

Vermont Board of Allied Mental Health Practitioners
Licensed Clinical Mental Health Counselor
Updated 6/13/2017
Disclosure for: Margaret Smith, LCMHC (see attached)

My signature acknowledges that I have been given a disclosure packet listing the professional qualifications, experience and supervision of my therapist. I have been informed that their practice is governed by the Rules of the Board of Allied Mental Health Practitioners. A copy of these rules or how to lodge a complaint may be obtained from the Board or online at: <http://vtprofessionals.org/>. A listing of actions that constitutes unprofessional conduct according to Vermont statutes, and for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

Client Signature

Date

Practitioner's Signature

Date

Margaret H.M. Smith, MA, LCMHC

CORE VALUES

- ⤴ Coming alongside individuals, couples, and families to help them experience growth and healing
- ⤴ Creative, supportive, evidence-based intervention with youth and adults
- ⤴ Empowering people of all ages to reach their full potential

CLINICAL EXPERIENCE

Staff Clinical Counselor at White Stone Counseling Resources

April 2013-August 2015

Grayslake, IL

As a staff clinical counselor I counseled youth, couples, and families dealing with diverse mental health challenges.

- ⤴ Maintained my own case load of clients presenting with relational issues, anxiety and mood disorders, addiction, and stage of life issues
- ⤴ Participated in consistent individual and group supervision that focused on offering the highest quality of care to clients
- ⤴ Incorporated interventions to encourage healthier coping and spiritual growth for clients
- ⤴ Integrated a Christian worldview with psychological principles

Counselor at the College of Lake County

September 2012-May 2014

Grayslake, IL

As a counselor I provided academic support, career counseling, and brief mental health counseling to traditional and non-traditional college students from a variety of backgrounds.

- ⤴ Counseled students as they sought to identify compatible career fields through the use of a career intake, career inventories, and assistance researching career options
- ⤴ Provided short-term supportive counseling for students dealing with depression, anxiety, grief or other mental health challenges that impeded their academic progress
- ⤴ Fostered academic success among students by assisting them in planning a course of study and

helping them to overcome academic challenges

Residential Therapist at Allendale Association

January 2012-September 2012

Lake Villa, IL

As a residential therapist I intervened therapeutically with 8-21 year-olds in a high-end residential setting who presented with an extensive history of aggressive acting-out behaviors. In treating the behavior disorders I also treated co-morbid anxiety, substance abuse, and mood disorders.

- ✧ Regularly led structured cognitive-behavioral groups that emphasized impulse-control and cognitive processing
- ✧ Conducted assessments, developed treatment plans, and provided individual and family therapy to a diverse client-base
- ✧ Documented therapeutic services for individual therapy, group therapy, clinical consultations, and family therapy according to standards set by Medicaid
- ✧ Collaborated with a diverse treatment team of case managers, mental health specialists, and residential directors in order to provide holistic services to residential clients

Clinical Intern at Outreach Community Counseling Center

July 2010-May 2011

Carol Stream, IL

As a clinical intern I delivered therapeutic services to under-resourced adults and adolescents from diverse backgrounds with a variety of clinical concerns, such as depression, anxiety, substance abuse, and self-harming behavior.

- ✧ Provided therapeutic support to adults struggling with unemployment, divorce, and identity issues
- ✧ Counseled adolescents and children facing school pressure, identity struggles, and peer group challenges
- ✧ Collaborated with a clinical team to determine the most effective interventions for specific clients and to support one another in their implementation
- ✧ Partnered with team members to respond effectively to crisis situations
- ✧ Participated in a minimum of 7 hours a week of training and live supervision

Teacher Assistant and Mentor for Graduate Psychology Students

August-December 2010

Wheaton Graduate School

In this position I worked closely with a graduate professor and three other selected students in providing clinical supervision to first-year graduate Psychology students as they acquired fundamental counseling skills through counseling one another.

- ✧ Empowered students to attune therapeutically through the use of emotion-focused therapy
- ✧ Mentored students facing difficulties adjusting to a new culture and environment
- ✧ Mediated conflict between students with different cultural backgrounds
- ✧ Directed small-group supervisory sessions and encouraged individuals to assess their strengths and areas of growth

Behavioral Interventionist at Counseling Services of Addison Co.

August 2008-June 2009

Middlebury, VT

As a behavioral interventionist I supervised, counseled, and facilitated the growth of at-risk adolescents participating in an alternative education program.

- ✧ Provided live therapeutic skills to adolescents with emotional and behavioral regulation difficulties
- ✧ Co-facilitated goal-setting during therapeutic groups and helped participants develop self-regulation strategies
- ✧ Maintained consistent expectations for adolescents in support of their psychosocial development

- ✧ Partnered with probation officers, families, foster families, and case workers during times of crisis to support the proactive decision-making of the adolescent

AmeriCorps member at John Graham Homeless Shelter

February 2007-July 2008

Vergennes, VT

While working as an AmeriCorps member, I provided case management assistance to homeless individuals and families. I served people of all ages, genders, and from diverse backgrounds.

