A History of the Children’s Evaluation and Rehabilitation Center (CERC) at the Albert Einstein College of Medicine, 1956-2008

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ABSTRACT

The Children’s Evaluation and Rehabilitation Center (CERC) is the oldest continuously Einstein-operated clinical program. Its history has paralleled that of other achievements at Einstein, as well as changes in the service system, legislative mandates, and creation of programs for the developmentally disabled in both the Bronx and the United States. This article describes the growth and development of CERC, identifies several key faculty members and staff who have been major contributors to CERC’s operations and to related Einstein activities, describes its numerous accomplishments over the past 50 years, and indicates some of the future directions for its programs.

INTRODUCTION

For more than half a century, the Children’s Evaluation and Rehabilitation Center (CERC) and its precursor programs have provided state-of-the-art interdisciplinary (ID) treatment to the infants, children, adolescents and adults of the Bronx who have neurodevelopmental and other disabilities. A national and international model for the delivery of these services in a distressed urban environment, CERC has served as a hothouse for training leaders in the field of neurodevelopmental disabilities, and has been a fertile ground for research into both the causes and treatment of these disorders. Founded in 1956, soon after Albert Einstein College of Medicine (Einstein) opened its doors, CERC is the oldest continuously functioning clinical program operated by this medical school.

Because it was founded so soon after the medical school came into existence, the history of CERC closely parallels the history of Einstein. The program has passed through four stages in its own development: 1) its early history, lasting from its founding until its move into the Kennedy Center in 1970; 2) the period of rapid growth, lasting from 1970 into the early 1990s, during which the number of services provided and the number of clients served grew almost exponentially; 3) the period of consolidation, lasting from the early 1990s until the mid-2000s; and 4) the period of expansion of the clinical research enterprise, which is only now getting underway. Below is a short history of CERC.

EARLY HISTORY

The seeds for the development of CERC were planted in 1956, when Dr. Lawrence T. Taft (Fig. 1) was recruited to join Einstein’s Department of Pediatrics, one year after the opening of the medical school. A native of the Bronx, Dr. Taft had attended medical school at State University of New York Downstate and completed his residency in pediatrics at the New York Hospital–Cornell Medical Center. From there, he went to the Boston Children’s Hospital for training in pediatric neurology, prior to the time that this was a formally recognized subspecialty. At Boston Children’s, Dr. Taft had spent time in one of the first clinics in the United States that...
provided interdisciplinary services to children with cerebral palsy.

When Dr. Taft arrived at Einstein, he joined the Departments of Pediatrics and Rehabilitation Medicine. Dr. Arthur Abramson, the founding chair of the latter department, provided space for Dr. Taft to begin a Cerebral Palsy/Pediatric Rehabilitation Clinic on the second floor of Jacobi Hospital, then the home of Einstein’s Department of Rehabilitation Medicine. Dr. Taft quickly set up a program that in many ways replicated the cerebral palsy clinic at Boston’s Children’s Hospital.

**INITIAL FINANCIAL SUPPORT**

A key element in supporting the initial clinical activities was funding received from the City of New York’s Community Mental Health Board (CMHB), an early predecessor of what is currently called the Department of Health and Mental Hygiene. This initial funding from New York City was the result of a lobbying effort by parent groups who sought CMHB assistance for the development of mental retardation services, at a time when almost all CMHB funding was directed to mental health services. The CMHB decided to fund three mental retardation clinics—one each in Brooklyn, Manhattan, and the Bronx. Dr. Taft was approached to begin the Bronx clinic. Concerned about the reaction of parents to a referral to a clinic specifically for the mentally retarded, he preferred to use the name “Developmental Evaluation Clinic” (DEC). Thus, by the late 1950s, two activities, a Cerebral Palsy or Pediatric Rehabilitation Clinic, and the DEC, were functioning side-by-side in three rooms on the second floor of Jacobi Hospital. These two clinics were the precursor of what would eventually become CERC.

