Hello Everyone.

Attached please find the training announcement and registration form for the Group Crisis Intervention course being held on Friday October 23rd, 2015 & Saturday October 24th, 2015.

To expedite the registration process, the following information is being provided:

(1). Registrations are handled on a first come/first serve basis.
(2). Classes fill up quickly so we recommend you register early.
(3). When classes are full, waiting lists are handled on a first come/first serve basis.
(3). An email confirming that your registration has been received will be sent to you.
(4). If you do not receive a confirmation email within one week of submitting your registration, please re-send. Sometimes transmissions do not go through.
(5). Registration forms may be sent without payment attached; however, payment is due on October 16, 2015. If payment is not received by October 16th, then someone on the waiting list will be offered your seat.
(6). If your organization is covering the registration fee for you, exceptions to the above will be considered providing you have made the appropriate arrangements with Cheryl Kennedy (clkennedy72@yahoo.com) in advance of October 16, 2015.
(7). Cancellations received by October 16th will be accepted and the check returned or destroyed. For all others, payment will be retained for costs already accrued from your initial registration.

Please direct all questions about registration to Cheryl Kennedy at clkennedy72@yahoo.com or 716-864-8101.
Please direct all questions about the curriculum to Bonita Frazer at bonitafrazer@yahoo.com or 716-818-7245.

If you no longer wish to receive training announcements, hit "reply" and you will be removed from our distribution list.

Thank you for your attention and have a pleasant day.

Gloria Grant-Dalfonso
Program Secretary
Western New York Stress Reduction Program

TRAINING ANNOUNCEMENT

The Western New York Stress Reduction Program, the MMRS Emergency 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:

GROUP CRISIS INTERVENTION

Dates: Friday October 23rd, 2015 & Saturday October 24th, 2015
Time: 8:30am - 4:30pm both days
Location: Erie County Emergency Services Training & Operations Center (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 group 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

- To increase awareness of key terms and concepts relevant to the practice of crisis intervention and disaster mental health intervention.
- To become familiar with relevant research findings and recommendations for practice.
- To understand the nature and importance of incident assessment and strategic intervention planning.
- To understand the nature of the "resistance, resilience, recovery" continuum and the role of the integrated, multi-component, Critical Incident Stress Management system (CISM).
- To become familiar with large group crisis interventions:
  - -Demobilizations
  - -Crisis Management Briefings
- To become familiar with small group crisis interventions:
  - -Defusing
  - -Critical Incident Stress Debriefing (CISD)
  - -Small Group Crisis Management Briefing (sCMB)
- To become familiar with risks of adverse outcome associated with crisis intervention and 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. 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 Cheryl Kennedy at 716-864-8101 or via email at clkennedy72@yahoo.com

Questions about the curriculum can be directed to Bonita Frazer at 716-818-7245 or via email at bonitafrazer@yahoo.com

REGISTRATION FORM
GROUP CRISIS INTERVENTION
Friday October 23rd, 2015 & Saturday October 24th, 2015

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 OCTOBER 16TH, 2015 AT 4:30PM.

Two-Day Course Fee Schedule: $80.00

PAYMENT MUST BE RECEIVED BY THE OCTOBER 16TH, 2015 DEADLINE and can be made by personal check, business check, money order or purchase order payable to Western New York Stress Reduction Program Inc. Cancellations received by October 16th will be accepted and the check returned or destroyed. For all others, payment will be retained for costs already accrued from your initial registration.

NOTE: This training session is a prerequisite for anyone wishing to take the Advanced Group Crisis Intervention course tentatively scheduled April, 2016

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
ICISF Member: YES NO

Discipline(s):

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

Please submit the completed form to Cheryl Kennedy via mail or email:
Address: 7118 Michael Road, Orchard Park, New York 14127
Phone: 716-864-8101
Email: clkennedy72@yahoo.com

PLEASE NOTE: If you submit your registration via mail, please email Cheryl Kennedy at clkennedy72@yahoo.com to inform her that 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.