



Behavioral Tech

A Linehan Institute Training Company

Online Application: Dialectical Behavior Therapy Intensive Training

* 1. For which DBT Intensive Training are you applying?

* 2. To confirm your Application Fee Payment, please provide the 5-digit Order #

* 3. Each team must have a designated leader to apply for training. Are you the Team Leader?

Yes

No

Example



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Personal Information

* 4. Participant Information

Team Name (please use the exact same name as the other members of your team)

First Name

Last Name

Degree/Credentials (BS, BS, LCSW, MA, MD, MS, MSW, PhD, PsyD, etc.)

City/Town

State/Province

Country

Email Address

Phone Number

* 5. Discipline (required for CE/CME)



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DBT Experience & Training

How much of each of the following have you read?

6. Linehan, M.M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York, NY: Guilford Press. (All participants must read in full before training begins)

None 1 - 2 chapters 3 - 5 chapters 6 - 8 chapters 9 - 11 chapters 12 - 14 chapters Whole manual

7. Linehan, M.M. (2015). DBT Skills Training Manual (2nd Ed.). New York, NY: Guilford Press. (All participants must read in full before training begins)

None 1 - 2 chapters 3 - 5 chapters 6 - 8 chapters 9 - 11 chapters 12 - 14 chapters Whole manual

8. Others, including articles & book chapters (Please list)

Example

9. I have attended a DBT study group.

Yes No

10. I have received DBT supervision/consultation

Yes No

If yes, please describe the nature of your supervision/consultation, including whether it involved review of live recorded sessions (audio or video).

11. I have participated in a weekly DBT consultation team.

Yes No

If yes, the number of months you have participated.

12. For how many hours per week does your consultation team meet?

13. How often do you attend your consultation team?

90 - 100% 75 - 90% 50 - 75% Less than 50%



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Training Agreement

The Training Agreement requires your signature before you participate in the training. The form asks you to acknowledge that although DBT has empirical support regarding its efficacy, your clinical judgment is required in its application to particular settings and clients. The agreement also specifies how you are allowed to use the training materials supplied to you to train others in your setting.

1. I understand that although there is empirical evidence for the effectiveness of DBT, this evidence is not presented as a guarantee, either direct or implicit, of the efficacy and/or effectiveness of this treatment.
2. I understand that DBT is a complex, evidence-based treatment protocol, appropriate as a part of many treatment strategies; however, DBT may not be considered to be the current “standard of care” for any particular clinical population, and each practitioner must independently evaluate and use his or her own judgment in treating clients.
3. I understand that there are other treatments available for suicidal populations and that DBT is only one such treatment.
4. I agree to maintain strict confidentiality about participant, patient- or client-specific information that may be shared during this training. I agree to not discuss this information with anyone outside of the training room, nor say or do anything that compromises the participants’ or patient’s confidentiality.
5. I understand that by attending this training I may participate in the review of one or more confidential, video recordings of individual or group therapy sessions. If I happen to know any patient(s) in that video in any context, I agree to excuse myself from the room and not see the video.
6. I understand that Behavioral Tech, LLC (BTECH) has a strict policy prohibiting audio or visual recording for all aspects of training provided by BTECH trainings. I recognize and agree that recording without permission will result in a violation of patient confidentiality and may subject me to legal action.
7. I understand that the DBT Training Materials are provided by Behavioral Tech, LLC (BTECH) for the purpose of my own education and training to use in my own clinical practice. I agree that the DBT Training Materials are Behavioral Tech’s intellectual property and are provided to me as a perpetual, revocable, non-exclusive, non-transferable, and non-sublicenseable license.
8. I agree that I will not copy, modify, duplicate, publish, or distribute the training materials provided by BTECH without the express written permission of BTECH.
9. I understand that I may not use the training materials provided by BTECH for the training of employees and staff in my home department, hospital, clinic or agency.
10. I agree that I will not accept compensation for presentations or training using the DBT Training Materials without the express written permission of BTECH and the copyright holders of those materials.
11. I agree that any other use of the DBT Training Materials provided by BTECH for the Dialectical

Paper applications will not be reviewed so please complete your application online.

Behavior Therapy Intensive Training™, or sent to me as an alumnus of the Dialectical Behavior Therapy Intensive Training™, is prohibited without the express written permission of BTECH and the copyright holders. I understand the copyrighted materials include, but are not limited to, audiovisual aids, handouts, and reprints.

* 14. Please confirm your acceptance of the training agreement.

Yes, I have read and agree to accept all terms of the **Training Agreement**.

Example



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PHOTO AND VIDEO RELEASE FORM

I grant to Behavioral Tech, LLC and/or the Linehan Institute the right to take photographs and videos of me in connection with the above identified event. I authorize Behavioral Tech, LLC and/or the Linehan Institute to copyright, use, and publish the same in print and/or electronically.

I agree that Behavioral Tech, LLC and/or the Linehan Institute may use such photographs of me with or without my name and for any lawful purpose, including publicity, illustration, advertising, and web content.

