



# SYNCroSI for Children with Special Needs

**Hong Kong, 12<sup>th</sup> - 16<sup>th</sup> June 2017 (Mon - Fri)**

Organizer:

**CREST Child Rehabilitation and Education Service Team**

Co-organizer:

**Haven of Hope Sunnyside Enabling Centre (Causeway Bay)**

Instructor:

**Kimberly Barthel (BMR, OTR)**

Guest Instructor:

**Manoj Parthnapuram (SLP)**

**Early Bird Deadline**

*Extended to*

**15<sup>th</sup> Mar, 2017**

**& Offer Group Discount**

## WHAT IS SYNCroSI?

Synchronized and Sustainable Intervention (for children with special needs) or SYNCroSI for short, is a specialized mentorship program that combines personal growth with clinical development experience for educators, therapists and parents working with children who have special needs.

## COURSE OBJECTIVES:

The core curriculum of SYNCroSI integrates and synchronizes the principles of the leading treatment processes of Regulation Through Relationship (RTR), Sensory Processing Intervention (SPI), Neuro-Developmental Treatment (NDT) and Functional Communication Intervention (FCI).

By the end of the program, participants will be able to make conscious intervention choices through mindful integration of the child's sensory-motor, cognitive and emotional developmental states. Participants will be able to effect positive functional changes in the child through their own processes of self-awareness, self-reflection and self-regulation.

The following outcomes are expected of the participants at the end of the program:

### Regulation Through Relationship (RTR)

- ★ To be present to the child and follow the child's initiations
- ★ To honour that all actions are valuable and have communicative intent
- ★ To be able to read the distinct features of non-verbal communication in the face, body and voice
- ★ To have a repertoire of play options

### Sensory Processing Intervention (SPI)

- ★ To be able to determine the child's state of arousal as high, low and just right, and if the child needs to up-regulate or down-regulate
- ★ To develop a repertoire of activities that support the modification of arousal
- ★ To understand environmental variables and how they affect arousal and what you can do to change them

## Neuro-Developmental Treatment (NDT)

- ★ To assess and evaluate movement competencies and challenges within a given functional task
- ★ To develop hands-on facilitation of alignment and dynamic movement within a functional task
- ★ To understand how arousal and sensory processing affect movement and adapt accordingly

## Functional Communication Intervention (FCI)

- ★ To be able to identify child's level of receptive and expressive communication
- ★ To be able to project expressive and receptive communication goals
- ★ To design and implement functional communication intervention to achieve the goals

## COURSE STRUCTURE:

Day	Theme	Aspects
Day 1	<b>RTR</b>	<ul style="list-style-type: none"> <li>• Tuning-in: Facial expression, body language, oral intonation, body position, state of arousal</li> <li>• Introspection: Self-awareness, self-reflection, self-regulation, conscious choice</li> <li>• Barriers to connection: Judgments, blind spots, triggers, own experiences</li> <li>• Co-regulation: Observe, interpret, reflect and act (being mindful of own body position)</li> </ul>
Day 2	<b>SPI</b>	<ul style="list-style-type: none"> <li>• Determining state of arousal: high, low and just right</li> <li>• Sensory strategies to shift arousal: up regulating and down regulating</li> <li>• Modifying sensory environment</li> </ul>
Day 3	<b>NDT</b>	<ul style="list-style-type: none"> <li>• Evaluating how sensation affects movement patterns: motor outcomes based on sensory trigger, and basic sensory-motor output</li> <li>• Movement patterns: flexion-extension, elongation and activation, rotation, alignment</li> <li>• Facilitation</li> <li>• Combining sensory priming with movement facilitation</li> </ul>
Day 4	<b>FCI</b>	<ul style="list-style-type: none"> <li>• Shaping expressive communication beginning with current state of engagement and intent</li> <li>• Reciprocal interaction through regulation (sensory and emotional)</li> <li>• Extending and expanding language through interaction</li> <li>• Oral motor (sensory motor aspects of the mouth for feeding and speech): respiratory, phonatory, articulatory and swallowing systems</li> </ul>
Day 5	<b>Putting the Pieces Together</b>	<ul style="list-style-type: none"> <li>• Play as a container for integrated intervention</li> <li>• Case analysis and role play</li> <li>• Assessment</li> </ul>

## CASE MENTORING ARRANGEMENT:

During this individualized and groundbreaking learning course, participants are purposefully paired with appropriate children to help meet each of the participant's learning objectives. Involvement of your client is welcomed. Participants will be paired up for hands-on activities on case handling for about 1 hour in morning and afternoon session on each day of the course.

