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

First N	ame Last Name				
Currer	Email each of the following questions ed Program (please circle) Adolescent DBT Adult DBT Both also have an interest in learning Prolonged Exposure (PE) or DBT-PE? Yes_ No_ u ever attended any DBT trainings? Yes_ No_				
Addre	s				
Contac	t # 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 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?				
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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 between 1 and 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 Attend group DBT supervision weekly	yes	no	
•	Audio/video record sessions and receive feedback	yes yes	no	
•	Be open to self-awareness and self-analysis			
•	Being genuine and being "yourself" in therapy	yes yes	no no	
•	Provide DBT and not another treatment to the clients	, 03		
	who are assigned to you	yes	no	
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