

DR. ROBERT DANIEL SHUSHAN

Interviewed in his home

by Horace Sheldon

on March 9, 2001

Dr. Robert Daniel Shushan worked in the Los Angeles City school system for six years after obtaining his doctorate at the University of California, Los Angeles, following special training in educational administration at the University of Southern California. There he worked with junior and senior high school level children who were failing to adjust in the usual classroom. When his sister's child – his namesake – was found to have Down Syndrome, his interest turned to developing educational services for the mentally retarded. Because of his sister's involvement in the work of the volunteer-operated Exceptional Children's Foundation in Los Angeles, his own interests grew and eventually, he became the executive of this organization. This interview describes some of the development of the agency, the expansion of its role of service, the role of the federal government and the California State Department for Mental Retardation. He also supplies some insights into the needs and causes of mental retardation.

SHELDON: Dr. Shushan, I understand that you were the President and CEO of the Exceptional Children's Foundation, and that you retired after 40 years there. Bob, suppose we start with hearing a little bit about the early beginnings of you as an individual. Where were you born? Where did you grow up?

SHUSHAN: I was born in Brooklyn, New York, on June 23<sup>rd</sup>, 1929. That will date me. I spent my first ten years in New York, and I was one of six children. My parents moved to Los Angeles when I was ten years old. That's the way I lost my Brooklyn accent. I went through the South Central Los Angeles elementary school: first Main Street and then 61<sup>st</sup> Street, which is about two miles south of USC. Then I went to John Muir Junior High School, which is about two miles south of USC. Then, Manual Arts High School and on to UCLA and earned a bachelor's degree and a masters and a doctorate there. But somewhere in between, I did some work at USC to earn some teaching credentials and also a general administration credential to be a superintendent of all grades, from

kindergarten to community college. At UCLA, I did a dissertation on how to normalize the appearance of mentally retarded people, not using any plastic surgery, but using the typical techniques that most individuals use on their own. They're called "cosmetic techniques." However, UCLA had a professor working with me who said that UCLA doesn't give a doctorate for cosmetics, so I persuaded him that my emphasis was to giving a rationale for putting a new kind of emphasis on curriculum with respect to how to help retarded people look more normal. Many of them had been neglected in the early years. They are less so today than they were when I first came to the field. So that's, basically, an area in which I made my mark.

I came to the Exceptional Children's Foundation as a result, first, of having become an uncle to a child born with Down's Syndrome when I was 18 years of age. My youngest of four sisters was 28 years old and married to a physician who just returned from the Second World War in the Pacific Theater. They conceived this child immediately on his return, and whatever the reasons were, this child was born with Down's Syndrome and was profoundly retarded. Retarded children come in all types of levels of intelligence, but this child was quite handicapped. So, because of my love and affection for my sister, ten years later, while driving along the boulevard, going to a restaurant with them, I learned a little bit about the Exceptional Children's Foundation with which they had affiliated when the organization was only two years old. I might mention that the organization was started in 1946. They affiliated in 1948. I had just finished high school in 1947. I was quite taken by the fact that, because of her affection for me, she had given this particular child my first name as a tribute to me, her younger

kid brother. I was kind of hooked on this particular child, and the whole family rallied around my sister and her husband.

Ten years later, while going to a restaurant in their car on a rainy night, I sat down in the back of the car; I said the typical thing, “How are you? How have things been going with your family?” My sister divulged the fact that everything was fine with her family nucleus, but the organization that had been helping her child was going down the tubes. That was the Exceptional Children’s Foundation. There had been a recall of officers.

SHELDON: You said it was founded in forty.....

