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Dialectical Behavioral Therapy (DBT) Individual Application

The **DBT** online training is scheduled to begin in **Fall 2023** with the Treatment Implementation Collaborative (<https://www.ticllc.org/>) for this training opportunity. The course is limited to **four (4) agencies/teams.**

The training application requires TWO (2) FORMS to be completed for EVERY APPLICANT, the Trainee Application, AND the Agency Agreement.

Please review the DBT Request for Applications (RFA) in its entirety for complete details about the training prior to completing an application.

You can click here to access the **DBT RFA:**

https://laevidencetopractice.com/wp-content/uploads/2023/11/DBT-Training_RFA_Final_11.27.23.pdf

* Required

Application Instructions

- 1.) The **TRAINEE APPLICATION** must be completed by each applicant and can be accessed by filling out the **online application (through Microsoft Forms)** by **FRIDAY, JANUARY 5, 2024.**
- 2.) The **AGENCY AGREEMENT** must be completed and signed through **Adobe PDF (a fillable PDF)** by a supervisor and/or administrator at the agency requesting participation in the DBT training. The agency agreement **MUST BE EMAILED TO EvidenceToPractice@lsuhsc.edu** by **FRIDAY, JANUARY 5, 2024.**

You can click on this link to access the **AGENCY AGREEMENT:**

https://laevidencetopractice.com/wp-content/uploads/2023/11/DBT_Agency-Agreement_11.27.23_FILLABLE-1.pdf

****BOTH FORMS MUST BE SUBMITTED TO BE CONSIDERED FOR THIS TRAINING OPPORTUNITY****

NOTE: The application form allows you to leave and return where you previously left off. Use the "Back" and "Next" buttons on the bottom left of each page to navigate through the application. Use the "Submit" button to complete your application at the end of the questions.

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Application Pre-Requisite:

- 1. Did leadership within your agency/team attend the DBT Leadership Meeting held on **November 8, 2023 from 11:00am-2:00pm CDT? ***

Leadership at your agency could include but not be limited to: DBT Team Leader, Clinical Directors, Supervisors, Executive Clinical Leadership, etc.

Yes

No

- 2. **WHO** was in attendance during that call for your team? *

Please enter their first and last name.

- 3. Since you did not attend that meeting, please contact **Helen Best** from the Treatment Implementation Collaborative (TIC) to see if this training is a good fit for you and your DBT team. *If you have already contacted her directly, please type in the **approval words (2)** Helen gave you to continue completing the application. **

Helen Best - Phone: (206) 251-5134; Email: hbest@ticlc.org

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Agency Information

This questionnaire is to be completed by each applicant.

4. Name of Applicant Agency *

5. Agency Street Address *

6. Agency City *

7. Agency State *

8. Agency Zip Code *

9. Agency Mailing Address (If different from above)

10. Agency NPI, if known

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11. What type of agency does the applicant primarily work for? *

- Child Advocacy Center
- Government Agency
- Human Services District/Authority
- Medical Center
- Mental Health Counseling & Therapy Agency
- Sole Mental Health Practitioner/Private Practice
- More than one agency type listed
- Other - agency type not listed

12. Please select which options best describes the applicant's agency type? *

- Child Advocacy Center
- Government Agency
- Human Services District/Authority
- Medical Center
- Mental Health Counseling & Therapy Agency
- Sole Mental Health Practitioner/Private Practice

13. Please specify what type of agency the applicant primarily works for? *

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14. Can the applicant participate in the following training dates? *

The Center for Evidence to Practice will be sponsoring one (1) cohort of **DIALECTICAL BEHAVIORAL THERAPY (DBT)** training in fall 2023. Applicants must be able to commit to and participate in **ALL** training dates listed below. This is a requirement in order to participate in this training opportunity.

Yes, I can attend/participate.

No, I cannot attend/participate.

Two x 2-hour Team Leader Consultation: The DBT Leadership are able to attend **February 8 & 20, 2024 @ 2:00PM-4:00PM CDT.**

5 Half-Day Kick-Off: The DBT team are able to attend **February 26-March 1, 2024 @ 9:00AM-1:00PM CDT.**

3 Half-Day Booster: The DBT team are able to attend **April 16-18, 2024 @ 9:00AM-1:00PM CDT.**

3 Half-Day Booster: The DBT team are able to attend **June 25-27, 2024 @ 9:00AM-1:00PM CDT.**

Team Consultation Calls: The DBT team is able to attend **18 Bi-Weekly consultation s calls for 90 minutes each.**

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Louisiana Medicaid

One of the prerequisites to have your agency's application considered for the DBT training is accepting Medicaid and actively treating children and families.

