

**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 2<sup>nd</sup> 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 3<sup>rd</sup> 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