**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 May 20th, 2016 & Saturday May 21st, 2016

**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 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 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**

**SUICIDE PREVENTION, INTERVENTION, & POSTVENTION**

Friday May 20th, 2016 & Saturday May 21st, 2016

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 MAY 13th, 2016 at 4:30PM.

Two-Day Course Fee Schedule: $75.00

**PAYMENT MUST BE RECEIVED BY THE MAY 13th 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 Cheryl Kennedy via mail or email:

Address: 7118 Michael Road, Orchard Park, New York 14127
Phone: 716-864-8101
Email: [clkennedy72@yahoo.com](http://us.mc324.mail.yahoo.com/mc/compose?to=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 seat with another registrant**