15. Are you a Louisiana Medicaid Provider? *

- Yes
- No

16. By selecting "No," is your agency a Child Advocacy Center? If not, please specify what type of entity: *

17. By selecting "Yes," which MCO plans? *

- Aetna Better Health
- Amerihealth Caritas of Louisiana
- Healthy Blue/Anthem
- Humana Healthy Horizons
- Louisiana Healthcare Connections
- Magellan Behavioral Health
- United Healthcare/Optum

18. Do you currently see Louisiana Medicaid clients? *

- Yes
- No

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19. Do you currently see Medicaid clients in a direct clinical mental health practice? *

Yes

No

20. Do you currently see those Medicaid clients for a minimum of 45-60 minutes of individual psychotherapy sessions? *

Yes

No

21. Please list all insurance plans you accept for payment, including Medicare and private health policies:

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Trainee Information Form

This application is to be completed by **each applicant**.

22. Applicant First Name *

23. Applicant Last Name *

24. Applicant Job Title *

25. Applicant Phone Number *

26. Applicant Email Address *

Please verify that your email address is typed correctly.

27. Supervisor's Name *

28. Supervisor's Email Address *

Please verify that your email address is typed correctly.

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29. Please select which age range best describes the applicant? *

- 20-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-59 years old
- 60 years or older

30. Which of the following best describes the applicant? *

- Female
- Male
- Prefer not to say
- Other

31. Does the applicant consider themselves to be Hispanic, Latino or of Spanish origin? *

- Yes
- No

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32. Which of the following best describes the applicant race? *

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- More than one race
- None of the above

33. Please specify the applicant race: *

34. Which of the following region(s) does the applicant provides services to? *

- Region 1: Jefferson, Orleans, Plaquemines, St. Bernard
- Region 2: Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge, West Feliciana
- Region 3: Assumption, Lafourche, St Charles, St. James, St. John, St. Mary, Terrebonne
- Region 4: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermillion
- Region 5: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
- Region 6: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn
- Region 7: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster
- Region 8: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
- Region 9: Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

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35. What is applicant's employment status with this agency? *

- Full-time
- Part-time
- Contract
- Temporary
- Other

36. Educational Degrees and year(s) graduated? *

37. Please enter the **STATE** applicant is licensed to practice in: *

38. Please select the credential type that best describes the applicant: *

- Counselor
- Social Worker
- Psychologist
- More than one credential type
- I have another type of credential
- I do not hold a credential

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39. If you selected, "Counselor," please select your **Provisional License/License Type:** *

- PLPC
- LPC
- LPC-S
- PLMFT
- LMFT

40. If you selected, "Social Worker," please select your **Provisional License/License Type:** *

- CSW
- RSW
- LMSW
- LCSW
- LCSW-BACS

41. If you selected, "Psychologist," please select your **Provisional License/License Type:** *

- PhD
- PsyD
- EdD

42. Please specify your credential(s): *

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43. Please enter your **LICENSE NUMBER:** *

Otherwise, if not, type N/A.

44. What is your **National Provider Identifier (NPI) number?** *

Otherwise, if not, type N/A.

45. Please list the language(s) other than English that applicant is fluent in:

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Trainee DBT Application Questions

*This application is to be completed by **each applicant**.*

46. Briefly describe the nature of your current position. *

Please limit response to 150-200 words.

47. Why do you want to participate in this training protocol? *

Please limit response to 150-200 words.

48. Briefly describe your experience in providing services to consumers with severe dysfunctional behaviors. Especially those with chronic patterns of emotion dysregulation, suicidal behaviors, non-suicidal, self-injury, and substance use disorders.

*

Please limit response to 150-200 words.

49. Indicate which role(s) you will have in your clinic's DBT Program: *

More than one may apply.

DBT Team Leader

Skills Group Leader

Individual Therapist

50. Please elaborate on your selection in regard to your role(s):

*

Please limit response to 150-200 words.

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51. What is your current caseload? What is your expected DBT caseload? *

Please reference the DBT FAQ - Question #1 in order to answer this question. Here is the link to the DBT FAQ: https://laevidencetopractice.com/wp-content/uploads/2023/11/DBT-Informational-Webinar_QA-Compiled-Questions_Fall-2023_Updates_11.16.23.pdf.

Please limit response to 150-200 words.

52. Describe your background in Behavioral Therapy: *

Please limit response to 150-200 words.

53. Briefly describe your experience in running a comprehensive evidence-based treatment that requires concentrated programming and collection of outcomes: *

Please limit response to 150-200 words.

54. Briefly describe how your management/supervisor will support and make accommodations for you while participating in the DBT training protocol throughout the duration of the training: *

Please limit response to 150-200 words.

55. Do you feel supported by program/clinic leadership to implement DBT? *

Yes

No

56. Please explain why you do not feel supported by your program/clinic leadership to implement DBT: *

Please limit response to 150-200 words.

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57. What, if any, concerns or barriers do you anticipate experiencing **WHILE COMPLETING** this training protocol? *

Please limit response to 150-200 words.

58. What, if any, concerns or barriers do you anticipate experiencing while providing DBT within your agency/clinic **AFTER COMPLETING** this training protocol? *

Please limit response to 150-200 words.

