Archdiocese of Washington

AFFIRMING LIFE INITIATIVE

Prenatal & Postnatal Pastoral Care Resources

Practical Supports for Priests and Pastoral Workers Supporting Families Following an Unexpected or Challenging Prenatal Diagnosis of Disability or Lethal Condition

But the LORD said to Samuel: "...Not as man sees does God see, because man sees the appearance but the LORD looks into the heart." 1 Samuel 16: 7

Archdiocese of Washington
Affirming Life Initiative
Mission Statement

Our Catholic belief is that every life is a gift and has inherent dignity; every life has meaning and purpose; and every life deserves to be protected. We believe that every child, regardless of circumstances, is loved and wanted by God. Further, we acknowledge God’s call to holiness, which at its core is a challenge to grow in our own capacity to love--to love as God does, without counting the cost.

However, with new technologies in prenatal testing, this dignity is being undermined. Upon receiving an unexpected prenatal diagnosis, about 90% of women decide to terminate their pregnancies. Our goal is to reverse this trend, by providing information, resources, pastoral support and advocacy.

The Catholic Church upholds that all human beings have infinite value regardless of any medical conditions, disabilities, or length of life, and seeks to support families at all times.

Prenatal diagnosis is morally licit, "if it respects the life and integrity of the embryo and the human fetus and is directed toward its safeguarding or healing as an individual. . . . It is gravely opposed to the moral law when this is done with the thought of possibly inducing an abortion, depending upon the results: a diagnosis must not be the equivalent of a death sentence."  
Catechism of the Catholic Church, 2274.
The Affirming Life Initiative is a collaborative effort of the Archdiocese of Washington’s Departments of Life Issues and Special Needs Ministries and local peer ministries and service providers, in consultation with the National Catholic Partnership on Disability (NCPD) and USCCB Secretariat of Pro-Life Activities. The goal of this Initiative is to reverse the alarming trend of women aborting after receiving an unexpected prenatal diagnosis of a disability or life-threatening condition.¹

The often confusing terminology of “early induction” or “medical induction” recommended by medical staff is in fact an abortion. We know from parents who have followed these recommendations that the abortion does not “erase” the pain they are experiencing. Research indicates that when honest information, compassion and resources are available, (such as those provided by our local peer ministries), that the 90 percent abortion rate drops significantly.

The Archdiocese of Washington (ADW) offers this Postnatal Care Resource Guide for information purposes only; this is not an endorsement of any office, ministry or nonprofit. The ADW makes no representations concerning the quality of medical care or level of professional skills of any specific healthcare provider. Each person is encouraged to make his/her own investigation prior to consulting for treatment. Any decision to use a healthcare professional from this Guide is the sole responsibility of the user. Information listed here is appropriate, faithful to Catholic Church teaching and accurate at time of posting. Agencies, nonprofits and other institutions can and do change their mission and their websites. Please consider this as you review these resources.

Prenatal Care Resource Guide
Support for Life-Affirming Decisions

Practical, Time-Sensitive Guidance for Clergy, Pastoral Care Staff²

Should you receive a request for advice or support from a woman/couple/family receiving an unexpected or difficult prenatal diagnosis of a disability or lethal condition, we suggest you read this section completely before talking with them. The preferred method is to:

1. Minister to the woman/couple/family (includes specific guidance on how to handle the conversation)
2. Understand the unique challenge
3. Connect with Local Service Providers

¹ We note that it is more life-affirming and dignifying to refer to the diagnosis as an “unexpected” prenatal diagnosis. Be prepared to hear referenced other terms, such as “poor prenatal diagnosis,” “adverse prenatal diagnosis” or a diagnosis “incompatible with life.”
² We would like to thank Be Not Afraid (BNA)-Charlotte, a peer ministry provider, for their contribution to the following insights as you prepare to meet with parents and in your effort to minister to them.
1. **Minister to the parents:**

Support for families can begin with these key concepts listed below.

- **Listen carefully and fully.**
- **Help them reconnect** with the baby inside them; ask them if they have thought of a name for the child; use the baby’s name or gender if known.
- **Encourage them to slow down;** take time to be fully informed.
- **Let them know they are not alone, that there are experienced support counselors and resources available to them.** See “Peer Ministries” listed in this document.
- **Pray and bless the child by name in the womb.** Remind the woman/couple/family that their child is alive right now and safe within the womb; help them honor this time they have been given to love, hold and cherish their child; provide a blessing to the child & family.
- **Create a communication strategy.** Consider setting up a way for the woman/couple/family to be in contact with you. Remember that establishing safe and appropriate boundaries is a prudent measure as you provide this ministry.
- Be willing to meet with individual or families over a period of time. This support cannot be provided in just one session.

