Individual Clinical Application

*To be completed by each team member of your agency participating in the Comprehensive DBT training.*

Name:       Degree and Credentials:

*We are committed to addressing gaps in mental health accessibility that exist in our State and encourage applicants to encompassing diverse backgrounds and service populations. The following questions are intended to assist in the selection of applicants in a way that aligns with this commitment. Applicants do not need to answer these questions to be considered for this training. Providing demographic information is optional.*

Demographic Information (please select as many of these groups you identify with as apply):

Racial Identity (Please check all that apply):

American Indian or Alaska Native

Hispanic or Latinx

Asian or Asian American

White

Black or African American

Native Hawaiian or Pacific Islander

Other

Prefer not to answer

Do you identify as LGBTQ or other gender/sexual orientation?

No

Yes, Please clarify:

Prefer not to answer

Do you identify as having any disability?

No

Yes – Please share any accommodations you require:

Prefer not to answer

How long have you been employed with your current agency?

What is your primary role at your agency (example: Psychotherapist, Case Manager, Prescriber)?

Have you participated in any previous training in DBT? If yes, what was the training and who provided it?

What is your knowledge of the components of Dialectical Behavior Therapy and the tasks that may be required to implement it at your agency?

Please describe your experience with complex multi-diagnostic cases, including individuals who struggle with chronic suicidality and self-harming behaviors.

Please explain why you are interested in participating in this Comprehensive DBT Collaborative: