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Utilizing Individual Counseling in Conjunction with Disciplinary Actions

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Utilizing Individual Counseling in Conjunction with Disciplinary Actions

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Abstract

This study was conducted in a Rochester area school. The purpose of the study was to observe the effect of individual counseling sessions on student referrals. The individual counseling frameworks utilized include person-centered and Adlerian perspectives. Person centered theory was used to establish a connection with the students in the first sessions. Thereafter Adlerian concepts of *assessing* and *setting goals* were incorporated. Upon completion of the study, students who received treatment were compared to a control group in regard to the number of disciplinary referrals.

Utilizing Individual Counseling in Conjunction with Disciplinary Actions

The following research project takes a different approach in addressing office disciplinary referrals (ODRs) in a high school setting. ODRs have historically been used as indicators for different types of behavioral interventions needed to encourage academic success (Spaulding et al., 2010). Referral data also can be used as an indicator of future problems for students in juvenile courts, which is a concern to society as a whole (Krezmien, Leone, Zablocki, & Wells, 2010). Typical school interventions focus on punishment via detentions, suspensions, or expulsions from school. All of these actions do not address the problem behavior, but focus on taking something away from the student. The current study proposes to implement a new way of thinking by not simply punishing a student, but giving them a chance to tell their story. Hearing a student's story helps to get at the reason behind an action instead of simply punishing the student for poor behavior. Getting at the reason behind a student's behavior may help to curtail problematic and possibly dangerous outcomes common to students who are repeatedly disciplined.

Sixty seven percent of high school students have been shown to have zero or one ODR (Spaulding et al. 2010), which suggests that 33% of students have 2 or more ODRs and are subject to repeated disciplinary actions in school. Minority and male students tend to have more ODRs than other students (Kaufman et al., 2010; Tenebaum & Ruck, 2007). Emotional and behavioral problems have been identified as mitigating factors in the suspension of middle school students (Stanley, Canham, & Cureton, 2006). Middle school students' emotional and behavioral problems typically persist through high school. A shocking trend is referrals from schools directly to juvenile courts (Krezmien et al., 2010). Numbers of these direct court referrals increased from 1995 to 2004.

Before reviewing the interventions utilized in this study, it is essential to look at policies and procedures that schools implement now. Most schools in the United States have adopted zero tolerance policies that assign punishment for severe offenses including fighting or bringing weapons to school. Zero tolerance has increasingly included severe punishments for infractions such as disruption, smoking, and truancy (Teske, 2011). Policies such as zero tolerance are consistent with conventional disciplinary policies because they do not address the behavior, but instead punish students. Schools also employ policies that are directed at specific problem areas. Active supervision is an example of one of these policies. The policies target tardiness and hallway behavior by increasing supervision (Johnson-Gros, Lyons, & Griffin, 2008). Targeted policies have been shown to be effective at times. The scope of their focus however, may be too narrow to address all factors that lead to ODRs. Positive behavior supports (PBS) is a proactive approach that targets a wide range of behavior problems (Bohanon, et al. 2012; Sherrod, Getch, & Ziomek-Daigle, 2009). PBS is implemented school-wide in three different levels. The last of these levels is the most individualized intervention and targets individual students who have not responded to the first two levels of intervention (Sherrod et al., 2009). Proactive approaches that are more individually targeted appear to be the most effective in changing problem behaviors.

Person-centered theoretical perspectives have been shown to improve behavior with aggressive youth in a school setting (Cochran, Fauth, Cochran, Spurgeon, Pierce, 2010). Person-centered approaches have also been shown to be effective in establishing a close relationship with clients through congruence, empathetic understanding, and unconditional positive regard. For the purposes of this study, the person-centered approach was used to establish a working relationship with students. Adlerian perspectives were also used in this research. In particular, the perspectives of phenomenology and goal setting. Phenomenology refers to each student's

subjective worldview (Ziomek-Daigle, McMahon, & Paisley, 2008). Once a relationship was built through person-centered principles, the worldview for each student was assessed. Then the values and goals the student has constructed within that worldview were explored. When these goals and values had been established, a discussion took place about how clients' current actions align or diverge with the values and goals inherent in their worldview.

The literature shows global interventions are the ones most commonly used in schools today. The one on one interventions used in this study has not been fully explored, which makes the results significant to the field of school counseling.

