

# DIALECTICAL BEHAVIOR THERAPY FOUNDATIONAL TRAINING™

## Application Form

Athens, Greece | October 1-5, 2018

Please complete the Application Form and return to GBA at [info@eees.gr](mailto:info@eees.gr).

**Tuition payment (after acceptance notification) and due no later than September 3<sup>rd</sup>, 2018.**

Tuition per person ..... €700

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Gender:  Female  Male  Transgender

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ In what time zone do you live? \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number for urgent updates related to training or schedule: \_\_\_\_\_

Name exactly as it should appear on your CE Letter and name tag (please include any degree or licensure suffixes): \_\_\_\_\_

#### Discipline (required for CE/CME):

- Physician (ACCME)
- Nurse (ACCME)
- Psychologist (APA)
- Substance Abuse Counselor (NAADAC)

- Social Worker (NASW)
- Mental Health Counselor (NBCC)
- Other \_\_\_\_\_
- Not applicable

### METHOD OF PAYMENT

- ✓ Bank transfer

#### **Bank specifications:**

**Alpha Bank**

**Ελληνική Εταιρεία Έρευνας της Συμπεριφοράς (ΕΕΕΣ)  
Greek Association for Behavioural Modification (GBA)**

**Papdiamantopoulou 13 Str.**

**115 28, Athens, Greece**

**IBAN code: GR63 0140 4380 4380 0200 2002 640**

Swift code: CRBAGRAA

## COURSE PREREQUISITES & ACKNOWLEDGEMENTS

**In order to attend Dialectical Behavior Therapy Foundational Training™, a participant must:**

- Read the following prior to attending the Foundational Training:
  - Linehan, M. M. (1993). *Cognitive Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press.
  - Linehan, M.M. (2015). *DBT® Skills Training Manual (2nd ed.)*. New York: Guilford Press.
  - Linehan, M.M. (2015). *DBT® Skills Training Handouts & Worksheets (2nd ed.)*. New York: Guilford Press.
- Be invested in learning DBT to a high standard in order to better implement the treatment in their usual settings.
- Agree to attend and fully participate in the entire training in a willing, committed manner.
- Have learned DBT in one-day or two-day workshops and/or from self-guided study of the treatment manuals.
- Agree to read Linehan's Skills Manual and textbook on DBT prior to attending.
- Submit the application by **July 31<sup>st</sup>** and tuition fee by **September 3<sup>rd</sup>**, 2018.

## PROFESSIONAL EXPERIENCE

What is the name of your agency or other work setting? \_\_\_\_\_

How many years you have worked as a mental health provider? \_\_\_\_\_

**What is the extent of your experience with patients in need of DBT?**

- Most of my work is with these clients.
- I work with a steady flow of these clients, but it is never the majority of my work
- I have worked closely with a few of these clients.
- I have never worked with these clients.

**What is your primary work setting?**

- Private Practice
- Outpatient Community Mental Health
- Center Day Treatment
- Inpatient Unit
- Residential Treatment Facility
- Corrections Facility
- Legal System
- Assertive Community Treatment (ACT) Team
- Drug Treatment Program
- Medical Center
- Hospital
- Nursing Home
- Supportive Housing
- School/University
- Other (please specify): \_\_\_\_\_

**Please select all services you provide or have provided in the past:**

	Past	Current
Administrative supervision of others		
Assertive Community Treatment (ACT)		
Case management		
Clinical supervision of other clinicians		
Crisis intervention		
Drug/alcohol counseling		
Group psychoeducation		
Group psychotherapy		
Individual psychotherapy		

Pharmacotherapy		
Skills training		
Training/education/support to family members		
Training/education/support to other professionals		

## CLINICAL EXPERIENCE & TRAINING

In which of the following models/procedures have you received formal supervision/consultation?

- |  |   |
|--|---|
| <input type="checkbox"/> Acceptance-based/contextual therapies | <input type="checkbox"/> Humanistic psychotherapy             |
| <input type="checkbox"/> Client-centered therapy               | <input type="checkbox"/> Psychodynamic therapies              |
| <input type="checkbox"/> Existential psychotherapy             | <input type="checkbox"/> Relapse prevention                   |
| <input type="checkbox"/> Functional analytic psychotherapy     | <input type="checkbox"/> Suicide risk assessment & management |
| <input type="checkbox"/> Gestalt therapy                       | <input type="checkbox"/> Validation                           |

Have you had training in behavior modification, learning theory, behavior therapy, or cognitive-behavior therapy?

- None or casual exposure                       Some training                       A lot of training

In which of the following behavior therapy procedures have you received formal supervision/consultation?

- Behavioral assessment
- Cognitive restructuring
- Contingency management/operant procedures
- Exposure
- Problem-solving
- Skills training

Which behavioral techniques do you regularly use in your practice?

- Behavioral assessment
- Cognitive restructuring
- Contingency management/operant procedures
- Exposure
- Problem-solving
- Skills training

With which behavioral techniques are you least familiar?

- Behavioral assessment
- Cognitive restructuring
- Contingency management/operant procedures
- Exposure
- Problem-solving
- Skills training

## MINDFULNESS EXPERIENCE & TRAINING

What is your prior training in Mindfulness? Mark all that apply.

- Workshop(s) (1/2 – 3 days)
- Ongoing course taken as part of a degree or certificate
- program Self-guided learning/readings
- Studied with a teacher
- None

**How frequently do you engage in mindfulness practice?**

- Never
- Infrequently
- Regularly, but less than once a week
- Several times weekly
- Daily

**DBT EXPERIENCE & TRAINING**

**How much of each of the following have you read?**

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

Linehan, M.M.(1993). *Skills training manual for treating borderline personality disorder*. New York, NY: Guilford Press.

