Described is the 3R (reality, re-education, and responsibility) program to remediate inappropriate behaviors and academic deficiencies in socially and emotionally maladjusted elementary aged children. The major goal of the project is seen to be the successful return of the student to usual school routines and the regular classroom. Specific objectives are said to include developing trust in adults and building competence. Reviewed are aspects of program development including the planning stage, the steering committee, and program expansion. Explained are introducing the 3R unit into a school, staffing of the 3R unit team, and pupil intake, maintenance, and followup. Suggested are classroom strategies to develop goal oriented behaviors. Reported are research findings in the areas of academic growth, intelligence, improved behavior (an average decrease from 12 to one inappropriate behaviors was reported by regular classroom teachers), and return to the regular program for over 95% of children after an average stay of 6 months in the 3R unit. (DB)
The Major Goal

The major goal of Project 3R is to return each student to usual school and life routines—to the mainstream—with behavior modified and academic skills improved. To this end, change is effected both within the child and in the environmental settings. The child must become competent to meet demands made upon him and demands must be compatible with the competence of the child.

Specific Objectives of 3R

Develop trust in adults. Help the child become aware that he can use the adult to learn: how to be loving, how to be comfortable with himself, how to read better, how to compute.

Build Competence. Help the child be good at something: making friends, sharing, writing, playing ball. Instill confidence and a new self-image so that he gains self respect, the desire to succeed, and the acceptance of others.

Control Symptoms. Help the child decrease inappropriate behaviors which alienate family, friends and teachers; acquire ways of behaving that are likely to make him more acceptable to the people who are important in his life.

Nurture feelings. Help the child understand his anger, his resentments, his affections, so that he can identify and respond positively to sources of satisfaction: simple joy in friendships, joy in anticipation of tomorrow.

Correct academic deficits. Continue the child’s learning progression and provide remedial work as needed.

Bring the ecological system up to “go”. As a short-term intervention into the child’s social systems (which includes the child, his family, his school, his neighborhood, and community), Project 3R should help the child achieve a sense of belonging, should help the regular classroom teacher understand the child’s problems and should assist the child’s family. When the systems become “go”—when it appears that they will function—3R withdraws.

Plan for effective re-entry and follow-up. Classroom teachers and 3R staff together must assure successful return and adjustment of the child to regular classroom placement. A two-year follow-up is provided to help smooth the way.
The Planning Stage

The Planning Committee for Project 3R ended more than a year of work when on July 24, 1968, it submitted a proposal for funding to the Department of Health, Education and Welfare. This request proposed Project 3R as a demonstration project under the provisions of Title III of the Elementary and Secondary Education Act of 1965 (PL89-10). In July, 1969, Project 3R was approved.

Project 3R is a unique management system based on an educational model, and supported by medical, psychiatric, psychological and social work professions. The Project developed as a response by four cooperating school districts in Connecticut to both legislation, which requires schools to provide programs and/or services for children considered to be socially and emotionally maladjusted, and the concerns of the professional staffs to help these children.

In 1967, the Superintendents of the school districts of East Granby, East Windsor, Suffield, and Windsor Locks delegated to the Planning Committee the responsibility of developing a program. Project 3R, as described in the July, 1968 proposal to the Department of Health, Education and Welfare, details the response of the Planning Committee to its charge. The Connecticut State Department of Education; Project Re-Ed, Nashville, Tennessee; the League School, Brooklyn, N.Y.; and The National Institute of Mental Health were particularly helpful to the Planning Committee.

One of the features of the Project was its purposeful design as an extension of and addition to the Special Education Programs of the four cooperating school systems. The Cooperative Special Services Center, operational since 1966, provides diagnostic and consultative services. The Cooperative Special Education Program also provides classes for the educable and the trainable mentally retarded, and diagnosis and instruction for children with learning disorders. Project 3R is a needed and natural extension of the broadening program being offered by the cooperating districts.

The Steering Committee

The committee that planned 3R became its Steering Committee in July of 1969. The function of the Steering Committee is to make policy recommendations to the Advisory Council made up of the superintendents of the cooperating towns. The Steering Committee recommends policy in these areas.

1. Identification and description of procedures to be followed in the project.
2. Development of a consensus of purpose and direction among all concerned with the program.
3. Integration of teaching and practicum experiences.
4. Development of curricula.
5. Evaluation of program.
6. Preparation of brochures, pamphlets and video-tapes that are of value in dissemination.