**Additional suggestions for pastoral dialogue:**

- **Listen with care.** Ask the parents how they feel about the information they have just received and don’t be afraid to just listen. Sometimes the best pastoral care one can give is attentive listening. Listening is not the same as affirming an answer that may not be morally or theologically sound. By asking the parents how they are feeling, you are providing the opportunity for them to **slow down** and begin processing the events that have transpired — to begin to reflect on their own thoughts and feelings about what they have been told and to discern their own needs moving forward. The pastoral relationship can then focus on moral guidance or spiritual support as needed by the parents — they will be more open to receive whatever guidance you give since they have had the opportunity to clear their own minds and hearts and have felt “heard” in the process.
- **Begin at whatever spiritual/emotional place the parents find themselves in.** By attentively listening to the thoughts and feelings of the parents, their choice of words, the amount of emotion expressed and the manner in which they do or do not speak of God, you will gain further insight as to where they are in this process of grief (they are in fact grieving the “loss” of the child they envisioned) and where they are in their relationship with God. Building off of the “clues” they have given you, provide spiritual and emotional support that respects where the couple find themselves. There is no exact formula here — what is pastorally appropriate for one couple may not be the case with the next.

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3 We acknowledge Tracy Winsor of Be Not Afraid (BNA), Charlotte, Monica Rafie of BeNotAfraid.net, and Cubby LaHood and Nancy Mayer-Whittington of Isaiah’s Promise for their suggestions for pastoral dialogue.
Point to what is pastorally certain by offering statements like: “Our Loving Father is with you in this moment. And so is the Blessed Mother. Mary herself knew much about the child in her womb, and accepted the unusual circumstances she faced. Let’s ask her to be present with you now in a special way and to wrap her mantle of protection around your child and your family.” Pray with the parents. Invite the Holy Spirit to be present – He who is the Spirit of Life and Love – ask Him to fill the parents with His peace and His love and to continue to fill their child with His love. Remind them of Jesus’ love for children and that even He was once in the womb of Mary. Offer a blessing for the woman and baby (by name) as a concrete gesture of the Father’s faithfulness in this circumstance (Book of Blessings, nn.236, 238-239). Mary Kellett, founder of Prenatal Partners for Life, suggests the following: “God hears your pain. God loves you and calls all of his children to embrace the sanctity of all human life from conception to natural death. He will be with you and never leave your side.”

Affirm the loving relationship that already exists. Pray with the parents. Invite the Holy Spirit to be present – He who is the Spirit of Life and Love – ask Him to fill the parents with His peace and His love and to continue to fill their child with His love. Remind them of Jesus’ love for children and that even He was once in the womb of Mary. Offer a blessing for the woman and baby (by name) as a concrete gesture of the Father’s faithfulness in this circumstance (Book of Blessings, nn.236, 238-239). Mary Kellett, founder of Prenatal Partners for Life, suggests the following: “God hears your pain. God loves you and calls all of his children to embrace the sanctity of all human life from conception to natural death. He will be with you and never leave your side.”

Help them prepare for the baby God is sending. Although some parents may take comfort in hoping for a different outcome, sensitive pastoral care should provide support sufficient for any outcome. Rather than pray for a specific intention, offer prayer in such a way that leaves room for doctors to be wrong and/or for God to bring His will in however way He intends. Such prayer may focus on asking for a greater peace and serenity in surrendering to His will, greater trust that Jesus knows their suffering and is not aloof to it (His own mother shared in this same kind of grief), and for the grace to accept His call to be a loving and nurturing parent.

Encourage the couple to love their child for as long as the Father entrusts him/her to their care. Our Heavenly Father loves, cherishes and rejoices in each day their child is alive on this earth, the same as He does with any other child. He knows the number of hairs on his/her head and the exact nature of the child’s condition. Jesus came to give us life here on earth and in heaven. The couple is asked to cherish each day as God does – they may want to spend those days creating as many memories as they can and praying with/for their baby. Offer to journey with them spiritually, to provide prayer, blessings and baptism. Encourage them to pray with the patron saint of their child (either the saint the child is named after or another saint that the couple likes).

