the U.S. military) and the work that remains to be done to expand authority, allay fears of critics, and enhance access to patient care. Senator Barbara Favola joined the discussion to talk about her work on a state congressional bill to convene a multidisciplinary work group to study options for prescriptive-authority education, training, and qualifications of clinical psychologists in Virginia.

**Stay tuned for our next continuing education event in the Fall!**

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## NVCP Supports NAMI for Another Year

The NAMI walk was held on Sunday, May 4, at Ben Brenman Park in Alexandria. Team NVCP received 13 donations totaling \$1,025.00 this year. Our top donors were Anthony LoPresti and Anna Lucca.

Thank you to everyone who supported the NAMI walk -- Your contributions were greatly appreciated and will support the work that NAMI does throughout our community!



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## Save the Date for the VACP Fall Conference

VACP's 2025 Fall Conference will be held October 9-11 at The Jefferson Hotel in Richmond, VA. The theme of this year's conference is "Treating the Next Generation in America." 11.5 hours of CE will be offered.

[Click here for the link to the complete program.](#)

**To access full information, be sure to double-click on website and email-address links in this digital newsletter!**

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## Diversity Highlights

Scott Kryzstofiak, PsyD - Diversity Chair

The next couple months highlight the needs and contributions of people with disabilities and individuals of Hispanic/Latinx heritage in our communities. Please check out these links from NAMI to learn more about mental health issues and specific groups of individuals.

July, Disability Pride Month  
[People with Disabilities](#)

September, Latinx Heritage Month  
[Hispanic/Latinx](#)



To all readers: Your perspectives on working with specific client needs are invited and welcomed for inclusion in future newsletter issues! If you are interested in sharing your recommendations for addressing diversity, please contact Scott Kryzstofiak, Diversity Chair, at [nvcpsdiversity@gmail.com](mailto:nvcpsdiversity@gmail.com).

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## Legislative Update

Anna M. Lucca, PhD - NVCP Legislative Affairs Chair

VACP is looking for volunteers and PAC donations. The upcoming legislative year is pivotal, with prescription privileges (RxP) legislation for psychologists on the table and national psychiatry groups mobilizing to block it. We need to strengthen our voices as Virginia psychologists!

Please consider donating your time and joining the Key Psychological Network (KPN). VACP will provide training to help you connect with your VA senators and delegates to educate and voice support for prescriptive authority and other professional issues. Contact Anna Lucca at [annamlucca@gmail.com](mailto:annamlucca@gmail.com) if you are interested.

Also, please consider donating to the VACP's political action committee (PAC) which is a separate segregated fund from your VACP membership dues. Your donation will enable VACP to expand their lobbying efforts on behalf of prescriptive authority, telehealth, and other issues that impact our profession.

You can use this QR code to make a donation to the Virginia Psychological PAC.



**To access full information, be sure to double-click on website and email-address links in this digital newsletter!**

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## Feature Article

# Disorders of Gut-Brain Interaction: Understanding the Unique Female Experience From A Biopsychosocial Approach

Sarah Shires, MS, LPC-S, Ellen Joseph, PhD, LCP, and Tiffany Duffing, PhD, LCP

Disorders of Gut-Brain Interaction (DGBIs) are complex conditions that involve gastrointestinal symptoms related to motility, visceral sensitivity, gut microbiota, and central nervous system processing. These disorders, such as irritable bowel syndrome (IBS), functional dyspepsia, and functional abdominal pain, stem from the intricate relationship between the gut and the brain. For many years, DGBIs were regarded as primarily psychological, which contributed to patient stigma and confusion about symptoms being “all in their head.” However, with growing recognition of the biological and psychosocial factors involved, patients have benefited from increased acceptance and validation of their experiences. In fact, educating patients about the multifactorial nature of these disorders is now considered an essential aspect of treatment.