Representatives from each of the districts are members of the Steering Committee. Teaching staff from the 3R Units are also members as is the Director of the Cooperative Special Services Center. The Advisory Council reviews the policy recommendations made by the Steering Committee and decides Project policy.

Program Expansion

Project 3R is growing. The demonstration unit is being continued under
cooperative local funding and a second Unit serving older, economically disadvantaged, children has been added to the program. The original Unit is located at South School in Windsor Locks. The Unit for older children is located at the Middle School in East Windsor, Connecticut.

Introducing A Unit

Each member of the staff of a school in which a unit is to be located should have a working knowledge of the project. The goals of the project should be understood by the staff of the entire school. Staff understanding and appreciation is an aid to thorough integration of the project into the total school program. The effort and energy expended in the tooling up process for each unit is rewarded by smoother operation.

The Building Principals
Responsibilities to the Unit

The building principal is depended upon to have a thorough knowledge of the Project processes and to support the Unit team in day-to-day situations. Policy implementation, interpretation of the Project to the public and involvement with students and staff in project development are seen as an integral part of the building principal's role. The nature of Project 3R is such that administrative time and attention are basic requirements of operation.

Essential Factor — Teamwork

Diagnostic and consultative services are available to the school districts through the Cooperative Special Services Center. The team provided by the Center includes psychiatrist, psychologist, school social worker and speech therapist. The services of this diagnostic and consultative team are called upon frequently by the 3R staffs. Additional medical consultation is sought where the needs of the case under consideration indicate the desirability of such help.

The 3R Unit Team

The basic 3R unit team consists of the following:

The Teacher-Counselor is the “backbone” of the 3R team, responsible for the daily planning, design and teaching of an individual curriculum for each child based on his strengths and weaknesses.

The Liaison-Teacher-Counselor serves as the link between the child and the
classroom from which he came and the 3R program, the home, and other parts of the child’s social system. The Liaison-Teacher-Counselor participates in initial evaluation and placement; works toward the smooth return of the child to his regular classroom; follows up and is supportive of teachers and child so that gains may be sustained.

The Teacher-Aide is a para-professional who assists in non-professional functions, thereby releasing the teacher-counselor for planning and consultations.

The Research Coordinator is engaged on a part-time basis responsible for the research and evaluation techniques.

Intake

The entry of a child into a 3R Unit is accomplished only after serious consideration has been given to other possible approaches for helping the student solve his difficulties. All referrals for 3R candidacy begin when a classroom teacher brings to the attention of the building principal a child who is behaving inappropriately and/or incompetently. The principal and teacher devise a plan involving the child with school and family resources in an attempt to be supportive of successful regular classroom performance by the child. The school principal, through pupil services in his district, may ask for additional diagnostic or consultative services for a particular child. These additional services, available through the Cooperative Special Services Center, may range from a discussion of a proposed plan with the school psychologist to a full scale diagnostic evaluation for further planning. When 3R intervention is a possibility, the Liaison-Teacher-Counselor observes the child in his regular classroom at which time the Liaison-Teacher-Counselor collects base rate information on some inappropriate behaviors which concern the teacher. A social worker then obtains a history of the child’s developmental milestones and significant family relationships.

A multidisciplinary psychiatric workconference involving classroom teacher, principal, nurse, special teachers, speech and hearing specialist, guidance counselor, psychological examiner, social worker, psychologist and psychiatrist establishes an understanding of the child.

The 3R candidacy is determined on the following:

1. Modification of specific pinpointed inappropriate behaviors within a 6-8 month intervention period.
2. At least average tested intelligence.
3. The expectation of parental cooperation and involvement.

Each of the cooperating school districts decides which of its children will be given the opportunity to participate in Project 3R. Agreement between the sending school district and the child’s parents on the placement of the child in 3R may precede or follow visits to 3R by the child and his parents. Visiting a 3R Unit allows both child and parents to become familiar with the project, staff, administration, and children in the Unit.

Maintenance and Follow-up

The primary goal of Project 3R is to return each child to a regular classroom situation. This goal is best accomplished when changes in the child’s behavior are accomplished by concomitant changes in his family, peer groups, and community. Appropriate expectations must exist for him at the time of his return. If these expectations are inappropriate—the ecologies remain unchanged—the inappropriate behaviors will return. The newly learned behaviors, if not reinforced, will diminish.

