Adam Joachimiack successfully moved from a state-run group home to his own apartment and now embraces community living. He has been guided primarily by his dedicated family.

Adam Joachimiack is glad spring is here. “I’m in the Corn Hill area now. I like living here because I like walking to Amerks games and Red Wings games.” After a long winter, he is ready to take in some baseball and hit the golf course. He closely follows his all-time favorite sports team, the New York Yankees, and may travel to attend a game or two. Adam loves sports. Yesterday, he joined a pickup game of five-on-five basketball at Pieters Family Life Center and neatly sank several shots.

Tonight, Adam is making lasagna for dinner and will be sure to portion it out and freeze some for later. He shops at several local grocery stores, but Wegmans is his current favorite because it offers a good selection of gluten-free foods. Whether walking the family dog, Chloe, or going to the laundromat with his Nook reader, Adam is happy and comfortable in his neighborhood.

Like many others, the personable young man has found a good fit for his social and cultural interests, as well as service needs, in the Corn Hill community and Rochester area. The way in which Adam’s life differs from other adults is that Adam needs extra support to make it all happen; that’s where his family, community members, staff members, and “Cindy,” a tablet-based task reminder program, come into the picture.

Adam’s mother, Joyce Steel, and his stepfather, Scott Williams, were instrumental in helping Adam to create a new life and continue to provide the support needed for Self-Directed Services to be successfully implemented. They both agree wholeheartedly that Adam’s current quality of life is well worth the effort.

It has been an uplifting, empowering journey, and lengthy too, marked by deliberate pauses to assess how to meet Adam’s needs; unintended pauses created by raising two more children, jobs, other family and...
News about the Merger

In January of 2014, the Boards of Directors of The Advocacy Center and LDA Life and Learning Services voted to enter into a formal affiliation, with complete integration targeted for early next year. When the eventual merger occurs, the intent is to create a new organization, blending the best elements of both The Advocacy Center and LDA.

Individuals and families may have some questions about what this means. How will this merger affect the programs and services we offer that people want or depend on? Will we continue offering workshops and conferences? Can we continue to provide reliable, independent advocacy?

Programs & Services: We anticipate no immediate changes to services or programs in 2014. We will continue to provide programs through Family Support Services, Parent Training & Information, and the Special Education Parent Center, as well as individualized service coordination. For a more complete listing of all that we offer, please visit our website at www.advocacycenter.com.

Education: We have a robust schedule of workshops and conferences planned for the spring, and are beginning our planning for summer and fall offerings. We post all offerings on our event calendar online.

Advocacy: Yes, we absolutely believe we can continue to provide the advocacy that is at the core of our mission. Both of our agencies are committed to choice, individualized services, and a person-centered, family-centered approach.

We are very optimistic about the opportunities this merger presents. Both of our agencies are strong, and our partnership will make us even stronger together. We look forward to continuing to work with you to create a world that works for everyone.

Allyn Stelljes, Deputy Executive Director, and Colin Garwood, Executive Director

Spotlight on Community

continued from page 1

community obligations; and startling moments of discovery.

Ten years ago, Adam was living in a group home in Dansville, NY. His service coordinator at the time was Cindy Lill. Nine years prior to meeting Adam, Cindy pioneered the first non-certified home in New York State while advocating for her son, Chet. It was Cindy’s expertise that initially led the family down the CSS2 path.

Adam’s family joined with other like-minded families to explore non-certified housing options for their children with disabilities. “We all got along well, but we had different goals for our kids,” Joyce observes. Important factors in the conversation included geography; proximity to services; rent or purchase; sufficient number of bathrooms, and adequate staffing to support the varying needs of housemates. Joyce notes, “The kicker was when I realized we were force-fitting our kids to be friends… Adam was coming from a large group home setting. We realized we were in the process of creating another group home, just on a smaller scale. We wanted something different. It took us over a year to sort all this out.”

They kept the conversation going with Adam and asked Diane Porcelli, Adam’s new Service Coordinator and Janet Austin, Director of Individualized Consumer Services at The Advocacy Center, for guidance. Adam indicated on several occasions that he was ready for a change. One day, he convincingly announced to staff at his group home that he was moving out to his own place “next week” and they believed him. Scott points out that “if Adam is not interested in something, he puts the brakes on, but in this case, he was stepping on the gas.”

At the same time, Joyce and Scott were renovating their three-story house in Corn Hill, and had asked Joyce’s mother to live with them.
That drove the plan, at least initially, for Adam to live there too. Each of them would have a separate living space, with Adam's grandmother on hand to be a natural support. But unexpectedly, Joyce's mother passed away, and that was a game-changer.