SHUSHAN: 1946. When it was 12 years old, there were a couple of men who had become the president and vice president, respectively, who wanted to focus the organization’s attention on building residential programs. In those days, if you had a retarded child, the only places you could get help were in the state hospital or in private care. They didn’t want to have the stigma of placing their children in state hospitals. As things turned out, the major part of the membership of the organization, which was sort of a bootstrap organization, made up mostly of parents and their relatives and friends. The majority of members had become parents of younger children. By the fourth year, the parents who had become leaders were not aware of how many parents wanted more programs for younger children. So, there was a big conflict between the parents of younger children and the parents of the older ones. The former wanted training classes and the others wanted residential care for older children. The long and short is that there was a recall of officers. There was a voting membership, and the people who wanted residential care split off and created a separate organization. The others, who remained

behind, wanted to create a broad program, which was more than just residential. Around October or November of '58, three or four months after the recall of officers, I was being told about the pain and financial problems of the organization. I was also invited, the next day, to come to lunch with my sister and brother-in-law. They called the president of the organization and introduced me by phone and urged the president of the organization and me to get together to talk about what role I might play in helping the organization turn around. At the time, a gentleman by the name of Charles S. Perkins, who was the Director of Corporate Purchases for Union Oil of California, a quite distinguished individual in the organization, who himself had a child with Down Syndrome, interviewed me. We liked each other, and I was, by that time, tenured with the Los Angeles School District. I had tenure, and I was close to getting a sabbatical leave -- six months down the line.

SHELDON: I imagine that was the preparation you received for that career at USC. What was your first job in the school system?

SHUSHAN: I went to work in the Los Angeles School system in 1952, working with delinquent Hispanic and black young boys, junior high and high school levels. It was a school that contained a collection of kids who were kicked out of normal junior high and high school. It was a very rough job. The Korean War was on, and I had received a last-minute deferment. That was the only job available -- just about two or three weeks before school started in August 1952. So I took the job, because a sociology minor was part of my Bachelor of Liberal Arts education at UCLA, where I earned my Bachelor's degree. After working there 6-1/2 years, I was recruited by the Exceptional Children's

Foundation. As a result of that recruitment, I wound up thinking it was just a temporary job, but I stayed 40 and 1/2 years.

SHELDON: Remarkable, remarkable. What was the situation, and maybe you could explain a little bit more about why the upheaval and the difficulty you inherited. Was it just poor management or what?

SHUSHAN: I think that the major problem was that there was no professional leadership in the organization. It was all done by volunteers and committees. This was definitely a bootstrap self-help organization. It was founded by three women who went ahead and took out incorporation papers in February of 1946. Most of the original board members were women. The husbands were sort of behind the scene, earning a living for the family; the mothers took the major role of raising money, and so on. A most interesting thing to me is why did there seem to be no organizations – far more organizations – for retarded people, in all the prior years in history. The phenomenon that occurred around the mid-40s, just after the War, is as follows: during the War, people had retarded children and previously kept them in the back room or the back yard. They didn't want their neighbors to know. It was kind of a shameful thing. They carried that stigma as family members. During the war, families were uprooted and followed husbands and other male members of their family who went into the service. In those days, it was mostly male members of the service that they followed, and they were forced to take their retarded children on buses, planes and trains. They also got to see other people with similar situations, with other children who had problems or were mentally retarded. We now call them developmentally disabled, as you know, which includes

autism, cerebral palsy, and epileptic children. But I referred to them as mentally retarded in those days, because that was the title that we worked with.

After the War, somehow or other, parents, mostly mothers, became encouraged enough to feel that they weren't alone. They simply put an ad in the paper in Los Angeles and in Seattle, Washington and other parts of the country, I later learned. They said something like, "I am a parent of a retarded child, and I'm looking for others with similar children so that we can form some group activities for them and share our common experiences." They originally got started establishing little training classes for these children. They were all handled by volunteers. That's what happened in our organization. Three women got together, advertised and eventually, more and more people came to the organization and they formed classes for these children, sometimes for social get-togethers. Then the parents began to feel more confident that children were gaining some ground in terms of their abilities. So they began to hire assistant teachers. They hired teachers and then assistant teachers. Until they were able to get to that point, they all did volunteer work.

