

Coaching Application



The Association
of Partners of Sex Addicts
Trauma Specialists

INSTRUCTIONS

Complete this application and include all items in the following checklist.

ONE COPY OF EACH OF THE FOLLOWING:

- _____ Completed application form (includes verification of 125 hours of approved coaching experience)
- _____ Official transcript from each graduate or specialization program attended
- _____ Copy of Board Certification or ICF membership including coaching status (ACC, PCC or MCC level)
- _____ Copy of coaching school diploma or transcript
- _____ Supporting documentation for coursework
- _____ Copy of your license and/or certifications held
- _____ Consultation Supervisor reference(s) (Appendix A)
- _____ Professional reference(s) (Appendix B)
- _____ Appendix C (if applicable)
- _____ Appendix D (case study)
- _____ Application fee of \$200 made out to APSATS
- _____ Copy of your certifying body's Code of Ethics

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





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



COACHING EDUCATION AND TRAINING

School	Credential: ACC, PCC, MCC	Area of Study (Specialty)	Year

EDUCATION - HIGH SCHOOL/ UNDERGRADUATE

School	Degree	Area of Study (Major)	Year

GRADUATE/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 certified life-coaches with a minimum of one year of coaching experience or 500 coaching hours. If, in addition to coaching, you are a professional in a therapy-related field (e.g., Psychologist, Marriage & Family Therapist, Social Worker, Professional Counselor, Mental Health Counselor, Psychiatrist, Physician or Clinical Nurse Practitioner), use this page to support your professional standing along with any necessary documentation (e.g., copy of license).

COACHING AND 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 COACHING CERTIFICATIONS AND 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?
<div></div>	<div></div>	
Yes	No	Have you ever been sued professionally?
<div></div>	<div></div>	

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



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APSATS TRAINING

☐

Yes

☐

No

I have attended an approved training that meets the educational requirements for APSATS certification.

****PLEASE SUBMIT A COPY OF YOUR CERTIFICATE OF COMPLETION****

Applicants for certification must document that they have completed at least 125 hours of face to face coaching 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 SUPERVISED EXPERIENCE

Place of Service

Dates of Service

Position

Hours at this location

Type of Coaching

☐

Individual Males

☐

Individual Females

☐

Couples

☐

Group

Place of Service

Dates of Service

Position

Hours at this location

Type of Coaching

☐

Individual Males

☐

Individual Females

☐

Couples

☐

Group

Place of Service

Dates of Service

Position

Hours at this location

Type of Coaching

☐

Individual Males

☐

Individual Females

☐

Couples

☐

Group



...Continued

VERIFICATION OF 125 HOURS OF SUPERVISED 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 Coaching	
<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 Coaching	
<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 Coaching	
<input type="checkbox"/> Individual Males	<input type="checkbox"/> Individual Females
<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

VERIFICATION OF 30 HOURS OF CONSULTATION SUPERVISION IN COACHING PARTNERS OF SEX ADDICTS

Applicants must document at least 30 hours of consultation supervision with an approved consultation supervisor. It is highly recommended that the applicant obtain approval of the consultation supervisor from APSATS before beginning supervision. **If your consultation supervisor is not on the APSATS approved list the following information will be needed.**

For each consultation supervisor listed the applicant must provide the following: 1) a copy of the advance letter from APSATS approving them as a consultation supervisor **or** 2) a current vita for the consultation supervisor. APSATS retains the right to not approve consultation hours if the consultation supervisor was not approved in advance and does not meet criteria as a consultation supervisor.

Each consultation supervisor listed must submit a supervisor report (Appendix A) and a professional reference (Appendix B).

Consultation Supervision requirements:
Consultation supervisors must be APSATS approved for the consultation supervision hours to count toward the certification. An hour of consultation supervision can only be counted if the primary focus of the consultation supervision is for a case(s) involving a partners of sex addicts issues where the supervisee was the primary coach.

- While consultation supervision will include looking at the coach's own issues and how they impact partner coaching (self of the coach work), personal therapy or coaching does not meet consultation supervision requirements.
- Primarily didactic formats (i.e., workshop, class, seminar, etc.) do not meet consultation requirements, even if the supervisee is teaching and the consultation supervisor is observing.

