



Anatomy of Intimacy Workshops Couples Therapy Clinical Training

Scholarship Application

Brent Atkinson

Cutting Through the Blame Game in Couples Therapy

October 25, 2024 (application due by October 11, 2024)

Name: _____

Email: _____ Phone: _____

Address: _____

Current Clinical Work Setting or graduate program: _____

Please answer the following four questions in a separate file:

1. What, if any, coursework or training have you had in Couples Therapy?

Try to be specific about any coursework or experience you have had with couples (for example, for coursework, name the institution/organization, whether the course was part of your degree or continuing education, the general topic of the course, instructor, and any research topics you pursued as part of the course).

2. What clinical experience have you had working with couples?

How much experience you have had with couples, how your practice/career would be enhanced by learning more about couples therapy, and the context of your experience with couples (private practice, community outreach, home visitations, etc.).

3. What is your interest in taking this training?

4. What is your financial situation that makes paying the tuition a hardship?

Completed forms should be emailed to:

zoanna@drjudithanderson.com

Please remember to include the contact information requested above in any text file you send. Thanks.

If you have any questions, please email ZoAnna at the email address above or call 949.464.0131