



**\*\* Please type your personal data form.**

**CPDC offers Trauma-Informed Care trainings for professionals. Participants in previous TIC trainings have told us that it was a personal and professional game-changer for them. For this reason we are asking those applying to participate in these trainings to complete the following application.**

**Application Date:**

**A. Personal Information**

**Name:**

**Mailing Address (Current):**

**Home Telephone:**

**Work Telephone:**

**Email Address:**

**B. Training Program**

**Check which training you are applying for and indicate the year.**

**FALL**

**SPRING**

**SUMMER**

**WINTER**

**C. Education History**

**List the most recent degree and/or institution first.**

Institution	Major	Minor	Degree Received	Date Completed



**E. Related Professional Trainings, Certifications or Licenses**

Training/Certification/License	Hours	Date Completed

**F. Work/Volunteer History**

**1. List positions/experiences from most recent to least recent. Include all positions.**

<b>Employer/Organization:</b>	<b>Dates Employed:</b>	<b># of Hrs/wk</b>
<b>Address:</b>	<b>Position:</b>	
<b>Phone Number:</b>	<b>Supervisor:</b>	
<b>Duties:</b>		



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<b>Address:</b>	<b>Position:</b>	
<b>Phone Number:</b>	<b>Supervisor:</b>	
<b>Duties:</b>		
<b>Employer:</b>	<b>Dates Employed:</b>	<b># of Hrs/wk</b>
<b>Address:</b>	<b>Position:</b>	
<b>Phone Number:</b>	<b>Supervisor:</b>	
<b>Duties:</b>		

**E. Personal Work.** Check the boxes below to indicate that you have experience in this area.

**Bodywork (Rolfing, Chiropractic, Massage)**

**Other** \_\_\_\_\_

**Acupuncture (with)** \_\_\_\_\_

**Individual Psychotherapy/Counseling (check all that apply)** When? \_\_\_\_\_

**Short-term (with)** \_\_\_\_\_

**Long-term (with)** \_\_\_\_\_

**Trauma Resolution such as EMDR** \_\_\_\_\_



**Relationship/Couple Counseling**

**EMDR professional training or other trauma work**

**(Specify: \_\_\_\_\_)**

**I am currently in psychotherapy or have a clinical supervisor.**

**Yes**

**No**

**F. Health Issues. Are there any health issues that might interfere with your full participation in this training?**

**If, yes, please describe: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**G. Personal Statement**

**On a separate paper, provide a statement describing why you are interested in participating in this Trauma-Informed Care Training. Please limit your statement to one typed page.**

**H. Complete *Developmental Trauma Inventory* on next page**

**Please email all application materials to Janae Weinhold at:**

**[janae@coprofdevcenter.org](mailto:janae@coprofdevcenter.org)**

**OR mail materials to:  
Janae B Weinhold PhD  
CPDC  
4820 Topaz Drive  
Colorado Springs, CO 80918**

**Must be received December 31, 2017.**



### Self-Inventory: Identifying Developmental Trauma

*Barry K. Weinhold, Ph.D. & Janae B Weinhold Ph.D.*

Directions: Read the statements below and use 1-4 to self-assess each item:

1 = mostly not true, 2 = occasionally true, 3 = usually true and 4 = almost always true

- 1. I have trouble feeling close to the people I care about.
- 2. I feel like other people are more in charge of my life than I am.
- 3. I seem reluctant to try new things.
- 4. I have trouble keeping my weight down.
- 5. I am easily bored with what I am doing.
- 6. I have trouble accepting help from others even when I need it.
- 7. I work best when I am under a lot of pressure.
- 8. I have trouble admitting my mistakes.
- 9. I tend to forget or not keep agreements I make.
- 10. I have trouble handling my time and money effectively.
- 11. I use intimidation or manipulation to settle my conflicts.
- 12. I feel personally attacked when someone has a conflict with me.
- 13. I have a difficult time giving and receiving compliments.
- 14. I have a short fuse when I feel frustrated with others or myself.
- 15. I tend to blame others for causing the problems I have.
- 16. I feel like I have a huge empty place inside of me.
- 17. It is hard for me to have positive thoughts about my future.
- 18. Inside I feel like a tightly coiled spring.
- 19. When I get anxious I tend to eat or drink too much.
- 20. I feel empty and alone.
- 21. I tend to question the motives of others.
- 22. I feel unloved by others.
- 23. I have a hard time defining what I want of need.
- 24. When I get into a conflict somebody else gets his or her way.
- 25. I tend to overreact to certain people and/or situation that bug me.
- 26. I feel like I am on an emotional roller coaster.
- 27. I have trouble sticking with any spiritual practices I start.
- 28. Important people in my life have abandoned me emotionally or physically.
- 29. I have trouble concentrating on what I am doing.



- \_\_\_30. When I think about my childhood, I draw a big blank.
- \_\_\_31. I have trouble experiencing the intimacy I want in my relationships
- \_\_\_32. I have trouble falling asleep and staying asleep.
- \_\_\_33. I tend to “walk on eggs” around certain people or situations.
- \_\_\_34. I avoid places or situations that remind me of experiences from my past.
- \_\_\_35. I have recurring bad dreams about what happened to me in the past.
- \_\_\_36. My thoughts seem to have a life of their own.
- \_\_\_37. I have trouble paying attention to what others are saying.
- \_\_\_38. I tend to avoid situations and people that could cause conflicts.
- \_\_\_39. I experience big gaps in my memory about my childhood.
- \_\_\_40. I have a hard time knowing what I am feeling inside.
- \_\_\_ Total Score

**Interpretation:**

**If your score was between:**

**40-82 = Some evidence of developmental trauma**

**83-20 = Moderate evidence of developmental trauma**

**12-160 = Strong evidence of developmental trauma**