- None
- 1 chapter
- 2-3 chapters
- 4-5 chapters
- 6-7 chapters
- 8-9 chapters
- Whole manual

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

- None
- 1 chapter
- 2-3 chapters
- 4-5 chapters
- 6-7 chapters
- 8-9 chapters
- Whole manual

Miller, A.L., Rathus, J.H., Linehan, M.M., and Swenson, C.R. (2006) *Dialectical behavior therapy with suicidal adolescents*.

New York, NY: Guilford Press.

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

Rathus, J. H. & Miller, A.L. (2015). *DBT Skills Manual for Adolescents*.

New York: Guilford Press.

- None
- 1 chapter
- 2-3 chapters
- 4-5 chapters
- 6-7 chapters
- 8-9 chapters
- Whole manual

Others, including articles & book chapters (Please list) \_\_\_\_\_

**I have attended a DBT study group.**

**I have received DBT supervision/consultation.**

**Please describe the nature of your supervision.** \_\_\_\_\_

Supervision/consultation included review of my live recorded sessions  Audio  Video

**I have participated in a weekly DBT consultation team (number of months):** \_\_\_\_\_

**How often do you attend your consultation team?**

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

**How much time have you spent in attendance of/participating in seminars or lectures related to DBT (i.e., graduate school, conferences, agency-organized seminars)?**

- None
- 1 hour
- 2-4 hours

- 5-8 hours
- 9-16 hours
- 17-33 hours
- 34+ hours

**How much time have you spent participating in formal online learning courses related to DBT?**

- None
- 1 hour
- 2-4 hours
- 5-8 hours
- 9-16 hours
- 17-33 hours
- 34+ hours

**Select all DBT related workshops & online trainings you have completed:**

**Workshops:**

- Introduction to DBT: Skillful Living (*formerly Coping with Chaos*)
- Behavior Therapy in DBT: Getting from Goals to Problems and from Problems to
- Treatment Beyond the Basics: DBT Skills in Action
- Beyond the Basics: DBT Individual Therapy in Action
- DBT with Adolescents: Helping Emotionally Dysregulated and Suicidal Teens
- Dialectical Behavior Therapy: Treating Clients with Borderline Personality Disorder and Substance Use Disorders
- Dialectical Behavior Therapy: Treating Clients with Eating Disorders and Multiple Problems
- Getting to the Heart of the Problem: Targeting, Assessing, and Solving Problem
- Behaviors Mindfulness: Practicing with Willingness and Radical Acceptance
- Skills Training in DBT: The Essentials
- Suicide: DBT Protocol for Assessing and Managing
- Risk Treating PTSD in DBT with High Risk BPD
- Clients Treating Therapy Interfering Behaviors
- Updates to Emotion Regulation and Crisis Survival Skills in Dialectical Behavior Therapy

**Online Training:**

- DBT® Chain Analysis
- Training DBT® Skills Training
- DBT® Validation Principles & Strategies
- Foundations of Exposure Therapies
- Fundamentals of Interpersonal Psychotherapy
- Mastery of Anxiety & Panic for Adolescents (MAP-
- A) Transforming Difficult Moments in Therapy
- Effective Strategies with Dr. Marsha Linehan and Other DBT® Experts

**REASONS FOR APPLYING FOR DBT TRAINING**

List specific expectations you have for yourself in this training \_\_\_\_

What other information would you like to provide in support of your application? \_\_\_\_\_

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.

I, \_\_\_\_\_, agree that my participation in the Dialectical Behavior Therapy Foundational Training™ is with the following understandings:

- 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.
- 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.
- I understand that there are other treatments available for suicidal populations and that DBT is only one such treatment.
- 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.
- I understand that by attending this training I may participate in the review of one or more confidential, videotaped 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.
- I understand that BTECH has a strict policy prohibiting audio or visual recording for all aspects of training provided by Behavioral Tech trainings. I recognize and agree that recording without permission will result in a violation of patient confidentiality and may subject me to legal action.

**Accepted:** \_\_\_\_\_

I, \_\_\_\_\_,

- Understand that the DBT Training Materials are provided by Behavioral Tech 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.
- Agree that I will not copy, modify, duplicate, publish, or distribute the training materials provided by Behavioral Tech without the express written permission of Behavioral Tech.
- Understand that I may not use the training materials provided by Behavioral Tech for the training of employees and staff in my home department, hospital, clinic or agency.
- Agree that I will not accept compensation for presentations or training using the DBT Training Materials without the express written permission of Behavioral Tech and the copyright holders of those materials.
- Agree that any other use of the DBT Training Materials provided by Behavioral Tech for the Dialectical Behavior Therapy Foundational Training™, or sent to me as an alumnus of the Dialectical Behavior Therapy Foundational Training™, is prohibited without the express written permission of Behavioral Tech and the copyright holders. I understand the copyrighted materials include, but are not limited to, audiovisual aids, handouts, and reprints.
- Understand and agree that participation in the Dialectical Behavior Therapy Foundational Training™ does not imply affiliation between Behavioral Tech and myself, nor does it imply certification or that I am an adherent or competent DBT therapist. I agree that I will not hold myself out as agent of Behavioral Tech, nor will I represent Behavioral Tech as my supervisor. I further agree that Behavioral Tech shall not be liable to me or any third

party for any damages of any kind for my use of the Training Materials, and in no event shall Behavioral Tech be liable for direct damages exceeding \$100.00.

- Agree that this Training Agreement and license shall terminate automatically if I violate its terms or upon 30 days' written notice. Upon termination, I shall return all documents and tangible materials containing the intellectual property.

**Accepted:**\_\_\_\_\_

**By signing my name below I agree to and accept all terms of this agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date