The interesting thing about that was that the organization went from about 1946 to 1956 – there was a ten-year span. The early leaders, who were part of the founding group, now emerged as the older members; the wiser, strongest and politically dominant ones were on the board of directors. They had children who were ten years older than the new recruits who were coming along as members of the organization. What the older leader didn't realize was that as a membership organization, they never stopped to analyze how many more parents of younger retarded children had affiliated with the organization. It became very apparent that the older parents were willing to mortgage a

building that they had spent an awful lot of hard effort to acquire at 2225 West Adams Boulevard, not far from USC. It was somewhere between Western Avenue and Crenshaw, one block east of Arlington. The younger parents began to realize that the older parents were buying up property, including 20 acres of land Palmdale-Saugus. That's now residential, but in those days, the reason that they sought property there for residential care is that you could not get a zoning permit for a home for retarded children in the city. You had to go where they would allow you to take care of livestock, literally. That was still in 1946 – no, 1956.

SHELDON: Had there been some actual experience of failure in getting zoning to permit an institution of this kind to be introduced?

SHUSHAN: By going out to Saugus, they were able to buy land for \$1,000 an acre in those days. That was in 1956. They found a former ranch house that had enough bedrooms to take care of six male adults. Then they added a woman's auxiliary organization, which was formed to raise funds that made it possible to add a recreation hall. But what happened was that the cost of that property and of the construction started to eat badly into the financial reserves of the organization. These were marginal at best and it almost threw the organization into bankruptcy and threatened the parents who wanted the training classes to survive and to grow. So there was this recall of officers. It involved a court case and lawyers representing both sides in the dispute. Finally, the predominant group did win out. They were without a leader six months after the recall occurred. They had a hard time, in 1958, finding someone with a fairly decent background who was willing to take on an organization that was non-profit, that had just had a recall of officers and didn't have any money in the bank.

SHELDON: Just a word of clarification about the recall – was it essentially instituted by the interested men, women and families who put money into this?

SHUSHAN: It was the parents. The predominant group in terms of numbers, were the parents of the younger children. They had the greatest number of votes. It was just a small handful of the older parents who were politically high up in the organization. They no longer had the power of the votes.

SHELDON: The votes went the other way. I see.

SHUSHAN: Besides that, the parents of the older children no longer were interested in an organization that would provide a whole spectrum of services. They were only wanting a program for adults who were past age 18 and 20 and 25 and 30. They weren't looking for work training programs, etc. They just, in those days, thought that the best thing for their sons and daughters was to live a quiet life in a home that provided a neat and clean setting with basically custodial care. That's the group that they were working for. There were no concepts of learning and development, no matter what the age of the individual. The matter of degree of their disability was a little bit foreign to them at that particular time. They just wanted them to be happy. They were pleasant individuals and they could have a happy life. But they didn't need too much training at that point. So the parents were looking for a clean place. Ego-wise, they didn't want to have to tell friends that they had sent their sons and daughters to a state institution. It was nice for them to send them to a home. In those days, the home was called "Forget-me-not Acres." That was a tear-jerking title. At the earliest point, I changed it to what the ranch had been known as before it was purchased by the organization, and that was "Elkhorn Ranch." Somebody actually had that word imbedded at the top of the staircase.

SHELDON: Elkhorn Ranch.

SHUSHAN: It was good to have it with a normal kind of a name that didn't stigmatize the name.

SHELDON: I can see the advantage of that, yes. Well, that is fascinating.

SHUSHAN: So that's how the organization wound up getting into a very tight situation. There was no money, and when I was invited to take over the helm, they had a \$12,000 deficit, which today is really nothing. In those days, it was really an awful lot of money. I basically was hired in the 12<sup>th</sup> year of the organization; in the life of the organization, which was in 1958. I was recruited in November, and I just gave a month's notice to the Los Angeles School District, and left my job. I gave formal notice in November and took over the helm at ECF, as it's commonly known, on December 16, 1958.

SHELDON: Just a quick word, Bob, to put the activity here in Los Angeles in a broader setting. Nationally, what was going on with handicapped children of this kind? I presume they were not basically being well cared for, programs were fragmented, and so on.