## INSTRUCTOR:



Kimberly Barthel (BMR, OTR), creator of the SYNCroSI Approach (a culmination of her 30 years of practice) is an author, consultant, Occupational Therapist, and owner of Labyrinth Journeys, a company dedicated to providing professional and personal growth seminars. Kim is a Neuro-Developmental Treatment-OT Instructor and a teacher of Sensory Integration Therapy, with post-graduate study in neurosciences and a wide range of complementary healing practices.

Having authored the pediatric textbook Evidence and Art: Merging Forces in Pediatric Therapy, Kim proficiently blends and bridges the most up-to-date science of connection and attachment theory with the intuitive aspect of the therapeutic process. Kim's recent professional challenges include team strategy facilitation for acute pediatric/adolescent mental health cases, and creating sustainable care strategies in a wide variety of cultures throughout the world.

## GUEST INSTRUCTOR:

Manoj Parthnapuram is a speech-language pathologist and a practitioner-trainer who has worn many hats in his career spanning 20 years in the field of early intervention and special education. A speech-language pathologist and audiologist by training, Manoj's therapy interests saw him specialize in the holistic approach to assessment and intervention of children with special needs by working in multidisciplinary teams. Manoj has had extensive post-graduate certification in the Neuro-development Treatment (NDT) approach, TEACCH, Picture Exchange Communication System (PECS). Manoj currently heads the Resource and Training Centre at AWWA Ltd, Singapore. He mentors therapy teams, coordinates and conducts workshops for parents and professionals and consults on service model/delivery enhancements for organizations in Singapore and the region. He has been teaching the SYNCroSI Approach and collaborating closely with Kim Barthel for the past eight years.



## DATE & TIME:

12<sup>th</sup> – 16<sup>th</sup> June, 2017 (Mon - Fri) / 0930 – 1730

## VENUE (TENTATIVE):

Haven of Hope Sunnyside School  
301 Anderson Road, Tseung Kwan O, Hong Kong.

## LANGUAGE:

English

## ACCREDITATION:

Hong Kong Registered Occupational Therapist (HKROT) – 18 CPD Points

## CERTIFICATION:

A Certificate of Achievement (CoA) will be awarded to participants who complete the five-day program and satisfy the following requirements:

- Minimum attendance of 80% of the total hours
- Successful completion of a practical demonstration and oral interview

## COURSE FEE & DEADLINES:

Early Bird registration **extended to 15<sup>th</sup> Mar, 2017:** HK\$16,500  
Standard registration on or before 1<sup>st</sup> Apr, 2017: HK\$18,000

## **Group Discount**

**Group of 3: one person 50% off**

**Group of 4: one person FREE**

**Group of 5: see the form attached below**



**SYNCroSI for Children with Special Needs**

**Hong Kong, 12<sup>th</sup> – 16<sup>th</sup> June 2017 (Mon – Fri)**

## **REGISTRATION & PAYMENT:**

For Local Applications:

- **By cheque:**

Payable to **“CREST Child Rehabilitation and Education Service Team”**

- \* Please **send** to the address below together **with the registration form:**

**“To: CREST Child Rehabilitation and Education Service Team  
Room 706, Peninsula Tower, No. 538 Castle Peak Road,  
Lai Chi Kok, Kowloon, Hong Kong (SAR)”**

- **By Automatic Teller Machine (ATM):**

**Bank / Account No.: HSBC / 634-388821-838**

**Bank Account Name: TSRCL T/A CCR&EST**

- \* Please **write down YOUR FULL NAME and COURSE NAME on the bank advice slip** and **email together with registration form** to [info@crest.hk](mailto:info@crest.hk).

