

Birth to Three

3rd Annual Conference

March 26 and 27, 2026

9:30 am EST ■ 8:30 am CST ■ 7:30 am MST ■ 6:30 am PST

LIVE VIRTUAL WEBINAR

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

ERI is excited to present our 3rd Annual Birth to Three Conference—an energizing, interactive learning experience designed specifically for therapists and providers working with infants and toddlers across inpatient, outpatient, clinic, home-based, and community settings.

Here's what you can expect:

- **Felt safety, behavioral triggers, and emotional expression** – no one is too young to benefit from healthy and supportive regulation approaches.
- **The Soda Pop Can** - an effective model to visualize, understand, explain and address the links between breathing, talking, walking and motor skill development.
- **Autism** – early traits and getting ahead on supporting sleep, digestion and sensory-motor performance.
- **Down Syndrome** and early motor skill acquisition trajectories.
- Reduce **reflux, colic and feeding stress** through a root cause and body-based perspective for assessment and treatment.
- **Purposeful positioning**, movement and other interventions accounting for gravity, sensory system and musculoskeletal development.
- Make informed and sound decisions about **orthoses for babies and toddlers**.
- Establish **foundations of trust and connection**, through co-regulation, trauma-informed, family centered practices.
- Intro to the **Homeostasis Enrichment Plasticity** approach for sensory and motor development that aligns with family goals.
- Strategies and interventions for suspected **Childhood apraxia of speech**.
- Mitigating the effects of the **ICU** on early development and family caregiving.
- **Esophageal dysphagia** – advanced-level identification and management.
- **Handling techniques** and key points of contact to facilitate posture and respiration, for play and more...



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.

Thursday, March 26, 2026 – All Times Are EST (US)

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 **The Brain Behind the Behavior: Tools for Connection, Regulation, and Development**

Mr. Chazz

Explore how brain states and behavior serve as a form of communication by both the child and the adult and how understanding these can deepen relationships and improve outcomes. Learn how to create a felt sense of safety for children, identifying triggers and their impact on interactions, support self-regulation in both children and adults and how the dynamic between caregiver and child shapes development.

- Create a felt sense of safety for children
- Identify personal triggers and their impact on interactions
- Support self-regulation in both children and adults
- Determine how the dynamic between caregiver and child shapes development

11:45-12:00 Break

12:00-1:30 **Breathing, Talking and Postural Control: Why Is This Relationship So Important for B-3 Therapists to Understand?**

Mary Massery, PT

Breathing mechanics and postural control are linked! Using Massery's novel research and the "Soda-Pop Can" postural control model, the instructor will push this connection further, demonstrating the link between glottal control, breathing and upright postural stability. The focus will be on applying these concepts from walking to talking in the B-3 population.

- Use a model of postural control (Soda Pop Can Model) that links breathing, talking, and walking (among other motor skills) in the B-3 population
- Apply a new definition of core stability (balance) to clients' therapy programs: core stability extends from the top of the trunk (glottal control), through the middle (diaphragm), and down to the bottom (pelvic floor) and includes every muscle in between

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. **Behind the Scenes in ASD Under 3: Supporting Engagement, Shared Attention, Sensory Processing and Motor Development**

Anne Buckley-Reen, OTR

Learn the latest research on early ASD identification and co-factors like sleep, seizures, anxiety, digestion, and sensory-motor challenges. Discover simple play routines and shared rhythms that support early development. Leave with practical strategies to help infants and toddlers with ASD and empower their caregivers.



- Recognize cues of engagement and shared attention
- Identify a calming strategy to support regulation in ASD infants and toddlers
- Identify 3 common co-factors in early ASD development and the impact on therapeutic engagement and outcomes
- Develop sensory-motor foundational and supportive activities to enhance skill development and social-emotional connections

DAY 1 CONTINUED

B. Optimizing Outcomes for Children with Down Syndrome: Tools, Strategies, and Case Applications

Alyssa LaForme Fiss, PT

Explore common developmental profiles of infants and toddlers with Down syndrome with an emphasis on the expected trajectory of early motor skill acquisition. Evidence related to standardized assessment tools will be highlighted, along with strategies and resources to guide meaningful prognostic conversations with families. The session will include case examples and address behavioral characteristics commonly observed in young children.

