

Clinical Application



The Association
of Partners of Sex Addicts
Trauma Specialists

INSTRUCTIONS

Complete this application and include all items in the following checklist in an email to:
info@apsats.org

- _____ Personal Information
- _____ Primary Consultation Supervisor Evaluation (Appendix A)
- _____ Consultation Supervisor Verification (Appendix B)
- _____ Professional References (Appendix C)
- _____ Additional Work History (Appendix D) (if applicable)
- _____ Case study (Appendix E)
- _____ Professional Headshot (if you would like your photo included in the APSATS directory)
- _____ Copy of your license and/or certifications held
- _____ Proof of liability insurance
- _____ Supporting documentation for coursework (if needed)
- _____ Consultation Supervision Log Sheet
- _____ Application fee of \$200 USD made out to APSATS
- _____

Thank you for applying. We look forward to working with you in the future.



The Association
of Partners of Sex Addicts
Trauma Specialists

CONTACT INFORMATION - PUBLIC

NOTE: This is public information used in our member directory and will be available to potential clients.

Name:

Practice Name:

Office Address:

City: State: Zip Code:

Office Phone: Office Fax:

Website:

E-mail Address:

CONTACT INFORMATION - PRIVATE

NOTE: This is contact information that will be kept in our office. Include whatever information you wish for us to have.

Home Address:

City: State: Zip Code:

Home Phone: Other Phone:

Website:

E-mail Address:

Which address would you like for APSATS to use in sending you correspondence from our offices?

☐ Home ☐ Office

DEMOGRAPHIC INFORMATION

NOTE: APSATS does not discriminate nor evaluate your application based on this information. We do use this information for internal research. You are not required to answer these questions.

Birth-date: / / Male ☐ Female ☐ Race:

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widower ☐ Widow



The Association
of Partners of Sex Addicts
Trauma Specialists

EDUCATION - UNDERGRADUATE

School	Degree	Area of Study (Specialty)	Year

EDUCATION - GRADUATE

School	Degree	Area of Study (Major)	Year

POST GRADUATE SPECIALIZATION

School	Degree	Area of Study (Major)	Year

WORK HISTORY

☐ Check here if additional work history is included in appendix

Where	Position	From	To

Responsibilities:

Where	Position	From	To

Responsibilities:



PROFESSIONAL STANDING

Applicants for certification with APSATS must already be established professionals in a therapy related profession (i.e., Psychologist, Marriage and Family Therapist, Social Worker, Professional Counselor, Mental Health Counselor, Psychiatrist, Physician, Clinical Nurse Practitioner). Associate licensures are acceptable. (Coaching applicants use a different application.) Use this page and other documentation needed to support your professional standing.

PROFESSIONAL AFFILIATIONS

List professional organizations you are a member of (i.e. ICF, APA, ACA, AAMFT, etc.)

Group	Type of Membership
<div></div>	<div></div>
Does this organization have a code of ethics?	Do you abide by it?
<div></div>	<div></div>

Group	Type of Membership
<div></div>	<div></div>
Does this organization have a code of ethics?	Do you abide by it?
<div></div>	<div></div>

CERTIFICATION

List only therapy related certifications such as NCC (Nationally Certified Counselor), CAS (Certified Addiction Specialist), etc.

Certifying Body	Certification	Year Given	Year Expires	Number
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Yes

No

Have you ever been disciplined, refused admission, or removed from membership or affiliation with any professional affiliation, certification group, licensure or other such organization?

Yes

No

Have you ever been sued professionally?

If the answer is yes to either question please explain on a separate sheet and include any documents relevant to these issues.



APSATS TRAINING

☐ Yes ☐ No I have attended an approved training that meets the educational requirements for APSATS certification.

Applicants for certification must document that they have completed at least 125 hours of face-to-face therapy with partners of sex addicts and/or couples and at least 30 hours of consultation supervision for those sexual addiction cases.

VERIFICATION OF 125 HOURS OF CONSULTATION SUPERVISION EXPERIENCE

Place of Service	Dates of Service
<input type="text"/>	<input type="text"/>
Position	Hours at this location
<input type="text"/>	<input type="text"/>
Type of Counseling	
<input type="checkbox"/> Individual Males	<input type="checkbox"/> Individual Females
<input type="checkbox"/> Couples	<input type="checkbox"/> Group

Place of Service	Dates of Service
<input type="text"/>	<input type="text"/>
Position	Hours at this location
<input type="text"/>	<input type="text"/>
Type of Counseling	
<input type="checkbox"/> Individual Males	<input type="checkbox"/> Individual Females
<input type="checkbox"/> Couples	<input type="checkbox"/> Group

Place of Service	Dates of Service
<input type="text"/>	<input type="text"/>
Position	Hours at this location
<input type="text"/>	<input type="text"/>
Type of Counseling	
<input type="checkbox"/> Individual Males	<input type="checkbox"/> Individual Females
<input type="checkbox"/> Couples	<input type="checkbox"/> Group



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VERIFICATION OF 125 HOURS OF CONSULTATION SUPERVISION EXPERIENCE

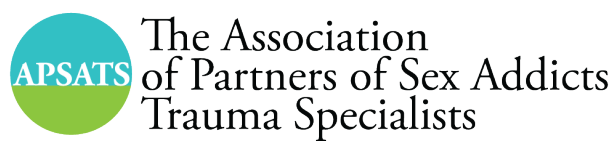
Place of Service	Dates of Service
<input type="text"/>	<input type="text"/>
Position	Hours at this location
<input type="text"/>	<input type="text"/>
Type of Counseling	
<input type="checkbox"/> Individual Males	<input type="checkbox"/> Individual Females
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Type of Counseling	
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<input type="checkbox"/> Couples	<input type="checkbox"/> Group

TOTALS:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual Males	Individual Females	Couples	Group



Three types of forms are required with your application:

- 1) Primary Consultation Supervisor Evaluation (Appendix A)
- 2) Consultation Supervisor Verification (Appendix B)
- 3) Professional Reference (Appendix C)

Please complete the sections below. APSATS needs to know which forms will be sent directly to APSATS main office in your name.

CONSULTATION SUPERVISORS (APPENDIX B)

Consultation Supervisors (Names)

PROFESSIONAL REFERENCE(S) (APPENDIX C)

Professional References (Names)	Relationship	
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Other Professional
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Other Professional
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Other Professional
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Other Professional

STATEMENT OF CONFIDENTIALITY

We require that the above references be submitted and maintained as confidential references. *In signing below in this box and in signing the application form I agree to waive any rights the law might allow in seeking to review or otherwise learn the contents of the professional reference (s) or supervisor reference(s) sent in as a part of my certification application. I understand these will be available only to APSATS board members and the certification committee.*

APPENDIX A

PRIMARY CONSULTATION SUPERVISOR EVALUATION

Name of Applicant: _____

This form is to verify your consultation supervision of the above named applicant.

The above individual is applying for certification as a clinical partner specialist by the Association of Partners of Sex Addict's Trauma Specialists. You have been asked to provide a consultation supervision evaluation for this individual. **Please fill out the following form and send it electronically to info@apsats.org.** **NOTE:** THIS FORM IS CONFIDENTIAL. The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

Consultation requirements:

Consulting Supervisors must be APSATS approved for the consultation supervision hours to count toward the requirement. An hour of consultation supervision can only be counted if the primary focus of the consultation is for a case(s) involving partners of sex addicts issues where the candidate was the primary therapist.

- While consultation can include looking at the therapist's own issues and how they impact therapy (self of the therapist work), personal therapy does not meet supervision requirements.

- Primarily didactic formats (e.g. workshop, class, seminar, etc.) do not meet consultation supervision requirements, even if the candidate is teaching and the consultant is observing.