### **The Gender Gap in DGBI Prevalence and Diagnosis**

It has been shown that sex-based structural and hormonal differences play a key role in the differing prevalence and symptom presentation of DGBIs in women as compared with men. The Rome Foundation Global Epidemiology Study (RFGES in Sperber, 2023) revealed that 40% of adults across 26 countries met the criteria for DGBI, with women being disproportionately affected. The study highlighted that women were more frequently diagnosed with specific DGBIs, such as IBS (especially IBS-C), chronic constipation, chronic diarrhea, and functional abdominal pain. These higher rates of diagnosis raise important questions about underlying hormonal, structural, and psychosocial factors that may contribute to this gender disparity. At the Spring 2025 Virginia Academy of Clinical Psychologists (VACP) conference in Williamsburg, VA, GI Psychology’s Dr. Ellen Joseph provided some answers to these questions, which are summarized below.

### **Biological Factors Contributing to GI Symptoms**

There are clear biological factors that can contribute to differential rates of prevalence and diagnosis, including sex-based differences in structural anatomy and hormones. Notably, differences in pelvic anatomy, the pelvic floor, and the gastrointestinal (GI) tract itself may influence the presentation of GI symptoms and contribute to a higher prevalence of DGBI diagnoses. Hormonal fluctuations, particularly those associated with estrogen and progesterone, also play a significant role in the exacerbation of GI symptoms in females. Changes in these hormone levels can lead to increased rates of reflux, constipation, and gut permeability, which can change or intensify in response to natural hormonal shifts experienced by most women across the lifespan, including menstruation, pregnancy, perimenopause, menopause, and post-menopause. Female-specific conditions like dysmenorrhea, endometriosis, and pelvic floor dysfunction are also frequently associated with worsening IBS symptoms.

### **The Impact of Social and Cultural Factors**

In addition to biological differences, social and cultural factors present unique challenges for women experiencing DGBIs. Women may be reluctant to discuss bodily functions in the face of societal norms, which can be compounded by the intersection of factors such as religion and race. Also, sexual and gender minorities are at increased risk of experiencing discrimination, marginalization, and trauma, which can exacerbate the stress response and worsen GI symptoms.

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Finally, the historical dismissal of health concerns presented by women cannot be overlooked. Female patients are especially vulnerable to biases around mental or emotional origins of physical symptoms. This issue is especially important as research shows that females with IBS experience higher rates of anxiety and depression compared to their male counterparts. It is crucial for healthcare providers to present information in a way that emphasizes the interaction between mental health and GI symptoms, while avoiding any implication that these symptoms are imagined or exaggerated or that the patient is at fault.

### **Clinical Applications: Supporting Females with DGBIs**

Understanding the biological, social, and psychological factors that affect females with DGBIs allows providers to tailor their approach to the unique needs of these patients. During intake, providers can assess the impact of perimenopause or menopause on GI symptoms and explore cultural and social factors that shape the patient's health experience. By offering empathy and validation, providers can create a space for women to discuss "taboo" topics more openly and reduce stigma surrounding their symptoms. Psychoeducation is key. Educating female patients about the role of hormones and other biological factors can help them understand their condition and increase a sense of self-efficacy in managing their health. Gut-directed cognitive-behavioral therapy (CBT) and clinical hypnosis are evidence-based interventions for GI distress. Encouraging patients to track their symptoms in relation to their menstrual cycle or hormonal changes can provide insights into symptom patterns and reduce the tendency to view symptoms in isolation.

### **Future Directions**

Managing DGBIs requires a comprehensive approach, addressing the psychological, social, and physiological factors contributing to these conditions. This model offers a holistic framework for understanding and treating DGBIs effectively. While much has been learned about DGBIs, more research is needed to understand the unique experiences of females, particularly in relation to normal development and aging. Future studies should explore the unique experiences of sexual and gender minorities given the paucity of research in this area. By fostering a deeper understanding of the complex interplay between biology, psychology, and social factors, clinical psychologists and other healthcare providers can better support their female patients in managing symptoms and reducing stigma and self-blame surrounding DGBIs.