The study was a between-groups experimental design. Number of counseling sessions was the independent variable and number of referrals was the dependent variable. The individuals in the control and treatment groups all attained at least 4 referrals in the 2011-2012 school year, which was the basis for inclusion in the study. After the treatment group completed a minimum of three counseling sessions (between January and March 2013), referrals occurring during the study for treatment and control groups were observed. Students who decided to participate were entered into a drawing to win one of three \$20 movie gift certificates.

During sessions person-centered and Adlerian perspectives were utilized. In the first sessions person centered principles were the primarily focus. The main aspects of person-centered theory used were congruence, empathetic understanding, and unconditional positive regard. After a connection had been established through using person-centered principles, Adlerian aspects of phenomenology and goal setting were utilized.

This study was designed on the assumption that students, who were referred four or more times the previous year, would be more likely to obtain referrals the next year. It was also

assumed that three sessions would be a sufficient number of sessions to effect participants' future behavior.

The main limitation of the study was the sample size that was obtained for the treatment group. Having a small sample impacts the power and generalizability of the study. The fact that students could only participate in sessions during study hall, lunch, or after school was also an identified limitation. In future studies using a similar framework, assessing how to address these aforementioned limitations will be paramount.

Disciplinary referral is defined, for the purposes of this study, as a student being sent to the principal for discipline due to misbehavior in school. *In school suspension (ISS)* refers to a student being taken out of classes for a day, while still in the school building. *Out of school suspension (OSS)* is when a student is taken out of the school and building because of misbehavior.

There were two research questions for the current study: (a) will individual counseling techniques affect the recidivism of students who have been referred more than four times the past school year? and (b) will students who receive treatment be able to fully assess their current actions and set goals for themselves?

The literature indicated that there is a gap in the utilization of individualized interventions for chronically referred students. Emotional problems have been identified in middle school students and these problems only get magnified when they enter high school. Current high school policies look to punish students for bad behavior. The punishment that these students receive does not address the underlying problems that they have. This study assessed if person-centered and Adlerian theoretical frameworks and individual counseling sessions were effective in impacting these students. The study addressed the two research questions, stated above,

through data analysis in order to observe if these interventions have practical use in the future.

Specifically independent and paired t-tests were conducted.

Literature Review

An estimated 20% of students have mental health needs with 10% having a mental illness severe enough to affect emotional, behavioral, and developmental needs (Satcher, 2004; U. S. Public Health Service, 2001). For adolescents, emotional issues show themselves in a variety of ways in a school setting, and many behaviors caused by emotional issues often result in some form of discipline (Stanley, et al., 2006). The goal of these disciplinary actions is to punish the behavior, but it does not address the reason behind the behavior. Along with emotional and behavioral problems, students also have to deal with many school and life transitions, which can contribute to problem behaviors (Desocio & Hootman, 2004). This gap in assessing the reason behind a behavior is looked to be addressed in the proposed study.

Stanley et al. (2006) looked to assess the prevalence of behavior problems with a student behavior survey (SBS) developed by Wingenfeld and colleagues (1998). This survey allows teachers to assess individual student emotional and behavioral problems in a school setting (Stanley et al., 2006). The SBS identifies academic achievement, adjustment problems, and assessment of behavior as it pertains to the classroom and is appropriate for students K-12.

Stanley and colleagues (2006) stated emotional and behavioral problems are associated with suspended students. As these students mature, their disruptive behavior escalates during the middle school years, becoming barriers to success and causing long-term consequences. Stanley et al. (2006) emphasized that the cause of the behavior needs to be assessed before detrimental conduct occurs. Therefore, identifying issues behind disruptive behavior may prove to be a significant factor in improving academic success in students and recognizing their emotional as well as behavioral needs (Stanley et al., 2006). However, Stanley et al. did not address how to

identify the drivers behind the problem behavior nor did they address how to resolve the problems. The proposed research will use individual counseling sessions to address this gap.

Perhaps the most troubling outcome of an ODR is the increase in direct referral to juvenile courts. Not only are the drivers behind disruptive behavior left unaddressed, but it appears that schools have been using the court system to find solutions for school behavior problems. Krezmien et al. (2010) investigated school referrals (SR) to juvenile courts in five states from 1995 to 2004. The purpose of the study was to assess the schools as a source of referral to juvenile courts, so that clarity could be provided on the direct relationship between schools and juvenile delinquency system (Krezmien et al., 2010).

