



# NewsLetter

Fall 2008

Philadelphia Interagency Coordinating Council:  
A Collaboration of Families, Early Intervention Providers and  
Early Childhood Community Agencies

## Philadelphia Interagency Coordinating Council Election

The PICC By laws state: will be chaired by professional(s) and parent(s). (Optimally, the chairs will represent the various segments of the EI and early childhood systems.)

The newly elected Professional and Parent PICC Co-Chairs for 2008-10 are: Katie Dougherty, Diane Hardie, Yovana Bustamante and Gina Reiss.

### Professional Co-Chairs

#### Katie Dougherty

My name is Kathleen Dougherty but everyone calls me Katie. My husband Robert and I have three children, Bobby (27), Lynn (24) and Joey (18). My oldest child Bobby, was born with Downs Syndrome and since his birth our family began a new life in the world of special education. Prior to Bobby's birth I was an elementary school teacher who had no desire to enter the world of special education. This changed very quickly. Three weeks after Bobby's birth I was making connections with Special People In Northeast (SPIN) to begin Early Intervention Services with Bobby.

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#### Diane Hardie

I am Diane Hardie, Early Intervention Coordinator for Therapy Solutions Children's Services. This is a non-profit organization providing early intervention for Philadelphia County. Our Home Base Program provides comprehensive developmental and rehabilitative services to children from birth to three years of age, most often in the homes, day cares or in their communities. I supervise occupational, physical, speech therapists and special instructors who deliver family-centered practices in a variety of natural environmental settings. My role as a team leader is to

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### Parent Co-Chairs

#### Yovana Bustamante

I learned about the PICC by attending their Family First training about "Positive Behavioral Reinforcements". At this training, I was able to learn more about their services and how Philadelphia HUNE, Inc., which is where I am a Bilingual Trainer could work with PICC. As the Bilingual Trainer at HUNE, I train parents and professionals on special education laws and procedures, cultural competency, and positive behavior reinforcements.

I am the mother of two children with disabilities. When they were first diagnosed with autism, I did not know any other parents with the same difficulties in

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#### Gina Reiss

My name is Gina Reiss, I am a happily married 30 something mom to an almost 3 year old son. I have a Bachelor's in Nutrition and practice as a Registered Dietitian. I am currently earning my Masters in Education. I work part time so that I can help my son who has ASD. My son started to receive services at 18 months old, and still does through Childlink. I am happy with all the services and he is doing better each week. Childlink has been a heaven sent for our family and has helped us every step of the way in learning

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# The Annual Retreat

## Communication in Action

Pam Schuessler:  
215-844-4620 x120  
pschuessler@kencrest.org

## Communication Networks

Missy Modesti:  
215-823-5087  
missy\_modesti@elwyn.org

Damina Durham:  
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## Family Involvement

Linda Jamison:  
215-731-2190 l  
indaj@phmc.org

## Families First

Susanne Tuckerman:  
215-204-1772  
susanne@temple.edu

## Family Fun Day

Jodi Miscannon please contact  
for further information about  
Family Fun day Jen Fischer  
philadelphiaicc@yahoo.com  
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## Inclusion

Wendy Schmid  
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## Newsletter

Robin Wright  
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## Transition at Three

Tracy Blair  
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## Transition at Five

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The Philadelphia Interagency Coordinating Council's Annual Retreat occurred on June 2, 2008. The United Cerebral Palsy Association hosted the event. The purpose of the annual retreat is to bring the membership together to review the past year's accomplishments and to set goals for the up-coming year. Twenty-seven members were in attendance. Jeanne Reese of Early Intervention Technical Assistance and Training Network facilitated the meeting. Ms. Harriet Dichter, Assistant Deputy Secretary of the Office of Child Development and Early Learning (OCDEL) was the keynote speaker.

Ms. Dichter informed the group that the number of children served state-wide in early childhood programs has increased under the Governor's new initiatives. She outlined five areas of focus for OCDEL this up-coming year: quality program design by alignment of standards, quality improvement through technical assistance, greater attention to the diversity of Pennsylvania's families, maximizing resources through increased state legislated budget allocation, and public accountability. She also emphasized the importance of building leadership and collaboration.