SHUSHAN: That's a very good question. Basically, the Los Angeles School District, and all the school districts, were not required to have any public education for children with IQ's below 50. They were required to have programs for children with IQ's above 50.

SHELDON: Required to do nothing for one under 50?

SHUSHAN: They were not required to do anything for children with IQ's under 50.

SHELDON: No responsibility at all: nothing?

SHUSHAN: No responsibility at all.

SHELDON: And there was no public provision?

SHUSHAN: As a matter of fact, the state – the only way that the state provided for these children was through state hospitals. There were no community-based programs funded by the State at that particular time. What happened is that in 1958, the organization had affiliated - earlier in the 1950s the leaders of our organization actually helped create a state association, then called the California Council for Retarded Children. It has had all kinds of variations of its name. It's now called The Arc California: capital T, then capital A, small rc. They don't even want people to know what the "r" stands for. It's just called The Arc. Then the national organization, and that organization, by the way, was founded in about 1952 or 1953 – the national organization was founded in 1950. Some of the leaders in our organization had helped found both the national, which was founded before the state, and then the state association. So there was a national affiliate and the state association. I know that for the first few years of the organization's life, the national and the state had created a logo of a boy, perhaps 12 or 14, supposedly retarded, and his face image was in a triangle. In the triangle, half of the face was in the dark and half was in the light. The saying under this thing at the bottom was, "They can be helped." That was the major motto we were all working on in the 1950s. It wasn't until John F. Kennedy took over two years after I came into the organization that people began to take more notice in regard to mentally retarded children and adults. That was quite an interesting experience.

SHELDON: John Kennedy – I know vaguely about his family's concern about his sister. Did he personally take an active role?

SHUSHAN: The whole Kennedy family took an active role because one of the sisters was placed in a Catholic residential facility in Wisconsin. Her name was Rosemary. I think Joseph Kennedy was criticized quite a bit afterwards, because he didn't know what to do for his daughter. Somewhere along the line, he had approved of a lobotomy for her. When John F. Kennedy took over, the field had a major stimulus in the form of financial support from the federal government. As soon as he came into office, he created the President's Committee on Mental Retardation. He had that headed up by a prominent professor, who was the head of the School of Medicine at UCLA. I'm sorry, I'm vague on the names right now, but the fact is that that committee position – the head of that committee – was just a few offices away from the President. It was the role of this person to come up with ideas as to how the nation can catch up with the more progressive nations around the world. The Scandinavian countries were already more progressive than we were in terms of providing residential care. They'd gotten away from institutional care, and they were having homes created within the communities. So one of the results of having a special assistant – that was what he created – a Special Assistant on Mental Retardation, and as a result of that appointment with that individual's leadership, they created the President's Committee on Mental Retardation. It still continues to this day. It had quite a bit of prominence during Kennedy's time, and also beyond his time. What happened when he was still alive was that there were 28 or 29 prominent leaders in education, medicine, sociology, and various research areas who were put onto this committee. They were funded to go to different parts of the world to see what the best practices were in this field. That's where they learned that the Scandinavian countries were ahead of us in terms of residential care.

SHELDON: It seems that this kind of activity with sponsorship right out of the White House might have had continuing appeal to Johnson when he took over. I don't know that he had a personal interest, but.....

SHUSHAN: Well, it was continued. The President's Committee on Mental Retardation was continued through and still exists to this day so far as I know. What happened is that there was a small book that grew out of that study by these members of the Committee. That was used to come up with ideas about how to stimulate things to happen at a quicker pace in each state. As a result of that study, there was an idea created that there ought to be some kind of a board established in California and every state, and there was money that eventually authorized by Congress. It was not only appropriated, but it was authorized to give a \$50,000 grant to every state in the United States to create a group that was parallel to the President's Committee. It was a state committee that studied what the needs were for mentally retarded children. As a result of that, there were efforts at the local level and every county level to create area boards. One of USC's prominent individuals, Al Feldman (Albert G. Feldman), was a leader in working with the head of the special education program in the Los Angeles School District and some people from the Department of Mental Hygiene - as it was called at that time- Department of Mental Hygiene, Mental Retardation field. They decided originally that the Mental Retardation responsibility be subsumed under the State Department of Mental Hygiene. Somewhere down the line, the parents wanted them separated, so we have the Mental Health Department and the Department of Developmental Disabilities. There are so many little areas that changed that I'd be here four hours trying to tell you every single nuance, but

as a result of that activity at the state level, we began to see things happening in Los Angeles.

