

Therapies in the School

Twenty-Third Annual Conference

ON-DEMAND 9

**RECORDED AT THE LIVE, VIRTUAL
CONFERENCE – November, 2022**



ON-DEMAND LEARNING

Dynamic Topics Presented by Leading Experts

For 23 years, ERI has been committed to renewing your passion for school-based therapy and providing you with tools and strategies you can use right away to improve learning outcomes for your students.

By taking this online on-demand conference, you will bring your students new and easily applicable evidence-based tools and strategies as well as new methods to address the continuous COVID-19 related challenges.



Some of the conference highlights include: the latest research regarding strategies for addressing dysregulation, updates in trauma informed care, how interoception can be used as a building block for executive function skills, how to reduce referrals using RTI and create consistency using an evidenced based approach when evaluating students with autism, how to address vestibular impairments in the classroom, what every school based therapist should know about reflex integration, how to use UDL to help develop accessible lessons for all students, and how to improve outcomes for the medically complex student.

AUDIENCE

This intermediate level conference is for PTs, PTAs, OTs, OTAs, SLPs and special educators working with the school aged child.

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

DAY ONE

Using a Trauma-Responsive, Sensory-Informed Approach in Your School-Based Practice – 1.5 Contact Hours

Colleen Whiting

Trauma has increased worldwide, especially during the pandemic. This course will highlight what the research has revealed about sensory differences found in those that have experienced trauma and how COVID has contributed. You will learn about applicable theories to pull from when seeking to provide evidence-based support and how to enact a trauma-responsive, sensory-informed approach to your school-based practice with a specific discussion of strategies that can be used in each tier from MTSS.

- Identify how trauma and sensory intersect.
- Identify theories that apply to the intersection of trauma and sensory.
- Utilize specific strategies for trauma-responsive, sensory-informed programming that can support participation and performance for this population in the school setting.

Why Evaluating and Integrating Reflexes Through Neuroplasticity is Important for Every School Based Therapist -1.5 Contact Hours

Karen Pryor

Discover how the lower brain centers effect how reflexive movements influence active motion. All children are born with primitive reflexes but when there is damage or impairment within the cortex or midbrain, the reflex synergistic patterns persist. School based practitioners are ideal therapists to integrate primitive reflexes for progressing development and school success. Learn a new perspective on how to enter the CNS with sensory information to assist in rewiring around impairments for improved motor outcomes.

- Recognize the role reflexes play in normal development related to the functional activities in children.
- Identify how retained reflexes can impact a student's ability to participate in school activities.
- Apply an intervention to alter tonal patterns to promote controlled voluntary motion during school activities.

Shifting to a Workload Model to Support Student Outcomes – 2.5 Contact Hours

Susan Cecere

Learn to approach your practice using the participation lens and how transitioning to the workload model can enhance student outcomes. Participants will be provided with strategies and tools to advocate for change to provide more effective therapy in the schools. Learn how laws and professional codes provide guidance on decision making. In addition, we will discuss how to capitalize on team collaboration and learn “a new way of doing business” including evidence-based interventions and dosing considerations that will ultimately increase therapist workplace satisfaction.

- Identify an occupation/participation focused assessment process.
- Choose an occupation/ participation focused goal.
- Select two high leverage practices to support student outcomes.
- Apply three concepts to apply to a dosing decision.
- Identify three steps to use for resolving conflict in IEP decision making.

Embedding PT Services in the School Environments – 2 Contact Hours

Valerie Clevenger

We know how important it is for all students to participate in school and learn alongside their peers, yet school-based physical therapists often struggle with how to embed those services into the student's school routine. Learn strategies to increase your ability to embed services; how participation goals assist in providing embedded services; and how to write individualized education plans to reflect embedded practice. We will also discuss alternative service delivery options that still take place within the student's natural environments and routines, but with an opportunity to further tailor the time to an individual student's need who may not benefit from fully embedded services.