The meeting agenda included introduction of Katie Dougherty of SPIN, Diane Hardie of Therapy Solutions, professional chairs and newly elected co-chairs, Gina Reiss and Yovana Bustamante. They will serve a two-year term.

OCDEL has identified local community engagement groups (CEG) throughout Pennsylvania. Community engagement groups have similar functions as the PICC; however, their focus is primarily early childhood education collaboration and ours is early intervention. The YMCA of Philadelphia is the local community engagement group. Lola Rooney, the YMCA CEG was invited to address the retreat audience. She discussed the role of the CEG and responded to questions from the membership. She stated that OCDEL has identified community engagement groups (CEG) throughout Pennsylvania. Community engagement groups have similar functions to the PICC; however, their focus is primarily collaboration between ECE programs.

A recap of PICC committee efforts were reported to the membership by:

Pam Schuessler for Communication in Action

Wendy Schmid reported for Missy Modesti and Damina Durham on Community Networks

Linda Jamison for Family Involvement

Susanne Tuckerman for Families First

Jodi Miscannon for Family Fun Day

Wendy Schmid for Inclusion

Robin Wright for the Newsletter

Tracy Blair for Transition at Three

Bonnie Lundy for Transition at Five

All the PICC committees welcome new families and professionals as members. Details from the committee reports and information on how to join a committee can be obtained by contacting the Philadelphia Interagency Coordinating Council by phone 215-731-2464 or by email philadelphiaicc@yahoo.com.

A "PATH" (plan) for the Philadelphia Interagency Coordinating Council set in 2007 was reviewed for all to:

1. Increase family involvement at meetings, trainings, fun day & in leadership roles.

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# Philadelphia Interagency Coordinating Council Election

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## Professional Co-Chairs

### Katie Dougherty

When Bobby turned school age my connection with early intervention could have ended but that was not something I found appealing. I applied for a job at SPIN and 22 years later I am still here. I began as a teacher's aide and over time I moved up the career ladder. I am now the Corporate Officer of Children's Services and my role over the years has expanded to supervising programs that provide services to children who need Early Intervention, Childcare, Early Head Start, Head Start and/or Preschool services (Pre-K Counts).

My experiences as a parent of a child that received Early Intervention Services and my professional experience in both direct and supervisory service has provided me with the ability to see things from a variety of perspectives. My present position at SPIN also lends itself to seeing first hand how interagency coordination is necessary to provide services to all children

As the chairperson for the LICC, I hope to use my personal as well as professional experiences to support the children of Philadelphia. By working with all of the resources that are available in our great city, we can only help to keep up the present momentum Pennsylvania has had in making sure that children who need special education services have all the supports in place that this city can provide.

[kdghrty@spininc.org](mailto:kdghrty@spininc.org) – 215-612-7589

### Diane Hardie

ensure that our providers are dedicated to providing the highest level of service, care and support to our children, families and collaborating agencies. In addition, I coordinate and conduct staff trainings, facilitate fiscal administration of program and serve as a liaison for agency when interfacing with parents, service coordinators and Philadelphia County representatives.

I earned my Bachelor of Science in Nursing from West Chester University. My work experience in the field of mental health and retardation has varied from providing guidance and support as a Unit manager to developmentally challenged clients in assisted living program at the Overbrook School for the blind, known as the R.E.A.C.H. Program, to a center-based classroom teacher, home-based teacher, supervisor of E.I. programs and staff at Community Child Development Center. Although, I have had many titles and approximately 20 years of experience in Early Intervention, my main emphasis as a provider was to facilitate and coordinate services for parents and act as an advocate for families.

My life's goal has been to provide services for the community, utilizing my teaching, nursing, management, and social service skills. My relationship with the Philadelphia ICC has been fruitful and ongoing. I serve as a member of the PICC Inclusion Forum workgroup, as well as participate in PICC Annual Retreats assisting in establishing future goals. I welcome the opportunity to serve in a more active role as a co-chair. I am married and the proud parent of a high school senior.

