

Critical Incident Stress Management (CISM): Assisting Individuals in Crisis

Crisis intervention is a specialized acute mental health intervention and has been referred to as “emotional first aid.” Most crisis interventions are typically done individually (one-on-one). This program is designed to teach participants the fundamentals and protocol for individual intervention. Participants are provided an opportunity to practice the concepts presented. The training session meets the requirements of the International Critical Incident Stress Foundation (ICISF).

Course topics include: key terms and concepts, listening and communication skills, crisis communication techniques, questioning techniques, psychological reactions in crisis, mechanisms of action in crisis interventions, do no harm and the SAFER-R model of individual crisis intervention.

Dates	Days	Times	Registration encouraged by
February 23 & 24, 2010	Tuesday & Wednesday	8:00 AM – 5:00 PM	February 16, 2010

Location: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

Prerequisites: • Internet Access

Tuition: \$175.00 (includes training manuals) A reduced tuition is available for individuals who are members of a **Colorado Crisis Support Network Team**. Contact your Team Coordinator for tuition information. Membership must be verified by the Team Coordinator’s signature on the registration form.

Text: Training manuals provided at class

Education Credit: 13 continuing education units are approved by the International Critical Incident Stress Foundation (ICISF)

Registration: Registration encouraged by the date listed above to reserve your space. Send your registration form and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment must be enclosed with registration to confirm a seat in the class.

Cancellation: Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

-----Clip and Mail-----

CISM: Assisting Individuals in Crisis Registration Form

Dates you would like to register for:

Last Name		First Name	M.I.
<input type="text"/>		<input type="text"/>	<input type="text"/>

Address		City	State	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone		Cell Phone	
<input type="text"/>		<input type="text"/>	

Work Phone		Email	Last 4 SSN
<input type="text"/>		<input type="text"/>	<input type="text"/>

Agency	Team (if applicable)	Team Coordinator Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card #	Exp. Date	/
Cardholder Name		Signature	<input type="text"/>	

We must have your expiration date and signature to accept payment with a credit card. Amount Enclosed \$

Check Money Order Cash PO#

How did you hear about this course?
 Agency Web page Flyer Catalog Other