Joyce observes, “You're trying to fit all this planning in with the rest of your life.” While renovations continued, they began formulating a plan for Adam and hired a start-up broker, Laura Khederian. They submitted the plan to the DDRO (NYS Developmental Disabilities Regional Office) and the process of getting it approved took another several months. “At times, we had to advocate very strongly with the DDRO, but it was never confrontational. We had to make revisions. We had concerns; the state had concerns, and we found a way to meet in the middle and make it work. The priority always had to be Adam’s quality of life and his involvement in the community. That was always the driving force for us.”

In addition to Adam's interest in moving, a series of investigative articles in the news compelled the family to keep working hard on Adam's behalf.

Ultimately, the plan to bring Adam closer to his family and back to his community cost New York State about one third of Adam’s original group home placement and services. The family decreased Adam’s budget by two thirds and at the same time, greatly increased his overall well-being. Adam is now living in his family home, but in a separate apartment. His staff supports him and guides him in developing independent living skills.

“The most challenging part of this whole endeavor is staffing. It's like running a small business. You are hiring, training, supporting, holding them accountable, and doing all the paperwork. Naturally, there is a learning curve, and we have made mistakes along the way. Trinity Assistance Corporation has been a great resource as both our Financial Management Service and in supplying applicants to be interviewed. When interviewing staff, Joyce points out that the applicant’s level of experience with people with disabilities doesn’t matter as much as the ability to “click” with Adam and understand how he learns. “When Adam and Nathan (one of Adam’s staff) interacted at first, we knew right away that it would work.”

Nathan clearly enjoys interacting with Adam, “I still owe you a payback on those snowballs.” Adam laughs, acknowledging the snowball encounter.

Nathan says, “We joke around all the time, but we're still getting business done. It’s good to see Adam making progress, and to be a part of that.” Joyce notes that Nathan and Adam exercise mutual respect, and that makes for a great working relationship.

The family’s work and orchestration have proven to be well worth the effort. Adam's move to a community setting has helped him to gain new skills and build “social capital.” He is developing long-term relationships with the people he sees on a regular basis. He checks in with Barb at Meals on Wheels, where he volunteers. Chris at the laundromat will help out if he has questions during his weekly laundry run – not because she works there, but because she likes Adam. He meets many customers, who are also neighbors, at Corn Hill Fine Wine and Spirits where he works with his sister, Ashlee. Adam actually has a following at the store – many customers make sure to come in on the night that Adam is working. He works with his stepfather, Scott, roasting and packaging coffee at his business, Groveland Hill Roasters. Adam is a dependable and enthusiastic volunteer at Scottsville Animal Hospital where he walks dogs. He enjoys working with the staff and customers at the Chili Hess station where he stocks and organizes products. Adam works out at the Carlson MetroCenter YMCA, another strong community anchor. He enjoys a variety of activities and socializing at Pieters Family Life Center. And

when Adam is ready for a haircut, he will be welcomed by Peter at Gentlemen’s Barber.

Technology plays an important role in helping Adam develop independence. He uses a cell phone, checks email on his Nook, and is politely reminded to complete tasks by his new TouchStream™ tablet, which he has named, “Cindy,” after a previous service coordinator. “Cindy” helps Adam start the day independently and stay on track with a variety of tasks, including medications, meal time and cleaning his apartment. Joyce, Scott, and Adam's staff also use technology to plan and keep track of Adam's busy schedule.

Adam is clearly happy with his new life. His new friends are enjoying Adam's friendship as well. Witnessing Adam’s growth and success have motivated Joyce and Scott to continue. “We can sleep well at night knowing this was the right thing to do for Adam, and he has a meaningful life that works for him. We hope that telling Adam's story will encourage other families to explore Self-Directed Services and make it work for them.”

1Self-directed Medicaid services means that participants, or their representatives...have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports...http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html

2Consolidated Supports and Services


4TouchStream Solutions, LLC info@touchstreamsockets.com, (860) 280-8468.
Is there an Advocate in the House?

Discussing the Common Core Learning Standards
With Laura Arrington, Parent Center Coordinator, The Advocacy Center

Laura Arrington
Parent Center Coordinator

What is Common Core?
National standards intended to prepare students for post-secondary education and work.