There was sufficient evidence in the study to conclude schools may be using the court system to handle school misbehavior too much, possibly criminalizing misbehavior in school (Krezmien et al., 2010). This is a troubling finding when unaddressed behavior problems may be behind the actions that are being criminalized (Stanley et al., 2006). Unfortunately, this study like the Stanley et al.(2006) study did not propose any solutions for the problem. The proposed study will aid school counselors in finding effective solutions for disruptive behavior instead of resorting to the juvenile court system.

Current Rates of Referral

Spaulding et al. (2010) investigated patterns of disciplinary referrals as well as subsequent administrative decisions for 1,510 schools nationwide. Data from the School-Wide Information System (SWIS) was compared with data from the National Center for Education Statistics (NCES). SWIS is an avenue for schools to report discipline data to district, state, and federal levels and it aggregates data across these levels (Irvin, Tobin, Sprague, Sugai, & Vincent, 2006).

Elementary schools showed the lowest rate of referral and these rates increased as children grew older with high school students showing the highest rates (Spaulding et al., 2010). As students grew older, problems behind the actions leading to increased referrals need to be assessed in order to avoid possible future involvement in the juvenile court system (Krezmien et al., 2010; Stanley et al., 2006). The most commonly referred problem behaviors changed with grade level as well. In elementary the most common behaviors were fighting (32%) and defiance (29%; Spaulding et al., 2010). When students reached middle school the most common referred behaviors became defiance (31%) and disruption (18%). By the time students were in high school the most common became tardiness (24%) and defiance (24%). The defiance observed in middle and high school students can lead to criminal problems in the future with direct referral to courts (Krezmein et al., 2010). In middle and high school administrative actions consisted of mostly detention, ISS, and OSS. As illustrated by Stanley et al. (2006) these administrative actions do not address the behavior, but punish the student by simply saying they were wrong.

Spaulding and colleagues (2010) concluded that these databases provide information beneficial in designing school wide as well as individual student interventions. Individualized interventions have been shown to be more effective in facilitating behavior change than large group interventions (Sherrod et al., 2009). The proposed study looks to explore individualized interventions that could facilitate behavior change by specifically addressing the underlying causes of problematic behavior.

The researchers found a significant difference between grades for all four referral categories and total number of referrals (Kaufman et al., 2010). These findings are similar to ones demonstrated by Spaulding et al. (2010) in that they illustrated more referrals as students grew older. Student delinquency was significantly lower in grades K-6, but little difference was

observed between 7-8th graders and high school students (Kaufman et al., 2010; Spaulding et al., 2006). Neither Kaufman et al. (2010) nor Spaulding et al. (2010) addressed the possible reasons behind the delinquency, which is something that would be beneficial to look at in future studies (Stanley et al., 2006). As in previous studies (Kaufman et al. 2010; Krezmien et al., 2010; Spaulding et al. 2010), the motivation behind these elevated referrals were not studied, which the current study will evaluate.

Possible alternatives to punitive administrative actions must be assessed and researchers stressed that proactive as opposed to punitive methods of discipline with race and gender considered should be looked at (Kaufman et al., 2010). Kaufman et al. (2010) emphasized that referral data must be looked at on an individual level to identify students who can benefit from additional supports to help them remain in the classroom. An individualized perspective is one that has not been explicitly looked at in the way that the current study proposes.

Current school interventions. Maintaining discipline in schools has become a greater priority in recent years (Baer, Cavalier, & Manning, 2002). One of the popular policies in place in many schools today is called zero tolerance. This policy consists of suspending a student for an infraction of school rules. Zero tolerance illustrates a policy that punishes a behavior instead of learning why a behavior occurred, which is consistent with previous disciplinary research (Krezmien et al., 2010; Stanley et al., 2006). These suspensions were once reserved for serious infractions, but since the 1990s zero tolerance has been used to address minor infractions such as fighting, disruption, or smoking (Teske, 2011). Zero tolerance has also been applied for skipping classes or for truancy. Infractions like this used to be handled by warnings or detentions, but just as Krezmien and colleagues (2010) pointed out, more serious consequences are being handed

down to students who break school rules. Suspending students who do not want to be in school demonstrates a problem that is inherent in the use of zero tolerance (Teske, 2011).

