



**Fluency Plus: A Comprehensive Program for School Age Children
and Teens (9+) Who Stutter**
Marni Kinder, M.H.Sc. Reg. CASLPO

Wednesday, March 5 – Friday, March 7, 2020
9:30am – 4:30pm

Breakfast and registration starting at 9:00 am

The Speech & Stuttering Institute | 2-150 Duncan Mill Road, Toronto, ON M3B 3M4

This three day workshop is for SLPs who wish to develop expertise in delivering comprehensive treatment for stuttering in school aged children and teens 9 years old and up.

Participants will learn to:

- view treatment in the broad context of behaviour, cognitive, emotional and psychological aspects of stuttering
- identify pre-treatment considerations
- model specific fluency facilitating skills through hands-on training and experience
- help clients overcome speech fears through cognitive structuring
- use effective procedures to achieve transfer
- develop long-term maintenance planning

Opportunities for small group skill development session will be provided

Registration Deadline:

Friday, February 7th, 2020

- ☐ \$825
- ☐ \$750 - Early Bird

**Please note that the Early Bird registration deadline is:
Friday, January 10th, 2020**

Space is limited to
24 participants!

Fees include a client manual, set of clinician's program notes and PDF copy client manual, light breakfast, and refreshments (Please note: lunch will not be provided).

There is a \$50 processing fee for refunds.

No refunds after February 7, 2020.

Day 1 will focus on:

- nature of stuttering and pre-treatment considerations
- respiration
- rate control and software applications
- voice onset

Day 2 will focus on:

- articulatory pressure
- rate manipulation
- constant phonation
- articulatory movement

Day 3 will focus on:

- transfer and the psychology of stuttering
- maintenance planning
- adaptations discussion
- case discussion and questions

Please register by one of the methods below:

online: <https://www.speechandstuttering.com/workshop-registration/>

or

mail: The Speech & Stuttering Institute, 2-150 Duncan Mill Road, Toronto, ON M3B 3M4

fax: 416-491-7215

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Email:** _____

☐ I have included a cheque for \$_____ payable to THE SPEECH AND STUTTERING INSTITUTE

I authorize payment by: ☐ VISA ☐ MasterCard

Name on card: _____ **Card #:** _____ **CVV #:** _____

Expiry Date: _____ **Signature:** _____