[ctherapy@aol.com](mailto:ctherapy@aol.com) – 215-492-1223

## Parent Co-Chairs

### Yovana Bustamante

accessing appropriate supports and services for their children. Little by little I found more parents whose children also had disabilities, but still I did not know how to help my children. Although I was frustrated, I had to be strong for my children. Thankfully, I found the support and assistance that I needed at HUNE.

HUNE is a nonprofit organization in North Philadelphia that assists parents of children with disabilities in navigating the special education system to receive the appropriate supports and services. HUNE does this through trainings, advocacy, referrals, individual assistance, and technical assistance. HUNE concentrates services in the Hispanic/Latino population, working with parents, professionals, and youth. I believe that by being involved with PICC, I would be able to assist families of children with disabilities emotionally socially and academically. I also would be able to provide the expertise that I have as a Bilingual Trainer to educate parents and professionals who rely on the PICC.

[yovanahune@aol.com](mailto:yovanahune@aol.com)

### Gina Reiss

about Autism. I learned about PICC in my journey and have met some great contacts and families. Now that my son is close to transition I think that becoming more involved in PICC would be great. I would love to network, meet more families and receive and provide support to everyone in PICC.

[ktghouse@hotmail.com](mailto:ktghouse@hotmail.com)

# Our Experience with Early Intervention Services:

## How to Make It Work for You

By, Katrina Williams

It was a whirlwind. Once we realized our son was developmentally delayed (he was 10 months old). We frantically sought resources to address the delay, while also trying to determine the cause. After numerous tests and hospital visits we finally received the diagnosis – Williams Syndrome. By then we had already used up the limited number of therapy services offered through our health insurance. Fortunately, we were referred to Childlink – Early Intervention Service Coordination.

ChildLink provided referrals not only to the therapy services to address his delays but also support for our entire family – with invaluable information and guidance which helped us to help him. The service coordinator and therapists also reinforced our belief in his potential.

There are numerous research studies which highlight birth to 3 years as a critical time period. Children who receive early intervention services are exposed to activities and exercises to strengthen muscles and acquire skills. The importance of exposure (during this time period) – to words and/or activities are invaluable and should not be underestimated.

The therapists worked with a level of urgency and challenged our son to achieve specific goals, while trying to make it fun for him. Although he worked hard, especially during physical therapy sessions, he did not seem to mind. During this time period synapses were connecting, which I am convinced contributed to the significant progress we are seeing today.

“You get out of it, what you put into it.” This expression certainly applies to Early Intervention. The more involved we are as parents, the greater the benefits for our children. We were fortunate to work with a caring and experienced group of therapists; nevertheless, we knew one hour, once a week was not enough. We had to work with our son everyday if we wanted to see progress. Actively participating in the therapy sessions provided an opportunity to learn techniques and exercises, so we could work with our son on the days he was not receiving therapy. At times, I felt like a therapist-in-training.

How was I involved? I stayed during therapy sessions observing the therapist and our son’s reaction. Sometimes the therapist would describe what they were doing and why they were doing it. I asked questions during the sessions. If my questions were disrupting our son’s focus, I wrote down the question and asked after the session.

In addition to observing I actively participated in the session, by offering ideas and specific information about our son to help engage/focus our son or help the therapist with a particular task. The therapists are experts in their area of study; we, as parents know our children. The therapists always welcomed the input. I felt we were a team.

After observing for a while, I also asked the therapists if they could watch me as I attempted the exercise or activity with our son. It always amazed me how effortless and easy the exercises appeared as I watched the therapists with our son. When it was my turn to work hands-on with him, he would cry or not move his limbs as he did with the therapists. It was during these hands-on practice sessions that my respect for the therapists’ expertise and experience was heightened. It often took several sessions before I felt comfortable working with our son on a particular exercise. The therapists patiently observed and

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# DVAEYC 2008 Conference

## *"Embracing the Whole Child"*

The 2008 Delaware Valley Association for the Education of Young Children Early Childhood Conference had the largest attendance ever! More than 3500 participants enjoyed inspiring keynotes, featured presentations, and 70 varied workshops. An innovative "Administration Station," sponsored by Teaching Strategies, presented sessions of special interest to directors and administrators. The Please Touch Museum Book Awards and DVAEYC "Best Place to Work" Award, presented this year to Special People in the Northeast (SPIN), were high points of the Plenary Session. In the Exhibit Hall, participants found a model classroom, designed and presented by Lakeshore Learning Materials, and the "DVAEYC presents Documentation" display showcasing local programs and their use of documentation to make children's early learning evident to parents others was exhibited.