In the social ecology are mediated by facilitating communication among the small, important groups of which the child is a member. Information about the child’s progress and his return to regular class is shared with his family, his peers, his teachers, and other groups important to the child. Realistic information about the child’s abilities and the kinds of educational tasks with which he can succeed help all concerned appreciate his potential and accomplishments. The Liaison-Teacher-Counselor is responsible for keeping communications among concerned groups and individuals vital.

Plans to return a child to regular class are established when the chances of the child succeeding outweigh the chances of his failure. The re-introduction to the regular class can be gradual, beginning with short visits, or immediate. The expectation that the child will return to his regular school is fostered and maintained throughout his participation in 3R. This expectation is kept in the forefront of each conference with the child’s teacher, parents, and school administrators.

The Liaison-Teacher-Counselor continues to be available to the child, his teachers, and parents for an extended period after the child’s acceptance into 3R.
In addition to changing expectancies, tasks, and consequences within a support system, a second approach is to develop new support systems. Each 3R child may be scheduled to see a social worker regularly. The child is given many opportunities to participate in academic and social activities within regular classes in the school where his 3R Unit is located.

The Liaison-Teacher-Counselor attempts to help the child become a part of youth, church or other community groups. Increased social contacts provide a living environment that is meant to be sufficiently productive for the child to minimize the chances of breakdown. Providing a variety of supportive agents to the child facilitates the systems response to the child’s needs.

Elements of such a support system might include scout group membership for the 3R child, group counseling for his entire family and frequent visits to the 3R Unit by the teachers to whom the child will return. Coordination of the support systems by the Liaison-Teacher-Counselor allows each element of the system to realize how well its efforts are helping the child to achieve his goals. Underlying this educational approach is a central assumption that medical and psychiatric evaluation are an integral part of the process and are available to each child as his needs dictate.

Classroom Strategies

"How do you think you did on your goal for yesterday?" The child thought for a moment, then answered: "Yesterday I only called out four times without raising my hand. I'm getting better. Today my goal will be not to call out more than two times."

Personal goal setting takes place each morning in the group Pow Wow. This discussion group approach affords an opportunity for each child to become actively involved in assessing his own behavior and making a commitment for behavioral change. The group, including the teacher, helps the child establish goals which are reasonable and based on his needs. Praise and support in the form of positive comments from the group encourage the child to persevere in his commitment to change. The Pow Wow attempts to create an atmosphere in which caring for each other is an integral part of interpersonal relationships. This emphasis on caring for each other fosters cohesiveness that helps bridge differences of age, intellect and academic ability.
The pow-wow consists of involvement through individual goal setting. With his goal for the day established, the child begins his academic program. Individual instructional needs are provided for by tailor-made academic folders containing learning tasks geared to the child's level of ability. The children are encouraged to work independently for correctness and to complete the assignments at their own pace. Infinitely small gains are watched for and rewarded. Success in learning tasks is rewarded tangibly. Food, games and privileges are used as primary reinforcers. Tokens which may be exchanged for a tangible reward are used as representative reinforcers. As the child gains confidence in his academic abilities, tangible and representative reinforcements are replaced by social reinforcements. Recognition and appreciation of his accomplishments help to sustain the child's realization of his marks for appropriate work on individualized folder.
Failure by a child to be successful in an attempted academic task is responded to by available staff as soon as the child's difficulty is recognized. The emphasis is on guiding the child toward success by employing Hewett's set of alternatives in a modified form. These alternatives are a series of steps the child and the teacher can use to help refocus the child's attention on the immediate task. The following is the adaptation of Hewett's sequence:

1. Change the task, e.g., swap one math paper for another math paper from the child's folder.
2. Change the child's seat.
3. Change the nature of the task, e.g., swap a math assignment for a language assignment from the child's folder.
4. Offer one-to-one assistance to the child.
5. Reduce the amount of the task, e.g., ask the child how much of the assignment he thinks he can do.
6. Relocate the child in a less distracting situation, e.g., a study corral is ideal for this purpose.
7. Give the child a "time-out". Send the child to an arranged location outside the classroom where he will have some time to consider his behavior and a chance to decide on a commitment he can make upon his return to the classroom. This "time-out" is not a punishment.
8. Send the child home for the remainder of the day. This is not done as punishment. The child is told that he is going home because he is seemingly unable to conduct himself as a student. He is assured that he is welcome to return when he is ready to function as a student. This final step in the sequence may carry with it the requirement that the child complete the task he had been attempting before he returns to the Unit.