- Select an assessment tool that is appropriate for use with young children with Down syndrome
- Apply motor growth curves and probabilities to intervention planning for young children with Down syndrome
- Select an intervention that has been shown to promote positive outcomes in young children with Down syndrome
- Differentiate the four (4) main functions that drive human behavior

C. Reframing Reflux: Connecting Motor Patterns and Oral Function

Mallory Roberts, CCC-SLP

This course offers B-3 professionals a functional and body-based perspective on reflux in infants. Participants will build connections between postural asymmetries, oral motor dysfunction, tension patterns, and reflux symptoms. Additionally, through practical strategies, therapists will gain tools to assess beyond feeding alone and support infants through an integrated, root-cause approach.

- Determine how infant postural asymmetries and motor patterns may contribute to functional symptoms such as reflux, colic, or feeding stress
- Correlate oral motor challenges with whole- body patterns (torticollis, side-preference, extension) to build an integrated clinical picture
- Apply body-based and caregiver-focused strategies that support regulation and function across domains (motor, oral, sensory and GI comfort)

D. The Role of Gravity in Early Development and Therapeutic Approaches

Eileen Richter, OTR/L

Gravity plays a crucial role in the growth and development of infants, particularly by activating vestibular processing and facilitating the strengthening of muscles necessary for maintaining an upright posture. Explore the multiple factors that shape the development of antigravity responses & how this affects sensory processing, sensory regulation, sensory-motor skills, and psychosocial behaviors. Intervention methods will be presented, including practical demonstrations using innovative therapeutic equipment.

- Relate the ways normal infant development is dependent on gravity
- Determine how body positioning and environmental factors can either impede or support sensory-motor advancement
- Select 3-4 practical strategies to promote antigravity sensory-motor patterns in infants and toddlers

E. To Brace or Not to Brace? Demystifying Early Pediatric Orthotic Recommendations

Amanda Hall, PT

The IF, WHEN, and WHAT of orthotic decision making can be daunting when working with children as they are developing their first weightbearing and gait skills. Consider the benefits of early orthoses (protect ligaments, influence neuromotor patterns, encourage emerging gait/gross motor skills, support intrinsic foot muscles) as well as potential drawbacks & learn decision making based on stage of development, sagittal and coronal plane alignment, and overall individual factors.

- Determine coronal versus sagittal plane alignment impairments and potential orthotic solutions for each
- Differentiate delayed and emerging postures/skills from those requiring orthotic intervention
- Integrate individual findings to create a detailed orthotic plan: timing of intervention, custom versus off the shelf, dosage, integration with other interventions

Friday, March 27, 2026 – All Times Are EST (US)

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

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

10:15-11:45 **Held and Heard: Transition from Hospital to Home**

Kristy Fuller, OTR/L and Tara DeWolfe, PT

The journey from hospital to home is a delicate, often overwhelming time for families, especially when it follows a prolonged hospitalization. Rather than rushing into intervention, this course emphasizes the power of being present: listening deeply, honoring the child's story, and supporting daily routines. We'll explore co-regulation and trauma-informed, family-centered practices that create a foundation where trust and connection come first and development naturally follows. This is an invitation to meet families where they are, honor their strengths, and foster growth and development through connection.

- Integrate the power of being present into relationships with the families you serve
- Determine co-regulation strategies that support connection with the families you serve
- Relate trauma-informed, family-centered practices to supporting families that are transitioning from hospital to home

11:45-12:00 Break

12:00-1:30 **Empowering Communication: AAC Tools and Strategies for Children Birth to Three**

Rachel Madel, CCC-SLP

This course will guide practitioners on best practices for implementation of AAC for children birth to 3-years-old. Participants will learn how to educate families on the incorporation of visual supports and AAC as a tool to build language skills. This session will also include a comprehensive review of potential AAC options to trial and how to determine appropriate vocabulary selection for young children. Special emphasis will be placed on a strengths-based and family-centered approach to intervention as well as dispelling limiting beliefs and myths regarding early AAC use.