With Common Core, what are the implications for developing an IEP?
The role of the Committee on Special Education is more important than ever. That committee, including the parents or family members, are part of the development of the IEP. It should meet the unique learning needs of students and address supports and services. So the important thing to know is that the development of the IEP is important, and it has not changed. So with Common Core, it shouldn’t change.

How do the new standards affect students with disabilities?
My hope is that you will see the development of more critical thinking skills. So the Common Core should be moving away from teaching to the test and really teaching critical thinking skills. For example, how do students use Math and apply it in everyday life?

What will it look like for students with disabilities? It will be individualized, as it always should be. Instruction should always be individualized. You should see very interactive classrooms, differentiated instruction, work groups, check-ins for understanding, quick assessments of students without students even realizing it.

One of the challenges here is that NYS has developed modules for school districts to use as a guide. You can find these on their website: http://www.engageny.org/

Some districts have totally embraced these modules. And I think the belief is, ‘If we follow these modules, we will get great test scores. But they weren’t developed for that.’ These modules were written as guidelines. Commissioner King (NYS Commissioner of Education) spoke with us about Common Core and has confirmed that these modules were written as guidelines.

Commissioner King has said over and over again that you don’t have to follow the modules. What is expected is good teaching. We want teachers to use their knowledge and meet their students’ learning needs, wherever they are.

Unfortunately, the reality is that there has been a breakdown in communication between what the Dept. of Education wants to be implemented and what the districts believe the state wants. Maybe school districts are thinking, ‘We cannot change the modules. We have to follow the modules strictly without accommodations or scaffolding.’ And that’s just not true.

Again, schools and teachers should be asking, ‘What does each student need? How will we adapt or modify material to meet the unique needs of students?’

So students should have access to the general education curriculum, just as the expectation was in the past?
Correct.

The difference is that the general education curriculum is now guided by CCLS. This IS the new Gen. Ed. Curriculum.

That’s right. I would encourage parents to take a look at http://www.engageny.org/to explore the standards. I like to remind parents to be patient through this time. We are all trying to figure this out. If your son or daughter is stressed out about the Common Core, parents can begin to help by having a conversation with the teacher.

If your child has five hours of homework a night, you need to have a conversation!

Depending on the teacher’s responsiveness, the parents may need to have a conversation with the principal, the superintendent, or the school board.

Ask school officials, ‘How do we look at the Common Core? How do we look at the student assessments? How do we use this information to guide and support student learning? What is the message that we are giving our students? Are we letting them know this is one measure of a student?’ It provides a snapshot into one day in the life of a student.

If your child is stressed out about the assessments, find out if your school has the ability to limit the number of assessments given or to shift from traditional formal tests to a more informal, less conspicuous way to assess students. Assessments give teachers information they need to determine if students are learning and retaining information, and that helps teachers decide if they need to change their teaching approach.

For more information on Common Core Learning Standards, please see the following resources: http://www.p12.nysed.gov/ciai/common_core_standards/
http://www.engageny.org/
### Advocacy Center Upcoming Events & Workshops

**Professional Conference and Parent Workshop**

**Up and Down the Worry Hill:** Helping Anxious Kids & Teens with Anxiety  
*Professional Conference, Tuesday, May 6, 2014*

AND

**Worried No More:** Helping Kids & Teens Cope with Anxiety  
*Parent Workshop, Monday, May 5, 2014*

Aureen Ponto Wagner, Ph.D., is Adjunct Associate Professor at the University of North Carolina at Chapel Hill School of Medicine, member of the Scientific and Clinical Advisory Board of the International OCD Foundation and Director of The Anxiety Wellness Center in Cary, North Carolina. She is a clinical child psychologist, expert in childhood anxiety and international speaker who is widely recognized for her unique Worry Hill approach to making Cognitive-Behavioral Therapy accessible to youngsters. For more information about Dr. Wagner and her work and resources, please visit [www.anxietywellness.com](http://www.anxietywellness.com).

Note: Participants may register for one or both events.  
Please see agenda and registration information:  

---

### Creating a Life After High School

A free, five session program designed to help answer the many questions students and family members have as they enter the adult world.

**Thursdays, May 8, 15, 22, 29 • Agency Fair Monday, June 2  
5:00pm to 8:00pm**

Pieters Family Life Center, 1025 Commons Way, Rochester NY, 14623  
Dinner is provided each night

Registration is open to all students in Monroe County NY, ages 15-21 who are living at home and who have established DDRO eligibility.

To Register or for further information, please contact  
Carrie Burkin (585) 546-1700 ext 231 or burkin@advocacycenter.com.  
Registration deadline: Monday 5/5/14.