The minimum 30 hours must be completed within a 2 year (24 month) time period. A candidate shall commence and complete consultation with approved APSATS consultation supervisors between a minimum of nine months and a maximum of two years after completing the MPTM training. Co-therapy with a consultation supervisor can be counted only if the candidate is the primary therapist for the hour counted.

PRIMARY CONSULTATION SUPERVISOR INFORMATION

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

License and Credentials:

Length of time you have known the applicant?

How well do you believe you know this applicant?

Please describe the nature of your relationship to the applicant.

Describe the work of the applicant in the area of sexual addiction.

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APPENDIX A PRIMARY CONSULTATION SUPERVISOR EVALUATION

Please submit a brief recommendation of why you would/would not support the applicant being certified as a clinical partner specialist based on your consultation with the applicant.

Do you have any reason to doubt the applicant will be ethical in their duties in working with partners of sex addicts?

Do you know of any condition that might impair the applicant in working with partners of sex addicts?

Would you recommend the applicant for certification as a clinical partner specialist?

NoWith reservationYesHighly

Using the scale below, rate the applicant's overall ability as a partner trauma specialist.

PoorFairGoodVery GoodExcellent

I provided consultation supervision to the above applicant from (month/year) to (month/year).

I can attest that the candidate completed hours of consultation with myself and hours with other APSATS consultation supervisors.

Based upon my consultation supervisory experience, I recommend this applicant for Certification.Based upon my consultation supervisory experience, I do not recommend this applicant for Certification.

Primary Consultation Supervisor Signature

Date



APPENDIX B CONSULTATION SUPERVISOR VERIFICATION

Applicants must document at least 30 hours of consultation supervision with approved APSATS consulting supervisors. You can contact the office at info@apsats.org for information on currently approved APSATS consulting supervisors.

Consultation of hours includes:

- 30 hours with an APSATS approved consultation supervisor.
 - 10/30 hours must be completed with a consultation supervisor who is the designated Primary Consultation Supervisor.
 - Of the 10 hours with the Primary Consultation Supervisor, at least 5 of these hours must be completed in an individual one-to-one setting (i.e. in person or via video).
 - Up to 20/30 hours may be completed with the same supervisor.
 - For CCPS candidates, 6/30 hours may be completed with a coach consultation supervisor. The remaining 24 hours must be completed with a clinical consultation supervisor.

30 HOURS CONSULTATION SUPERVISOR VERIFICATION

Please attach your completed Consultation Supervision Log (excel file) to this application.

Consultation Supervisor

Dates

Total Hours of Consultation Supervision

Type of Consultation Supervision (Mark all that apply)

☐

Group

☐

Individual Case

☐

Phone

Setting (Mark all that apply)

☐

Video

☐

Live Observation

☐

Co-therapy

Consultation Supervisor

Dates

Total Hours of Consultation Supervision

Type of Consultation Supervision (Mark all that apply)

☐

Group

☐

Individual Case

☐

Phone

Setting (Mark all that apply)

☐

Video

☐

Live Observation

☐

Co-therapy



...Continued

APPENDIX B 30 HOURS CONSULTATION SUPERVISOR VERIFICATION

Consultation Supervisor

Dates

Total Hours of Consultation Supervision

Type of Consultation Supervision (Mark all that apply)

Setting (Mark all that apply)

Group

Individual Case

Phone

Video

Live Observation

Co-therapy

Consultation Supervisor

Dates

Total Hours of Consultation Supervision

Type of Consultation Supervision (Mark all that apply)

Setting (Mark all that apply)

Group

Individual Case

Phone

Video

Live Observation

Co-therapy

Consultation Supervisor

Dates

Total Hours of Consultation Supervision

Type of Consultation Supervision (Mark all that apply)

Setting (Mark all that apply)

Group

Individual Case

Phone

Video

Live Observation

Co-therapy

TOTALS:

Type of Consultation Supervision (Mark all that apply)

Setting (Mark all that apply)

Group

Individual Case

Phone

Video

Live Observation

Co-therapy



APPENDIX C PROFESSIONAL REFERENCE

This form is to be completed by a colleague who is familiar with your therapeutic work treating partners of sex addicts.

