



**Danny Rhynes Interagency Training Center**  
602 S. Tippecanoe Ave.  
San Bernardino, CA 92408  
(909) 382-2984 Fax (909) 382-4192  
Email: drtc@fs.fed.us

## **Memorandum**

**DATE:** February 13, 2015

**SUBJECT:** Individual Crisis Intervention and Peer Support & Group Crisis Intervention

**TO:** Course Participant

You have been selected to attend the Individual Crisis Intervention and Peer Support & Group Crisis Intervention (CISM) training session at the Danny Rhynes Training Center on March 30 – April 2, 2015. **Class will begin at 0830 hours on Monday, March 30, and conclude at approximately 1700 hours on Thursday, April 2.**

### **Course Description:**

The course provides training in positive coping strategies for stress, and to help others validate their thoughts and emotions surrounding a critical incident. The course is not intended to replace the need for mental health care professionals or their roles and responsibilities. Attendees who successfully complete this session will be encouraged to provide peer support when a need arises.

### **Program Highlights:**

Designed to present the core elements of a comprehensive, systematic and multi component crisis intervention curriculum, the course will prepare participants to understand a wide range of crisis intervention services. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several group crisis interventions, specifically demobilizations, defusings and the Critical Incident Stress Debriefing (CISD).

### **Target Group:**

The course is intended for law enforcement, fire, aviation, and agency personnel who will be trained to identify with their peers who have experienced a critical incident

**\*\*ALL STUDENTS:** Please complete and return the pre-registration form to the training center no later than close of business **Monday, March 16, 2015**. FAX copies are sufficient.

### **Tuition:**

The cost of the seminar will be approximately \$400.00 depending on the number of participants.

**Billing Information:**

**Forest Service (Other Regions):** The approved NWCG Nomination Form will be used for payment. This form must include proper agency charge codes and signatures.

**Other Federal Agencies:** The approved NWCG Nomination Form will be used for payment. This form must include proper agency codes, agreement numbers and signatures.

**Other Non Federal Agencies:** It is recommended that students pay with check or money order at the facility at the start of class. There is an additional 8% administrative fee added to this tuition charge. If payment is not received, a bill of collection will be issued to your agency.

**Travel:** For travel and lodging information navigate on the internet to the DRTC website: <http://www.fs.usda.gov/goto/sanbernardino/travel>.

**Dress:** Students are to wear casual office attire. This means attire suitable for public contact (no shorts, tank tops, flip flops, etc).

Any questions regarding this course may be directed to your unit training coordinator or appropriate training representative. If you are self-sponsored, you may contact the training center directly at [drtc@fs.fed.us](mailto:drtc@fs.fed.us).

*/s/ Kristel Johnson*  
Forest Training Officer

Enclosures:  
Pre-Registration Form

**PRE-REGISTRATION FORM**  
**DANNY RHYNES INTERAGENCY TRAINING CENTER**  
**FAX: 909-382-4192 or email to [drtc@fs.fed.us](mailto:drtc@fs.fed.us)**

ALL Blocks MUST be Completed

**Course Title:** Individual Crisis Intervention and Peer Support & Group Crisis Intervention (CISM) **Date:** March 30 – April 2, 2015

**Trainee Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Agency:**

FS: Forest: \_\_\_\_\_ District: \_\_\_\_\_

Region \_\_\_\_\_ Unit: \_\_\_\_\_

Other Agency: \_\_\_\_\_ *(Ranger Unit/Station)*

*(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)*

**Work Address:** \_\_\_\_\_

*(Mailing Address of your unit headquarters.) (City – State – Zip Code)*

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Supervisor Name/Title** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Training Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**RETURN THIS FORM TO THE**  
**TRAINING CENTER**  
**BY COB:**  
**Monday, March 16, 2015**