Person-First language: We affirm that every human being IS a person first ---not a diagnosis; so we will strive to use people first language in all our efforts. For example, we would say, a baby with Down syndrome, not a “Down syndrome baby.”

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5 Additional resources can be found at Be Not Afraid (BNA)-Charlotte, “Pastoral Care for Parents Experiencing a Poor Prenatal Diagnosis.” Full text of BNA’s resource is at http://www.ncpd.org/sites/default/files/BNA%20Pastoral%20Care%20Brochure.pdf
2. Understand the challenges

As you provide pastoral care to these parents, reflect on the circumstances they have just encountered. During what was to be a routine office visit, a normal pregnancy and plans for a lifetime have been turned upside down---fear and despair have replaced hope and promise. Though their child is still alive inside the womb, the diagnosis becomes all consuming and highly technical.

When this happens, parents report that the medical focus then shifts away from the baby for whom there may be no treatment or cure. Instead, a purely clinical approach can take over, in which the pregnancy itself is viewed as the condition requiring intervention. These parents come to you in a confused state of grief, shock and ambiguity; suddenly their child has been deemed disposable, even “incompatible with life,” and their own roles as parents called into question. Recognize that in this terrible moment, you may be one of only a few with whom they have chosen to share the details of this circumstance. Make time to meet face-to-face, if possible, and encourage both parents to attend.

You might suggest that society’s attitude toward disability has changed over the years. Society at large and our Church in particular views persons with special needs as having gifts to share, gifts that the Church and society needs. The Church has led the way in proclaiming the essential belonging of all baptized persons in the Body of Christ, that all are made in the image and likeness of God. A person with a disability is a person first, and a decision about the worth of their life cannot responsibly be made on just one characteristic discovered through prenatal testing. Of course, you should acknowledge that challenges may be part of the experience of carrying to term and raising a child with a disability. Yet we know from working with parents of a child with a disability that both trials and joys are combined in nearly equal measure with the experience of raising more typical children. We note that not all disabilities involve active “suffering” but do require supports for the person to participate more fully in the life of the Church and society in general.

3. Connect to Local Service Providers:
Time is a critical factor in these cases; encourage them to slow down and get in touch with experienced peer ministry counselors.

Suggested Response:
“We have a network of peer ministry providers that will support you in sorting through all you are facing.”

“As your pastor/priest/deacon/parish staff, I am glad you came to me and I’ll stay in touch with you as you get connected to a member of the peer ministry network.”

If you are meeting the woman/couple/family in person, continue with:
“We can call the peer ministry together while you are here so you don’t have to remember to call later or call them when you are alone.”
You could then call on speaker phone and introduce the woman/couple/family you are helping. If you get voice-mail, you might introduce yourselves over the phone and ask them to leave their name(s), phone numbers and email, and request a return call from the peer ministry. (Emails are effective tools, as parents can connect at a time and place of their choosing.)

If your first contact is with the woman or man is by phone, suggest a conference call with the peer ministry provider. Be sure to get contact phone numbers and ask permission to give it to the peer ministry provider.

_make a plan to follow up within 24 hours in person or on the phone._

Rely on the peer ministers to handle the specifics, but stay in touch as the family may need spiritual or sacramental support (baptism, or possibly burial).

Call the peer ministry provider as well, to make sure contact has been made and whether there are any other concerns, such as a request for an interpreter or translator.

<table>
<thead>
<tr>
<th>Local Peer Ministries</th>
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<td><strong>Isaiah’s Promise</strong> is a free, local support service for women and families who wish to carry to term. The founders are two Catholic women who have experienced their own unexpected prenatal diagnosis and decided to carry to term. <strong>Isaiah’s Promise</strong>: 301-681-5784; <a href="http://www.isaiahspromise.net">www.isaiahspromise.net</a>.</td>
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<tr>
<td><strong>Holy Cross Hospital “Never Alone” Program</strong>: 301-754-7672</td>
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**Education**

**Resources:**

**Faithful Church Teaching on Prenatal Diagnosis**

The Catechism of the Catholic Church, ¶ 2274


National Catholic Bioethics Center, Early Induction of Labor Position Paper:
Other National Resources:

Be Not Afraid.net is a comprehensive website helping parents with prenatal diagnosis get information and referrals.