The responsibility of each county area board, as it was called, was to find out what the gaps in services were in our local community. One of the gaps was that the public schools were not taking care of children with IQ's below 50, and wasn't that their responsibility? Well, there was a Senator McBride, who in 1964 got the state legislators to enact a bill that provided mandatory education for children with IQ's below 50. So now we had state support for generic services to go to children with below 50 IQ. Up until that time, from our organization's inception, it was in the business of providing training classes for children.

We went through quite a change in 1965 because we wanted all the parents to take their children to public schools once they were opened up. One little nuance was that we had provided 5 hours a day of care for children in our classes, but the state money wasn't great enough for the public schools to start out with more than 2-1/2 hours a day. We had some parents demanding that we keep their children. But that required us to very nicely and politely tell them that we'd be happy to do so; however, if they wanted us to retain their child in our program, they'd have to pay the extra amount for every child that was accepted by the schools as it would be keeping somebody out that needed us and our program. The schools were not ready to take those children with retardation and emotional disturbance. So, eventually, Public Law 94-142, passed by the Federal Government, provided that if a school district did not want to serve children who were quite handicapped and had multiple handicaps, including emotional disturbances, they could contract with private organizations and pay their way. We did that for a few years,

until the schools developed their own resource staff. We finally got out of that business of training classes and went on to other levels. We got into the serving of infants, which we had not done previously. In 1972, we started an infant development program, and that was to take children into a program where we provided developmental stimulation for the child from the time the parents discovered their children were mentally retarded.

SHELDON: I was just going to ask that. Roughly, at what stage, what age, typically, is it apparent that an infant is suffering from retardation?

SHUSHAN: If a child is born with Down's Syndrome and has almond-shaped eyes and other characteristics that are identified with Down's Syndrome – this has something to do with the dislocation – the location of the thumb is not placed normally, or located normally on the hand, and there are some different types of lines on the palm, and there's a straight back of the neck, and there's usually an unformed palate. There's a whole range of people with Down Syndrome that could be profoundly retarded, but can also be almost in normal range intellectually. It took me a while to learn that. Those children might have an IQ of 90, but still have Down's Syndrome. If you looked at their genetic background, their chromosomal studies, those children have been referred to as "mosaics." They have the characteristics, but they can perform at a higher level.

One of the things that happened to our organization is that we got into the service to infants and eventually, we also -- having shifted all of our training classes to the public schools -- we got into the area of work training programs for adolescents and adults. Those individuals who had medical problems and other difficulties, were now adults and were too low-functioning to do work, were also in need of some kind of a structured program. We created some developmental activity programs, which were developmental

in nature, but were not custodial programs. They are long-term programs where the person may or may not be able to demonstrate that they can progress to another level, which would be to a job in the community, eventually. Then, we do have work centers – those people in the developmental centers are usually in the severe to profound levels of retardation. Some of the severe-level individuals can get to the point where they are at the moderate level of retardation. Then we have work training programs, or what they used to call sheltered work shops – we don't like the word "sheltered" – but we were actually required by the U.S. Labor Department to pay them, based on their productivity. we do time studies for every individual. If the person is only producing or assembling X number of units in a given hour and he or she is only productive fifty percent compared to a normal person, we measure that against the base line for a normal person. Then the U.S. Labor Department allows us to record fifty percent of the minimal wage. We have to keep very careful records on that. Every now and then, other organizations' record keeping is audited.

Eventually, along the way the Federal Government also required that all purchasing by the Federal Government include purchasing of various products for the Government Services Administration (GSA), through rehabilitation centers around the United States that work with all kinds of disabled individuals: physically and mentally disabled.