**EARLY STAFFING**

From the beginning, the two programs founded by Dr. Taft provided interdisciplinary evaluations and treatment to individuals with disabilities. This approach was reflected in the roster of early staff members. In addition to Dr. Taft, the pediatric staff included Dr. Lester Zimmerman, Dr. Rhona Rudolph and Dr. David Kligler, who was particularly involved with the development of the Speech and Hearing Program. Initially a component of the Department of Rehabilitation Medicine, the Speech and Hearing Program had been created with the assistance of Ms. Marilyn Silver, a speech pathologist. Another key addition to the staff was Dr. Gabriella Molnar. Initially trained in Hungary as a pediatrician, she came to Einstein/Jacobi in 1968 to train in pediatric rehabilitation. She subsequently became the director of the Pediatric Rehabilitation Unit and then a major national and international leader in that field. Other DEC or rehabilitation unit staff members included social workers, occupational therapists, psychologists, and physical therapists, led by Dr. Justin Alexander, as well as various support staff.

In 1964, Dr. Herbert J. Cohen (Fig. 2) joined this pioneering staff as a fellow in the Department of Pediatrics. Dr. Cohen’s clinical activities were supervised by Dr. Taft. When Dr. Taft left Einstein in 1974 to become the first chairman of the Department of Pediatrics at what is now the Robert Wood Johnson School of Medicine in New Brunswick, N.J., Dr. Cohen was chosen to become the director of the program, a position he occupied for most of the next 32 years.

**THE BIRTH OF CERC**

In 1965, the two separate but overlapping clinics operating on the second floor of Jacobi were formally merged into a single Children’s Evaluation and Rehabilitation Clinic (eventually renamed “Center”). Added to CERC was a “nursery,” built on Seminole Avenue in 1963 by a small philanthropic group to help young children with physical and developmental problems. The “nursery” eventually became the Early Childhood Center, the third component (with the DEC and the Cerebral Palsy/Rehab Clinic) of CERC.

Figure 2: Herbert J. Cohen, M.D., director emeritus of CERC
In 1964, Harold Diner, D.D.S., a unique dentist with an interest in pediatric dentistry and the enthusiasm and perseverance to obtain a master of arts degree in special education in the early 1960s, founded a small special-care dentistry program in Jacobi Hospital. Dr. Diner collaborated with Dr. Taft and his staff in expanding services for children with special needs, ultimately developing a state-of-the-art dental treatment center for children with a wide range of developmental disabilities (DDs). The special-care dentistry program became the fourth element of the burgeoning clinical enterprise.

In 1968, with private funds, Dr. Taft began a small program for individuals with learning disabilities. To help run this new program, Ruth L. Gottesman, Ed.D. (Fig. 3), a specialist in the treatment of children with reading problems, joined the staff. Dr. Gottesman later expanded the learning disability program, ultimately transforming it into a major component of CERC. Dr. Gottesman remained as director of this service for more than 30 years. Upon her retirement from that position, she became a member of Einstein's Board of Overseers; in 2007, she was elected chair of the board, thus becoming both the first woman and the first faculty member to attain that vaunted position.

DEVELOPMENT OF THE ROSE F. KENNEDY CENTER

In 1962, Dr. Harry H. Gordon arrived from Sinai Hospital in Baltimore with a plan to develop a Mental Retardation Research Center (MRRC) at Einstein. The creation of MRRCs was the direct result of the Kennedy family's interest in mental retardation. A major change had occurred in the field of mental retardation in the early 1960s, when the Kennedy family publicly announced that President John F. Kennedy had a mentally retarded sister.

One clear result of the Kennedy family's involvement was that advocacy for changes and improvements in the care of children with mental retardation and other DDs substantially increased. Attention shifted away from institutionalization toward more nurturing, home-centered care. As a result, demand grew for more community-based services. Furthermore, President Kennedy convened a group of experts, the President's Panel on Mental Retardation (subsequently renamed the President's Committee on Mental Retardation) to advise him about how to effect change in the field.

The President's Panel made two key recommendations that were incorporated into the 1963 legislation, Public Law (P.L.) 88-164, the Mental Retardation Facilities and Community Mental Health Centers Construction Act, and that affected the future of Einstein. Both were successful in increasing the involvement of universities and academic medical centers as agents of change.

