

## WESTERN NEW YORK STRESS REDUCTION PROGRAM TRAINING ANNOUNCEMENT

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

### SUICIDE PREVENTION, INTERVENTION, & POSTVENTION

**Dates:** Friday June 20<sup>th</sup>, 2014 & Saturday June 21<sup>st</sup>, 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 identify persons at risk for suicide and learn effective intervention skills
- 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 an elective for persons pursuing the ICISF Certificate of Advanced Training

#### LEARNING OBJECTIVES

- Identify the physical, emotional, and verbal warning signs for suicide as well as know how to ask “the question”
- Identify the do’s and do not’s of successful suicide intervention
- Identify the probable feelings and reactions of suicide survivors
- Identify useful helping strategies when working with suicide survivors
- Identify appropriate interventions to apply when responding to a suicide

**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. Only persons who are registered by 8:30am and stay until 4:30pm both days will receive credit for the course and a certificate of completion.**

**Lunch will be provided both days.**

Questions about registration can be directed to Kathy Goeddertz at 716-681-6070 or via email at [wnystress@yahoo.com](mailto:wnystress@yahoo.com)

Questions about the curriculum can be directed to Bonita Frazer at 716-218-2398 or via email at [bonitafrazer@yahoo.com](mailto:bonitafrazer@yahoo.com)

# REGISTRATION FORM

## SUICIDE PREVENTION, INTERVENTION, & POSTVENTION

Friday June 20<sup>th</sup>, 2014 & Saturday June 21<sup>st</sup>, 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. Registrations will be handled on a first come, first serve basis. All registrants will be notified whether or not they have been accepted into the class. **REGISTRATION CLOSES ON FRIDAY June 13<sup>th</sup>, 2014 at 4:30PM.**

Two-Day Course Fee Schedule: \$75.00

**PAYMENT MUST BE RECEIVED BY THE JUNE 13<sup>th</sup> DEADLINE** and can be made by personal check, business check, money order or purchase order payable to 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 Kathy Goeddertz via mail, email, or fax:

Address: 3359 Broadway, Cheektowaga, New York 14227

Phone: 716-681-6070

Fax: 716-681-5256

Email: [wnystress@yahoo.com](mailto:wnystress@yahoo.com)

**PLEASE NOTE:** If you submit your registration via mail, please email Kathy Goeddertz at [wnystress@yahoo.com](mailto:wnystress@yahoo.com) to let her know your registration(s) will be forthcoming.

**Should you need to cancel, please notify Kathy Goeddertz as soon as possible so that we may fill your seat with another registrant.**