Facebook: Prenatal Diagnosis and Disability: A Catholic Response

NCPD.org (National Catholic Partnership on Disability) Catholic teaching on prenatal diagnosis, training materials and resources: 202-529-2933. www.ncpd.org

NCBCenter.org: National Catholic Bioethics Center can provide clergy resources and parent information: 215-877-2660

Prenatal Partners for Life.org: prenatal diagnosis website and support information

Service

Medical Services

- Amina White, MD. Catholic OB/GYN, Howard University Hospital. Services in English and Spanish: 202-865-4164.
- Tepeyac Family Center: Catholic OB/GYN in Fairfax, VA; perinatal hospice center. 703-273-9440. www.tepeyacfamilycenter.com
- Providence Hospital Center for Life: Services in English & Spanish: 202-269-7074; www.provhosp.org/centerFLife.htm
- Holy Cross Hospital Never Alone Program: 301-754-7672.

Pregnancy Resource Centers: Pregnancy centers offer life-affirming options to a woman facing an unintended pregnancy. Most centers offer tangible services such as free pregnancy testing, and material assistance (baby items, and maternity clothing). Additional services may include: support, referrals for housing, food, advocacy, information on fetal development, chastity education, etc. Some centers have converted to medical clinics offering fetal viability sonograms and STD testing. Services are free.

- Birthright of Montgomery County: 12247 Georgia Ave, Silver Spring, MD; 301-946-3339. Services in English only
- Birthright of Prince Frederick: 301 Steeple Chase Drive, Ste 405, Prince Frederick, MD; 410-257-1402: Services in English Only
- Bowie Crofton Pregnancy Center: 4375 Northview Drive, Bowie, MD; 301-262-1330: English Only
- Capitol Hill Pregnancy Center: 713 Maryland Ave, NE, Washington, DC; 202-546-1018; www.capitolhillpregnancycenter.org: Services in English Only
- **CareNet of Southern Maryland**: 21562 Thames Avenue, Lexington Park MD; 301-737-4604; [www.carenetsomd.org](http://www.carenetsomd.org): Services in English Only

- **Catherine Foundation**: 3065 Old Washington Road, Waldorf, MD; 301-870-4912: Services in English Only

- **Centro Tepeyac**: 1315 Apple Avenue, Silver Spring, MD. Services in English & Spanish; [www.centrotepeyac.org](http://www.centrotepeyac.org): 301-587-9516

- **Forestville Pregnancy Center**: 3611 Branch Avenue, Marlow Heights, MD; 301-423-0063; [www.forestvillepregnancycenter.org](http://www.forestvillepregnancycenter.org): Services in English only

- **Laurel Pregnancy Center**: 415 Main Street, Laurel, MD; 301-776-9997: Services in English only

- **The Northwest Center Pregnancy Center**: 2702 Ontario Rd. NW, (lower level), Washington, DC 20009: 202-483-7008; [www.northwestcenter.net](http://www.northwestcenter.net): Services in English Only

- **Rockville Pregnancy Center**: 12730 Twinbrook Parkway, Rockville, MD; 301-770-4444: Services in English Only

- **Shady Grove Pregnancy Center**: 16220 S. Frederick Ave, Ste 118, Gaithersburg, MD; 301-963-6223: Services in English only

**Other Pregnancy Support Programs/Services**

- **The Gabriel Network**, shelter, education & support in Maryland and DC areas: 301-262-9011; [www.projectgabriel.net](http://www.projectgabriel.net): Services in English and Spanish

- **St. Ann’s Infant and Maternity Home** provides comprehensive residential services for infants and young children and for young, single, pregnant and parenting women, as well as an affordable daycare: 4901 Eastern Avenue, Hyattsville, MD 20782; 301-559-5500.

- **Catholic Charities, Sanctuaries for Life**: assists vulnerable pregnant women secure affordable prenatal and labor/delivery care and offer referrals to other services available through programs of Catholic Charities and to other social services. Eligibility is determined during a phone assessment: 301-441-1472: Services are English and Spanish.


**Holy Cross “Never Alone” Program**: Services for families wishing to carry to term (CTT) following unexpected prenatal diagnosis. 301-754-7672.