For International Applications:

- **By Telegraphic Transfer (TT)**

- \* Please see the attached “Telegraphic Transfer (TT) Instructions for CREST” for details, and **email the TT bank advice slip together with registration form** to [info@crest.hk](mailto:info@crest.hk).

## **TERMS & CONDITIONS:**

### **(i) Notification:**

Notification will be sent individually through email once your application and payment are received.

### **(ii) Confirmation:**

The confirmation will be sent individually through email by **10<sup>th</sup> Mar, 2017** for Early-bird Registration and **10<sup>th</sup> Apr, 2017** for Standard Registration.

### **(iii) Receipt:**

- Official receipt will be distributed on the first day of the course;
- HK\$500 administrative fee will be granted if:
  - a. re-issuing receipt with returning of original receipt, or
  - b. certified true copy of receipt is requested.

### **(iv) Withdrawal Policy:**

- No transfer of the fee to other courses or another person upon the enrollment is confirmed;
- HK\$500 administrative fee will be granted if written request for cancellation is received on or before **10<sup>th</sup> Apr, 2017**.

### **(v) CREST Child Rehabilitation and Education Service Team reserves the right on final decision on enrollment and cancellation of the course due to unforeseeable circumstances.**

## **ENQUIRY:**

For any enquiries, please feel free to contact Ms. Raymie Leung or Mr. Stephen Chan at (852) 3628 3443 or email: [info@crest.hk](mailto:info@crest.hk).

## REGISTRATION FORM

**Personal Particulars** (Please fill-in all the information below in BLOCK letters and put a “✓” in appropriate box(es))

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred name appeared on official receipt: Same as Above /

Preferred name appeared on certification: Same as Above /

Workplace: \_\_\_\_\_ Profession: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

*\*Please state clearly for receiving notification and confirmation.*

### Registration Fee

<b>Early Bird</b>	<input type="checkbox"/> <b>HK\$16,500</b> On or before: 15 <sup>th</sup> Mar, 2017
<b>Standard</b>	<input type="checkbox"/> <b>HK\$18,000</b> On or before: 1 <sup>st</sup> Apr, 2017

- ☐ Cash (Date: \_\_\_\_\_)
- ☐ ATM (Date: \_\_\_\_\_ Ref. No.: \_\_\_\_\_)
- ☐ Cheque (No.: \_\_\_\_\_ Bank: \_\_\_\_\_)
- ☐ Telegraphic Transfer (Date: \_\_\_\_\_ Bank: \_\_\_\_\_)

### Client's Information

If you bring your **own client**, please state client's information below:

Gender: ☐ Male ☐ Female Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Presenting Problem(s): \_\_\_\_\_

Preferred Time Slot: ☐ 10:15 – 11:15am ☐ 4:00 – 5:00pm

### Terms and Conditions

In no event shall **CREST Child Rehabilitation and Education Service Team** and its employees be liable to the participants for any injuries, costs, losses, damage, liabilities or expenses arising directly or indirectly from the course.

I hereby confirm that I have read, understood and agreed with all terms and conditions stated for this course.

I want / do not want (please delete as appropriate) to receive updates from us in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Staff Use Only

Remarks:

Receipt No.:	
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## GROUP REGISTRATION FORM (page 1/3)

**Group Discount (register on or before 15<sup>th</sup> March)** (Please select one and put a “✓” in the appropriate box)

- ☐ 3 Participants (**3<sup>rd</sup> Participant 50% off**, i.e Total Course Fee: HK\$41,250; Each Participant: HK\$13,750)
- ☐ 4 Participants (**4<sup>th</sup> Participant FREE**, i.e Total Course Fee: HK\$49,500; Each Participant: HK\$12,375)
- ☐ 5 Participants (**Each Participant: HK\$12,000, i.e. Total: HK\$60,000**)

**Personal Particulars of Participant 1** (Please fill-in all the information below in BLOCK letters) ☐ **Contact Person**

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred name appeared on certificate: Same as Above / \_\_\_\_\_

Workplace: \_\_\_\_\_ Profession: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