It was a star-studded conference with nationally known experts addressing a range of topics about elementary age including Dr. Harvey Karp, best-selling author of The

Happiest Baby on the Block and The Happiest Toddler on the Block, Lisa Murphy, "The Ooey, Gooney®Lady," and Dr. Suzanne Zoglio, author of Recharge in Minutes. Maurice Sykes, an urban

educator and inspirational child advocate, and Dr. Myrna Shure, who wrote I Can Problem Solve and Raising a Thinking Child. Every minute of the conference was packed with valuable information.

Nick Dubin's presentations on Asperger's Syndrome, from his own personal experience and as an author on the subject, were very well-received. Several workshops on inclusion, addressing challenging behaviors and helping children problem solve also received wide attendee approval.

Save the date for 2009! The DVAEYC Early Childhood Conference will be held next year from April 16-18 at the Convention Center in Philadelphia. Exciting workshop plans have already begun and YOU won't want to miss it!

All the committees welcome new family and professional members. Details from the committee reports and information on how to join a committee can be obtained by contacting the Philadelphia Interagency Coordinating Council by phone or email.



(l to r) Rashim Lancit, Karen Schaller, Kathy Mosley, and Sharon Esterling



Peg Szczurek



(l to r) Kathy Mosley, Peg Szczurek, Karen Schaller, and Rashim Lancit

## Fathers Can Support Breastfeeding

### Why Should Fathers Encourage Breastfeeding?

- Research shows that breastfed babies have fewer colds and ear infections.
- The nutrients in breastmilk help the baby's brain and immune system.
- Breastmilk is always the right temperature and ready to serve.
- Breastfeeding builds a close bond between mother, father and baby.

### How Can Fathers Be a Part of the Breastfeeding Team?

*Here are some suggestions:*

- Help around the house. If there are other children, take care of them so mom can get some rest.
- Take your baby to mom for breastfeeding. If mom needs something while she's breastfeeding, offer to get it for her.
- Do things that will make mom feel good about herself.
- Praise her for breastfeeding.
- Do something special for her.
- Be proud!
- Make time for just you and your baby. Babies need cuddles and hugs from their dads, too.
- When mom is breastfeeding, help her feel comfortable and relaxed.
- Your support can make mom feel more comfortable about breastfeeding, even in public.
- When baby gets hungry and needs to eat in public, mom can breastfeed without people noticing her.
- Mom can use a blanket or a shawl to cover up while breastfeeding. People will think that she's simply cuddling the baby.
- Skin-to-skin contact helps baby and father bond.

Current as of October 2002

www.4women.gov --- USDA- Adapted from original materials developed by Center for Male and Family Research and Resources, Morgan State University, Baltimore, Maryland. This project was funded by USDA/FNS Cooperative Agreement #59-3198-040.

## The Annual Retreat

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2. Improve Cross Systems Collaboration by setting joint goals, sharing resources, involving more agencies in the PICC meetings, and evaluating the need for a lending library.
3. Work toward a "single point of entry" for families by creating links on the PICC website to other family support resources and to insure that all stake holders are present at the table for both city and state early childhood initiatives.
4. Improve the community welcoming of all children by developing parent to parent support in communities in tandem with "Families First" and other advocacy programs.

The Philadelphia Interagency Coordinating Council reaffirmed this "PATH" for 2008/2009.