**Kristen Anderson Perinatal Hospice Program**: Service for families who wish to continue their pregnancy with a child who is likely to die before or shortly after birth. Contact Tepeyac Family Center, Fairfax, VA at 703-273-9440; [http://www.divinemercycare.org/news/issues/kristen_anderson_perinatal_hospice_program/](http://www.divinemercycare.org/news/issues/kristen_anderson_perinatal_hospice_program/)

**Providence Hospital Perinatal Program**: Service for families who wish to continue their pregnancy with a child who is likely to die before or shortly after birth. 202-269-7000 [http://www.provhosp.org/Perinatal.htm](http://www.provhosp.org/Perinatal.htm)
Kennedy Institute Early Head Start in-home support program supports 72 children and their families in their own homes, from pre-birth (pregnant moms) to age three, with a special emphasis on children with suspected or diagnosed developmental delays. In addition to weekly visits from a home visitor, families receive support during pre-natal and post-natal care, and have access to PT, OT, Speech, and other therapies. Currently, children must be residents of the District of Columbia. 202-281-2705. 

http://www.catholiccharitiesdc.org/find/services/index.php?id=113

Postnatal Care Resource Guide
Supporting the Pregnancy and Beyond

Pope Benedict XVI shared these thoughts while meeting with young people with disabilities and their families during his apostolic visit to New York in 2008:

“God has blessed you with life, and with differing talents and gifts. Through these you are able to serve him and society in various ways. While some people’s contributions seem great and others’ more modest, the witness value of our efforts is always a sign of hope for everyone.

Sometimes it is challenging to find a reason for what appears only as a difficulty to be overcome or even pain to be endured. Yet our faith helps us to break open the horizon beyond our own selves in order to see life as God does. God’s unconditional love, which bathes every human individual, points to a meaning and purpose for all human life. Through his Cross, Jesus in fact draws us into his saving love (cf. Jn 12:32) and in so doing shows us the way ahead - the way of hope which transfigures us all, so that we too, become bearers of that hope and charity for others.”

The following resources are grouped according to these categories: Education, Service, Community, Worship and Administrative, in alignment with the Archdiocese of Washington’s Indicators of Parish Vitality.

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Education

1978 Pastoral Statement of US Catholic Bishops on People with Disabilities: theological foundation on access to faith issues, explaining how all baptized persons are part of the body of Christ, with gifts to share and obligations to serve; a forerunner to the 1990 Americans with Disabilities Act. [http://www.ncpd.org/views-news-policy/policy/church/bishops/pastoral]
NCPD.org: Catholic teaching, resources from the National Catholic Partnership on Disability

NCBCenter.org: National Catholic Bioethics Center can provide clergy and parent resources: 215-877-2660

For the Love of Angela written by Isaiah’s Promise co-founder, Nancy Mayer-Whittington, about her own experience of carrying to term following prenatal diagnosis of a lethal condition. Available at www.thebooks.org/product/for-the-love-of-angela-by-nancy-mayerwhittington-1039.cfm

“A Life Like Yours” DVD, 2010 Archdiocese of Washington, YouTube site: Story of young Catholic woman with Down syndrome, her achievements and her belief in God http://www.youtube.com/watch?v=Op2PygEu5Fk and at www.ncpd.org

Facebook: Faith, Deafness & Disabilities: Archdiocese of Washington

Facebook: Prenatal Diagnosis and Disability: A Catholic Response


“Moral Convictions” by Emily Brennan, America, February 22, 2010: http://www.americamagazine.org/content/culture.cfm?cultureID=98


Service

Post Abortion Support
Project Rachel Ministry: We know that some parents in the past have not received timely and appropriate support and information, and that they made a decision to schedule an early induction (in reality an abortion).

a. This is the 90% mentioned earlier as having an abortion after receiving a prenatal diagnosis of disability or lethal condition.

b. These are the people you are meeting in confession and/or sitting in your pews.

c. Helpful Hints and Tips on where to begin the dialogue:
   a. Extend your sincere condolences for their loss, and offer support for their healing.
   b. Connect them with Project Rachel Ministry
      i. Make sure to tell them Project Rachel Ministry has a specific Day of Prayer and Healing for couples who aborted due to a prenatal diagnosis.
      ii. They may associate Project Rachel Ministry as being only for women who had an abortion at a clinic and their situation was “different.”


d. Stay connected with them as they heal from this pain
   i. Project Rachel Ministry is available to help you as you minister to those experiencing this pain.
   ii. Project Rachel Ministry can refer the woman our couple to another priest, who works more regularly with post-abortion issues.
   iii. The family may request you offer a Mass for their child, after doing some one-on-one work in spiritual direction, professional counseling and/or a Day of Prayer and Healing.