*\*Please state clearly for receiving notification and confirmation.*

**Personal Particulars of Participant 2** (Please fill-in all the information below in BLOCK letters) ☐ **Contact Person**

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred name appeared on certificate: Same as Above / \_\_\_\_\_

Workplace: \_\_\_\_\_ Profession: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

*\*Please state clearly for receiving notification and confirmation.*

**Personal Particulars of Participant 3** (Please fill-in all the information below in BLOCK letters) ☐ **Contact Person**

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred name appeared on certificate: Same as Above / \_\_\_\_\_

Workplace: \_\_\_\_\_ Profession: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

*\*Please state clearly for receiving notification and confirmation.*



## GROUP REGISTRATION FORM (page 2/3)

### Personal Particulars of Participant 4 (Please fill-in all the information below in BLOCK letters) ☐ Contact Person

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred name appeared on certificate: Same as Above / \_\_\_\_\_

Workplace: \_\_\_\_\_ Profession: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

*\*Please state clearly for receiving notification and confirmation.*

### Personal Particulars of Participant 5 (Please fill-in all the information below in BLOCK letters) ☐ Contact Person

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred name appeared on certificate: Same as Above / \_\_\_\_\_

Workplace: \_\_\_\_\_ Profession: \_\_\_\_\_

Country: \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

*\*Please state clearly for receiving notification and confirmation.*

### Declaration

In no event shall **CREST Child Rehabilitation and Education Service Team** and its employee be liable to the participants for any injuries, costs, losses, damage, liabilities or expenses arising directly or indirectly from the course. I hereby confirm that I have read, understood and agreed with all terms and conditions stated for this course.

Signature	Want / Do Not Want to receive updates from CREST
Participant 1:	<input type="checkbox"/> Want <input type="checkbox"/> Do Not Want
Participant 2:	<input type="checkbox"/> Want <input type="checkbox"/> Do Not Want
Participant 3:	<input type="checkbox"/> Want <input type="checkbox"/> Do Not Want
Participant 4:	<input type="checkbox"/> Want <input type="checkbox"/> Do Not Want
Participant 5:	<input type="checkbox"/> Want <input type="checkbox"/> Do Not Want

## GROUP REGISTRATION FORM (page 3/3)

### Payment Method

- ☐ Cash (Date: \_\_\_\_\_)
- ☐ ATM (Date: \_\_\_\_\_ Ref. No.: \_\_\_\_\_)
- ☐ Cheque (No.: \_\_\_\_\_ Bank: \_\_\_\_\_)
- ☐ Telegraphic Transfer (Date: \_\_\_\_\_ Bank: \_\_\_\_\_)

### Receipt Title (Please state clearly; HK\$500 administrative fee will be granted if re-issuing each receipt)

Receipt 1: (Title) \_\_\_\_\_ (Fee Amount) HK\$ \_\_\_\_\_

Receipt 2: (Title) \_\_\_\_\_ (Fee Amount) HK\$ \_\_\_\_\_

Receipt 3: (Title) \_\_\_\_\_ (Fee Amount) HK\$ \_\_\_\_\_

Receipt 4: (Title) \_\_\_\_\_ (Fee Amount) HK\$ \_\_\_\_\_

Receipt 5: (Title) \_\_\_\_\_ (Fee Amount) HK\$ \_\_\_\_\_

### Client's Information (1) (If you bring your **own client**, please state client's information below)

Gender: ☐ Male ☐ Female Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Presenting Problem(s): \_\_\_\_\_

Preferred Time Slot: ☐ 10:15 – 11:15am ☐ 4:00 – 5:00pm

### Client's Information (2)

Gender: ☐ Male ☐ Female Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Presenting Problem(s): \_\_\_\_\_

Preferred Time Slot: ☐ 10:15 – 11:15am ☐ 4:00 – 5:00pm

### Client's Information (3)

Gender: ☐ Male ☐ Female Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Presenting Problem(s): \_\_\_\_\_

Preferred Time Slot: ☐ 10:15 – 11:15am ☐ 4:00 – 5:00pm

### Staff Use Only

Remarks:

Receipt No.: