



INTENSIVE TRAINING IN THE DIALECTICAL BEHAVIOR THERAPY PROLONGED EXPOSURE PROTOCOL FOR PTSD

Portland, OR | November 7-10, 2020

Please complete this Application in full and return to BTECH.
Applications can be returned via email at support@behavioraltech.org or via fax at 1-206-675-8590.
If you have any questions, please call our Customer Service Team at 206-675-8588.

PERSONAL INFORMATION

**All fields are required unless otherwise noted.*

First Name: _____ **Middle Initial:** _____ **Last Name:** _____ **Degree:** _____

What is the name of your agency or organization? _____

Gender: Female Male Transgender

Race
(optional) American Indian/Alaskan Native Black/African American Caucasian
 Asian Native Hawaiian/Other Pacific Islander

Ethnicity
(optional) Hispanic or Latino Not Hispanic or Latino

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: _____

Discipline (required for CE/CME):

- | | |
|---|---|
| <input type="checkbox"/> Physician (ACCME) | <input type="checkbox"/> Social Worker (NASW, CA-BBS) |
| <input type="checkbox"/> Nurse (ACCME) | <input type="checkbox"/> Mental Health Counselor (NBCC) |
| <input type="checkbox"/> Psychologist (APA) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Substance Abuse Counselor (NAADAC) | <input type="checkbox"/> Not applicable |

I acknowledge that Behavioral Tech, LLC has a strict no recording policy.

How did you hear about this training?

- | | |
|--|--|
| <input type="checkbox"/> Colleague or Friend | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Social Work Today |
| <input type="checkbox"/> ListServ | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Mailer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Previous BTECH Training | |



APPLICATION FEE

Application Fee per person (non-refundable)\$50

Applications will be reviewed and accepted on a rolling basis until September 6, 2019.

Please submit your application and payment as soon as possible to guarantee consideration.

The application fee can be paid via our website: <https://behavioraltech.org/event/5256-intensive-training-in-the-dialectical-behavior-therapy-prolonged-exposure-protocol-for-ptsd-2/#event-register>

Please note that we will cancel your application fee if we do not receive your application form within 7 days of app-fee payment. Applications without application fees will not be considered.

- If you have any questions, please call our Customer Service Team at 206.675.8588.

Please provide the following information regarding your application fee:

Order # (provided in payment confirmation email): _____

Please provide the following information regarding your tuition fee:

- I am paying my tuition fee.
- My agency is paying my tuition fee.

Email of payer: _____

APPLICATION

1. In order to attend this training, a participant must:

- Have attended a DBT Intensive or Foundational Training (or equivalent)
- Be a current member of a DBT consultation team
- Currently be providing DBT individual therapy
- Agree to read the following treatment manuals before the training:
 - Linehan, M. M. (1993). [Cognitive Behavioral Treatment of Borderline Personality Disorder](#). New York: Guilford Press.
 - Linehan, M. M. (2015). [DBT Skills Training Manual \(Second Edition\)](#). New York: Guilford Press.
 - Either the adult or the adolescent PE manual
 - Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). [Prolonged Exposure Therapy for PTSD \(Therapist Guide\)](#). New York: Oxford University Press.
 - Foa, E. B., Chrestman, K. R. & Gilboa-Schechtman, E. (2008). [Prolonged Exposure Therapy for Adolescents with PTSD \(Therapist Guide\)](#). New York: Oxford University Press.

I agree to these terms and conditions.

2. Have you attended a DBT Intensive or Foundational Training? Yes No

- If **Yes**, please provide the training dates, location, and instructor names: _____
- If **No**, please describe your prior training in DBT: _____

3. How much of each of the following have you read?



Behavioral Tech

Linehan, M.M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

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

Linehan, M.M. (2015). *DBT Skills Training Manual (2nd Ed.)*. New York, NY: Guilford Press.

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

Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged Exposure Therapy for PTSD (Therapist Guide)*. New York: Oxford University Press.

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

Others, including articles & book chapters (Please list) _____

4. Which modes of DBT are you currently engaged in?

- DBT individual therapy
- DBT group skills training
- DBT phone consultation
- DBT therapist consultation team

5. What is your primary work setting?

- | | |
|--|--|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Drug Treatment Program |
| <input type="checkbox"/> Outpatient Community Mental Health Center | <input type="checkbox"/> Medical Center |
| <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Inpatient Unit | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Residential Treatment Facility | <input type="checkbox"/> Supportive Housing |
| <input type="checkbox"/> Corrections Facility | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Legal System | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Assertive Community Treatment (ACT) Team | |

6. 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

7. Approximately what percentage of your DBT patients meet criteria for PTSD? _____%

8. Have you received training in exposure-based treatments?

- None or informal training
- Some formal training
- A lot of formal training



Behavioral Tech

9. Have you received training in Prolonged Exposure (PE) therapy for PTSD?

- | | |
|---|--|
| <input type="checkbox"/> Read the manual | <input type="checkbox"/> Consultation/supervision with a PE expert |
| <input type="checkbox"/> Graduate seminar | <input type="checkbox"/> Certification as a PE therapist |
| <input type="checkbox"/> 1-2 day workshop | <input type="checkbox"/> Certification as a PE |
| <input type="checkbox"/> PE Intensive Training (4 days) | |

10. Have you attended a prior training in the DBT Prolonged Exposure protocol? Yes No

- If **Yes**, please provide the training dates, location, and instructor names: _____

11. Please describe your current approach to treating PTSD in general and with DBT clients in particular:

12. Why are you interested in attending this training and what are your training goals? _____



DIALECTICAL BEHAVIOR THERAPY PROLONGED EXPOSURE PROTOCOL INTENSIVE TRAINING AGREEMENT

The Training Agreement requires your signature before you participate in the training. The form asks you to acknowledge that although the DBT PE protocol 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 Prolonged Exposure Protocol Intensive Training is with the following understandings:

1. I understand that although there is empirical evidence for the effectiveness of the DBT PE protocol, 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 and/or the DBT PE protocol 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 PTSD populations and that the DBT PE protocol 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 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, _____,

6. 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.
7. 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.
8. 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.
9. Agree that I will not accept compensation for presentations or training using the Behavioral Tech Training Materials without the express written permission of Behavioral Tech and the copyright holders of those materials.



Behavioral Tech

- 10. Agree that any other use of the Behavioral Tech Training Materials provided by Behavioral Tech for the Dialectical Behavior Therapy Prolonged Exposure Protocol Intensive Training , or sent to me as an alumnus of Dialectical Behavior Therapy Prolonged Exposure Protocol Intensive 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.
- 11. Understand and agree that participation in the Dialectical Behavior Therapy Prolonged Exposure Protocol Intensive Training does not imply affiliation between Behavioral Tech and myself, nor does it imply certification or that I am adherent to or competent in the DBT PE protocol. 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.
- 12. 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

Portland, OR
Location

November 7-10, 2020
Training Dates

PHOTO AND VIDEO RELEASE FORM

Permission to Use Photographs or Videos

Event: Intensive Training in the Dialectical Behavior Therapy Prolonged Exposure Protocol for PTSD

Dates: November 7-10, 2020

Location: Portland, OR

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.

I have read and understand the above:

Signature

Date

Printed name

Address