

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

First Name _____ Last Name _____

Degree _____

Address _____

Contact # _____ Email _____

Please answer each of the following questions

1. Preferred Program (please circle) Adolescent DBT Adult DBT Both
2. 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? _____

6. What is your primary theoretical orientation? _____

7. Are you willing to commit to the following (see appendixes A,B,C):

- Read the Linehan text and skills manual and/or Rathus/Miller text before beginning training yes__ no__
- The 6 DBT "Consultation Team Agreements" yes__ no__
- The 16 "Commitments for Consultation Team" yes__ no__
- The "Assumptions About Clients in DBT Therapy" yes__ no__
- The "Assumptions About therapists Providing DBT Therapy" yes__ no__
- One calendar year of providing DBT services at our hospital yes__ no__
- Carry a caseload of at least 3 individual clients enrolled in our Adult or Adolescent Comprehensive DBT Programs yes__ no__
- Lead/co-lead DBT skills group weekly in our Adult or Adolescent Comprehensive DBT Programs yes__ no__
- Participate in our Adult or Adolescent DBT team weekly yes__ no__
- Provide phone coaching to your individual therapy clients outside of office hours yes__ no__
- Attend individual supervision weekly yes__ no__
- Attend group DBT supervision weekly (optional after initial core training is completed) yes__ no__
- Audio/video record sessions and receive feedback yes__ no__
- Be open to self-awareness and self-analysis yes__ no__
- Being genuine and being "yourself" in therapy yes__ no__
- Provide DBT and not another treatment to the clients who are assigned to you yes__ no__

Signature _____

Date _____