*A parent/guardian or other family member must accompany the student to all sessions*

Sponsored by The Advocacy Center  
In Collaboration with Heritage Christian Services, Self-Advocacy Association of NYS, Institute for Innovative Transition, Holy Childhood, and Monroe 2-Orleans BOCES

---

### Effective Access Technology Conference

**June 17-18, 2014**

Rochester Riverside Convention Center, Rochester, NY  
This two-day conference will feature speakers, exhibits, and poster sessions. It is your opportunity to share ideas and innovative solutions to the challenges in applying Technology to make Access for individuals truly Effective.  
For further information, please see http://www.rit.edu/research/access/index.php. Contact Dawn Severson at (585) 475-2167 or email dawn.severson@rit.edu

---

### Family Advocacy Group

**Thursday, April 24, 2014  
6:30pm – 8:30pm**

The Advocacy Center,  
590 South Avenue, Rochester, NY

Family Advocacy Group offers a monthly facilitated gathering focused on Individual Supports and Services. The topic for April's meeting will be "Planning for Independent Living". This workshop is intended for families of children with OPWDD eligibility who are looking for guidance in understanding the many dimensions of life care planning, including housing, transportation, medical benefits, employment, and coordinating government benefits.

OPWDD eligibility is required to participate in Family Advocacy Group.  
REGISTRATION IS REQUIRED. Please register before April 22, 2014.

To register online:  
http://www.advocacycenter.com/events/family-advocacy-group  
Or contact Dee Staley at (585) 546-1700 ext. 277 or staley@advocacycenter.com.
### Advocacy Center Upcoming Events & Workshops

<table>
<thead>
<tr>
<th>New Funding Opportunity: B. Thomas Golisano Life Enhancement Fund</th>
</tr>
</thead>
</table>
| Life Enhancement Funds may be used to help offset the cost of a wide range of goods and/or services intended to address urgent needs and to enhance the quality of life for a person with a disability. These needs may include goods or services related to a person’s health, welfare or living environment.  

The Fund welcomes applications from community professionals affiliated with charitable or other service organizations on behalf of individual applicants.  

Parents, ask your Medicaid Service Coordinator for application assistance on this new funding opportunity. For further information, [http://www.futurecareplanning.org/future-care-history.html](http://www.futurecareplanning.org/future-care-history.html) |

<table>
<thead>
<tr>
<th>The Inside Scoop: Meeting Children’s Medical Needs in the Home, School, and Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Free Three-Part WEBINAR Series Ideal for Parents and Professionals Supporting Children With Medical Needs</td>
</tr>
</tbody>
</table>
| **Develop** your knowledge and skills to effectively navigate the health, education and disability service systems  
**Participate** in engaging, interactive sessions  
**Learn** from experienced presenters  
**Build** your resource binder |

**Building a Supportive Team**  
**Thursday, June 5, 2014**  
– Preparing for Hospital Visits, Building a Circle of Support, Creating a Multi-disciplinary Team  
– Maintaining Caregiver Wellness  
– Advocacy Steps: How to Navigate Multiple Systems to Meet a Child’s Needs  

**Building Effective Relationships: Parents and Medical Professionals Working Together**  
**Thursday, June 12, 2014**  
– Parent/Physician Communication: How to Make the Most of Your Visits  
– Finding Quality Medical and Related Information Online  
– Organizing Records  

**Bridging the Gap: How to Access Information and Resources**  
**Thursday, June 19, 2014**  
– Meeting the Educational Needs of a Child who is Medically Fragile  
– Financial Benefits, Health Insurance, Waivers, Funding Medical Equipment & Eligibility for Developmental Disability Services  
– Creating a Home Environment that Doesn’t Look Like a Hospital |

| To see a complete calendar of the Advocacy Center’s upcoming events visit [http://advocacycenter.com/events](http://advocacycenter.com/events) |

<table>
<thead>
<tr>
<th>Nominations for Community Awards accepted year-round!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know someone who stands out in service and commitment to people with disabilities? Or maybe a self-advocate whose work and life direction you admire? The Advocacy Center now accepts nominations for Community awards year-round. Award winners are honored at our annual fundraising event. Don’t miss the opportunity to honor a special parent, teacher, community member, or self advocate! Please contact Rick Wright for further information at (585) 546-1700 or <a href="mailto:wright@advocacycenter.com">wright@advocacycenter.com</a>.</td>
</tr>
</tbody>
</table>
The American Music Therapy Association (AMTA) supports music for all and applauds the efforts of individuals who share their music-making and time; we say the more music the better! But clinical music therapy is the only professional, research-based discipline that actively applies supportive science to the creative, emotional, and energizing experiences of music for health treatment and educational goals.