### **Reference**

Sperber, A. D. (2023). The Rome Foundation Global Epidemiology study: Conception, implementation, results, and future potential. *Neurogastroenterology & Motility*, 35, e14567.  
<https://doi.org/10.1111/nmo.14567>

### **About the Authors**

Sarah Shires, MS, LPC-S (clinician), Ellen Joseph, PhD, LCP (partnership liaison, clinician) and Tiffany Duffing, PhD, LCP (co-founder) are affiliated with GI Psychology. GI Psychology, based in Burke, VA, specializes in treating children, adolescents, and adults with a variety of GI disorders, as well as treatments for chronic pain and other complex medical conditions. GI Psychology's virtual treatment is nationally available and emphasizes gut-directed cognitive behavioral therapy and clinical hypnosis, as well as strong interdisciplinary collaboration.

**To access full information, be sure to double-click on website and email-address links in this digital newsletter!**

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## NVCP Communications Reminder

McKenna O'Shea , PsyD - NVCP Communications Chair

There are several ways to connect with NVCP members and access organization information!

On LinkedIn, you can search for Northern Virginia Clinical Psychologists (NVCP) or use [this link](#).

On Facebook, follow us at NVCP (Northern Virginia Clinical Psychologists).

To subscribe to the NVCP listserv, send an email to McKenna O'Shea at [osheappc@gmail.com](mailto:osheappc@gmail.com).

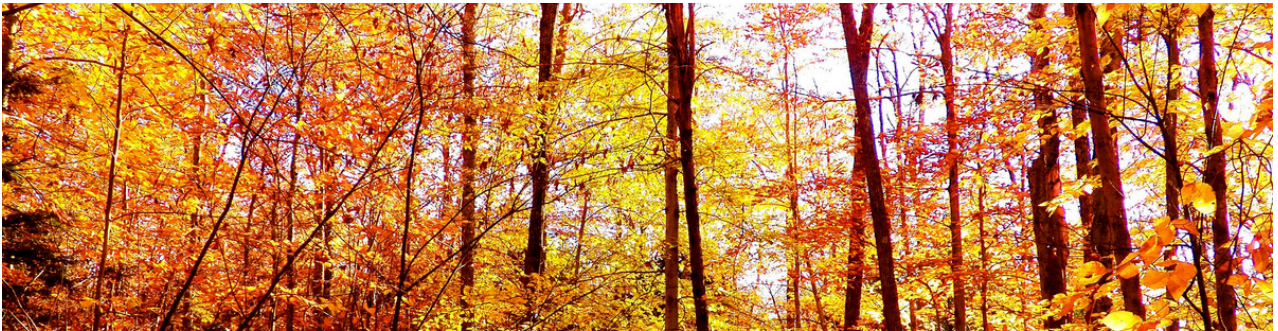
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## Welcome to the New NVCP Newsletter Editor!

Carole W. Sebenick, PhD - Outgoing NVCP Newsletter Editor

It has been an honor and pleasure to serve as the NVCP newsletter editor for the past three years. Thanks to everyone who has contributed to issues, offered content suggestions, and provided feedback and support. As I retire from clinical practice and hand over the reins of the newsletter, I join the NVCP Board in welcoming Adam Rosen, PsyD, to the Board. He will assume the editor position and chair a new Newsletter Standing Committee.

A fellow NVCP member, Adam is a licensed clinical psychologist and Director of Clinical Services at The Center for Cognitive Therapy in Alexandria and Falls Church, VA. Welcome, Adam!



**Look for the next issue in October!!**

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The newsletter is distributed by email to all members in January, April, July, and October. Past issues are available with member sign-in via the [NVCP website](#).

Your advertisement content, ideas for articles, and recommendations of resources to share are welcomed. Please contact the editor, Adam Rosen, at [NVCPnewsletter@gmail.com](mailto:NVCPnewsletter@gmail.com).

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Non-members may purchase single-issue space at the following rates:

\$50 for ¼ page

\$100 for ½ page

\$125 for full page.