The minimum 30 hours must be completed within a 2 year (24 month) time period. Co-active coaching with the consultation supervisor can be counted only if the supervisee is the primary coach for the hour counted.

Consultation Supervisor			Hours of Consultation			
<div></div>			<div></div>			
Setting			Dates			
<div></div>			<div></div>			
Type of Consultation Supervision						
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Group Case Consult	Individual Case Consult	Audio	Video	Live Observation	Co-active Coach	

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<div></div>			<div></div>			
Setting			Dates			
<div></div>			<div></div>			
Type of Consultation Supervision						
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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Setting			Dates			
<div></div>			<div></div>			
Type of Consultation Supervision						
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Group Case Consult	Individual Case Consult	Audio	Video	Live Observation	Co-active Coach	

TOTALS:						
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Group Case Consult	Individual Case Consult	Audio	Video	Live Observation	Co-active Coach	



REFERENCES

Two types of references, described below, are required with your application

1. Consultation Supervisors reference (Appendix A)
2. Professional reference (Appendix B)

NOTE: You are not allowed to pay, or in any way reimburse those individuals who are providing references for you. It is a good idea to provide them with a stamped and addressed envelope to facilitate the mailing of the reference to us. Please have them mail the reference forms directly to APSATS at the address given above.

Please list the people who will be providing references for you. A minimum of one consultation supervisor reference and two professional references are required (one professional reference can also be from your consultation supervisor.)

SUPERVISOR REFERENCE(S) (APPENDIX A)

Consultation Supervisor	Nature of Reference		For Office Use Only
	<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	

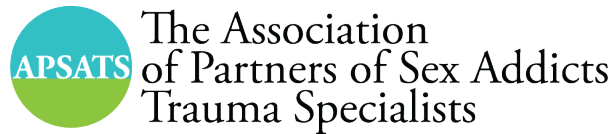
PROFESSIONAL REFERENCE(S) (APPENDIX B)

Professional Reference	Nature of Reference		For Office Use Only
	<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	

These references should speak to your competence and character as a partner trauma coach. Each of your consultation supervisors is required to complete both a consultation supervisor form and a professional reference form. You are invited, but not required to provide up to two additional professional references. Please list the individuals below who will provide a professional reference for you.

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 consultation 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.*



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 Partner Trauma Coach 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 coaching (i.e. NLP training, Somatic Experiencing for PTSD, partner trauma & sex addiction workshops, recovery coaching, couple coaching, Imago educator Training, Mindfulness, 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 ____/____/____



The Association
of Partners of Sex Addicts
Trauma Specialists

APPENDIX A CONSULTATION SUPERVISOR REPORT

Name of Applicant: _____

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

INSTRUCTIONS

The above individual is applying for certification as a partner trauma coach 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.

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

Please submit a brief recommendation of why you would/would not support the applicant being certified as a sexual addiction specialist based on your consultation supervision of the applicant.



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APPENDIX A SUPERVISOR REPORT

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?
If yes, please explain.

I supervised the above applicant from (month/year) to (month/year).

☐ 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.

Supervisor Signature _____ Date _____



APPENDIX B PROFESSIONAL REFERENCE

Name of Applicant: _____

INSTRUCTIONS

The above individual is applying for certification as a partner trauma coach 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 mail it in a sealed envelope to:

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.



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APPENDIX B PROFESSIONAL REFERENCE

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

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

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Poor	Fair	Good	Very Good	Excellent

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

<div></div>	<div></div>
Yes	No



APPENDIX C (ADDITIONAL WORK HISTORY)

WORK HISTORY

☐ Check here if additional work history is included in appendix

Where	Position	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsibilities:

Where	Position	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsibilities:

Where	Position	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsibilities:

Where	Position	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsibilities:



APPENDIX D CASE STUDY

Using the case study 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 clinically work with this client to address the issues or coach this client through recovery.

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 use the coaching process for this client?
- What would you want to address first?
- How would you identify her needs?
- What, if any, potential ethical issues might there be in this case?
- How would you handle the potential complexities of this case?
- What coaching principals/skills would you apply here?



APPENDIX D CASE STUDY

Using the case study 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 clinically work with this client to address the issues or coach this client through recovery.

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 addicts 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 coaching issues to be addressed?