SHELDON: GSA.

SHUSHAN: I was able to get a large contract, worth about a million dollars a year, when their demands were high. I don't know if it is the same level or not, but we actually got into the manufacturing of file organizers; alphabetic and numeric file organizers. We

still – I say “we,” I’m now retired, but the organization is still doing that. We’ve been doing that since the mid-80s, so that’s been a very long-term contract.

At any rate, I need some more questions.

SHELDON: This is absolutely fascinating and extremely informative, Bob. I was particularly interested to get your account of how the work you were doing here in the Los Angeles area fit into the overall pattern around the country. What would be your observation as to the adequacy or inadequacy of the whole complex of programs nationally, now, devoted to assisting with the problems of mentally retarded youngsters?

SHUSHAN: With the stimulation of all these states and the local communities received from the Kennedy years, and the legislation that grew out of his leadership in this particular area, I think that we’re way ahead of where we might have been. But not enough is being done in the area of research. I still feel that more needs to be done in that area. As a matter of fact, in a report produced by the President’s Committee on Mental Retardation during Nixon’s years as President, Nixon signed the opening sheet of an annual report by the President’s Committee on Mental Retardation, saying that the goal of that group was to eventually reduce the incidence of mental retardation by fifty percent by the year 2000. Well, the year 2000 has come and gone, and I notice by looking over some of the records of our organization that the largest growth that is being experienced by the organization in terms of programs and age groups being served, are the infants. Why is that? Because, for one thing, we have an increased level of drug use by mothers; alcohol use – we now know there’s something called “fetal alcohol syndrome” – and babies have come out of the womb fairly well damaged if their mother has been taking

drugs. So, for some reason or another, the organization is experiencing a ground swell of more babies being brought to the organization, needing these developmental programs.

SHELDON: What was the reaction of professionals, of people such as yourself, when President Nixon set forth this objective of reducing the incidents of mental retardation by fifty percent?

SHUSHAN: We all applauded that, because it was a nice goal to have. Not too long after that, maybe two or three years, the economy was weak enough so that I was put in charge of the committee to gather all the other organizations in the early years, and to bring a thousand adults with mental retardation by buses down to the County Court House patio. We brought the media out there because there were to be some drastic cutbacks in funding.

SHELDON: These were adults that.....

SHUSHAN: This was a program for adults, and under Nixon's leadership, the Congress was going to reduce the amount of dollars that were flowing to the work centers around the country. They were actually helping people to become very productive, to earn a wage, with some of them having a prospect of actual jobs in the community, which we have since done in the 90s. There's been a big push for support in employment in the community. We take some people out of our work centers and place them in jobs in the community, and they are earning more than minimal wage. We have some individuals – we have a team of about 20 individuals who serve as a support team to the regular maintenance people at the Ronald Reagan Building downtown on 3<sup>rd</sup> Street and Main. Some of them are earning \$8.00 and \$9.00 an hour. We had contracted for many years with the Federal Government through the GSA organization to do the landscaping

maintenance at the Federal Building in West Los Angeles in Westwood and Wilshire Boulevard. We did that for many years so successfully that we were given an opportunity to bid for the interior of the building maintenance work. So we have a large number of individuals who are working there, doing that kind of work. Some are earning \$10.00 or more an hour. We also have individuals under the supportive employment program, working for the County Court House, doing filing of traffic tickets and various clerical jobs.

SHELDON: That's wonderful.

SHUSHAN: So we've seen a progression we have in the organization.

SHELDON: You pointed to the need for more research. What about the – if the time is correct – the medical side of this, the physical side of this? Are there clues, or anything more than clues as to what happens in the brain of a fetus that predisposes that kid to this condition? Anything known about that?