- ✧ Connected homeless adults to community supports, and taught them basic life-skills, such as resume-building, cooking, parenting, budgeting, and conflict management
- ✧ Empowered individuals and families to make decisions from positions of strength
- ✧ Maintained stability within Shelter during times of crisis, and dealt effectively with law enforcement and emergency medical assistance

Respite Care Provider at Counseling Services of Addison County

August 2006- January 2007

Middlebury, VT

As a respite care provider I mentored an at-risk adolescent who displayed characteristics of Reactive Attachment Disorder.

- ✧ Facilitated healthy emotional processing through wilderness therapy and artistic expression
- ✧ Offered ongoing support to the adolescent as she negotiated her relationship with her foster parents and her biological parents
- ✧ Taught and modeled basic life-skills, such as cooking, shopping, and personal care

Intern at Counseling Services of Addison County

June 2006-August 2006

Middlebury, VT

As an intern I gained both group and individual therapeutic experience through co-facilitation of a process group, and interacting one-on-one with at-risk adolescents.

- ✧ Shadowed both adult and adolescent crisis counselors and intervened with a family in crisis
- ✧ Staffed an adventure-based group for teenagers with emotional and behavioral disabilities
- ✧ Provided respite services for adolescent girls with emotional disabilities and encouraged emotional processing and pro-social decision-making

EDUCATION

- ✧ **Wheaton Graduate School, Wheaton, IL**
Masters in Clinical Psychology: August 2011
- ✧ **Middlebury College, Middlebury, VT**
Bachelor of Arts: English, February 2007, graduated Magna Cum Laude

Title 3: Executive
Chapter 5: SECRETARY OF STATE
Sub-Chapter 3: Professional Regulation
3 V.S.A. § 129a. Unprofessional conduct

a. In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following items, or any combination of items, whether or not the conduct at issue was committed within or outside the State, shall constitute unprofessional conduct:

1. Fraudulent or deceptive procurement or use of a license.
2. Advertising that is intended or has a tendency to deceive.
3. Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.
4. Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.
5. Practicing the profession when medically or psychologically unfit to do so.
6. Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them, or knowingly providing professional supervision or serving as a preceptor to a person who has not been licensed or registered as required by the laws of that person's profession.
7. Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.
8. Failing to make available promptly to a person using professional health care services, that person's representative, or succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner, or failing to notify patients or clients how to obtain their records when a practice closes.
9. Failing to retain client records for a period of seven years, unless laws specific to the profession allow for a shorter retention period. When other laws or agency rules require retention for a longer period of time, the longer retention period shall apply.
10. Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession.
11. Failing to report to the office a conviction of any felony or any offense related to the practice of the profession in a Vermont District Court, a Vermont Superior Court, a federal court, or a court outside Vermont within 30 days.
12. Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.
13. Performing treatments or providing services which the licensee is not qualified to perform or which are beyond the scope of the licensee's education, training, capabilities, experience, or scope of practice.
14. Failing to report to the office within 30 days a change of name or address.
15. Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.

b. Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes:

1. performance of unsafe or unacceptable patient or client care; or
2. failure to conform to the essential standards of acceptable and prevailing practice.

c. The burden of proof in a disciplinary action shall be on the State to show by a preponderance of the evidence that the person has engaged in unprofessional conduct.

d. After hearing, and upon a finding of unprofessional conduct, a board or an administrative law officer may take disciplinary action against a licensee or applicant, including imposing an administrative penalty not to exceed \$1,000.00 for each unprofessional conduct violation. Any money received under this subsection shall be deposited in the Professional Regulatory Fee Fund established in section 124 of this title for the purpose of providing education and training for board members and advisor appointees. The Director shall detail in the annual report receipts and expenses from money received under this subsection.

e. In the case where a standard of unprofessional conduct as set forth in this section conflicts with a standard set forth in a specific board's statute or rule, the standard that is most protective of the public shall govern. (Added 1997, No. 40, § 5; amended 2001, No. 151 (Adj. Sess.), § 2, eff. June 27, 2002; 2003, No. 60, §

2; 2005, No. 27, § 5; 2005, No. 148 (Adj. Sess.), § 4; 2009, No. 35, § 2; 2011, No. 66, § 3, eff. June 1, 2011; 2011, No. 116 (Adj. Sess.), § 5.)

• **§ 3271. Unprofessional conduct**

(a) Unprofessional conduct means the following conduct and conduct set forth in 3 V.S.A. § 129a.

1. using dishonest or misleading advertising;
2. misusing a title in professional activity;
3. conduct which evidences unfitness to practice clinical mental health counseling;
4. engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the licensee has had a professional relationship within the previous five years;
5. harassing, intimidating, or abusing a client;
6. entering into an additional relationship with a client, supervisee, research participant, or student that might impair the licensed clinical mental health counselor's objectivity or otherwise interfere with the clinical mental health counselor's professional obligations;
7. independently practicing outside or beyond a clinical mental health counselor's area of training, experience, or competence without appropriate supervision.

(b) After hearing, and upon a finding of unprofessional conduct, the board may take disciplinary action against a licensed clinical mental health counselor or applicant. (Added 1987, No. 245 (Adj. Sess.), § 1; amended 1993, No. 98, § 17; 1993, No. 222 (Adj. Sess.), § 10; 1997, No. 40, § 57; 1997, No. 145 (Adj. Sess.), § 53; 2007, No. 29, § 45.)