Memorandum of understanding. Teske (2011) examined one juvenile court's plan to curtail the adverse trends seen in zero tolerance policies. The court identified that zero tolerance was feeding the school to prison pipeline in the county (one third of all court referrals came from the school). Krezmien et al. (2010) also found that more court referrals were coming from the schools. Teske (2011) found that one court's solution began by gathering stakeholders to develop a written Memorandum of Understanding (MOUs). Stakeholders involved included the school superintendent, chief of police, directors of mental health and social services, and a community volunteer. The stakeholders' goal was to reduce (juvenile court and school) referrals from every school in the county which would affect 52,000 students (Teske, 2011).

Two MOUs were settled on by the panel. The first was titled the *School Reduction Referral Protocol*, which emphasized a reduction in the arrest of students for certain misdemeanor offenses (Teske, 2011). The second MOU was the development of a panel that served as a single point of entrance for all child service agencies, including schools. This panel regularly assessed students and families who were at risk for petition to the court. The panel helped link families to community resources with programs that focused on functional family therapy, multisystemic therapy, and cognitive behavioral theory (CBT). The use of these counseling services was an attempt to treat the reason behind actions students made, which is an identified gap in past research (Stanley et al. 2006). After implementing of this protocol, referrals from the schools began to decrease, with many percentages hitting all-time lows after 5 years (Teske, 2011). Graduation rates increased 20% and OSS was decreased by 8%. Once the protocol had been in place for 5 years, the juvenile felony rate decreased by more than 50%.

Counseling techniques utilized may have been a factor in the change, but further research involving counseling theories needed to be explored.

The researcher concluded that chronically disruptive students should be assessed to determine the underlying causes of their behavior. This finding is consistent with Stanley et al. (2006) and strengthens the proposed study's design of utilizing individual counseling to attempt to assess the underlying problems behind behaviors resulting in referrals. Despite its success, the solution was limited in that parents had to seek services for students outside the school. The proposed study will offer counseling directly to students in schools where it is easily accessed.

Active supervision. Active supervision is another intervention that is utilized in between periods in the halls. The focus of this intervention is to eliminate negative student hallway behavior by having teachers and or aids supervising students in the halls. This intervention targets a specific problem, but just as other research has demonstrated, active supervision is a global intervention targeted to affect the whole school and is not individualized (Bohanon et al., 2012; Sherrod et al., 2009; Teske, 2011). Johnson-Gros, Lyons, and Griffin (2008) assessed the effects of active supervision in a rural high school.

The necessity for active supervision in the school was evident after researchers assessed disciplinary records showing that 38% of referrals were for tardiness. ODRs were looked at as the dependent measure; ODRs will serve the same purpose in the current study. This referral data serves as a sensitive measure of the effects of intervention and a valid indicator of an intervention's effectiveness (Irvin et al., 2004). Three periods were designated for the study with one serving as a control group (Johnson-Gros et al., 2008). After five weeks of active supervision implementation, both study groups demonstrated a decrease in tardiness. In contrast, the control group grew higher after the five week implementation (Johnson-Gros et al., 2008).

Researchers concluded that active supervision may be an effective antecedent intervention to reduce high school tardiness after hallway transitions (Johnson-Gros et al., 2008). Proactive interventions have been identified as having the capacity to improve behavior in previous literature (Kaufman, 2010). Johnson-Gros et al. (2008) concluded that implementing an antecedent intervention may be effective in reducing a high frequency, low intensity behavior in a high school setting.

Positive behavior support. Positive behavior support (PBS) is a behavioral intervention that uses three tiers. The three tiers (primary, secondary, and tertiary) look to prevent problem behavior in students (George, Harrower, & Knoster, 2003). The primary tier incorporated universal strategies that were implemented school-wide and were likely to reach 80%-90% of students (Muscott, Mann, Benjamin, & Gately, 2004). Universal interventions have been identified in previous studies (Bohanon et al., 2012; Sherrod et al., 2009; Teske, 2011). Secondary prevention utilized targeted interventions for students who were identified as at risk for problem behavior (George et al., 2003). Johnson-Gros et al. (2008) utilized a targeted strategy in active supervision, but specific students were not targeted. The second tier of PBS focused on positively affecting individual student behavior, which is also a focus of the proposed study. The final tertiary tier uses differentiated, targeted approaches that focused on the goal behavior for students whose behavior was not positively affected by the first two tiers. Focusing on goal-oriented behavior is a step toward assessing the motivation behind behavior (Stanley et al., 2006). Sherrod and colleagues (2009) applied these three tiers at the elementary level.