- Choose a variety of AAC options to trial with children birth-to-3-years old
- Select basic strategies to successfully support caregivers in introducing AAC for young children.
- Identify at least 3 criterion for determining appropriate vocabulary targets + modeling for young children using AAC

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

HEP® Approach for Infants: Enriching Early Sensory-Motor Development Through Environments and Play*Teresa A. May-Benson, OTR/L and Aymen Balıkçı, PT*

Discover a fresh approach that helps babies at risk for developmental delays. Inspired by research on enriched environments, the HEP® Approach focuses on creating safe, engaging spaces filled with sensory experiences, social interaction, and playful exploration. This session introduces the HEP® Approach and shows how it can support sensory and motor development while aligning with family goals. Identify the key elements of the Homeostasis-Enrichment-Plasticity (HEP) Approach and how they support early sensory and motor development

- Recognize how enriched environments can positively influence developmental outcomes in infants at risk for delays
- Apply HEP strategies to align intervention practices with parental goals for their child's participation in home and community activities

B.

Childhood Apraxia of Speech: Diagnosis and Treatment in Infants and Toddlers*Shelley L. Velleman, CCC-SLP*

Childhood apraxia of speech (CAS) is a challenging disorder to assess and treat which is exacerbated when the child is very young or severe. Typical infant-toddler speech development (including speakers of other languages) will be contrasted with the early features of suspected CAS and how this compares to childhood dysarthria and other types of speech sound disorders (SSDs). Assessment measures, video case studies, treatment strategies will be included.

- Determine how babble/early words could suggest a possible diagnosis of Childhood Apraxia of Speech (CAS)
- Select a measure that could be used to assess a possible diagnosis of CAS in young children
- Choose an early treatment strategy for suspected CAS
- Determine strategies for supporting families with young children with suspected CAS

C.

Baby Steps: An Introduction to Contemporary Neuro-Developmental Treatment (NDT) for the Infant/Toddler*Jodee Fortner, PT*

Apply principles of evidence-based research and neuroplasticity to assess movement problems and develop intervention strategies using contemporary NDT including components of postural control and how it relates to movement in transitions, play, respiration and reaching. Practical application of treatment strategies to gain meaningful functional outcomes will be discussed through case studies (babies with prematurity, developmental delay, cerebral palsy, down syndrome and other impairments).



- Contrast history of NDT to Contemporary NDT practice used today
- Define key terms in NDT handling (such as key points of contact, direction of pressure, etc.)
- Identify how an NDT treatment session is organized
- Choose a treatment strategy to address functional limitations at home and in the community for the infant/toddler throughout various developmental positions

D. ***This session is no longer available: From ICU and Beyond: Mitigating the Effects of Cardiovascular and Pulmonary Conditions in Infants and Children**

Ashley Parish, PT

Early ICU experiences, including prolonged immobility, sedation, and invasive interventions, can significantly alter developmental trajectories across motor, sensory, communication and feeding domains. Early involvement of therapy within the ICU, including early mobility, is critical to mitigate these effects, promote neurodevelopment, and support family-centered care. Learn through interactive case studies grounded in intensive care unit-based scenarios.

- Identify common cardiovascular and pulmonary conditions in neonates and infants
- Relate the impact of medical interventions and equipment (e.g., mechanical ventilation, ECMO, tracheostomy, surgeries) on neurodevelopment and sensory-motor experiences
- Recognize the developmental implications of prolonged hospitalization in the ICU
- Choose therapeutic interventions (i.e., early mobility) to mitigate the effects of medical interventions and equipment

E. **Beyond the Pharynx: Recognizing and Managing Esophageal Dysphagia in Infants and Toddlers**

Andrew Chu, MD and Anais Villaluna, SLPD, CCC-SLP

This advanced-level session explores the often-overlooked esophageal phase of swallowing and equips clinicians with the tools to identify, differentiate, and respond to esophageal dysphagia in medically complex young children. Topics include esophageal dysmotility, gastroesophageal reflux disease (GERD), eosinophilic esophagitis, strictures, and congenital anomalies (such as tracheoesophageal fistula and esophageal atresia), diagnostic procedures, and SLP instrumental swallowing evaluations (VFSS & FEES).