The development of MRRCs, overseen by the National Institute of Child Health and Human Development, a new branch of the National Institutes of Health that was also created during the Kennedy administration, sparked considerable interest in the academic community. Ten centers, including the Rose F. Kennedy Center at Einstein, were initially constructed with a formula that involved 75% federal funding matched with a required 25% local contribution. At Einstein, about half of the matching funds ($1.45 million) came from a donation from the Joseph P. Kennedy, Jr. Foundation (named for Rose F. and Joseph P. Kennedy Sr.'s eldest child, a pilot who was killed while flying a mission during World War II). The rest of the private matching funds came from Einstein donors, as the numerous plaques in the building affirm. (See Fig. 4, a picture of the groundbreaking ceremony for the Kennedy Center.)

The same P.L. 88-164, later reauthorized and renamed the Developmental Disability Act and now managed by the Federal Administration on Developmental Disabilities, led to the establishment of what are now named University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs). There is at least one in every state. The Rose F. Kennedy UCEDD was funded in 1974 to advance training, innovation and system change in the developmental disability field.
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Providing space for CERC and other clinical programs (such as the Genetic Counseling Program, founded by Dr. Harold M. Nitowsky) on the first two floors of the Kennedy Center was a long-term goal of both Dr. Gordon, who ultimately became the first director of the center, and Ms. Eunice Kennedy Shriver, the sister of President Kennedy who most believe was the driving force behind the Kennedy family’s advocacy for change. The result was that individuals with DDs occupied the same building as did the researchers, who were located on the upper floors. The founders believed that a research center should focus to a significant extent on the real needs of children and families.

In 1970, after CERC moved from its original home on the second floor of Jacobi into the newly opened Kennedy Center, its programs rapidly expanded, thus beginning the second stage of CERC’s life cycle. The Special Care Dental Unit, founded by Dr. Diner, increased its capacity to serve more children and to train more dentists in the care of children with special needs. Separate units specializing in the care of infants and preschool children, school-age children, and children with hearing and communicative disorders were organized or enhanced. The latter program, which ultimately became the Children’s Hearing Program, or CHP, was begun with the assistance of Dr. Robert Ruben, then chairman (and now chairman emeritus) of the Department of Otorhinolaryngology. Collaborative research projects were established with various researchers within the Kennedy Center. Training for medical, dental and allied health professionals of future careers or leadership positions in the field increased with the help of federal funds, allocated since 1966 for ID training by what is now called the Maternal and Child Health Bureau of the Health Resources and Services Administration in the U.S. Department of Health and Human Services. CERC is now recognized as one of the outstanding programs in the U.S. receiving these training grants, currently known as “Leadership Education in Neurodevelopmental Disabilities.”

BRONX DEVELOPMENTAL SERVICES AND CERC IN THE 1970s

Soon after CERC moved into the Kennedy Center, Dr. Cohen, who was by then the assistant director of CERC, agreed to take on the role of creating Bronx
Developmental Services (BDS). This New York State–operated program became an innovative community-based network of services that had a concomitant key role in returning formerly institutionalized children and adults to the Bronx community. Several of BDS’s programs complemented those provided by CERC and some staff-sharing arrangements helped CERC expand its therapeutic interventions and helped support some Kennedy Center research activities. One other important achievement was the assistance provided by Joanne Florio Siegel, L.C.S.W., a key BDS staff member, to create what is likely the first self-advocacy group for adults with DDs in New York State. Ms. Siegel went on to become the director of community affairs for CERC and continued to provide support for the same self-advocacy group that still meets regularly, after more than 30 years.

Although Dr. Cohen became the director of CERC in 1974, he relinquished that role in the following year to concentrate on the expansion of BDS, including planning for nonresidential use for the unusual Richard Meier–designed facility, Bronx Developmental Center, a distinctive aluminum building constructed near the Hutchinson River Parkway. While Dr. Cohen concentrated on developing BDS, Joseph French, M.D. and, subsequently, Gerald Golden, M.D., two pediatric neurologists who were members of the Einstein Department of Neurology, assumed the directorship of CERC. In 1978, Dr. Cohen resumed the directorship, while continuing to run BDS until 1980.

In 1978, Daniel S. Friedman, M.P.A., was hired as CERC’s new administrator. Quickly, Mr. Friedman became one of the most important staff members at CERC, contributing to the growth and financial stability of the enterprise. Mr. Friedman continues to play a major role in the direction and course of CERC’s growth and development.