Name of Applicant: _____

NOTE: You are not allowed to pay, or in any way reimburse those individuals who are providing professional references for you. Please have them email the reference forms directly to **info@apsats.org**.

INSTRUCTIONS

The above individual is applying for certification as a partner specialist by the Association of Partners of Sex Addicts Trauma Specialists. You have been asked to provide a professional reference for this individual.

Please fill out the following form and send it electronically to: **info@apsats.org**.

NOTE: THIS FORM IS CONFIDENTIAL. The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

ABOUT YOU

Name:

Address:

City: State: Zip Code:

Phone: Email:

License and Credentials:

Length of time you have known the applicant?

How well do you believe you know this applicant?

Please describe the nature of your relationship to the applicant.



...Continued

APPENDIX C

PROFESSIONAL REFERENCE

Please comment on the applicant’s qualifications for certification as a partner specialist (use back of page if necessary).

Would you recommend the applicant for certification as a partner specialist?

☐

☐

☐

☐

No

With reservation

Yes

Highly

Do you know of any condition that might impair the applicant in sexual addiction counseling or partner trauma treatment?

Using the scale below, rate the applicant’s overall ability as a partner trauma specialist.

☐

☐

☐

☐

☐

Poor

Fair

Good

Very Good

Excellent

Would you refer individuals to the applicant for partner trauma counseling?

☐

☐

Yes

No



APPENDIX D				ADDITIONAL WORK HISTORY		(IF APPLICABLE)	
WORK HISTORY							
Where		Position		From		To	
<div></div>		<div></div>		<div></div>		<div></div>	
Responsibilities:							
<div></div>							
Where		Position		From		To	
<div></div>		<div></div>		<div></div>		<div></div>	
Responsibilities:							
<div></div>							
Where		Position		From		To	
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Responsibilities:							
<div></div>							
Where		Position		From		To	
<div></div>		<div></div>		<div></div>		<div></div>	
Responsibilities:							
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APPENDIX E CASE STUDY

Using one of the two case studies below, write an essay of no less than 2 and no more than 4 pages detailing how you would use the multi-dimensional partner trauma model to treat this client.

Be sure to fully answer the questions at the end of the case.

CASE STUDY #1

Sherry is a 39-year-old mother of 3. Her children are 16, 12, and 9. She married her high school sweetheart at the age of 21. They finished college together. She worked part time helping put her husband Russell through graduate school. Sherry knew that Russell came from a family where there were several alcoholics. She admired Russell for choosing not to drink. Over the last 2-3 years, Sherry noticed that her husband seemed more distant. She thought it was because of demands at work. Then one afternoon, she turned on the computer and saw several pop-up ads for sex shops. She then looked at the web history and discovered Russell had been viewing porn sites dating back as far as she could see. Even more shocking was that some of the sites were same-sex pornography. She was devastated and began to fear that there might be more.

When Russell came home from work she confronted him. He admitted to viewing the pornography, but nothing else. Sherry didn't believe him and began looking at phone bills and credit card statements. She found sex charges and visits to strip clubs. She was in a state of shock and vacillated between feeling anger and not feeling at all. Her husband says he doesn't have a problem, that she is the one with the issues and refuses to seek help for himself. She went to a therapist who claimed to specialize in treating addiction. The therapist minimized the problem and told her to work on her sex life.

Now, in a state of confusion, Sherry has come to you for help.

- Using the multi-dimensional trauma treatment model, how would you conceptualize this client?
- What would you want to address first?
- How would you assess her needs?
- What, if any, potential ethical issues might there be in this case?
- How would you handle the potential complexities of this case?



APPENDIX E CASE STUDY

Using one of the two case studies below, write an essay of no less than 2 and no more than 4 pages detailing how you would use the multi-dimensional partner trauma model to treat this client.

Be sure to fully answer the questions at the end of the case.

