



**Educational & Support Opportunities**

**COMPETENCY-BASED COMMUNICATION TRAINING  
FCT Level 1  
Saturday, August 23<sup>rd</sup>, 2008**

**Updated course work based on best-practice standards/Syracuse University 2007**

**WHO:** This course is designed as a beginning training for parents and other interested persons who would like to begin utilizing facilitation with someone they know. This updated course offering can be taken as a refresher course for those who have received training.

**WHAT:** Training components will include the following:

- Presentation of the Neurologic basis behind facilitation
- Instruction on proper facilitation techniques
- Opportunities for practicing facilitation techniques
- Review of problem-solving techniques in the facilitation process
- Provision of support materials to aid in understanding facilitation and explaining it to others

**WHEN:** Saturday, August 23<sup>rd</sup>, 2008 from 9:00 a.m. - 3:00 p.m. (lunch will be provided)

**WHERE:** Neurologic Music Therapy Services of Arizona, 2702 North 3<sup>rd</sup> St. Suite 1000, Phx 85004

**ABOUT THE INSTRUCTORS:** NMTSA’s Executive Director, Suzanne Oliver, MT-BC, NMT Fellow, has been utilizing facilitation through typing as a competency-based means of communication with persons on her caseload over 25 years. Suzanne was originally trained in Phoenix, by staff from the Syracuse Facilitated Communication Institute in 1991, 2005, and again in 2007, was an active member and co-leader of the FC Support Group in Phoenix, and has provided facilitation trainings to individual parents, educational programs, and groups for several years. Jenna Anderson, MT-BC, NMT Fellow, is the current Clinical Coordinator at NMTSA. She has been utilizing facilitation communication for the past three years and was trained at the Syracuse Facilitated Communication Institute in 2007. Jenna currently oversees the FC Communication Groups at NMTSA.

**COST:** \$40 per person or \$100 per support team [up to 3 people with an additional \$30 per person after that]

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**Name of Family** \_\_\_\_\_ **Number of people attending** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Does your child receive music therapy services?**    **Yes**       **No**

**If so, please list child’s name & therapist:** \_\_\_\_\_

Specific information or questions you would like addressed:

**PLEASE RETURN FORM TO NMTSA NO LATER THAN August 18<sup>th</sup> TO ENSURE AVAILABILITY.**