- Identify three strategies to increase opportunities to embed services.
- Choose a goal that embeds participation in school activities.
- Select IEP related services that reflect embedded services.
- Determine alternative service options for students who cannot receive fully embedded services.

Changing the Brain - The What, Where, and How Integration of Reflexes Through Neuroplasticity for Every School Based Therapist – 3.5 Contact Hours

Karen Pryor

Learn to recognize retained primitive reflexes and their effect on functional movement in students. Tools to assess primitive reflexes will be presented along with a new approach to treatment. Motor/nervous system damage or challenges require neuroplasticity tools for effective treatment. Learn a new perspective on how to enter the CNS with sensory information to assist in rewiring around impairments. Utilizing Neuroplasticity techniques result in improved motor outcomes in the school-based environment and the student's school routine.

- Identify the cortical impairments that release dysfunction of primitive reflexes that render impairment of normal development of gross and fine motor skills.
- Learn to integrate the retention of reflexes to increase active movement in school aged children.
- Utilize an evidence-based assessment tool to evaluate primitive reflexes.
- Apply an intervention to address retained reflexes that effect normal functional activities in school.
- Apply an intervention to alter tone to promote controlled voluntary motion during developmental motor skills

and school activities.

DAY ONE CONTINUED

Feeling Frustrated with DYSREGULATED STUDENTS and STAFF. Learn to Use the Neurobiology of Connection to Address Challenging Behaviors – 3 Contact Hours

Amy Lewis

Working in schools these days means addressing dysregulation, regardless of your job description. Kids are struggling, teachers are struggling, and strategies that got results in the past are no longer working. Fortunately, the latest research in the relational neurosciences gives us new information, effective strategies, and hope for the future. This course will identify the neurobiological foundations of self-regulation and teach you evidenced based strategies for increasing regulatory capacity in your students, staff, and yourself.

- Identify neurobiological connections between felt safety and regulation.
- Relate the implications of affective coding and state dependent functioning to self-regulation.
- Implement research-based strategies for increasing regulatory capacity of students and staff.
- Apply foundational concepts to improve self-regulation in both students and therapists.

COMPLIMENTARY BONUS SESSION

Creative Approaches using RTI (Response to Intervention) to Support Students While Reducing the Need for Referrals - 2.5 Contact Hours

Kareen Robbins

Effectively integrating therapeutic interventions into the RTI process will allow support for students and may reduce the need for a referral. Learn approaches to incorporate therapeutic interventions at each tier. These supports may increase a student's success within the general education curriculum and the need for referrals to a specialized instructional service.

Incorporating successful strategies for communication and advocacy with leadership, time management, and resources for therapeutic interventions may break down barriers.

The result is a win-win for the administration, therapist, teacher, and student.

- Define Response to Intervention and its 3 Tiers.
- Identify a therapeutic intervention within each Tier.
- Utilize two strategies to integrate therapy intervention into an established RTI process.



DAY TWO

Executive Function and Interoception? Using Interoception as a Building Block for Theory of Mind and Executive Function Skills – 1.5 Contact Hours

Cara Koscinski

Children in school often show dysregulation that manifests in the form of meltdowns, decreased ability to focus, and incongruity in intelligence versus actual performance. This session discusses regulation and the importance of interoception as a gateway to theory of mind. Children who do not possess interoceptive awareness cannot reflect on others' emotions. Therefore, theory of mind should be tied to interoceptive training. Linking both to executive function will improve therapeutic outcomes and success in the classroom.

- Identify the meaning of interoception.
- Correlate theory of mind and its connection with interoceptive awareness.
- Relate executive function and its importance to daily lives of children.

How to Address Vestibular Impairments in the Classroom: Bridging Teachers and Therapists – 1.5 Contact Hours

Kay de Veer

Dive deeper into how the vestibular system directly supports learning in the elementary school classroom. Learn how to use a teacher-friendly vestibular screener to identify a possible area of concern and gain simple classroom-friendly strategies to support the vestibular system and learning.