Setting the Record Straight: What Music Therapy Is and Is Not

Below are a few important facts about music therapy and the credentialed music therapists who practice it:

- Music therapists must have a bachelor’s degree or higher in music therapy from one of AMTA’s 72 approved colleges and universities, including 1200 hours of clinical training.
- Music therapists must hold the MT-BC credential, issued through the Certification Board for Music Therapists, which protects the public by ensuring competent practice and requiring continuing education. Some states also require licensure for board-certified music therapists.
- Music Therapy is an evidence-based health profession with a strong research foundation.
- Music Therapy degrees require knowledge in psychology, medicine, and music.

These examples of therapeutic music are noteworthy, but are not clinical music therapy:

- A person with Alzheimer’s listening to an iPod with headphones of his/her favorite songs
- Groups such as Bedside Musicians, Musicians on Call, Music Practitioners, Sound Healers, and Music Thanatologists
- Celebrities performing at hospitals and/or schools
- A piano player in the lobby of a hospital
- Nurses playing background music for patients
- Artists in residence
- Arts educators
- A high school student playing guitar in a nursing home
- A choir singing on the pediatric floor of a hospital

Finally, here are examples what credentialed music therapists do:

- Work with Congresswoman Giffords to regain her speech after surviving a bullet wound to her brain.
- Work with older adults to lessen the effects of dementia.
- Work with children and adults to reduce asthma episodes.
- Work with hospitalized patients to reduce pain.
- Work with children who have autism to improve communication capabilities.
- Work with premature infants to improve sleep patterns and increase weight gain.
- Work with people who have Parkinson’s disease to improve motor function.

AMTA’s mission is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. In consideration of the diversity of music used in healthcare, special education, and other settings, AMTA unequivocally recommends the unique knowledge and skill of board certified music therapists.

-From a press release issued by the American Music Therapy Association, January 2014.
Music Therapy is considered a related service under the Individuals with Disabilities Education Act (IDEA).

When music therapy is deemed necessary to assist a child benefit from his/her special education, goals are documented on the Individualized Education Program (IEP) as a related service intervention.

Music therapy can be an integral component in helping the child with special needs attain educational goals identified by his/her IEP team.

Music therapy interventions can address development in cognitive, behavioral, physical, emotional, and social skills.

Music therapy can also facilitate development in communication and sensorimotor skills.

Music therapy can offer direct or consultant services as determined by the individual needs of the child.

Music therapists can support special education classroom teachers by providing effective ways to incorporate music into their academic curriculum.

Music therapy involvement can stimulate attention and increase motivation to participate more fully in other aspects of the educational setting.

Music therapy interventions apply the inherent order of music to set behavioral expectations, provide reassurance, and maintain structure for children with special needs.

Music therapy can adapt strategies to encourage a child’s participation in the least restrictive environment.

---

Parent Treasures Music Therapy Experiences

By Linda Chadderdon

My daughter, Faith, has been participating in Music Therapy both at home and at school since she was 5 years old. She receives her home MT through Compassion Net, a program of Lifetime Care, for children who are critically/chronically ill.

Due to her fluctuating health changes, it is never known how well Faith will respond at any given session. When she was little, she was more physically active and could tolerate lots of physical activity. We often had musical parades through our house which included her older sister, Kimberly, her nurse, and occasionally me or my husband!!! This was all geared toward Faith following directions and learning to take turns. We often had parachute activities in the living room, or drum sessions to explore beats and rhythm and counting. Sharing and recognizing the person next to her has been a goal in her music therapy-Faith will share with her “preferred” friends; however if she’s next to someone she doesn’t know well, she may choose to “ignore” the person and keep her favorite musical instrument!!!

My absolute FAVORITE thing to come from music therapy was a gift given to me from my older daughter who also participated in the MT sessions as a sibling of a chronically/critically ill child. It is a DVD of Faith with my favorite songs which represent her strength and determination and beauty, and of course my love for her. It shows her being active and involved in her therapy and even dancing and imitating her big sister at one point in her life.

Now that Faith is older and her disease process has progressed, I treasure the opportunity to watch this DVD and go back in time to see her in her prime—and of course music being one of the greatest triggers of memories, the songs my Kimberly chose to represent her sister are simply priceless and perfect.