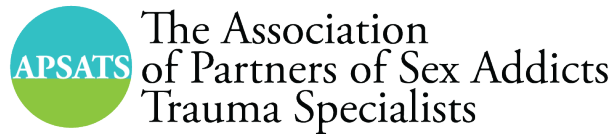
CASE STUDY #2

You are seeing the female partner of a sex addict in your practice. You have seen her for 5 sessions to this point, which has comprised of history gathering, psych-education, and building a foundation of safety, stability, as well as minimizing chaos in the system. In your assessment, you learned that your client had been date-raped by an acquaintance in college, but had no other history of abuse in her background. She is a 39-year-old Mexican-American woman, coming from an intact home with family members living in a neighboring city.

In your work with your client, it has become clear that she needs boundaries for her safety. She is currently married with 2 young children in the home. Her D-day was 5 months ago, when she discovered text communication with what she learned was her husband's affair partner. To this point she had no clear indication of any sexual behaviors outside of the relationship, which has now spanned 10 years. Her husband entered treatment with a sex addiction specialist, and has been attending regular S-meetings. Your client initially worked to hold the family together, and only slightly over a month ago recognized that symptoms she was experiencing were requiring her to receive help. She reported that she was experiencing thoughts of his acting out, an insatiable need to know where her husband is, difficulty sleeping and concentrating, and she has been losing weight. These symptoms, among others, have brought her into your office.

On her sixth session, you start working with her on boundaries. You know that her husband is seeing a sex addiction specialist, yet he has not given you permission to speak with his therapist. Your client also reports that her husband continues to tell her that she needs to "stay on your side of the street and let me work my program." Besides, he reports that he now has 5 months of sobriety and is a "whole new man." Your client is confused, since she wants to express her pain and feel validated by her husband, but he continues stating that "we've already been down this road a million times; I can't let my shame keep me in the past." She is left wanting to support his recovery and not shame him, yet feeling more and more alone and less safe in interacting with him.

- What are some of the ethical issues involved in this scenario?
- How would you handle the complexities involved?
- How would you address issues with the addict's therapist?
- How would you respond to the issue of having your client stay on "her side of the street?"
- How might you help this client set her agenda in setting boundaries?
- What would you do next in this case? What do you see as more long-term issues to be addressed clinically?



SIGNATURE PAGE

I, the undersigned, verify that the information included with this application packet has been voluntarily supplied for the purpose of being certified as a Certified Clinical Partner Specialist by the Association of Partners of Sex Addicts Trauma Specialists, Inc. I verify that the information enclosed in this application is accurate to the best of my knowledge and authorize APSATS to verify this information. I understand that in the process of verifying the included information, these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this application packet, except where otherwise noted.

I understand this application packet will be reviewed by the Certification Committee of the Association of Partners of Sex Addicts Trauma Specialists, Inc. in accordance with the by-laws of the Association of Partners of Sex Addicts Trauma Specialists. I understand I can request a copy of these by-laws at any time and that my application will be evaluated based on the standards in place at the time I submit my application.

Finally, while effort has been made to keep the application and review process objective, I understand that there is a subjective part to evaluating my application. I acknowledge that if my application is not accepted I can appeal as established in the bylaws but that the decision of the certifying committee is final. I agree that I am voluntarily submitting this application and that if my application is not accepted I will in no way seek to hold APSATS or any of its officers, committee members, or members liable for such action.

1. I have enclosed the required application fee and understand it is non-refundable. If my application is accepted I will be notified and will pay the annual membership fee of \$100.00. I understand that I will need to renew my application every two years and demonstrate completion of 20 hours of continuing education with 10 of those hours directly related to partner or couple trauma treatment (i.e. EMDR training, PTSD, partner trauma & sex addiction, etc.)

A \$25.00 fee will be charged for any returned checks.

Should any information included in this application change that affects my membership, I will notify APSATS within 14 days.

Printed Name _____

Signature _____

Date ____/____/____