

**DOCUMENTATION FORM FOR SUCCESSFUL COMPLETION
OF FAMILY BEHAVIOR THERAPY ADOLESCENT TRAINING PROGRAM**

Name of person completing adolescent FBT training program for providers: _____

To be completed by certified FBT Trainer at the end of the consultation period. Check all that apply:

- 1. Provider indicated that step by step FBT training manual for adolescents published by John Wiley & Sons was read, and FBT training manual quiz was passed with at least a score of 80%.
- 2. Participated in an initial 3 to 3.5-day FBT training workshop for providers by certified FBT trainer.
- 3. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with certified FBT trainer within 4 months after the initial workshop.
- 4. Participated in a 2nd 3 to 3.5-day FBT training workshop for providers by certified FBT trainer within 4 months.
- 5. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with certified FBT trainer between 4 and 8 months after the initial workshop.
- 6. As per review of audio-tape sessions by certified trainer, conducted *at least* 12 sessions of FBT with one case while achieving at least 80% protocol adherence in both initial and future (if applicable) sessions for at least 8 of the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Level System, Environmental Control, Self Control, Positive Request, Job-Getting, Treatment Conclusion/Generalization.
- 7. As per review of audio-tape sessions by certified trainer, achieved at least 80% protocol adherence in the initial and future sessions for at least 9 of the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Level System, Environmental Control, Self Control, Positive Request, Job-Getting, Treatment Conclusion/Generalization.
- 8. Participated in a 3rd 3 to 3.5-day FBT training workshop for providers by certified FBT trainer within 8 months of the initial workshop.
- 9. Provided reliable protocol adherence feedback to a peer at least once during an on-going training meeting.

Check one:

- Provider completed all the requirements listed above, thus successfully completing the FBT training program.

Certified FBT Training Consultant Signature

Date

Return signed form, contact information and agency affiliation to Brad Donohue, Ph.D., Bradley.donohue@gmail.com, (702) 557-5111, to be considered for placement on the FBT website he maintains as developer of FBT.

**DOCUMENTATION FORM FOR SUCCESSFUL COMPLETION
OF FAMILY BEHAVIOR THERAPY GENERAL ADULT TRAINING PROGRAM**

Name of person completing general adult FBT training program for providers: _____

To be completed by certified FBT Trainer at the end of the consultation period. Check all that apply:

- 1. Provider indicated that step by step FBT training manual for adults published by John Wiley & Sons was read, and FBT training manual quiz was passed with at least a score of 80%.
- 2. Participated in an initial 3 to 3.5-day FBT training workshop for providers by certified FBT trainer.
- 3. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with certified FBT trainer within 4 months after the initial workshop.
- 4. Participated in a 2nd 3 to 3.5-day FBT training workshop for providers by certified FBT trainer within 4 months.
- 5. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with certified FBT trainer between 4 and 8 months after the initial workshop.
- 6. As per review of audio-tape sessions by certified trainer, conducted *at least* 12 sessions of FBT with one case while achieving at least 80% protocol adherence in both initial and future (if applicable) sessions for at least 9 of the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Goals and Rewards, Environmental Control, Self Control, Positive Request, Job-Getting, Treatment Conclusion/Generalization.
- 7. As per review of audio-tape sessions by certified trainer, achieved at least 80% protocol adherence in the initial and future sessions for each of the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Goals and Rewards, Environmental Control, Self Control, Positive Request, Job-Getting, Treatment Conclusion/Generalization.
- 8. Participated in a 3rd 3 to 3.5-day FBT training workshop for providers by certified FBT trainer within 8 months of the initial workshop.
- 9. Provided reliable protocol adherence feedback to a peer at least once during an on-going training meeting.

Check one:

- Provider completed all the requirements listed above, thus successfully completing the FBT training program.

Certified FBT Training Consultant Signature

Date

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**DOCUMENTATION FORM FOR SUCCESSFUL COMPLETION
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Name of person completing general adult FBT training program for providers: _____

To be completed by certified FBT Trainer at the end of the consultation period. Check all that apply:

- 1. Provider indicated that step by step FBT training manual for adults published by John Wiley & Sons was read, and FBT training manual quiz was passed with at least a score of 80%.
- 2. Participated in an initial 4-day FBT training workshop for providers by certified FBT trainer.
- 3. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with certified FBT trainer within 4 months after the initial workshop.
- 4. Participated in a 2nd 4-day FBT training workshop for providers by certified FBT trainer within 4 months.
- 5. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with certified FBT trainer between 4 and 8 months after the initial workshop.
- 6. As per review of audio-tape sessions by certified trainer, conducted *at least* 12 sessions of FBT with one case while achieving at least 80% protocol adherence in both initial and future (if applicable) sessions for at least 15 of the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Goals and Rewards, Environmental Control, Self Control, Positive Request, Job-Getting, Financial Management, Catching My Child Being Good, Positive Practice, Child Compliance Training, Emergency Management, Financial Management, Home Safety & Beautification, Treatment Conclusion/Generalization.
- 7. As per review of audio-tape sessions by certified trainer, achieved at least 80% protocol adherence in the initial and future sessions for at least 15 of the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Goals and Rewards, Environmental Control, Self Control, Positive Request, Job-Getting, Financial Management, Catching My Child Being Good, Positive Practice, Child Compliance Training, Emergency Management, Financial Management, Home Safety & Beautification, Treatment Conclusion/Generalization.
- 8. Participated in a 3rd 4-day FBT training workshop for providers by certified FBT trainer within 8 months of the initial workshop.
- 9. Provided reliable protocol adherence feedback to a peer at least once during an on-going training meeting.

Provider completed all the requirements listed above, thus successfully completing the FBT training program.

Certified FBT Training Consultant Signature

Date

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