

Birth to Three

1st Annual Conference

April 4 and 5, 2024

9:30 am EST

LIVE VIRTUAL WEBINAR

Dynamic Topics Presented by Leading Experts at the Annual Conference for Birth to Three Therapists!

ERI understands the value and positive impact a strong foundation can provide in the birth to three population. Through our evidence-based content, therapists can enhance infant and toddler development supporting the whole child and their family.

Some of the conference highlights include:

- Learn easy to implement strategies that will foster a child's inner connection, or **interoception**.
- Examine why **handling** can be an important intervention for core development.
- Integrate **adaptive** equipment using a theoretical framework to guide your evaluation.
- Drive better outcomes in **communication and feeding skills** with **oral structure** and **functional development**.
- Utilize a **multi-disciplinary** approach for treating children with **torticollis**.
- Implement **neuroaffirming** and **neurodiverse** practices.
- Navigate withdrawal and implement interventions when dealing with **Neonatal Abstinence Syndrome**.
- Integrate **primitive reflexes** in the maturing nervous system.
- Identify red flags of childhood **apraxia of speech** and develop a customized treatment plan.
- Recognize signs and symptoms of **sleep-disordered breathing** and implement sleep wellness practices.

Choose the track that best meets your needs. Be sure to reserve your spot now. We can't wait to learn with you!

AUDIENCE:

This intermediate level conference is for PTs, PTAs, OTs, OTAs, SLPs and special educators working with the birth to three population.

Join the ERI community that fosters therapists building connections, sharing ideas, and actively learning.

We hope to see you at this year's conference.

09:30-10:00 **Zoom Registration/Course Opens**

10:00-10:15 Welcome and Introduction – *Alyson Loria, VP, Carolyn Cwalinski, Conference Chairperson*

10:15-11:45 **Interoception, Our 8th Sense: The Science of How We Each Uniquely Feel**

Kelly Mahler

Learn easy to implement strategies that will foster a child's inner connection that influences areas such as self-regulation, language development, toileting and feeding. This inner connection or interoception, helps us experience internal body signals like a full bladder, growling stomach, tense muscles, or speeding heart. Accurately identifying and interpreting these body signals can help lay the foundation for future success.

- Identify the relationship between interoceptive awareness and self-regulation of responses designed to maintain homeostasis and emotional expression.
- Relate interoception to functional skills in children birth to three years of age.
- Plan a strategy to support interoception growth in children birth to three.

11:45-12:00 Break

12:00-1:30 **Handling for Postural Control: Facilitating Gross Motor, Upper Extremity & Feeding/Swallowing Skills**

Suzanne Davis Bombia and Melissa Smith

The development of gross motor, fine motor and feeding/swallowing skills is a dynamic process that is reliant on postural muscle activation. Core muscles provide the foundation for developing more complex and refined skills as the baby develops. Learn to integrate knowledge into practice and an understanding why handling can be an important intervention for core development.

- Identify the two levels of postural control.
- Assess a baby's ability to activate the core muscles foundational to postural control and function.
- Relate the importance of alignment and posture on the functions of respiration and swallowing.
- Relate the importance of alignment, posture, gross motor and upper extremity skills.

1:30-2:30 Lunch Break (Zoom opens at 2:15)

2:30-5:45 Concurrent Workshops 1: Afternoon breaks will be scheduled for each workshop.

A. **Strengthening the Baby's Core: Handling Techniques for a Strong Foundation**

Suzanne Davis Bombria

Learn intervention strategies to enhance function through the neuromuscular, musculoskeletal and sensory systems for gross and fine motor skills and respiration. These strategies will reduce the use of compensatory strategies that impact future development, function and participation in children regardless of diagnosis.



- Select a treatment plan that provides necessary musculoskeletal mobility to the core for increased neuromuscular function.
- Choose a treatment strategy for a baby that enhances postural control in sitting.
- Incorporate a strategy that links postural control and functional movement while providing an appropriate challenge into the babies plan of care.
- Determine at least 2 ways that a parent can carry their baby to provide appropriate postural demands.