59. Are you **currently** in training for other EBP certifications? *

Yes

No

60. When will you complete this training? *

Please be as specific as possible.

61. If chosen for this training opportunity, rate your level of willingness **to work with a group of similar providers** in a learning community environment? *

Very Unlikely

Unlikely

Neutral

Likely

Very Likely

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62. If chosen for this training opportunity, what is your level of availability **to participate in a learning community for 1-1.5 hours per month?** *

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

63. If applicable, please list any EBP you completed training in, where you were first trained, and your certification status. Otherwise, if not, please type N/A. *

EBP, year, duration, etc. Please be as specific as possible.

64. How did you hear about the DBT training opportunity through the Center for Evidence to Practice? *

- Evidence to Practice (E2P) MailChimp Listserv and/or E2P Direct Email
- Employer, Director, Supervisor, or Manager
- Direct Email Outreach not from E2P
- Word of Mouth
- Social Media Advertisement
- More than one of these options
- Other

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65. Please specify how you heard about the DBT training opportunity: *

- Evidence to Practice (E2P) MailChimp Listserv and/or E2P Direct Email
- Employer, Director, Supervisor, or Manager
- Direct Email Outreach not from E2P
- Word of Mouth
- Social Media Advertisement

66. Please specify how you heard about the DBT training opportunity: *

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Trainee Application Checklist

Please review **prior** to submitting your application.

67. What is your status in regard to submitting the **REQUIRED Agency Agreement?** *

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https://laevidencetopractice.com/wp-content/uploads/2023/11/DBT_Agency-Agreement_11.27.23_FILLABLE-1.pdf

- Not Started
- Pending
- Completed

68. By applying for the DBT Training Protocol, I understand that, if accepted, I will be expected to complete the following: *

Please review and select **ALL** expectations listed below.

- I attest that I meet **ALL of the prerequisites** to participate in the DBT training protocol.
- I agree to **complete the DBT training protocol in its ENTIRETY.**
- I acknowledge my **SUPERVISOR has approved** my attendance to this training protocol.
- You acknowledge your Program Head/Clinic Manager knows of your participation in the training **AND** is agreeing to clear time in your schedule to complete the entire DBT training program.
- I acknowledge that I **currently have access to Zoom with VIDEOCONFERING CAPABILITIES** for the purposes of participating in all training days.
- I acknowledge that I will have consistent access to videoconferencing technology for the purposes of providing individual teletherapy to clients **AND** will be able to securely video.
- I acknowledge that I have means to **provide all of their clients with access to complete the required outcome measures.**

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69. The following steps **MUST** be executed in order for your application to be considered: *

- Please review the **Request for Application (RFA)** to be aware of training expectations. You can access the DBT RFA by clicking this link: https://laevidencetopractice.com/wp-content/uploads/2023/11/DBT-Training_RFA_Final_11.27.23.pdf
- (HIGHLY RECOMMENDED)* **WATCH RECORDING OF THE INFORMATIONAL WEBINAR** so applicants are aware of the training expectations and time commitment. Accessible on our E2P Learn Platform: <https://laevidencetopractice.com/dbt-rfa-ga/>
- SAVE ALL IMPORTANT TRAINING DATES:** **Two x 2-hour Team Leader Consultation:** February 8 & 20, 2024 @ 2:00PM-4:00PM CDT; **5 Half-Day Kick-Off:** February 26-March 1, 2024 @ 9:00AM-1:00PM CDT; **3 Half-Day Booster:** April 16-18, 2024 @ 9:00AM-1:00PM CDT; **3 Half-Day Booster:** June 25-27, 2024 @ 9:00AM-1:00PM CDT; **Team Consultation Calls:** 18 Bi-Weekly consultation calls for 90 minutes each.
- Submit a **TRAINEE APPLICATION**, acceptance into the training will be evaluated on an individual basis based on the application responses.
- Submit an **AGENCY AGREEMENT** on behalf of your agency. You can access the Agency Agreement by clicking this link: https://laevidencetopractice.com/wp-content/uploads/2023/11/DBT_Agency-Agreement_11.27.23_FILLABLE-1.pdf

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APPLICATION DEADLINE: FRIDAY, JANUARY 5, 2024

Applicants will be notified via email by JANUARY 22, 2024, regarding their status in the online training. This course is limited to four (4) agencies/teams.

Acceptance is based on meeting the eligibility requirements explained in the DBT RFA.

Since there is limited availability of spaces for the training sponsored by the Center for Evidence to Practice; applicants who are not accepted can sign up for our MailChimp mailing listserv to stay informed of future training opportunities.

Applicants can sign up for our mailing listserv by clicking this link:

<https://lsuhsc.us20.list-manage.com/subscribe?u=b2045d7fb10485464b8e645c58&id=69bc0df273>

Thank you for your commitment to serving Louisiana's children and families.

We look forward to reading your application!

The Center for E2P Team

Feel free to email (EvidencetoPractice@lsuhsc.edu) if you have any questions!

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