- Identify how the vestibular system affects learning in the early elementary classroom.
- Apply classroom and teacher-friendly strategies to support the vestibular system in the early education classroom.
- Utilize a unique vestibular system screener provided by the speaker that can be used in private practice, school, and classroom settings.

DAY TWO CONTINUED

Executive Function & Interoception: Diving Deeper into Theory of Mind and its Relation to Interoception and Executive Function – 3 Contact Hours

Cara Koscinski

Learn about a framework for facilitating executive function skills based on the most recent evidence. The Train Model provides a foundation that underpins critical skills required for smooth executive function in the school setting. Learn the deep connection between regulation and interoceptive awareness. Targeted interventions designed to foster awareness of emotions, body systems, and proactive techniques will help therapists gain confidence in their ability to improve outcomes. Further, theory of mind requires an understanding of the child's OWN body before the child can be expected to ascribe a mental state to a peer.

- Identify recent evidence supporting interventions to build executive function in relation to academic performance.
- Compare and contrast thinking skills for executive function and doing skills for regulation.
- Relate the concept of theory of mind to interoceptive awareness.
- Utilize multiple strength-based interventions designed to improve executive function skills.

Evaluating Medically Complex Students to Improve Outcomes and Guide Intervention Strategies – 2.5 Contact Hours

Cynthia Dodds

Children with medical complexity (CMC) often demonstrate impairments across cognitive, sensory, and motor domains. It is often difficult for therapist to identify subtle abilities and skills of CMC that may enhance their quality of life and participation in home, school, and community environments. This course will focus on the school environment and discuss the ICF framework, the "F-word on Childhood Disability", quality of life and humanism conceptual models to improve participation and physical activity levels specific to CMC across the school day.

- Identify applications of the International Classification of Functioning, Disability and Health (ICF) framework in pediatric physical therapy.
- Utilize quality of life and humanistic conceptual models and "F-words on Childhood Disability" in serving CMC.
- Choose possible assessment and outcome measures including GAS for children with multiple disabilities across the ICF framework.
- Select school-based strategies to improve participation and physical activity levels for CMC.

Collaborative Evaluation and Goal Development for Children with Autism Spectrum Disorder – 3 Contact Hours

Christy Hupka and Amy Barr

Explore strategies for collaborative evaluation and goal development for students with autism spectrum disorder (ASD). A clinical decision-making algorithm designed to standardize and streamline the evaluation process will be presented that can be used to address deficits in both gross and fine motor skills including impairments in praxis, gait, balance, endurance, postural control, and strength. We will discuss a collaborative process using assessment data to develop multi-disciplinary goals to promote participation.

- Identify what information is needed about a child to successfully use the algorithm to complete an evaluation.
- Determine the best tests and measures to evaluate a given student within the school setting utilizing the provided algorithm.
- Recognize the benefits of a multi-disciplinary evaluation strategy.
- Utilize transdisciplinary goals for case studies that incorporate relevant information from involved disciplines.

Using Universal Design for Learning (UDL) to Help Teachers Enable Participation for All Students – 3 Contact Hours

Elisa Wern

Learn the principles of Universal Design for Learning (UDL). Attendees will examine the skills required to support all learners, regardless of disability or academic need, to engage in educationally based activities. Participants will discuss each service provider's roles and responsibilities including the role of educators, therapists, and other related service providers in UDL and pre-referral interventions. A specific focus will be on data collection for interventions for all learners, including pre-referral, multi-tiered systems of support interventions. Attendees will receive templates and resources that can be accessed following the training.

- Determine the application areas of each of the three tenets of Universal Design for Learning (UDL).
- Identify three areas of pre-referral interventions supported by legislation and research based on best practices.
- Utilize practice frameworks and guidance documents from organizations related to therapy professionals in the schools.
- Integrate templates and frameworks to initiate MTSS related support for students.