D. Project Rachel Ministry serves mothers, fathers, grandparents, siblings, aunts and uncles, as well as abortion providers. There are referrals for one-on-one care with a priest or deacon for spiritual healing and with a professional counselor for emotional and psychological healing. There are also group healing events: Day Retreats, Mornings of Reflection and Support Groups. There are specific Days of Prayer and Healing for parents who had a difficult prenatal diagnosis and aborted their child. All of these services are available in English by contacting Julia Shelava at [ProjectRachel@adw.org](mailto:ProjectRachel@adw.org) and in Spanish by contacting Luz Menjivar at [ProyetoRaquel@adw.org](mailto:ProyetoRaquel@adw.org) or by calling the bi-lingual helpline at 301-853-4565.

National Project Rachel Ministry Website: [http://www.HopeAfterAbortion.org](http://www.HopeAfterAbortion.org)

Lumina: Hope and Healing post abortion; experience with prenatal diagnosis post abortion support; has days of reflection, retreats for mothers, fathers, grandparents and siblings. [www.postabortionhelp.org](http://www.postabortionhelp.org) Helpline: 1-888-456-HOPE

Special Needs Child Care
St. Joseph’s House provides respite and day care for multiply disabled children and teens, located in Silver Spring, MD. [www.saintjosephshouse.net] Generally, St. Joseph’s House is full and accepts new children infrequently. They may, however, be able to refer you to other resources. 301-681-5784.

Kennedy Institute Child Development Center (CDC) supports children as young as six-weeks-old to three-years-old who are with and without developmental delays, and are taught in an inclusive day care and early intervention setting. The CDC provides Individual Family Service Plans (ISFPs), nursing services, physical therapy, occupational therapy, speech and language therapy, developmental assessments, and pediatric/physician assessments. [http://www.catholiccharitiesdc.org/find/services/index.php?id=113] 202-281-2705 or 202-281-2705.

Kennedy Institute Pre-K Program supports children ages three and four with and without developmental delays in an inclusive day care setting. Children receive early childhood education services as well as access to all therapies and services listed under the CDC, above. Must be residents of the District of Columbia. Early morning and early evening care also available and is available to non-DC residents. [http://www.catholiccharitiesdc.org/find/services/index.php?id=113] 202-281-2705.

Other Direct Services:

Kennedy Institute Early Head Start in-home support program supports 72 children and their families in their own homes, from pre-birth (pregnant moms) to age three, with a special emphasis on children with suspected or diagnosed developmental delays. In addition to weekly visits from a home visitor, families receive support during pre-natal and post-natal care, and have access to PT, OT, Speech, and other therapies. Currently, children must be residents of the District of Columbia. [http://www.catholiccharitiesdc.org/find/services/index.php?id=113] 202-281-2705.

HSC Pediatric Center: Washington, DC. Provides rehabilitative and transitional care for infants and children, 202-832-4400; [www.hscpediatriccenter.org]

Children’s Hospital Neurodevelopmental Clinic
The Neurodevelopmental Clinic of CHMC covers developmental and behavioral concerns that families have from birth to 21 years of age. The clinic includes comprehensive neurodevelopmental evaluations of children who might have developmental delays including suspected mental retardation or autism spectrum disorder. In addition the clinic evaluates children with conditions or suspected conditions such as, ADHD, learning disabilities, speech and language delay, and behavior problems. A focus of the program is on early identification of developmental delays in children birth to five in order to provide early intervention. [http://www.childrensnational.org/DepartmentsAndPrograms/Default.aspx?Type=Program&Id=198&Name=Neurodevelopmental Clinic&DeptId=&DeptName=] 301-838-8787 or 571-226-8380.
Community

Faith-Based Support Groups for Parents: Two support groups for parents of children with disabilities are available to parents who speak Spanish. One meets monthly (last Friday evening of each month) at the McCarrick Center in Wheaton. Another meets on Saturday afternoons each week at St. James Parish in Mt. Rainier. Other support groups are being formed. Contact the Department of Special Needs Ministries at 301-459-7464.