# Family Fun Day

Jodi Miscannon and Jen Fisher

The Philadelphia Interagency Coordinating Council's Family Fun Day is an annual event for children receiving early intervention services in Philadelphia and their families. This event takes place in the spring and is free for families. This Saturday event is filled with resources about education, health and safety, literacy, behavior support, subsidized child care and more. The Fun Day also includes wonderful, age-appropriate entertainment, games, arts and crafts, face-painting and other fun activities. The Family Fun Day gives families involved in the early intervention system a chance to meet other families, gain information, and have fun!

We would not be able to host such a great event without the help of volunteers and donations! The following are Early Intervention providers that we would like to extend a big thank you to:

**UCPA** – A big thanks to them for the volunteers from their staff! They did a terrific job and kept everything running smoothly that day.

**SPIN** – snacks

**Sunshine Therapy group** – provided a therapy play area outside and volunteers

**NEGD** – pretzels

**MRS** – bags/pens and volunteers

**Elwyn** – water ice and volunteers

**FSS** – chair massages and volunteers

**APM** – information table

**Childlink** – Baby play area/ photographer and volunteers

**Sunny Days** - Sand Art

**NHS** – paper goods

**RHD** – garden activity

The following provided resource tables for our families:

Tabor Family Services, Elwyn Dental Services, CCIS, ARC of Philadelphia, Fire Dept, Police Dept, Temple University Institute on Disabilities

The Hat Man and Joseph Morris the musician from Therapy Solutions Children's Services were great entertainers for all and the Moon Bounce was a great fun.





## Recipe Corner

### Fruit pizza

*A Fun way to eat fruit by a creative mom, Bonnie Benson*

Kids love to cook! With this easy recipe they'll make healthy treats, have fun and learn! Before trying a new recipe, make sure that it fits the requirements of your child's diet. It is important to make sure the food is the right thickness and texture. Also, watch out for food that your child may be allergic to. If you have any doubts, call a health care professional first before serving the questionable food to your child. This recipe may not be suitable for all children.

#### INGREDIENTS:

Slice and bake chocolate cookie dough

A variety of fruit, washed and sliced to a small size

Cream cheese filling (store bought-refrigerator section)

Apricot jelly

#### DIRECTIONS:

1. Slice and bake the cookies in a large circle
2. Let the cookie shell cool
3. Spread the cream cheese filling over the cookie shell
4. Place fruit in a pretty design on the cream cheese filling
5. Heat jelly to a liquid and brush over the fruit to glaze the pizza
6. Eat and enjoy



## Alphabet Hopscotch

**A. Goal:** To help your child recognize letters and letter sounds

**B. What You Will Need:**

- Several sheets of 8 1/2" x 11" plain paper
- Crayons or markers

**C. Let's Go!**

1. Print each letter of the alphabet on a sheet of paper. Ask your child to help you decorate the letters with crayons or markers.

## Craft Corner



2. Choose ten letters and arrange them in a hopscotch pattern on the floor.
3. Play hopscotch, saying the names of the letters as you land on each square.
4. Play again, this time saying the sounds the letters make as you land on each square.

Note: Some pre-schoolers will have trouble hopping on one foot. It's ok to do 2-Foot hops. Just call the game "Jumpscotch!"



# Book Corner

## Amazing Animal Alphabet with Fantastic Flaps!

By Richard Edwards • Illustrated by Sue Hendra

ABC is easy...Read the rhyme! Combine the clues with reason and try to guess which animal is waiting to come out from under the flap. This baby-preschooler book presents the alphabet using some surprising animals and some you should know to review and teach. The colorful illustrations make the animals come alive and almost jump off the pages!