Conference Faculty

At the Forefront of School-Based Practice

Amy Barr PT, DPT is a school-based therapist and Physical Therapy Coordinator for Cherry Creek School District in suburban Denver. She has 24 years of experience and spent the last 18 years serving preschool through transition age students in school-based practice. She is a member of the PT/OT Advisory Team for Colorado Department of Education. Amy currently serves as the Chair of the APPT School-Based Special Interest Group.



Susan Cecere, PT, MHS is an experienced speaker on practice and administrative school-based therapy topics. She is the owner of Sequoia School Based Therapy Solutions, LLC, a consulting company that supports districts, agencies, and therapists in the practice of school-based therapy services by providing mentoring, professional development, and administrative support. Sue was the VP of the Academy of Pediatric Physical Therapy for 8 years and represented the academy in several national public education coalitions.

Valerie D. Clevenger, PT, DSc is a pediatric physical therapist and former board-certified specialist in pediatric physical therapy. During her doctoral work, Dr. Clevenger channeled her interest for embedding services in the schools into research specifically on “predictors of embedding PT services in schools”. Dr. Clevenger has experience providing physical therapy services in many environments including inpatient settings, outpatient settings, camps, schools, families’ home and more.



Kay de Veer, M.Ed., ET/P has been an educator for 13 years. During her graduate work, Kay studied neuropsychology, the brain and its relationship to learning, research-based remediation strategies, academic assessment, social-emotional learning as well as child development. After focusing on the vestibular system and its relationship to learning, Kay makes it a priority to integrate research-based movement, multi-sensory activities, and visualization into all of her work. She is currently an educational therapist in private practice where she consults families and schools and also works with students privately.

Cynthia Dodds PhD, PT, PCS is an Associate Professor of Physical Therapy at the Medical University of South Carolina. She specializes in pediatrics and provides pediatric experiential learning opportunities in South Carolina and Africa for physical therapy students. Cindy is also Director of the MUSC Physical Therapy Pediatric Residency. Her clinical and research interest focuses on children with medical complexity, including examination of heart rate variability and development of the Pediatric Awareness and Sensory Motor Assessment.



Christy Hupka, PT, DPT, PCS is a board-certified specialist in pediatric physical therapy currently practicing in Cherry Creek School District in Denver. She has 23 years of experience as a physical therapist and has spent the last 13 years working in schools with children between preschool and transition age. Christy leads a GoBabyGo program, providing powered mobility for young students. Currently, she serves as the pediatric representative on the professional development committee for the Colorado chapter of the APTA.

Cara Nicole Koscinski, OTD, MOT, OTR/L, CAS is an OT and a mother to two autistic sons which give her the unique opportunity to appreciate the perspective of the caregiver as well. She is the OT advisor and regular columnist for Autism, Asperger’s, and Sensory Digest; an advisor for the Real OT Solutions cursive handwriting program; and has completed volunteer work with multiple organizations such as Future Horizons and the Autism Society of America. As an Autism Specialist she provides OT services, advocacy, and consultations. Her website www.PocketOT.com contains products designed to support the busy OT and to help caregivers learn strengths-based approaches for their children.





Amy Lewis OTR/L is a pediatric OT with a particular interest in psychology, sensory integration, auditory interventions, relational neuroscience, and light touch body work. She recently completed a 2-year mentorship in Tensegrity Medicine, an approach that treats the whole person from an integrated mind and body perspective, focused on the fascial system. Her certifications include SIPT, Therapeutic Listening, Rhythmic Entrainment Intervention, iLs, and Safe and Sound Protocol. Amy currently works at Powerfully You, teaching and supporting therapists, and lectures as Affiliate Faculty at The Medical University of South Carolina.

Karen Pryor PhD, PT, DPT, ND, CH, CPRCS specializes in neuroplasticity. With a firm belief, when you change the mind the body follows. She is a physical therapist with 42 years of experience as well as a Naturopathic Doctor. Integration of multiple educational avenues has helped her design advanced programs for rewiring the brain. She received the “Outstanding Volunteer Service Award” from President Obama in 2010 for her work in advancing treatments in children. In addition, she received an appointment to the Leadership Interagency Coordinating Council for birth to three-year old children in Tennessee.