- Relate esophageal anatomy and physiology to infant and toddler feeding
- Identify clinical signs suggestive of esophageal dysphagia and distinguish them from oropharyngeal and behavioral feeding presentations
- Determine the purpose and limitations of relevant diagnostic tools including VFSS, FEES, esophagram, upper GI series, pH/impedance studies, and endoscopy
- Effectively collaborate with medical professionals by documenting and communicating red flags and therapy outcomes
- Identify strategies to educate and support caregivers during the diagnostic and referral process for esophageal concerns

Conference Faculty

At the Forefront of Birth to Three Practice



Aymen Balıkçı, PT, PhD is a neuroscientist with specialized expertise in sensory integration, neurodevelopmental treatment (NDT), DIR/Floortime, and pediatric physiotherapy. He is the founder of Sense ON and serves as the head of the Sensory Integration Association Turkey. With a strong academic and clinical background, he has explored sensory-motor development, neonatal tactile stimulation, and the innovative HEP® (Homeostasis-Enrichment-Plasticity) approach for infants with developmental risks.

Anne Buckley-Reen, OTR, RYT, specializes in oral motor, feeding/swallowing, & respiratory-phonatory function in infants & children with neuromuscular involvement. Dr. Alexander is NDT certified, co-author of "Normal Development of Functional Motor Skills: The First Year of Life" and co-developer of "The ABCs of Pediatric Feeding & Swallowing."



Andrew Chu, MD, serves as an attending physician in Pediatric Gastroenterology at Texas Children's Hospital and is Associate Professor of Pediatrics at Baylor College of Medicine. Together with Anais Villaluna, he serves as co-director for the Multidisciplinary Feeding Clinic at Texas Children's Hospital to provide outpatient evaluation and management for children with chronic feeding difficulties.



Tara DeWolf, PT, DPT, CNT, CLC is a pediatric PT with expertise in developmental care, trauma-informed practice, and early intervention. Her clinical focus includes supporting infants and families during the vulnerable transition from the NICU to home, with an emphasis on regulation, relational health, and participation in daily routines. She is a Certified Neonatal Therapist, Certified Lactation Counselor, and holds certifications in NIDCAP, Precht's General Movement Assessment, and the NANN Developmental Care Specialist designation.



Alyssa LaForme Fiss, PT, PhD, PCS, has practiced PT across various pediatric settings including EI, school-based, outpatient, and home health. She is a Board-Certified Pediatrics Clinical Specialist and International Collaborator of the CanChild Centre for Childhood Disability Research. Her current research interests include examining interventions to support adaptive behavior in children with disabilities as well as examining strategies to promote motor development for children with Down syndrome.



Jodee Fortner, PT, C/NDT, is a pediatric Neuro-Developmental Treatment (NDT) instructor with 26 years of pediatric experience in the states and overseas. She specializes in neuromuscular impairments, early intervention, has specific training in orthotics and serial casting including the Ponseti method for the treatment of club foot and is fluent in Spanish.



Kristy Fuller, OTR/L, CNT, CLC is a neonatal OT with a passion for promoting zero separation between babies and their families. With advanced training in trauma-informed care, Kristy specializes in early eating experiences, fostering regulation, safety, and joyful connection from the earliest moments of life through transitioning home. She is a Certified Neonatal Therapist, Certified Lactation Counselor, and holds certifications in NIDCAP, Precht's General Movement Assessment, and Neurodevelopmental Treatment (NDT).

Amanda Hall, PT, MPT, PCS, began teaching clinical education with serial therapeutic casting courses, and has since developed additional coursework based on an integrative approach to treatment for patients with pediatric and neurological health conditions. Her clinical practice is at the Rehabilitation and Specialized Care of Children's National Hospital (formerly the HSC Pediatric Center) in Washington, DC, where she specializes in treating "outliers" and patients with complex presentations.



Chazz "Mr. Chazz" Lewis - Mr. Chazz's mission is to help adults truly See, Guide and Trust children. He is pushing the needle a little closer toward world peace with his approach. He is a consultant, Teacher coach, Parent coach, Conscious Discipline practitioner, Podcaster, Content Creator, Teacher, and Head of Education at birdhouse in Brooklyn. He goes by, "Mr. Chazz" and he even has a song to prove it.