15. I have read and understand the information above.

- Yes, I grant the use of my image in pictures and videos
- No, I do not want my image to be used

Example



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Team Application

16. What is the name of your DBT Team?

(Please ensure that all members of your team enter the team name exactly as entered here)

17. Team Contact Information

Team Leader

Email Address

Phone Number

Example

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18. **Names of Team Members:** (Minimum of 3 members to an ideal maximum of 8, including the team leader. 12 members is the upper limit for training teams.)

Please list the name of each member of your team and specify each person's planned roles in DBT program (i.e., Skills trainer, Coach, Individual Therapist, Pharmacotherapist)

Example: Maria Roy: team leader, individual therapist, skills trainer

Team Member 1

Team Member 2

Team Member 3

Team Member 4

Team Member 5

Team Member 6

Team Member 7

Team Member 8

Team Member 9

Team Member 10

Team Member 11

Team Member 12

19. At what day and time does/will your consultation team meet?

Monday

Tuesday

Wednesday

Thursday

Friday

Time:

20. How long have the members of your team known each other? How long have you worked together?

21. How long ago did you form your DBT team?

- Currently in process of forming the team
- 3 - 6 months ago
- 6 - 12 months ago
- 1 - 2 years ago
- The DBT team was formed more than 2 years ago

Feel free to provide more explanation if you wish.

22. For what organization, agency, system, service, or practice does your team work?

23. If your team works across multiple organizations, services, or practices, please explain.

24. How many clients are treated per week by your:

Organization as a whole

DBT Program(s)

25. Please select all services your organization provides (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Administrative supervision of others | <input type="checkbox"/> Group psychotherapy |
| <input type="checkbox"/> Assertive Community Treatment (ACT) | <input type="checkbox"/> Individual psychotherapy |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Pharmacotherapy |
| <input type="checkbox"/> Clinical supervision of other clinicians | <input type="checkbox"/> Skills training |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Training/education/support to family members |
| <input type="checkbox"/> Drug/alcohol counseling | <input type="checkbox"/> Training/education/support to other professionals |
| <input type="checkbox"/> Group psychoeducation | |
| <input type="checkbox"/> Other (please specify) | |

26. Please select all settings in which your team works (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Chemical dependency program | <input type="checkbox"/> Independent/private practice |
| <input type="checkbox"/> College/University counseling service | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Community Mental Health Center | <input type="checkbox"/> Integrated co-occurring disorders program |
| <input type="checkbox"/> Developmental disability program | <input type="checkbox"/> Intensive day treatment/partial hospitalization |
| <input type="checkbox"/> Elementary/secondary education | <input type="checkbox"/> Outpatient clinic |
| <input type="checkbox"/> Forensic/correctional services | <input type="checkbox"/> Residential facility |
| <input type="checkbox"/> Group home | |
| <input type="checkbox"/> Other (please specify) | |

27. Please select all populations with whom your team works (check all that apply):

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Females |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> LGBT | <input type="checkbox"/> Ethnic minorities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Males | <input type="checkbox"/> Low income populations |

Please provide any additional information you would like for us to know about the populations you serve.

28. If your organization currently provides DBT or components of DBT, please briefly list what components you provide?

- No components of DBT are currently provided
- Individual DBT therapy sessions
- Group DBT skills training classes
- Coaching between sessions, e.g., phone calls
- DBT consultation team
- Other (please specify)

29. How would you rate your organization/program's familiarity of DBT?

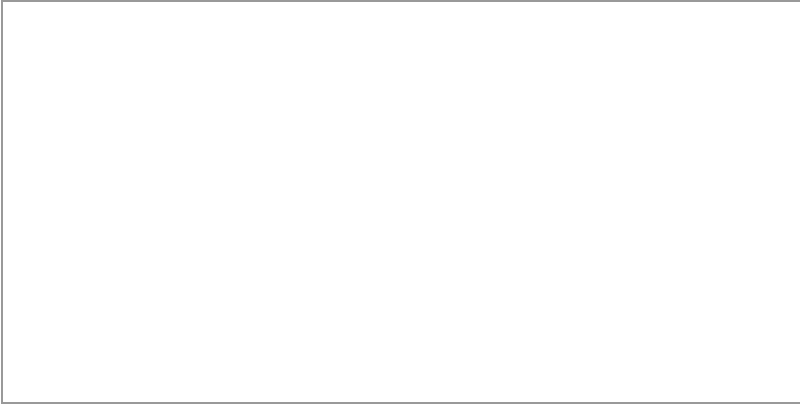
- Not at all familiar
- Not so familiar
- Somewhat familiar
- Very familiar
- Extremely familiar

30. Please briefly describe the following: 1) Why is your team pursuing Dialectical Behavior Therapy Intensive Training at this point in time? 2) How will your participation in this training help meet your organization/agency's goals? 3) List one or two specific goals your team has for this training.

31. Describe your plan for conducting program evaluation/research on your DBT services.

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32. Is there other information you would like to provide about your team in support of your application?



Example