

Application for Psychiatry Resident Training Experience at Trinitas Institute for DBT and Allied Treatments

First Name _____ Last Name _____

Current Residency Year _____

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 or working in a DBT team? _____

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):
- Follow the DBT model that the individual DBT therapist, not the medication provider, drives the treatment yes__ no__
 - 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 med managements clients enrolled in our Adult/Adolescent Comprehensive DBT Programs yes__ no__
 - Lead/co-lead DBT skills group weekly in our Adult/Adolescent Comprehensive DBT Programs yes__ no__
 - Participate in our Adult or Adolescent DBT team weekly yes__ no__
 - Attend group DBT supervision weekly yes__ no__
 - Be open to self-awareness and self-analysis yes__ no__
 - Being genuine and being "yourself" in sessions yes__ no__
 - Provide medication management in a manner consistent with DBT and your own limits yes__ no__
 - Get supervision from a Trinitas staff psychiatrist who is knowledgeable about DBT and willing to follow the protocols of DBT even if they are not a member of the DBT team yes__ no__

Signature _____

Date _____