



# Vermont Mental Health Counselors Association

VTMHCA

The Voice for Mental Health Counselors in Vermont

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**S.3 – Duty to Warn**  
**House Judiciary Committee**  
April 18, 2017

**VTMHCA urges the house Judiciary Committee to consider amendments to S.3 as outlined in draft 1.1 (dated 4/6/17).**

The Vermont Mental Health Counselors Association (VTMHCA) has been part of a working group of stakeholders – a broad group of providers, patients, facilities, designated agencies and others- some of whom will be testifying before this committee.

VTMHCA supports the work of the Legislature on S.3, however, we do not support S.3 as passed by the Senate. We support the intent of Draft 1.1 to negate the *Kuligoski* decision and return mental health professionals' duty to that as established in common law by *Peck*. We see the *Kuligoski* decision as confusing *when and how* confidentiality may/must be broken, with *who is responsible* for a client and his/her behavior. The *Kuligoski* decision, as it stands, is unworkable. We urge the Committee to amend S.3 as passed by the Senate, and adopt the language contained in draft 1.1 (dated 4/6/2017).

**VTMHCA/ Who we are**

- There are approximately 723 active LCMHC in Vermont.
- We are **one cog** in the larger mental health system of Vermont (as are other disciplines of providers, such as Psychologists, Licensed Clinical Social Workers, Alcohol and Drug counselors, and Marriage and Family Therapists). We are often collectively referred to as “psychotherapists”, and we are all “mental health professionals” as defined in 18 VSA §7101 (13).

**What we do**

- While many of us provide mental health treatment in agencies, schools or hospitals, there are *many* of us (approximately half who hold this license) in private practice.
- Private practitioners work with a broad range of clients; adults, adolescents, children, couples. In private practice, almost all clients are *voluntary* (some are required to undergo counseling for legal issues). Our clients have a large range of symptoms and severity. Some come to us upon discharge from inpatient treatment, some have mild to moderate symptoms. Sometimes we help keep clients out of further hospitalizations.
- Solo practitioners have no ability to enforce an Order of Non-Hospitalization (ONH), nor admit patients.
- As private practitioners, we are small business owners; we do not have the resources of an agency or organization.

Respectfully,

Heather Pierce, MA, LCMHC  
Legislative Committee Member, VTMHCA