Kareen Robbins MS, OTR/L has over 32 years of pediatric experience where she primarily worked in the school setting. She is passionate about bridging the gap between knowledge and clinical practice to allow therapists to be confident in serving others and providing therapy services. She is the owner of Kareen Robbins & Associates, LLC., and provides professional development, consulting, and mentoring services. She is also certified to administer and interpret the Sensory Integration and Praxis Test. Recently, she assumed the role of an educational administrator of a rapidly growing related service program in Ohio.

Elisa Wern, M.Ed., OTR/L, ATP is an OT with a master’s degree in Special Education and is also a RESNA Certified Assistive Technology Professional (ATP). She has over 20 years of experience in pediatric therapy and presents on a variety of topics including literacy, universal design, related services, AAC, and assistive technology. She is the Local Assistive Technology Specialist for Alachua County Schools in Gainesville, Florida, where she coordinates AT services for the district, and serves as the Lead Occupational Therapist. She also has a private practice, AT & OT Consulting and Coaching, supporting students and families primarily through teletherapy evaluations, consultations, and interventions.



Colleen Cameron Whiting, OTD, OTR/L has worked as a pediatric OT for over 20 years, primarily in the public schools supporting children with sensory processing differences, autism, and those that have experienced trauma. Colleen is passionate about the integration of sensory and relational-based support for children. Colleen has published numerous articles and chapters. She is SIPT and DIR/Floortime certified as well as trained in the use of Integrated Listening Systems. Colleen is a cofacilitator of the AOTA School Mental Health workgroup. Colleen is also the owner of a private practice called The SPARK Sensory Clinic, on the faculty for the STAR Institute, and a lecturer for the post-professional OTD program at Boston University.

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

ON-DEMAND INSTRUCTIONS

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

CEU INFORMATION

The course meets the criteria for up to 31 contact hours (3.1 CEUs). Intermediate Level.



Education Resources Inc. is an AOTA Approved Provider of professional development. Course approval ID# 05439. 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 for FL Occupational Therapists for up to 35 continuing education hours.

Approved by the Kentucky Physical Therapy Association for 31 Category 1 contact hours, expiration Date: 3/6/25, approval # CS61-2023-APTAKY

Course meets the basic criteria of the MD Board of Physical Therapy Examiners

Approved by the NJ State Board of Physical Therapy Examiners.

Approved sponsor by the State of IL Department of Financial and Professional Regulation for Physical Therapy for 35 contact hours. Approved provider by the NY State Board of Physical Therapy for 35 contact hours (3.5 CEUs).

Education Resources is an approved agency by the PT Board of CA for 31 contact hours.

This activity is provided by the TX Board of PT Examiners accredited provider #1910017TX for 31 CCUs and meets continuing competence requirements for PTs and PTAs licensure renewal in TX.

Approved Provider for OK State Board of Medical Licensure & Supervision #BAP202310003.

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.

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.

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ON-DEMAND SCHOOL CONFERENCE REGISTRATION

On-Demand Conference Fees: Entire 2-Day Conference - \$749/person | 1-Day (Day 1 OR Day 2) - \$499/person

PRICING FOR GROUPS AND DISTRICTS:

Entire 2-Day Conference: \$749/person + \$129 for each additional participant (up to 9 participants).

1-Day Conference (Day 1 OR Day 2): \$499/person + \$79 for each additional participant (up to 9 participants).

Please contact Pamela Donnelly to discuss your group registration: pdonnelly@educationresourcesinc.com

We accept Checks and POs. for payment

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GROUP REGISTRATIONS

Please enter number of registrants. We will contact you for each individual registrants information

BOTH DAYS # of Registrants _____

Day 1 # of Registrants _____

Day 2 # of Registrants _____

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