SHUSHAN: We only know this, for example, regarding children with Down's Syndrome: each child, or all children inherit 23 chromosomes from the mother and a like number from the father, and they come in pairs. On the 21<sup>st</sup> pair, instead of just having two, if you look at a slide presented by a geneticist - I've sat through meetings where they've done this – for some reason or other, children with Down's Syndrome, on the 21<sup>st</sup> pair, one of these parts of the chromosomes has broken off. So there are three pieces there, and that's called trisomi 21, just to keep up with the scientific vernacular. There are other areas, they've learned, that cause children to be born with smaller heads, small birth weight, low birth weight, etc., smaller stature from fetal alcohol syndrome. That was discovered maybe ten, fifteen years ago. That was a big break-through. There's

nothing that dramatic except there's a lot of work going on in biological engineering. We don't know what they're going to be doing that may surprise us all in the next few years.

One thing that is being done by way of prevention is women who become pregnant can choose to have what is called an amniosynthesis test, in which case the cells are removed from the amniotic fluid and they analyze it; they can tell through a chromosomal test whether there is this trisomi 21. My wife has known one or two teachers at the school where she worked, an elementary school, where the women were pregnant and they did this. One or both of them found out they were going to have a child with Down Syndrome, and one chose to abort the kid and the other didn't. One was of an age where she was happy to have any child, and the other was young enough to say, "Well, I'll wait for a normal child to be born." So there may be a small number of children with Down Syndrome who will no longer be born because of parental choice in the matter. But there are still a goodly number out there.

You asked an earlier question about how long it takes for parents to tell if the child is retarded. What happens is that if the child has Down Syndrome, that could be detected fairly soon after birth, either at birth in some cases, or after birth. However, with some children, they may be born perfectly beautiful, but they are damaged in some way. Maybe it's from onoxid, lack of oxygen. The chord has been tied around the child's throat, and there's lack of oxygen. So, parents never know. Sometimes they will see the child progressing slowly, but everyone will say, "Well, Einstein didn't talk until he was three." So they wait until the child gets to school age, and then the school begins to see by comparison with other children that this child is too slow in its progress. Then they get into studying what the problems are.

SHELDON: I may have missed this, I'm not sure, when we were getting out the point of the level of incidence of these conditions, nationally, not just in the Los Angeles area.

On the one hand, you've got these very constructive activities going on to a great extent, probably inadequate overall, I assume, but on the other hand, you've presumably got the growth of some of the conditions to predispose to mental retardation like excessive alcohol and drugs. Kids are rather severely handicapped, are they not, often times when the mother is a drug user?

SHUSHAN: Yes, but again, in each group, each category of mental retardation, whether the child is born with Down Syndrome or whatever category the child is placed in – perhaps low-end to moderately retarded – if we go by morons, imbeciles, etc., the words are mild, moderate, severe, profound and borderline; no matter what category the person is in, the concept is that we should take a developmental model approach to that child. No matter how low-functioning the person is, the caretaker should be thinking about how this child could move up the scale if only we were smarter in bringing out the best in the child. I know when I first heard that concept many years ago, I asked the speaker, “You mean, even a profoundly retarded person?” He said, “Well, for example, here's a totally bed-ridden person, presumed to be profoundly retarded because there's no speech coming out of the person. They can't write. But yet, there's still something in the person where by habit training – we call it behavior modification techniques, now, but in the old days they used to call it habit training – they can put some wires under the bed sheets so they can teach this person to roll to the left if they want an attendant to come out, even if they don't have the use of their fingers to press a buzzer.” There have been some techniques used in a research study conducted by a national organization a few years ago where they

set up a computer in front of this individual, and they put a certain rod or band over the head with what looked like an antenna that had a light in it. When the light would hit the screen a certain way, this person could direct the machine to turn the television on or off. It was really quite an advance. I haven't followed that particular study now, but it was a multi-gift. This approach enabled even a profoundly retarded person, even without speech to gain more control over their environment and to function at a higher level without the constant help of an aid standing by. So there are so many little nuances in the field. We'll never be able to cover all of them in the short amount of time we have together. But I'd like to think that I'm whetting the appetite of whoever is going to listen to this.

SHELDON: You are, you very definitely are whetting the appetite of the people who are able to listen to this, Bob. Thank you.