Potomac Community Resources, Inc. provides social, therapeutic and recreational programs for teens and adults with developmental differences, at locations in Montgomery County and Washington, DC. Contact at: 301-365-0561 or www.pcr-inc.org

Caring Bridge is a free social network tool for parents who have children with medical challenges: www.caringbridge.org

Sibling support: Sib shops provide support to brothers and sisters of persons who have special health care needs, have developmental disabilities or have a mental health challenge. http://www.siblingsupport.org/ Local trainings and events.

Catholic Professional Counselors: www.catholictherapists.com

Adoption Services
Catholic Charities of the Archdiocese of Washington
(serving Prince George’s County, MD and Montgomery County, MD)
Pregnancy and Adoption Services
924 G St., NW, Washington, DC 20001
Phone: 202-772-4300
Fax: 202-772-4408

Bethany Christian Services: Local branch of one of the largest Christian adoption agencies.
2130 Priest Bridge Dr.Ste 9, Crofton, MD 21114-2457
Phone: 410-721-2835

CHASK - Christian Adoption and Special needs Kids. CHASK provides family to family support helping families raise their child with special needs. Loving homes are waiting to adopt these special babies if the birth moms and dads are not able to parent. www.chask.org

Housing Support for adults with disabilities

Bethlehem House provides local housing for adults with developmental disabilities in a Catholic setting. Contact Dolores Wilson, Director at bhmdwilson@hotmail.com or 202-526-3222.
Rosaria Communities, Inc. is a non-profit subsidiary of the Archdiocese of Washington that operates housing services for adults with developmental disabilities. Their first home was opened in 2009 at St. Rose of Lima Parish in Gaithersburg, MD. More parish-based Rosaria Homes are in planning. Contact: Thomas Welch, President, Rosaria Communities, Inc. at 15400 Calhoun Drive, Suite 125, Rockville, MD 20855.

Many other groups provide housing, including:
- L’Arche Greater Washington, DC: [www.larchewashingtondc.org](http://www.larchewashingtondc.org)
- Jubilee Association of Maryland: [www.jubileemd.org](http://www.jubileemd.org)
- Jewish Foundation for Group Homes: [www.jfgh.org](http://www.jfgh.org)

Worship

We welcome all persons to our faith, and recognize that in baptism that “all Catholics are equal in dignity in the sight of God, and have the same divine calling.” (Sacramental Guidelines, General Principals, #1.) The Guidelines for the Celebration of the Sacraments with Persons with Disabilities were developed in 1995 by the US Catholic Bishops to implement the 1978 Pastoral Statement. The Guidelines explain how persons with disabilities may receive the sacraments: [http://www.ncpd.org/views-news-policy/policy/church/bishops/sacraments](http://www.ncpd.org/views-news-policy/policy/church/bishops/sacraments)

Access to faith is essential, and expected. “…all forms of the liturgy be completely accessible to people with disabilities, since these forms are the essence of the spiritual tie that binds the Christian community together.” Pastoral Statement, paragraph 23

The Archdiocese of Washington’s Department of Special Needs Ministries provides interpreted Masses throughout the region; sacramental preparation and lifelong faith formation for persons who are Deaf and persons with disabilities, and opportunities for worship at the annual White Mass in October and at other regional liturgies.

A number of parishes in the Archdiocese have dedicated ministries to persons who are Deaf and persons with Disabilities. For more information, contact Mary O’Meara, Executive Director of the Department of Special Needs Ministries, at 301-459-4764 or at [omearam@adw.org](mailto:omearam@adw.org)

Faith and Light is an international prayer community with over 1600 prayer groups in 81 countries made up of people with developmental disabilities, their parents and friends. Several local groups meet monthly for worship as a community, and in small groups for friendship during the month. Contact the local Faith and Light leader, Dolores Wilson, 1401 Lawrence St. NE, Washington, DC 202-526-3222; E-mail: [bhmdwilson@hotmail.com](mailto:bhmdwilson@hotmail.com)

Administrative
The Archdiocese of Washington’s Department of Special Needs Ministries provides resources, technical guidance and specialized expertise for priests, parishes and individuals, on a range of issues from spiritual supports to social service issues. For more information, contact Mary O’Meara, Executive Director of the Department of Special Needs Ministries, at 301-459-4764 or at omecram@adw.org.