

Birth to Three

Annual Conference – On-Demand

Recorded at the live, virtual
conference on April 4 and 5, 2024

ON-DEMAND LEARNING

Dynamic Topics Presented by Leading Experts!

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:

- 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**.
- 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.



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.

PROGRAM A (DAY 1) – 15 CONTACT HOURS

Handling for Postural Control: Facilitating Gross Motor, Upper Extremity & Feeding/Swallowing Skills

Suzanne Davis Bombria and Melissa Smith (1.5 hours)

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.

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

Suzanne Davis Bombria (3 hours)

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.

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

Rosie DeFeo (2.5 hours)

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.

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

Mary Billings (3 hours)

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.

Impact of Trauma and Attachment: Using a Mindful Approach

Patricia Steffen-Sanchez (2.5 hours)

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.

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

Elizabeth Powers (2.5 hours)

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.

PROGRAM A = 15 CONTACT HOURS

PROGRAM B (DAY 2) – 16 CONTACT HOURS

Treating Torticollis: A Multi-Disciplinary Technical Session to Improve Postural Alignment and Feeding Outcomes

Trisha Thorne, Anais Villaluna, Dana Kizer (1.5 hours)

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.

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

Trisha Thorne, Anais Villaluna, Dana Kizer (2.5 hours)

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.

Neonatal Abstinence Syndrome: Navigating Withdrawal and Implementing Interventions

Bertie Gatlin (3 hours)

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.

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

Janine Wiskind (3 hours)

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.



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

Danielle Carey (3 hours)

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.

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

Nicole Archambault (3 hours)

This session will introduce the science behind sleep-disordered breathing (SDB), its 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.

PROGRAM B = 16 CONTACT HOURS

2-DAY CONFERENCE (Program A + Program B) = 31 CONTACT HOURS

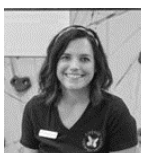
Conference Faculty

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.



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.



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.

ON-DEMAND INSTRUCTIONS

Course access is available for 1 year from date of registration. Full handouts are provided for each session to download. CEU Certificates are awarded after a post-test is completed and passed for each session.

CEU INFORMATION

The course meets the criteria for 31 contact hours (3.10 CEUs). Intermediate Level. Program A (Day 1) awards 15 contact hours (1.50 CEUs). Program B (Day 2) awards 16 contact hours (1.60 CEUs).



Education Resources Inc. is an AOTA Approved Provider of professional development. Course approval ID#09073. This Distance Learning-Independent course is offered at 31 contact hours 3.1 CEUs. (Intermediate level, OT Service Delivery & Foundational Knowledge). AOTA does not endorse specific course content, products, or clinical procedures.

This course can be used toward your NBCOT renewal requirements for 31 units.
Approved provider of the **FL** Board of Occupational Therapy-CE Broker – 36 hrs.
This course meets the approval of the **TX** Board of OT Examiners.



Education Resources Inc.
Intermediate Level
3.1 ASHA CEUs

Program A (Day 1) awards 15 contact hours (1.50 CEUs)
Program B (Day 2) awards 16 contact hours (1.6 CEUs)

ASHA CEUs are awarded by the ASHA CE Registry upon receipt of the CEU Participant Form from the ASHA. Approved CE Provider for up to 3.1 CEUs. All Part A Sessions plus all Part B Sessions must be completed to receive ASHA CEUS (see FAQ – Online Courses for full instructions). ASHA CE Provider approval and use of the Brand Block does not imply endorsement of course content, specific products or clinical procedures.

ASHA credits are accepted by the **TX** Department of License and Renewal.
Application has been made to the **MD** Board of Physical Therapy Examiners.
Application has been made to the **NJ** Board of Physical Therapy Examiners.
Approved sponsor by the State of **IL** Department of Financial and Professional Regulation for Physical Therapy for 36 contact hours.
Application has been made to **Illinois** EI Training Program.
Approved provider by the **NY** State Board of Physical Therapy for 36 contact hours (3.6 CEUs).

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

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**.

12 hours of this course qualify towards the discipline-specific hours for the 20-hour requirement for NDTA re-certification. They do NOT qualify towards the 8-hour NDTA Instructor requirement for re-certification.

ON-DEMAND REGISTRATION FOR GROUPS

On-Demand Conference fees. We encourage you to register online.

\$749/person for 2-Day Conference | \$499/person for Program A or Program B

Individual sessions are not available for purchase

EARLY BIRD PROMOTION: \$100 off 2-Day Conference when you register by July 16, 2024.

Use coupon code **BTO3DISCOUNT** at checkout. *Cannot be combined with any other discounts.*

On-Demand Group Rate:

Purchase one \$749 2-Day Conference, register up to 9 additional participants for \$129/person.

Purchase one \$499 Program A or Program B, register up to 9 additional participants for \$79/person.

On-demand group rates cannot be registered online. Please contact our office in order to register your on-demand group: pdonnelly@educationresourcesinc.com or call 800-487-6530.

We accept credit cards, checks and P.O.s for payment

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 _____

How did you hear of this conference? _____

GROUP REGISTRATIONS

Please enter number of registrants. We will contact you for each individual registrant's information:

FULL CONFERENCE # of Registrants _____

PROGRAM A # of Registrants _____

PROGRAM B # of Registrants _____

PAYMENT INFORMATION

Cardholder's name and 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 _____

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