CERC IN THE 1980s

The 1980s were a period of continued growth for CERC. The number of children and families served continued to increase, as did the professional training activities. The learning disability program expanded its treatment services with the development of an after-school and summer psychoeducational treatment program, in major part due to the expert leadership of Frances M. Cerullo, M.A.T., an outstanding psychoeducational specialist. A new Adolescent Unit was developed and it quickly created several innovative outreach programs, including a very successful court diversion program for youth in trouble with the juvenile justice system. This program, led by Norman Brier, Ph.D., a psychologist who also became director of the adolescent team, reduced the anticipated recidivism rates in the affected youth by almost 75%. Unfortunately, the project was discontinued after funding from the Bronx District Attorney’s Office was ended. However, the adolescent outreach efforts were not the only important ones for CERC in the 1980s. With funding from the U.S. Department of Education, Dr. Ruth Gottesman and Ms. Fran Cerullo provided a diagnostic intervention program in District 8 in the Bronx and a teacher training program in Districts 8, 10, and 11 along with a training program for school volunteers to work with children with learning disabilities. Private funding for their group also enabled them to offer outreach training for staff at Hebrew day schools and, subsequently at Catholic parochial schools. Dr. Gottesman and Ms. Cerullo later created and standardized a new screening instrument to identify school age children with learning difficulties. Aptly titled the “Einstein Assessment of School-Related Skills,” the instrument is now widely used throughout the United States.

In 1983, Dr. Monica Ultmann, a CERC developmental pediatrics fellow, was asked by Dr. Cohen to evaluate six young children who were being followed by Dr. Arge Rubinstein, director of the Division of Immunology and Allergy in Einstein’s Department of Pediatrics. These children had presented with a series of symptoms and signs that appeared to represent an unknown disorder of the immune system. All six children were noted to have significant developmental delays or disabilities. During the period in which these children were being evaluated and a report about them developed for publication, it was discovered that the children had AIDS due to a congenital HIV infection. Dr. James Oleske, a pediatric immunologist in Newark, New Jersey, also identified a similar group of children. In two landmark articles that appeared side-by-side in the Journal of the American Medical Association in 1983, the Bronx and New Jersey groups described the first children with AIDS reported in the medical literature, thus establishing the existence of this new condition.

Soon after the appearance of the initial articles, the Bronx and the New Jersey groups, the former including CERC staff, also reported on the neurodevelopmental consequences of HIV/AIDS in young children. At a time when there was great fear about HIV contagion, a pioneering group of CERC staff members had volunteered to assist these children and their families in obtaining the services that they desperately required. This group founded the Developmental and Family Services Unit (DFSU), a multidisciplinary activity providing evaluation, treatment, counseling and services to this population. With early financial support from the Joseph P. Kennedy, Jr. Foundation and subsequently through the federal Ryan White Act, the DFSU achieved national and international recognition for its exemplary activities on behalf of children and families affected by HIV. Team members have been instrumental in documenting the natural history of developmental impairment in affected children, with numerous reports and articles published.
in the medical literature. Their work helped develop national standards for the care of these children and publish the first book about HIV and developmental disabilities. Now part of a collaborative effort known as the Bronx Families and Adolescents AIDS Consortium, the DFSU, led by Dr. Katlyne Lubin, a former trainee at CERC, and Ms. Marsha Edell, a social worker, continues to follow many adolescents and young adults who have been living with HIV infections since birth. The DFSU also helps the siblings and other family members and cares for the dwindling number of new children affected by HIV/AIDS.

By the time that the DFSU was founded, CERC had outgrown the space it had been allocated in the Kennedy Center. The need for increased space to expand CERC’s pediatric rehabilitation services led eventually to a move to the fourth floor of the Louis and Dora Russo Building on Morris Park Avenue where an occupational and physical therapy gym was constructed, the DFSU was relocated and an expanded audiological intervention activity was initiated.

Another significant addition in the 1980s, led by Dr. Ruth Kaminer, an earlier CERC developmental pediatrics fellow who became the associate director for Medical Services in CERC, was the initiation of a program to track high-risk infants and provide limited early intervention activity was initiated.

