



**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](mailto:drtc@fs.fed.us)

## Memorandum

**DATE:** April 1, 2016

**SUBJECT:** Suicide Prevention, Intervention and Postvention (SPI-PI)

**TO:** Course Participant

You have been selected to attend the Suicide Prevention, Intervention and Postvention (SPI-PI) session at the Danny Rhynes Training Center on April 20-21, 2016. **Class will begin at 0830 hours on Wednesday, April 20, and conclude at approximately 1700 hours on, Thursday April 21.**

### **Course Description:**

This course will provide answers for tough questions many of crisis interventionists have about suicide; why do people kill themselves? How do I ask someone if they are feeling suicidal? What do I do if they say they are suicidal? How do I deal with the strong emotions suicide generates? Participants are provided with basic information about suicide. In addition, it will help participants develop practical skills for prevention, intervention and postvention.

### **Program Highlights:**

- Common myths about suicide
- Risk factors for suicidal behavior
- Frequent motivations for suicide
- Problem solving methods
- Effective intervention strategies
- Elements of effective postvention
- Elements of survivor grief
- Community referral sources
- “Mini-lecture” on suicide
- Feelings and reactions of suicide survivors

### **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.

### **Course prerequisites:**

Completion of the Individual Crisis Intervention and Peer Support & Group Crisis Intervention (CISM) session is recommended but not required.

**\*\*ALL STUDENTS:** Please complete and return the pre-registration form to the training center no later than close of business **Thursday, 7, 2016** and email to [drtc@fs.fed.us](mailto:drtc@fs.fed.us) or fax to 909.382.4192.

**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).

**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:** Suicide Prevention, Intervention and Postvention (SPI-PI) **Date:** April 20-21, 2016

**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/Cell Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

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

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

**RETURN THIS FORM TO THE  
TRAINING CENTER  
BY COB:**

**Thursday, April 7, 2016**