

TRAINING ANNOUNCEMENT

The Western New York Stress Reduction Program, the MMRS Mental Health Subcommittee, and the Specialized Medical Assistance Response Team are pleased to announce the following 2-day course:

Assisting Individuals in Crisis

(Formerly titled “Individual Crisis Intervention & Peer Support”)

Dates: Friday September 19th, 2014 & Saturday September 20th, 2014
Time: 8:30am-4:30pm both days
Location: Erie County Fire Training Academy
3359 Broadway
Cheektowaga, New York 14227

This is an International Critical Incident Stress Foundation (ICISF) developed curriculum. Advantages of attending are:

- Participants will learn how to provide individual crisis intervention using proven methods
- Participants will receive a certificate of completion from the ICISF
- Participants will receive continuing education credits from the University of Maryland at Baltimore
- This course is required for persons pursuing the ICISF Certificate of Advanced Training

LEARNING OBJECTIVES

- Understand the nature & definitions of a psychological crisis and psychological intervention
- Understand the resistance, resiliency, recovery continuum
- Understand the nature and definition of critical incident stress management and its role in the continuum of care
- Discuss issues and findings of evidence-based practice as it relates to psychological crisis intervention
- Practice basic crisis intervention techniques
- Practice the SAFER-Revised model of individual psychological crisis intervention
- Understand how the SAFER-Revised model may be altered for suicide intervention
- Understand and discuss the risks of iatrogenic harm associated with psychological crisis intervention and further discuss how to reduce those risks

Presenter: Bonita S. Frazer, MS, CTS, FAAETS is the Mental Health Emergency Planning Coordinator for Erie County. Through her volunteer work with the American Red Cross and the Western New York Stress Reduction Program, she has provided crisis intervention and critical incident stress management services to survivors of critical incidents & disasters, and to emergency services personnel who respond to these events. Bonita is a volunteer for the Specialized Medical Assistance Response Team and the Canine Therapy Teams of Western New York. She also serves on the Board of Directors for the Association of Traumatic Stress Specialists.

Please do not register if you cannot commit to attending both days in their entirety. Registration is limited to 30 persons and certificates of completion will be given only to those who have completed the training in its entirety.

Questions about registration can be directed to Cheryl Kennedy at 716-864-8101 or via email at clkennedy72@yahoo.com

Questions about the curriculum can be directed to Bonita Frazer at 716-218-2398. 204 or via email at bonitafrazer@yahoo.com

REGISTRATION FORM

Assisting Individuals in Crisis

Friday September 19th, 2014 & Saturday September 20th, 2014

Persons who are interested in attending the training must complete the registration form and send the appropriate payment. Please complete a new registration form for each registrant. *All registrants will be notified whether or not they have been accepted into the class.* REGISTRATION CLOSSES ON FRIDAY SEPTEMBER 12th, 2014 AT 4:30PM.

Two-Day Course Fee Schedule: \$75.00

Lunch will be provided both days.

PAYMENT MUST BE RECEIVED BY THE SEPTEMBER 12th DEADLINE and can be made by personal check, business check, money order or purchase order payable to the Western New York Stress Reduction Program Inc.

Please LEGIBLY PRINT your name *exactly* as you would like it to appear on your certificate of completion, and complete all sections listed below.

Full Name: _____

Agency: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email: _____

Police Helpline Peer: YES NO

Discipline(s):	_____	Police	_____	Clergy / Chaplaincy
	_____	Fire	_____	Military
	_____	EMT / Paramedic	_____	Mental Health
	_____	Dispatch	_____	Employee Assistance Program
	_____	Corrections	_____	Elementary / Middle / High School
	_____	Medical / Hospital	_____	College / University
	_____	HazMat	_____	Other - Please Specify
	_____	Public Health		

Please submit the completed form to Cheryl Kennedy via mail or email:

Address: 7118 Michael Road, Orchard Park, New York 14127

Email: clkennedy72@yahoo.com

PLEASE NOTE: If you submit your registration via mail, please email Cheryl Kennedy at clkennedy72@yahoo.com to inform her your registration(s) will be forthcoming.

Should you need to cancel, please notify Cheryl Kennedy as soon as possible so that we may fill your slot with another registrant.