### PICC Events

Any questions contact  
Jen Fisher at  
philadelphiaicc@yahoo.com  
or 215-731-2464

#### OCTOBER 2008

##### Behavioral Health and Emotional/Social Development

Time and Location: TBD

#### NOVEMBER 5, 2008

##### PICC Business Meeting

10:00am  
Location: TBD

#### DECEMBER 9, 2008

##### Transition at 5 Morning Meeting

440 N Broad Street  
Room TBD:

##### Evening Meeting

6:00 pm  
ELWYN  
4025 Chestnut Street  
Phila, Pa 19104

#### MARCH 3, 2009

##### PICC Business Meeting

10:00am  
Location: TBD

#### APRIL 15, 2009

##### Transition at 3 Meeting

1:00pm  
(tentatively Library in Olney)

6:00 pm  
Location: TBD

#### MAY 2009

##### Family Fun Day

10:00am – 2:00pm  
Carousel House

#### JUNE 1, 2009

##### PICC Retreat

9:00am  
SPIN

### Families First Training

Families First is a free information session for families with children receiving Early Intervention Services in Philadelphia. Families First will teach you the basics of Early Intervention. Contact Sue Tuckerman at 215-204-1772 – Susanne@temple.edu.

#### NOVEMBER 8, 2008

##### Training

10:00am – 3:00pm  
SPIN Norcom Community Center  
10980 Norcom Road  
Philadelphia, PA 19154

#### NOVEMBER 18, 2008

##### Training

10:00am – 12:00pm  
SPIN Frankford  
1642 Orthodox Street  
Philadelphia, PA 19124

#### DECEMBER 3 & 10 2008

##### Training

9:00am – 11:30pm  
KenCrest South  
504 Morris Street  
Philadelphia, PA 19148

# Fetal Alcohol Spectrum Disorders

## What are FAS and FASDs?

Prenatal exposure to alcohol can cause a range of disorders, known as fetal alcohol spectrum disorders (FASDs). One of the most severe effects of drinking during pregnancy is fetal alcohol syndrome (FAS). FAS is one of the leading known preventable causes of mental retardation and birth defects. If a woman drinks alcohol during her pregnancy, her baby can be born with FAS, a lifelong condition that causes physical and mental disabilities. FAS is characterized by abnormal facial features, growth deficiencies, and central nervous system (CNS) problems. People with FAS might have problems with learning, memory, attention span, communication, vision, hearing, or a combination of these. These problems often lead to difficulties in school and problems getting along with others. FAS is a permanent condition. It affects every aspect of an individual's life and the lives of his or her family.

Fetal Alcohol Spectrum Disorders (FASDs) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASDs is not intended for use as a clinical diagnosis at this time.

FASDs include FAS as well as other conditions in which individuals have some, but not all, of the clinical signs of FAS. Three terms often used are fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). The term FAE has been used to describe behavioral and cognitive problems in children who were prenatally exposed to alcohol, but who do not have all of the typical diagnostic features of FAS. In 1996, the Institute of Medicine (IOM) replaced FAE with the terms ARND and ARBD. Children with ARND might have functional or mental problems linked to prenatal alcohol exposure. These include behavioral or cognitive abnormalities or a combination of both. Children with ARBD might have problems with the heart, kidneys, bones, and/or hearing.

FAS is the severe end of a spectrum of effects that can occur when a woman drinks during pregnancy. Fetal death is the most extreme outcome. FAS is a disorder

characterized by abnormal facial features and growth and central nervous system (CNS) problems. If a pregnant woman drinks alcohol but her child does not have all of the symptoms of FAS, it is possible that her child has another FASD, such as alcohol-related neurodevelopmental disorder (ARND). Children with ARND do not have full FAS but might demonstrate learning and behavioral problems caused by prenatal exposure to alcohol. Examples of these problems are difficulties with mathematical skills, difficulties with memory or attention, poor school performance, and poor impulse control and/or judgment.

Children with FASDs might have the following characteristics or exhibit the following behaviors:

- Small size for gestational age or small stature in relation to peers
- Facial abnormalities such as small eye openings
- Poor coordination
- Hyperactive behavior
- Learning disabilities
- Developmental disabilities (e.g., speech and language delays)
- Mental retardation or low IQ
- Problems with daily living
- Poor reasoning and judgment skills
- Sleep and sucking disturbances in infancy

Children with FASDs are at risk for psychiatric problems, criminal behavior, unemployment, and incomplete education. These are secondary conditions that an individual is not born with but might acquire as a result of FAS or a related disorder. These conditions can be very serious, but there are protective factors that have been found to help individuals with FASDs. For example, a child who is diagnosed early in life can be placed in appropriate educational classes and given access to social services that can help the child and his or her family. Children with FASDs who receive special education are more likely to achieve their developmental and educational potential. In addition, children with FASDs need a loving, nurturing, and stable home life to avoid

disruptions, transient lifestyles, or harmful relationships. Children with FASDs who live in abusive or unstable homes or who become involved in youth violence are much more likely than those who do not have such negative experiences to develop secondary conditions.

