Vermont Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-3402

Diane Lafaille
Licensing Board Specialist
(802) 828- 2390
diane.lafaille@sec.state.vt.us
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
Kathryn		Duncan
Previous Name(s) (Maiden)		Registration # 097.0132586

Formal Education	Name of Institution:	Union Institute & University
	Dates Attended:	2/ /2015 - 8/ /2017
	Degree(s) awarded, if any:	Masters in Art Clinical Counseling
Formal Education	Name of Institution:	
	Dates Attended:	/ / - / /
	Degree(s) awarded, if any:	

Training	Title of Training Program:	Vermont Zero Suicide Academy
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	5/24/2023 - 5/25/2023
	Subject and/or content	Increase SI & Support individuals
	Credential(s) awarded, if any:	
Training	Title of Training Program:	PESI EMDR
	Names & Addresses of trainer and/or institution:	
	Dates Attended:	4/29/24 - / /
	Subject and/or content	EMDR- A Rapid, Safe, & Proven
	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:	S.W inboth Residential & inhospital
	Location: City/State/Zip	Brattleboro Retreat
	Duration:	12/ ~~2018~~ / / Current
	Status:	(Full-Time) Part-Time
	Receive supervision or peer consultation?	(YES) NO
	How often?	~~NOT~~ 3 hour days monthly
Experience	Description of Practice:	School Based Clinician
	Location: City/State/Zip	HCRS - Brattleboro
	Duration:	2/ /2018 - 4/ /2019
	Status:	(Full-Time) Part-Time
	Receive supervision or peer consultation?	(YES) NO
	How often?	weekly
Experience	Description of Practice:	
	Location: City/State/Zip	
	Duration:	/ / - / /
	Status:	Full-Time Part-Time
	Receive supervision or peer consultation?	YES NO
	How often?	

Scope of Practice	Therapeutic Orientation:	Person centred - DBT - CBT
	Area of Specialization:	Adults & children
	Treatment Methods:	inpatient; outpatient, residential

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://vtprofessionals.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
[signature]	7/2/2025
Practitioner's Signature	Date