Upon completion of their academic folders for the day, the children have independent time until lunch. This block of time is known as "free" time to the children. The Teacher-Counselor structures the "free" time by making available to the children activities and games that will strengthen academic skills.

Lunch and recess provide opportunities for 3R participants to meet with peers from other classrooms. Each 3R child participates in physical education and music activities each week with children his own age from other classes. Interaction in these groups enables the 3R students to try out newly learned appropriate social behaviors in a larger group setting.

Lunch and recess are followed by a brief class meeting in the 3R classroom. This meeting is held to review any problems that may have arisen during lunch and recess. Problem solving meetings are geared to allow the group to help the individual with his behavior by suggesting alternatives the individual might use to guide his future action. Meetings of this type can be requested by the students or the teacher as the need for them is recognized; they are encouraged.

If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be, he will become what he ought to be and could be.

Goethe
Afternoons include a review of each individual's morning work, supplementary activities to reinforce new concepts and periods for science, social studies, and crafts. The concept of learning-by-doing is supported by many field trips. These trips help make classroom learning come alive and provide an opportunity for needed physical action on the part of the children.

Letter grades and report cards are not given in Project 3R. Each child reviews his academic folder with the teacher and makes corrections daily. Thus, he is constantly aware of his academic progress. Parents are given formal reports quarterly at a parent-teacher-child conference in which the child discusses with his parents and teacher his social and academic goals, the progress he has made and the gains he has hopes for in the future. The parent also receives the 3R Unit staff's written assessment of the child's social and academic progress quarterly.
An extended day program, held two days a week, gives the children added opportunities to test new behavioral strategies they have learned. Swimming, sports and woodworking, supervised by people outside the teaching team, provide the core of the extended day.

Life in the 3R Unit is structured in a way that is more profitable to the child—giving promise that he will be re-educated to deal with reality and become a responsible person.
RESEARCH RESULTS

Academic Growth

With respect to increasing academic competency, students served in the 3R Unit during 1971-72, increased their reading achievement by an average monthly gain of 1.7, 2.0, and 2.4 months on Reading Comprehension, Word Discrimination, and Word Knowledge, respectively. Students made an average monthly gain in achievement in mathematics of 1.5, 4.2, and 5.5 months on Arithmetic Skills, Arithmetic Problem Solving, and Arithmetic Concepts, respectively.

The students served in the Unit from 1969-71, and followed up by pre and post measures on reading achievement maintained an average growth of 1.2 years. While the gains were not as great as those made in the Unit, they maintained their gains and made a better than the expected average growth of 1.0 per year.

Students served by the Liaison-Teacher-Counselor and the 3R diagnostic team made an average .9 month gain in reading achievement.

All of the above achievement results were based on pre- and post-test administration of the standardized Metropolitan Achievement Tests.

Intelligence

Children enrolled in the Unit in the first year increased their measured IQ's by an average of 5.7 points over a two-year period as measured by a pre and post administration of either the WISC or Stanford Binet individual intelligence test. In general, children served in the Unit demonstrate average or better intelligence with a mean IQ slightly above the national average.

Appropriate Behavior Improved

With respect to improvement in appropriate behaviors, students served by the Unit were perceived by their homeroom teachers to have some degree of inappropriate behaviors in 12 out of the 14 factors measured. When evaluated after their return to the home school from the Unit, there was only one factor which was perceived to be inappropriate. An average increase of one standard deviation or more in the direction of appropriateness was found as measured by the Devereux Elementary School Rating Scale. A very striking finding!

Return to Regular Program

Over 95% of the children served in the Unit have been returned and maintained in an appropriate regular classroom program after an average six (6) months stay in the
Discipline has to be aimed at helping the youngster figure out successful ways of behavior. If a child keeps interrupting, I might discuss his actions with him, encourage him to evaluate his behavior, and... (have him develop) a plan for improving his behavior and make a commitment to follow that plan.

"I would hold any child to that commitment... As a teacher I would let him know that I care enough about him as a person to realize that he is hurting himself by not keeping his commitment..."

"Today young people need that kind of caring insistence from their teachers—teachers who will keep working with them until commitments are fulfilled. Only then will youngsters begin to get feelings of success—not feelings of failure. They will have started to learn that they can be responsible..."

Dr. William Glasser, Psychiatrist
School Consultant

PROJECT 3R
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