Rachel Madel M.A., CCC-SLP, is a Los Angeles-based speech-language pathologist dedicated to coaching parents and professionals on how to incorporate technology to best support speech and language development. Rachel has presented both nationally and abroad to over 40,000 educators and parents on the use of augmentative alternative communication (AAC). When she's not working with individuals in her private practice she co-hosts a weekly podcast called "Talking with Tech" that focuses on best practices in AAC and has over one million downloads.



Mary Massery PT, DPT, DSc - Dr. Massery's research pioneered the concept of managing trunk pressures as a new way to visualize core stabilization. Her publications and interests focus on linking motor behaviors to breathing and/or postural mechanics in both pediatric and adult patient populations. She has received numerous awards including APTA's Florence Kendall Practice Award & Northwestern University's Alumnae Research Achievement Award.

Teresa A. May-Benson, ScD, OTR/L, FAOTA, Owner/President of TMB Education and OTR, Inc. and past Executive Director of the SPIRAL Foundation. Her clinical experiences and research focus on praxis, sensory integration and autism. She received the Virginia Scardinia Award of Excellence from AOTA for her work in ideational praxis. The Alice Bachman Clinician Award from Pediatric Therapy Network and the Catherine Trombley Award from MAOTA.



[Click here for instructor disclosure information](#)

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

Continuing Education hours for disciplines not listed below: 12 contact hours for 2 days (1.2 CEUs) 6 contact hours for one day (0.6 CEUs). Intermediate level. To receive a certificate of completion all registered attendees are required to attend and participate fully in all applicable course activities (i.e., labs, discussions, group work, polls, post-tests with passing grade of 80% or greater etc.) and complete the evaluation form.



Education Resources Inc. is an AOTA Approved Provider of professional development. Course approval ID#15024. This Distance Learning Interactive Course is offered at 12 contact hours 1.2 CEUs (2 day) or 6 contact hours 0.6 CEUs (1 day) (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 Professional Development for 12 PDUs (2 day) or 6 PDUs (1 day). Provider for the **FL** Occupational Therapy Association CE Broker for 14 CE Hours (2 day) or 7 CE hours (1 day).



ASHA CE
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ASHA CE Provider (Intermediate level) for up to 1.2 (2 day) or 0.6 (1 day) ASHA CEUs. ASHA CE Provider (Intermediate level). ASHA CE Provider approval and use of the Brand Block does not imply endorsement of course content, specific products, or clinical procedures. SLPs that require ASHA must submit your [ASHA participant form](#) to ERI.

Application has been made to the FL Physical Therapy Association for 14 (2 day) or 7 (1 day) contact hours.

Approved by the **MD** State Board of Physical Therapy Examiners for 12 (2 day) or 6 (1 day) Continuing Education hours. Approved by the **OH** Physical Therapy Association.

Application has been made to the **MN** State Board of Physical Therapy for 12 (2 day) Continuing Education hours.

Application has been made to the **NJ** State Board of Physical Therapy Examiners for 12 (2 day) or 6 (1 day) CEC's.

Approved sponsor by the State of **IL** Department of Financial and Professional Regulation for Physical Therapy for 14 (2 day) or 7 (1 day) contact hours.

Application has been made to the **IL Early Intervention Training Program**.

Approved provider by the **NY** State Board of Physical Therapy for 14.4 contact hours (1.44 CEUs) (2 day) or 7.2 (0.72 CEUs) (1 day).

Education Resources is an approved agency by the PT Board of **CA** for 12 (2 day) or 6 (1 day) contact hours.

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

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

The following state boards of physical therapy accept other states' approval: **AK, AR, AZ, DC, DE, GA, HI, ID, IN, KS, KY, 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.

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

BIRTH TO THREE CONFERENCE REGISTRATION 2026

REGISTER ONLINE

EARLY BIRD RATE: \$379 until 12/31/2025 using coupon code **BT32026** at checkout. Cannot be combined with any other discounts. This discount has now expired. Please see the website for group pricing details.

\$479 per person. Group rate: (3 or more must register together) **\$439.** Single-day rate: **\$245**

To receive a refund (minus a non-refundable \$75 administrative fee), cancellation must be received by March 12, 2026.

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 _____

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

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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 _____

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