Faith now often participates in her MT while lying in bed, simply because this is the most comfortable position for her. Thankfully her music therapist is willing to adapt and meet her needs as she has watched Faith regress over the years and knows that if Faith needs to lie in her bed in order to benefit in her weekly session, then that is where the session will be provided!

Music acts as a way to reach Faith, to get her to respond, to smile, to “connect” with us and I am grateful for every minute of every session she has participated in!
Music Therapy Conference in Buffalo

**Mid Atlantic American Music Therapy Association**

**Spread Your Wings with Music Therapy**

**April 10-12, 2014 Pre-Conference Institute, April 9**

The Buffalo Niagara Convention Center

For further information, please see: http://www.mar-amta.org/events/conferences/

---

Rochester Area Music Therapy Services

**Upstate Music Therapy Center, LLC**

LEARNING THROUGH MUSIC!

Upstate Music Therapy Center LLC

http://www.upstatemusictherapy4kids.com/

401 Penbrooke Drive, Building #3, Suite SE, Penfield, NY 14526

Phone: 585-377-1000

E-mail: upstatemtc_office@rochester.rr.com

**Spectrum Creative Arts**

http://www.spectrumcreativearts.org/music-therapy/

3300 Monroe Ave., Rochester, NY 14618

Phone: (585) 383-1999 or Toll Free: (855) 444-0201

Email: info@spectrumcreativearts.org

**Blue Ridge Music Therapy**

http://trinityassistance.org/BlueRidgeMusicTherapy.aspx

107 Norris Drive, Rochester, NY 14

Contact: Lindsey Oliver, MT-BC at (585) 861-6817 ext. 12 or email: LOliver@TrinityAssistance.org

**Hochstein School of Music and Dance**

THE HAROLD & JOAN FEINBLOOM EXPRESSIVE ARTS PROGRAM

http://hochstein.org/Offerings-by-Program/Expressive-Arts

50 N. Plymouth Ave., Rochester, NY 14614

Contact Maria Battista-Hancock, Expressive Arts Department Chair at (585) 454-4596 x 28 or maria.hancock@hochstein.org

---

A Personal Account: The Power of Drumming

Drumming as a young child was very important for me. First of all, drumming helps my symptoms. Amazingly when I drum, they go away. Also drumming is a way to express myself emotionally as well as a great way to let out a lot of my energy so I can relax. The added bonus is that when people see me drum, they very quickly look past my TS symptoms and treat me with respect and as an equal.

Drumming has helped my confidence. It’s made me feel I can do something well and accomplish things if I work at it. It’s helped me socially and to be able to work and get along with others. The drums have helped me in so many ways but I don’t look at it like that when I’m playing them. I don’t go over to play my drums with the intention to be helpful to me in those ways. I play my drums because I enjoy it and at times feel the need to just pound away on something. The rest just happens naturally.

- by Matt Giordano; from A Family’s Quest for Rhythm: Living with Tourette, ADD, OCD & Challenging Behaviors, By Kathy Giordano, Matt Giordano, 2013
To everyone who participated in End-the-Word day held on March 5 at Strong Memorial Hospital in collaboration with Special Olympics.

Ella Burkin, who has received Music Therapy since preschool. She sang long before she talked and she still learns better through music. In her spare time, Ella likes to “rock the house” with her CD player and her vast collection of music. Ella is 11-years old.

The Rochester Razorsharks and everyone who attended the basketball game on March 8, in honor of Developmental Disabilities Awareness Month

Music Therapists!

College student, Lauren Noyes, who initiated the group, Leadership, Education and Awareness for Disabilities Club (L.E.A.D) at Hartwick College. Lauren coordinated a Spread the Word to End the Word event on campus in support of her brother, Jake.
The Marketplace

**Wanted: Roommate** for my daughter, 22 years old, who is beginning a Consolidated Services and Supports program. Looking for someone with similarly matched abilities, requiring minimal assistance. Please contact Joanne at (585) 723-5532 to discuss further.

To place an ad in *The Bridge*, please contact Maria Schaertel at (585) 546-1700, ext. 271 or schaertel@advocacycenter.com.
Discounts for Families with Special Needs

Sandy’s Simplification

Sandra Reeder, systematic specialist and certified professional organizer.

What I offer: free initial consultations, reasonable rates, no cancellation fees, flexible scheduling and confidentiality.

Specializing in: residential and family organizing, staging homes for sale, home office and small business organizing.

For more information, visit my website at: www.sandyssimplification.com/ or contact me at (585) 861-4324 for a free, no obligation brochure.

www.sandyssimplification.com