If you think your child might have an FASD, contact your doctor who might be able to refer you to a specialist who can assess your child.

### How can we prevent FASDs?

FASDs are completely preventable—if a woman does not drink alcohol while she is pregnant or could become pregnant. If a woman is drinking during pregnancy, it is never too late for her to stop. The sooner a woman stops drinking, the better it will be for both her baby and herself. If a woman is not able to stop drinking, she should contact her doctor, local Alcoholics Anonymous, or local alcohol treatment center. The Substance Abuse and Mental Health Services Administration (SAMHSA) has a Substance Abuse Treatment Facility locator. This locator helps people find drug and alcohol treatment programs in their area. If a woman is sexually active and is not using an effective form of birth control, she should not drink alcohol. She could become pregnant and not know it for several weeks or more.

Mothers are not the only ones who can prevent FASDs. The father's role is also important in helping the mother abstain from drinking alcohol during pregnancy. He can encourage her not drinking alcohol by avoiding social situations that involve drinking and by not drinking alcohol himself. Significant others, family members, schools, health and social service organizations, and communities can also help prevent FASDs through education and intervention.

In February 2005, the U.S. Surgeon General issued an Advisory on Alcohol Use in Pregnancy to raise public awareness about this important health concern. To reduce prenatal alcohol exposure, prevention efforts should target not only pregnant women who are currently drinking, but also women who could become pregnant, are drinking at high-risk levels, and are having unprotected sex.

The information in this article has been printed with permission from the Department of Health and Human Services – Centers for Disease Control and Prevention. Content source: National Center on Birth Defects and Developmental Disabilities, May 2, 2006.

For more information, go to <http://www.cdc.gov/ncbddd/fas/fasask.htm#character>

## Our Experience with Early Intervention Services:

## How to Make It Work for You

By, Katrina Williams

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guided me through the exercises, offering helpful comments and suggestions to increase my comfort level.

The therapists each have varying levels of expertise and experience. If your child continually cries during therapy sessions or you are not comfortable, it may not be a good fit. It is okay to change therapists. The Service Coordinator is an excellent resource to help guide you through the process. We were pleased with the therapists during our son's first year of therapy, but felt it might be beneficial to work with therapists that have experience, interest or expertise in our son's diagnosis.

Our involvement was not limited to the therapy sessions. It is also important for all of the therapists to attend the quarterly reviews. It was beneficial to sit together and focus on a particular objective. In our case, after our son learned to crawl (with guidance, and instruction from the therapists) our next goal was to see him walk independently (without the walker). Each therapist – O.T., P.T. and the Special Instructor developed goals from their area of expertise to help achieve the overall objective. Only in retrospect, can I fully appreciate the benefits of Early Intervention Services. The therapists provided the foundation for our son by strengthening muscles and helping him to acquire skills.

I was anxious to see him achieve specific goals and initially was not convinced that exercising on the ball (to increase trunk strength) or performing the vestibular exercises would help. Despite my reservations, fortunately I continued to listen to the therapists and did the exercises, especially since I did not have any other plan of action.

Be patient, do the exercises with your child and listen to the therapists. Their role is to help us to help our children. We worked as a team and I am amazed at the results. I am forever grateful for Early Intervention.



NON-PROFIT ORG.  
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**PICC News**

c/o PHMC ChildLink  
260 S. Broad Street, 18th Floor  
Philadelphia, PA 19102

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What are FAS and FASDs?

Any questions contact Jen Fisher at [philadelphiaicc@yahoo.com](mailto:philadelphiaicc@yahoo.com) or 215-731-2464