The 1990s were a period of significant accomplishments for CERC. The passage of the early intervention (EI) legislation and implementation of a government-sponsored EI program in New York City stimulated CERC to formalize and expand the EI services begun by Dr. Kaminer. These services later became known as the Infant and Toddler Team (ITT). Under the subsequent leadership of Dr. Lisa Shulman, another former developmental pediatrics fellow at CERC, this team became a key element in the eventual expansion of efforts in the early identification and intervention for the increasing number of children referred for the diagnostic evaluation and treatment of autistic spectrum disorders (ASDs). While the ITT was developing, UCEDD staff played a significant role in facilitating the expansion of regional services throughout New York State by creating and providing ongoing support for a State Regional Technical Assistance Program and, subsequently, developing and disseminating a curriculum for training physicians and other health-care professionals in EI throughout New York State. In addition, there was a concomitant growth in the provision of psychopharmacological services in what became known as the CERC Medication Management Clinic, under the capable leadership of Howard Demb, M.D., director of Psychiatric Services in CERC.

By the mid-1990s, as Montefiore Medical Center emerged as the primary site of Einstein’s Department of Pediatrics, the leadership of CERC and the Department of Pediatrics arranged for CERC to open a satellite clinic at the Norwood outpatient site near Montefiore. In 2001, this successful operation moved onto the fifth floor of the new Children’s Hospital at Montefiore (CHAM).

The 1990s also witnessed an expansion of services for adults with developmental disabilities. The Special Care Dentistry Program (now bearing the name of Harold Diner, its founder, who passed away in 1997) became a major provider of comprehensive special-care dentistry for adults living either in community residences or with their families; this program, currently the only one of its kind in the metropolitan area, continues to provide an outstanding service to adults with special needs.

Through her work with individuals with learning disabilities, Dr. Gottesman became aware of the fact that few services were available to adults who could not read. In the latter portion of her career at CERC, Dr. Gottesman established an Adult Literacy Program (ALP). A program that is unique and unavailable anywhere else throughout the New York metropolitan area, the ALP has grown substantially. It continues to thrive under the leadership of Mary S. Kelly, Ph.D., who assumed the role of director after Dr. Gottesman’s retirement. The number of individuals served has increased and the program has been gaining a great deal of attention in the media.

CERC IN THE 2000s AND BEYOND

Following the establishment of the Fisher Landau Center in the late 1990s, CERC entered the third phase
of its life cycle. The program continued to see large
to have important leadership roles in the field in Israel,
numbers of clients and provide a dizzying array of
China, Canada and Hong Kong. Under the recent excel-
services. Since 2000, the staff of CERC has provided
leant leadership of Dr. Maris Rosenberg, the fellowship
between 55,000 and 60,000 visits per year for some
program became one the first in the U.S. to be certified
7,500 clients seen each year. Nearly 90% of the clients
by the American Board of Pediatrics as an approved
come from the Bronx, and their demographics reflect
Subspecialty Fellowship Program in Developmental-
those seen in the rest of our borough: slightly more
leadership roles in the field in Israel,
another biological parents. Many of the mothers
than half are of Caribbean Latino heritage and 30%
and internationally. Dr. Farah Alam, cur-
have been exposed to domestic violence, or have been
are African American. Thirty percent of the patients
rent director of the Special Care Dentistry
abused or neglected themselves. If not for the services
live at or below the poverty level, and close to 30%
and Pediatric Rehabilitation Fellowship programs have
they receive at CERC, the patients and their families
of the younger children are cared for by adults who
assistance that they have used to develop services in
would have few resources available to them.
are not their biological parents. Many of the mothers
have assumed many leadership roles in those fields locally,
have few resources available to them.
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Dr. Rani Kathirithamby, the director of the Pediatric
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Rehabilitation Unit, were both former fellows at CERC.
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for new translational research activities. Progress is also being made to create the Einstein/Montefiore Center for Autism, a new center for neurofibromatosis, and other collaborative clinical–basic science enterprises. All this will occur while CERC continues its other important missions, to provide services for individuals with disabilities and to train the next generation of leaders in this field. The leadership and staff of CERC are committed to accomplishing these goals in the future.

In conclusion, the history of CERC closely mirrors the history of Albert Einstein College of Medicine. As has been the case at Einstein, CERC has a long and proud history of dedication to the community in which we work, to providing excellent care to those in need, and to providing outstanding training to students from a wide array of disciplines. Now, as the medical school enters its new phase, building a focus and becoming a major leader in the area of translational medicine, it is clear that CERC, too, will continue to reflect the school’s changes by also becoming a leader in this field.

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