Clinician Application for Comprehensive Training Experience at Trinitas Institute for DBT and Allied Treatments

First N	ame Last Name
Degre	e
Addre	ss
Conta	ct # Email
Please	answer each of the following questions
1.	Preferred Program (please circle) Adolescent DBT Adult DBT Both
	Do you also have an interest in learning Prolonged Exposure (PE) or DBT-PE? Yes_No_
3.	Have you ever attended any DBT trainings? Yes_No_
	If yes, what was the name of the training, who provided the training, how many days was the training and where was the training?
4.	What experience do you have with providing DBT?
5.	Why are you applying to train with us?

hehan text and skills manual and/or Rathus/Miller beginning training 'Consultation Team Agreements" mmitments for Consultation Team" nptions About Clients in DBT Therapy" par year of providing DBT services at our hospital eload of at least 3 individual clients enrolled in our olescent Comprehensive DBT Programs ad DBT skills group weekly in our Adult or Comprehensive DBT Programs in our Adult or Adolescent DBT team weekly one coaching to your individual therapy clients office hours vidual supervision weekly up DBT supervision weekly (optional after initial ag is completed) or record sessions and receive feedback yes no or record sessions and receive feedback yes no or record sessions and receive feedback	Are	you willing to commit to the following (see appendixes A,B,C):		
beginning training 'Consultation Team Agreements" mmitments for Consultation Team" nptions About Clients in DBT Therapy" nptions About therapists Providing DBT Therapy" ar year of providing DBT services at our hospital eload of at least 3 individual clients enrolled in our olescent Comprehensive DBT Programs ad DBT skills group weekly in our Adult or Comprehensive DBT Programs in our Adult or Adolescent DBT team weekly one coaching to your individual therapy clients office hours vidual supervision weekly up DBT supervision weekly (optional after initial ag is completed) o record sessions and receive feedback yes no ves no yes no		, , , , , , , , , , , , , , , , , , , ,		
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mmitments for Consultation Team" yes		text before beginning training	yes	no_
nptions About Clients in DBT Therapy" yes no_ nptions About therapists Providing DBT Therapy" ar year of providing DBT services at our hospital eload of at least 3 individual clients enrolled in our olescent Comprehensive DBT Programs dd DBT skills group weekly in our Adult or Comprehensive DBT Programs in our Adult or Adolescent DBT team weekly one coaching to your individual therapy clients office hours vidual supervision weekly up DBT supervision weekly (optional after initial ag is completed) orecord sessions and receive feedback yes no_ orecord sessions and receive feedback	•	 The 6 DBT "Consultation Team Agreements" 	yes	no_
nptions About therapists Providing DBT Therapy" ar year of providing DBT services at our hospital eload of at least 3 individual clients enrolled in our olescent Comprehensive DBT Programs ad DBT skills group weekly in our Adult or Comprehensive DBT Programs in our Adult or Adolescent DBT team weekly one coaching to your individual therapy clients office hours vidual supervision weekly up DBT supervision weekly (optional after initial ag is completed) o record sessions and receive feedback yes no	•	 The 16 "Commitments for Consultation Team" 	yes	no_
ar year of providing DBT services at our hospital eload of at least 3 individual clients enrolled in our olescent Comprehensive DBT Programs ed DBT skills group weekly in our Adult or Comprehensive DBT Programs in our Adult or Adolescent DBT team weekly one coaching to your individual therapy clients office hours vidual supervision weekly up DBT supervision weekly (optional after initial ag is completed) o record sessions and receive feedback yes no	•	 The "Assumptions About Clients in DBT Therapy" 	yes	no_
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eload of at least 3 individual clients enrolled in our olescent Comprehensive DBT Programs yes no_ ad DBT skills group weekly in our Adult or Comprehensive DBT Programs yes no_ in our Adult or Adolescent DBT team weekly yes no_ one coaching to your individual therapy clients office hours yes no_ vidual supervision weekly yes no_ up DBT supervision weekly (optional after initial ag is completed) yes no_ or record sessions and receive feedback yes no_	•	One calendar year of providing DBT services at our hospital	yes	no_
olescent Comprehensive DBT Programs ad DBT skills group weekly in our Adult or Comprehensive DBT Programs in our Adult or Adolescent DBT team weekly one coaching to your individual therapy clients office hours vidual supervision weekly up DBT supervision weekly (optional after initial ing is completed) o record sessions and receive feedback yes no yes no yes no yes no yes no		Carry a caseload of at least 3 individual clients enrolled in our		
Comprehensive DBT Programs in our Adult or Adolescent DBT team weekly one coaching to your individual therapy clients office hours vidual supervision weekly up DBT supervision weekly (optional after initial ag is completed) o record sessions and receive feedback yes no yes no yes no		Adult or Adolescent Comprehensive DBT Programs	yes	no_
in our Adult or Adolescent DBT team weekly yes no_ one coaching to your individual therapy clients office hours yes no_ vidual supervision weekly yes no_ up DBT supervision weekly (optional after initial ag is completed) yes no_ o record sessions and receive feedback yes no_	•	 Lead/co-lead DBT skills group weekly in our Adult or 		
one coaching to your individual therapy clients office hours yes no_ vidual supervision weekly yes no_ up DBT supervision weekly (optional after initial ug is completed) yes no_ o record sessions and receive feedback yes no_		Adolescent Comprehensive DBT Programs	yes	no_
office hours yes no_ vidual supervision weekly yes no_ up DBT supervision weekly (optional after initial ug is completed) yes no_ o record sessions and receive feedback yes no_	•	 Participate in our Adult or Adolescent DBT team weekly 	yes	no_
vidual supervision weekly yes no_ up DBT supervision weekly (optional after initial ug is completed) yes no_ o record sessions and receive feedback yes no_	•	 Provide phone coaching to your individual therapy clients 		
up DBT supervision weekly (optional after initial g is completed) yes no_ o record sessions and receive feedback yes no_		outside of office hours		_
ng is completed) yes no_ o record sessions and receive feedback yes no_	•	Attend individual supervision weekly Attend group DBT supervision weekly (optional after initial)	yes	no_
o record sessions and receive feedback yes no_			ves	no
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self-awareness and self-analysis ves no		·		
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meanascms yoursen micherapy yes no	•	 Provide DBT and not another treatment to the clients 	,	_
- · · · · · · · · · · · · · · · · · · ·		who are assigned to you	yes	no_
•	•	 Be open to self-awareness and self-analysis Being genuine and being "yourself" in therapy 		yes yes yes yes
me and being yourself in therapy yes no_	•	 Provide DBT and not another treatment to the clients 		
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