Researchers implemented their intervention on two different levels (school-wide and targeted). The school-wide initiative utilized the first tier of PBS and was taught by homeroom teachers throughout the first 3 weeks of school (Sherrod et al., 2009). The lessons focused on

rules, expectations, and the history of the school. The targeted group was called Positive Results in Discipline Education (PRIDE) and consisted of five students. The small number of students in the PRIDE group allowed for more individualized instruction. This group was selected from the school population by looking at ODRs, which is similar to the current study. If a student received more than three ODRs in the previous semester, they were considered for the PRIDE group. The PRIDE group curriculum was led by school counselors and consisted of eight lessons that were 30 minutes apiece. Although school counselors led the group, the instruction was not as individualized as the proposed study proposes. These lessons addressed similar topics as the school-wide initiative, but it was also aimed at building a relationship with the students, managing anger, and having students look at the direct connection between their behavior and their academics.

ODRs dropped 26% for the entire school (Sherrod et al., 2009). Other studies have demonstrated school-wide interventions eliciting drops in ODRs (Johnson-Gros et al., 2008; Teske, 2011). Teachers reported students' behaviors in the target group via an academic/behavior monitoring form. More than half of the students in the PRIDE group had teacher ratings positively increase (Sherrod et al., 2009). A t-test of the PRIDE groups ODRs showed that referrals had significantly dropped from 16 pre-intervention to 2 post-intervention.

Sherrod et al. (2009) stated that the decreased number of post-intervention referrals may be attributed to the knowledge gained by students' involvement in the group. The most drastic change (87.5% drop) in ODRs came in the targeted group with more individualized instruction. Researchers concluded by saying that as students' knowledge, attitudes, and skills increase, their behavior improves. This study serves as a seminal example demonstrating that the individualized focus of the current study has promise.

While PBS has demonstrated effectiveness in elementary school, few studies have confirmed its effectiveness in a high school setting (Bohanon et al., 2012; Sherrod et al., 2009). Bohanon et al. (2012) looked to provide a study incorporating PBS in a high school setting over five years to address discipline and behavioral concerns. The researchers utilized a Change Point Test to determine if and when significant changes in trends of ODR data had occurred. ODRs are important and useful indicators of an interventions effectiveness (Sherrod et al, 2009; Johnson-Gros et al., 2008), but the Bohanon et al. (2012) study is unique in using a Change Point analysis.

When PBS was introduced to the school it was broken down into four phases. Phase One involved introducing staff members to PBS (Bohanon et al., 2012). In Phase Two, a representative leadership team was formed. This team was a mix of special education teachers, general education teachers, students, school administrators, and the research team. Teams similar to this have been utilized with success in the past (Teske, 2001). The team met several times over the summer to establish what they wanted to accomplish, as well as how they would accomplish it. The last stage established school-wide expectations and all students were provided a grade-level orientation assembly (Bohanon et al., 2012). At the end of the first year more assemblies were held by grade level reinforcing the rules that had been established.

The results indicated implementation of PBS school-wide, in class, and out of class increased over time (Bohanon et al., 2012). The percentage of staff who believed PBS was taking hold increased 32% in the three years following implementation. The researchers also found that the total number of ODRs dropped by over 53% in the same period. Two significant change points were indicated via the Change Point Test. These points coincided with “booster

sessions” reinforcing acceptable behavior and acknowledgements for groups of students who behaved as they were expected.

The authors stated that this is the first descriptive study of an urban high school reaching full implementation of PBS. It is possible to implement universal PBS supports in a high school as well as an elementary school setting (Bohanon et al., 2012; Sherrod et al., 2009). Bohanon et al. (2012) concluded by stating future research should look at implementation nuances and outcomes aligned with secondary, group level, and individualized supports. The latter of these three recommendations is the focus of the current study.

