

Beyond NAS



2019 CONFERENCE SPONSORED BY
PLYMOUTH COUNTY D.A.'S OFFICE

05.10.2019
HOTEL 1620, PLYMOUTH, MA

SCHEDULE OF EVENTS

- 8:00 - 8:30: REGISTRATION & CONTINENTAL BREAKFAST**
- 8:30 - 8:45 WELCOME**
Theresa Harmon, MSW, LICSW (To The Moon And Back)
Lauren Langevin, RN (SENSE & South Bay Early Intervention)
- 8:45 - 9:00 OPENING REMARKS**
State Representative Mathew Muratore (Plymouth)
Plymouth County District Attorney Tim Cruz
- 9:00 - 10:00 NEONATAL ABSTINENCE SYNDROME**
Dr. Elisha Wachman (Boston Medical Center)
Dr. Matthew Grossman (Yale New Haven)
- 10:00 - 10:30 DEVELOPMENTAL OUTCOMES OF CHILDREN WITH NAS**
Dr. Marilyn Augustyn (Boston Medical Center, SOFAR Clinic)
- 10:30 - 11:00 LONG TERM FOLLOW UP CARE OF OPIOID EXPOSED CHILDREN**
Dr. Sara Stulac (Boston Medical Center, SOFAR Clinic)
- 11:00 - 11:30 BREAK**
- 11:30 - 12:00 EARLY INTERVENTION: MEETING THE CHILD'S NEEDS**
Lauren Langevin, RN (South Bay Early Intervention)
- 12:00 - 12:30 PARENTING & RECOVERY**
Meghann Perry, CARC
Julie Maida (Sober Mommies)
- 12:30 - 1:30 LUNCH**
- 1:30 - 2:00 CAREGIVER'S PANEL**
Vicki (Grandmother)
Lynette (Foster Parent)
Donna (Adoptive Parent)
- 2:00 - 3:00 OCCUPATIONAL THERAPY: SENSORY PROCESSING & NAS**
Jan Delaney, MS, OTR/L (South Shore Therapies)
- 3:00 - 3:15 BREAK**
- 3:15 - 3:45 TRAUMA INFORMED CARE**
Ed Jacobs, MSW, LICSW (Plymouth County District Attorney's Office)
- 3:45 - 4:00 CLOSING REMARKS**
Theresa Harmon, MSW, LICSW (To The Moon And Back)
Lauren Langevin, RN (SENSE & South Bay Early Intervention)

REGISTER ONLINE:
\$35
BEYONDNAS.EVENTBRITE.COM

FREE
Childcare!
provided by

Must Preregister
with Theresa!
theresaharmonLICSW@gmail.com

*** 5 CEUs**
are being
requested
for nurses
and social
workers.



For more information: www.2themoonandback.org @ToTheMoonMA on   

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&



SENSE
Substance Exposed Newborns of Southeast MA

05 . 10 . 2019

HOTEL 1620. PLYMOUTH, MA

8:00 AM - 4:00 PM

REGISTRATION

\$35

This event is for families caring for children with NAS as well as providers such as behavioral health clinicians, teachers, nurses, pediatricians, early intervention providers & early childhood educators.

NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

ARE YOU A:

PARENT

FOSTER PARENT

ADOPTIVE PARENT

RELATIVE _____

OTHER _____

MAIL CHECK & REGISTRATION TO:

To The Moon And Back, Inc
PO BOX 1078
Plymouth, MA 02360

OFFLINE REGISTRATION IS DUE BY 4/26