DAY 1 CONTINUED

B. **Promoting Function and Progress: Adaptive Equipment for Children 0-3 Years Old**

Rosie DeFeo

This session addresses adaptive equipment in the B-3 population and includes theoretical frameworks to guide your evaluation process and intervention strategies, “just right” timing, and collaboration in the EI team. The evaluation process will be supported with case-based scenarios along with tips for writing the letter of medical necessity.

- Identify the primary purpose of utilizing adaptive equipment in the B-3 population.
- Recognize the team-based approach in utilizing adaptive equipment within the B-3 population, including effective communication and collaboration among professionals, caregivers, and the child.
- Choose measurable and individualized goals related to the use of adaptive equipment, considering the child’s unique needs and abilities.
- Integrate knowledge from the evaluation process for determining the appropriate adaptive equipment for children B-3, including assessment tools, considerations for selecting equipment, and ongoing monitoring and adjustment.
- Apply evaluation and goals to a well-written letter of medical necessity for adaptive equipment to support the child’s needs.

C. **Oral Structure and Functional Development: Driving Better Outcomes in Communication and Feeding Skills**

Mary Billings

The primary functions of the orofacial complex is to breathe and swallow. This course will highlight craniofacial morphology, oral structure development and discuss the oral functional development that takes place through the first 3 years of life which set the stage for healthy development related to feeding and communication milestones.

- Differentiate normal versus abnormal infant anatomy related to breathing and oral feeding function.
- Correlate functional feeding deficits with specific orofacial musculature.
- Identify the links between airway development, hard structures within the oral cavity and oral movement patterns.
- Distinguish lingual patterns required for healthy breathing, swallowing and speech development in the 0-3 population.
- Select appropriate referral/team members for clinical consult based on areas of deficit.

D. **Impact of Trauma & Attachment: Using a Mindful Approach**

Patricia Steffen-Sanchez

This session will consider the neuroscience of trauma and attachment on social emotional development in children. As clinicians we experience the impact of attachment on behavior during therapy sessions and at home for the caregiver. The information provided will explore a mindful approach to implementation of supportive strategies for success of our young children and their families.

- Relate neurobiology of trauma or attachment to behavioral manifestations.
- Correlate the fight, flight, freeze responses noted during therapy sessions as time for a reset activity.
- Correlate the fight, flight, freeze response to behaviors noted during therapy sessions as positive responses.
- Utilize a sensory integration model with emphasis on touch pressure and proprioception as the reset for the nervous system.

E. **Providing “Just Right Care” for the Medically Complex Infant and Toddler**

Elizabeth Powers

Learn how to evaluate and treat a medically complex child while ensuring the safety of patient and therapist. The course will cover lines, tubes, drains, observational skills to assess a patient’s stress and their response to interventions (learning when to push and when not to) and how to properly dose a session for a medically complex child. Interactive case studies will be included.

- Apply the Synactive Theory of Development to read non- verbal cues to properly dose and assess patient’s response to session.
- Recognize age-appropriate vitals and outcome measures to assess progress.
- Identify precautions and understand the purpose of commonly seen lines, tubes, and drains at home to ensure safety.

08:30-9:30 **Morning Yoga Session with Anne Buckley Reen**

09:30-10:00 **Zoom Registration/Course Opens**

10:00-10:15 **Introduction, Scholarship Presentations, Raffles**

10:15-11:45 **Treating Torticollis: A Multi-Disciplinary Technical Session to Improve Postural Alignment and Feeding Outcomes**

Trisha Thorne, Anais Villaluna, Dana Kizer

This course will focus on intervention strategies for the physical, occupational, and speech therapist involved in the care of the infant with torticollis through the lens of multidisciplinary management and collaboration.

- Choose an appropriate and evidence-based evaluation tool to use when working with infants, toddlers, and children with torticollis.
- Apply multidisciplinary intervention strategies to improve postural alignment and motor and feeding skills.

11:45-12:00 Break

12:00-1:30 **B-3 Trauma-Informed Practices through the Lens of the Neurodiversity Movement**

Julie Roberts, MS, CCC-SLP

How, specifically, should neurodiversity as a concept influence therapist care provisions for autistic and wider-neurodivergent B-3 populations? Environments, therapies, and supports for autistic and neurodivergent populations are increasingly proclaimed by service providers as “neurodivergent-friendly” or “neurodiversity-affirming,” but what does that really mean? Through a neurodivergent-affirming lens, and heavily supported with research evidence, therapists will receive updated recommendations regarding evidence-based services that protect good mental health and wellbeing outcomes.

- Identify how a social, physical, or sensory environment can impact autistic/neurodivergent B-3 behavior.
- Recognize three reasons why traditional autism service provisions may result in harmful mental health outcomes.
- Apply 5 key considerations when assessing and planning for ethical, evidence-based, trauma-informed services.

1:30-2:30 Lunch Break (Zoom opens at 2:15)

2:30-5:45 Concurrent Workshops II: Afternoon breaks will be scheduled for each workshop.

A. Treating Torticollis: An Introduction to Improving Postural Alignment and Feeding Outcomes Through Multi-Disciplinary Intervention and Collaboration

Trisha Thorne, Anais Villaluna, Dana Kizer

Working with children with medical complexity poses a variety of challenges such as how to effectively assess their skills, identify priorities for treatment, optimize their functional abilities and encourage participation in school. During this session, you will learn to identify strategies to provide meaningful therapy services and determine appropriate interventions, resources and equipment while working towards the child’s participatory goals.

- Apply intervention strategies and treatment techniques to address functional impairments associated with torticollis using interactive case studies.
- Choose an appropriate and evidence-based tool to use when working with infants, toddlers, and children with torticollis.
- Determine a child’s response to intervention and make appropriate modifications to treatment plan accordingly.

DAY 2 CONTINUED

B. **Neonatal Abstinence Syndrome: Navigating Withdrawal and Implementing Interventions**

Bertie Gatlin

The opioid crisis has continued to grow, affecting infants and families across our birth to three programs. Infants exposed during pregnancy pose a high risk for developmental delay. This session will review recent evidence regarding Neonatal Abstinence Syndrome and the impact of NAS on our infants and their families.

- Differentiate between substance use and misuse.
- Identify common opioids and substances a neonate may be exposed to in-utero.
- Recognize long term outcomes from Neonatal Abstinence Syndrome or Substance Exposure.
- Select an assessment tool to identify signs and symptoms of infants experiencing Neonatal Abstinence Syndrome or Substance Exposure.
- Determine interventional strategies to assist the neonate through withdrawal.
- Choose the dosing for interventional strategies for children B-3.

C. **Primitive Reflex Integration: Are Your Kids Not Progressing - Could Retained Reflexes Be the Problem?**

Janine Wiskind

Learn how integrating primitive reflexes in the maturing nervous system can greatly enhance a child's sensory-motor and emotional development maximizing their innate potential. Discover reflex assessments and intervention strategies to facilitate change and progress a child toward their developmental and participation goals at home or in the community.



- Utilize play-based primitive reflex integration strategies to build head control against gravity in infants and toddlers.
- Relate primitive reflex assessment to the functional deficits noted in the B-3 population.
- Apply a treatment plan to build fluid and rotational movements in the B-3 population.

D. **Expanding Your Toolbox for Apraxia of Speech: Red Flags, Assessment and Intervention Strategies**

Danielle Carey

This course gives you the clinical knowledge to identify red flags of childhood apraxia of speech and develop a customized treatment plan for each individual client. Learn to consider the whole child, including their sensory system/neurodivergence to provide affirming care while identifying children with apraxia and implementing treatment strategies in the birth to three populations.

- Identify red flags for apraxia in children B-3.
- Recognize which prerequisites need to be addressed prior to initiating apraxia treatment.
- Select the most appropriate treatment techniques.
- Choose the appropriate sequencing of treatment based on the individual child.

E. **The Power of Healthy Airways and Sleep to Transform the Lives of Children and Families**

Nicole Archambault

This session will introduce the science behind sleep-disordered breathing (SDB), it's impact to functions within a whole-child/whole-family framework, integration of orofacial myofunctional disorders as clinical markers for SDB, use of sleep questionnaires, how to form interdisciplinary teams for diagnosis and management, how to cultivate a sleep mindset, and implement sleep wellness practices.

- Identify the signs and symptoms of sleep disordered breathing (SDB).
- Recognize the orofacial myofunctional disorders that are clinical markers for SDB in a child.
- Select a therapeutic method in which we can impact functional limitations related to childhood SDB.
- Identify 3 neurobehavioral sequela of SDB that mimic clinical characteristics of ADHD.
- Choose appropriate referrals and management of orofacial functions in children with SDB.
- Apply sleep hygiene practices that include the whole child/whole family framework.

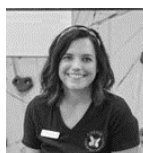
Conference Faculty

At the Forefront of Birth to Three Practice



Nicole Archambault, EdS, MS, CCC-SLP, CYMHS, CSSC is a speech-language pathologist and international speaker, as well as a published author on the topics of educational neuroscience, orofacial myofunctional therapy, airway function disorders and the autonomic nervous system, and sleep wellness in pediatrics. She is a graduate of the Mind, Brain, Teaching graduate certificate program at Johns Hopkins University.

Mary Billings, MS, CCC, COM® is a speech-language pathologist in private practice with over 30 years of experience. A Certified Orofacial Myologist, (COM®) Mary's clinical specialty includes diagnosis and treatment of pediatric feeding disorders, craniofacial anomalies, orofacial myofunctional disorders, dysphagia and speech motor planning deficits. Mary lectures extensively nationally and has taught Continuing Education courses on myofunctional disorders for 10 years.



Danielle Carey MS, CCC-SLP, COM® has been practicing for over 11 years. Danielle is the clinical manager and practicing speech-language pathologist/certified orofacial myologist within her company and has achieved the following specialty training: IAOM Board Certified Orofacial Myologist™, TOTS: Tethered Oral Tissues Specialty Training, Basic DIR/Floortime Certification, VitalStim Certification, & SOS Approach to Feeding.

Suzanne Davis Bombria, PT, C/NDT is an internationally recognized clinician and advanced course instructor for NDTA who applies evidence-based practice with babies and children of all ages. Her clinical expertise, in addition to being a mother of a son with cerebral palsy, enables her to provide the theoretical and practical solutions all therapists can apply.



Rosie DeFeo, PT, DPT, EdD is pediatric physical therapist and Assistant Professor at the University of St. Augustine. She is board certified in Pediatrics and certified as an Assistive Technology Professional through Rehabilitation Engineering and Assistive Technology Society of North America. In addition to AT, other research interests include instructional design, Interprofessional healthcare education, & neurological rehabilitation.

Roberta "Bertie" Gatlin, PT, DSc has over 30 years of pediatric experience in the NICU, developmental follow-up clinics and outpatient pediatrics. She was a Board Certified Pediatric Clinical Specialist from 2001-2021. Her current research focuses on Neonatal Abstinence Syndrome and the outcome measurements used to identify infant's developmental needs. Bertie serves as Treasurer for APTA Academy of Pediatric PT.



Dana Kizer, MS, OTR/L, BCP is an occupational therapist, Board Certified in Pediatrics, and has a special interest in feeding as well as sensory processing. She has worked in a variety of pediatric settings including a pediatric hospital, specialty clinic, private practice, and home health. Dana has presented on feeding therapy and interventions nationally and across virtual platforms, and is a published author on the subject of pediatric feeding disorders.

Kelly Mahler OTD, OTR/L has been an OT for 21 years, serving children and adults. Dr. Mahler is a co-principal investigator in several research projects pertaining to topics such as interoception, self-regulation, trauma & autism and is the winner of multiple awards, including the 2020 American Occupational Therapy Association Emerging and Innovative Practice Award & a Mom's Choice Gold Medal. She is an adjunct faculty member at Elizabethtown College, Elizabethtown, PA as well as at Misericordia University, Dallas, PA.





Elizabeth Powers, PT, DPT, NTMTC is an APTA Board Certified Pediatric Clinical Specialist who currently works in the acute care setting. She received her DPT from MUSC, completed a pediatric residency at Brooks Institute of Higher Learning, and a Neonatal Fellowship at CHOP. She is passionate about disseminating information and ensure excellent care across the continuum.

Julie Roberts, MS, CCC-SLP, a formally late-identified autistic SLP, has expertise in the fields of autism and neurodiversity with special focus on autistic social communication. Julie's mission centers on educating professionals about trauma-informed, evidence-supported therapy practices that autistic neurology and further the causes of the Neurodiversity Movement. Julie has presented professional development courses to thousands of therapists and her articles and educational tools have reached over three-quarters of a million people. In 2018, Julie founded the Therapist Neurodiversity Collective, a pioneering initiative that aims to align therapy practices with an evidence-based framework that respects and celebrates neurodiversity, and ensures the rights and welfare of autistic and neurodivergent individuals.



Melissa Smith M.S., CCC-SLP, C/NDT has practiced at Children's Specialized Hospital (CSH) in New Jersey, for over 22 years, with experience in feeding, swallowing, respiratory impairments, neuromotor disorders, as well as speech, language, and cognitive disorders across the inpatient, outpatient, and long-term care populations. Melissa has been certified and trained in NDT, myofascial release, VitalStim[®] and DPNS[®] (Deep Pharyngeal Nerve Stimulation).

Patricia Steffen-Sanchez, MS, OTR/L, BCP has over 33 years of experience, 27 of which is in the schools. She is passionate about OT and has a distinct interest in mental health, trauma-informed care, and pediatrics, particularly autism. The findings of her research during her doctoral program were sobering and have ignited a desire to discover ways to re-establish OT as a recognized mental health provider.



Trisha Thorne, PT, DPT, PCS, c/NDT, CNT, NTMCT is a licensed physical therapist and Board-Certified Pediatric Specialist in Physical Therapy (PCS). She has 15 years of clinical expertise in pediatric settings including NICU levels II/ III/IV, multi-disciplinary NICU follow-up clinic, pediatric hospital inpatient and outpatient settings, home health, and private practice. She holds certifications as a Certified Neonatal Therapist, Certified Neonatal Touch and Massage Therapist, and a Certified Neurodevelopmental Therapist. Trisha has specialized training in treating infants with torticollis, children with neuromuscular impairments, and children with global developmental delays.

Anais Villaluna, MS, CCC-SLP, BCS-S, CLC is Board Certified Specialist in Swallowing and Swallowing Disorders, and Certified Lactation Counselor. Anais has specialized training in a variety of feeding and swallowing interventions methods and instrumental assessment of swallowing. Anais has presented nationally on feeding and swallowing and is a published author on the interdisciplinary management of PFD.



Janine Wiskind, MS, OTR/L is a pediatric OT with over 20 years of experience and has focused her outpatient practice on a family systems approach ensuring clinical gains transfer to functional changes in the family and child's natural environments. She uses primitive reflex integration, and sensory integration, craniosacral therapy and myofunctional unwinding as well as parent education as her main modalities to achieve functional goals for her clients. Janine thrives on constantly learning and integrating various theories, concepts, and strategies to share that knowledge with therapists. Her dynamic teaching style makes intense information easy to understand and apply.

