

Vermont Secretary of  
State  
Office of Professional  
Regulation  
89 Main Street, 3<sup>rd</sup> Floor  
Montpelier VT 05620-  
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[www.vtprofessionals.org](http://www.vtprofessionals.org)

## Board of Psychological Examiners/Allied Mental Health Practitioners

### Disclosure Document for Non-licensed and Non-certified Psychotherapists

First Name	Middle Initial	Last Name	Strickland
Kali	D	Registration #	097.0134794
Previous Name(s) (Maiden)			

Formal Education	Name of Institution:	University of Montana
	Dates Attended:	8/2014-5/2025
	Degree(s) awarded, if any:	MA and PhD
Formal Education	Name of Institution:	Univeristy of Vermont
	Dates Attended:	8/2007-5/2011
	Degree(s) awarded, if any:	B.S.

Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	
	Subject and/or content	
	Credential(s) awarded, if any:	
Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	
	Subject and/or content	
	Credential(s) awarded, if any:	
Training	Title of Training Program:	
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	
	Subject and/or content	
	Credential(s) awarded, if any:	

Experience	Description of Practice:	Brattleboro Retreat	Social worker I
	Location: City/State/Zip	Brattleboro VT 05301	
	Duration:	____/____/____ - ____/____/____ 2022 - present	
	Status:	Full-Time	Part-Time Full time
	Receive supervision or peer consultation?	YES	NO Yes
	How often?	weekly	
Experience	Description of Practice:	Brattleboro Retreat, Postdoctoral Clinical Fellow	
	Location: City/State/Zip		
	Duration:	____/____/____ - ____/____/____ 2021-2022	
	Status:	Full-Time	Part-Time Full time
	Receive supervision or peer consultation?	YES	NO Yes
	How often?	weekly	
Experience	Description of Practice:	Brattleboro Retreat, Doctoral Intern	
	Location: City/State/Zip		
	Duration:	____/____/____ - ____/____/____ 2020-2021	
	Status:	Full-Time	Part-Time Full time
	Receive supervision or peer consultation?	YES	NO Yes
	How often?	weekly	

Scope of Practice	Therapeutic Orientation:	Integrated
	Area of Specialization:	
	Treatment Methods:	CBT, ACT, problem-solving, DBT skills based

**My practice is also governed by the Rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Board or online at <http://vtpprofessionals.org/>**

**Client's Disclosure Confirmation**

My signature acknowledges that I have been given the professional qualifications and experience of (Name, Name), a listing of actions that constitute unprofessional conduct according to Vermont statutes, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation. This information was given to me no later than my third office visit.	
Client's Signature	Date
Kali Strickland	
Practitioner's Signature	Date