Instructor disclosure information available at: www.educationresourcesinc.com/faculty/

WEBINAR INSTRUCTIONS

Two weeks prior to the Birth to Three Conference webinar, you will receive detailed log-in instructions and password protected access to a comprehensive handout. Check out [Webinar FAQs here!](#)

IMPORTANT! Please be sure to sign in **15 minutes prior to the start time of each Session (AM and PM)** so we can complete the registration process. If you do not sign on early, there may be a delay in admitting you to the course.

CEU INFORMATION

The course meets the criteria for 12 contact hours (1.2 CEUs). Intermediate Level.



Education Resources Inc. is an AOTA Approved Provider of professional development. This Distance Learning-Interactive course is pending approval for 12 contact hours 1.2 CEUs. (Intermediate level, OT Service Delivery). AOTA does not endorse specific course content, products or clinical procedures

Approved provider of the **FL** Board of Occupational Therapy-CE Broker 14 hours. This course meets the approval of the **TX** Board of OT Examiners.

National Board for Certification in Occupational Therapy Inc. (NBCOT) Professional Development Provider - 12 PDUs



Education Resources Inc.
Intermediate Level
1.2 ASHA CEUs

ASHA CE Provider approval and use of the Brand Block does not imply endorsement of course content, specific products or clinical procedures.

Application has been made to the **NJ** Board of Physical Therapy examiners.

Application has been made to the **MN** Board of Physical Therapy.

Application has been made to the **MD** Board of Physical Therapy Examiners

Education Resources, Inc. is an approved provider for Physical Therapy CEUs in the following states: **CA, KY, OK** and **TX**.

Approved sponsor by the State of **IL** Department of Financial and Professional Regulation for Physical Therapy for 14 contact hours.

Application has been made to **Illinois EI** Training Program

Approved provider by the **NY** State Board of Physical Therapy and by the **NY** State Education Department for 14.4 contact hours (1.44 CEUs).

Most Physical Therapy State Boards accept webinars as a live offering. Please check with your state board to confirm.

The following state boards of physical therapy accept other states'

approval: **AK, AR, AZ, DC, DE, GA, HI, ID, IN, KS, MA, MI, MO, MS, NC, OR, PA, RI, SC, UT, VA, VT, WI, WY**.

The following state boards of physical therapy either do not require course pre-approval or do not require CEUs for re-licensure: **AL, CO, CT, IA, ME, MT, NE, ND, NH, SD, WA**.

Participants who require Massachusetts PDPs can bring their Certificate of Attendance to their respective districts for approval.

Please contact us with any special needs requests: info@educationresourcesinc.com or 508-359-6533

BIRTH TO THREE CONFERENCE REGISTRATION

REGISTER ONLINE

EARLY BIRD RATE: \$359 until 01/12/2024 using coupon code **BT32024** at checkout. Cannot be combined with any other discounts.

\$459 per person. Group rate: (3 or more must register together) **\$419.** Single-day rate: **\$240**

To receive a refund (minus a non-refundable \$75 administrative fee), cancellation must be received by March 21, 2024.

We accept checks and POs (must be received prior to the conference date).

Education Resources, Inc., 266 Main St., Suite 12, Medfield, MA 02052 (508) 359-6533 Fax (508) 359-2959

Name _____ Discipline _____

Home Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Facility Name (with city & state) _____

Email address (needed for confirmation and directions) _____

How did you hear of this conference? _____

Workshop Selections

Please write (1) for your first choice and (2) for your second choice of workshops for each day.

Day 1 A _____ B _____ C _____ D _____ E _____

Day 2 A _____ B _____ C _____ D _____ E _____

Payment Information

Cardholder's name & address as it appears on statement if different from above.

Signature (required for credit card registration) _____

Total Amount: \$ _____ Check Enclosed PO Enclosed Visa Discover MasterCard

Credit Card # _____ Exp. Date _____

CVV2 Code _____ (last 3 digits on back of card)