Individual Counseling Utilization

Person-centered approach. The foundation for person-centered therapy was established by Carl Rogers. The central theme of person-centered therapy is that each person has vast resources for self-understanding, for altering the self-concept, basic attitudes, and his or her self-directed behavior within themselves (Rogers, 1979). These resources are only accessible when a definable climate of facilitative psychological attitudes can be provided. Three conditions help to constitute this growth-promoting climate (Rogers, 1979).

Rogers (1979) explained that the first element necessary is referred to as genuineness, realness, or congruence. It is essential for the therapist to be themselves in order for the client to grow in a meaningful way. The therapist must also openly be the feelings and attitudes that are flowing in the moment, which establishes realness even further. Transparency adds to this realness; the client experiences no holding back by the therapist (Rogers, 1979). The second condition necessary to create the climate for change is labeled *unconditional positive regard* (UPR). UPR is established when the therapist experiences acceptance of the person, wherever the client is at the moment. The third aspect that must be present in the therapeutic climate is

empathic understanding (Rogers, 1979). This entails the therapist accurately sensing the feelings and personal meanings that are being experienced by the client and then relaying these understandings to the client. The therapist should be so engrossed in the private world of the client that he or she can clarify not only the meaning of which the client is aware, but also those below the level of awareness (Rogers, 1979).

These three elements help create the growth climate in different ways. Accepting the clients as they are helps them to develop a more caring attitude towards themselves (Rogers, 1979). When clients are empathically heard, it allows them to listen more accurately to the flow of inner experiences. These aspects help foster a development of a self which is more congruent with experiences and is, therefore, more genuine. These tendencies mean that the person is a more effective growth enhancer (Rogers, 1979). Person-centered theoretical perspectives have been shown to improve behavior with aggressive youth in a school setting (Cochran et al., 2010).

Cochran et al. (2010) investigated the effects of child-centered play therapy (CCPT) on older teenage boys. The children involved in the study were resistant to other forms of counseling services. Effective interventions for this demographic of children have not been consistently documented in the literature. Relationship-focused person-centered approach (PCA) shows promise for effective help (Rogers, 1961, 1986). The CCPT used by Cochran et al. (2010) is an extension of relationship-focused PCA because of its focus on person-centered principles. CCPT provides age-appropriate toys and art materials as an alternative to verbal self-expression, provides guidance through problems that arise such as behavioral limits, and provides an environment in which conditions necessary for therapeutic personality change are present (Rogers, 1957). The counselor providing these services also provided career and academic

assistance, parent, teacher, and administration consultation, as well as referrals to outside services when necessary Cochran et al. (2010).

The study took place in an alternative middle school with an enrollment of about 75 youth in the north east of the US. Eight students were involved with the study. CCPT was an effective therapy to choose because many of the students in the population had language difficulties (Cochran et al., 2010). The study lasted 7 to 9 months. Teachers rated students' behavior before and after sessions on the Devereux Scales on Mental Disorders- Adolescent Form. Clients' progress was also monitored through session tape review and teacher views on client progress throughout the study.

Researchers believed that many person-centered elements were present with the various clients. These elements included the counselor creating a safe environment, displaying UPR, and being empathic. Cochran et al. (2010) stated the safe environment created by the counselor allowed the children to express themselves in an open way. All of the case studies observed in the study showed clients' ratings by teachers improve post counseling (Cochran et al., 2010).

It is noted by the authors that each client in the study started with an initial period of discomfort (Cochran et al., 2010). In order to help the client work through the discomfort counselors should emphasize using warmth, deep empathy, UPR, and deeply wanting to know clients, even with clients who are abrasive in the beginning (Cochran et al., 2010). Therefore, in the proposed study it will be imperative use these counseling skills to work through possible initial discomfort. Cochran et al. (2010) conclude by emphasizing that the cases in this study suggest great promise for the person-centered approach with troubled youth. This intervention is by far the most individualized study reviewed and helps to guide the proposed research.

Adlerian school perspective. Adlerian therapy is one of the most useful theories school counselors can utilize in individual and group settings (Seligman, 2006; Sink, 2005). The Adlerian approach has been used with children and adolescents to facilitate an understanding about their abilities, strengths, interests, and values (Cobia & Henderson, 2007). This framework allows a practical and relevant base for today's school counselor; this perspective also allows them to practice as a counselor and an educator (Ziomek-Daigle et al., 2008).

Alfred Adler developed his theoretical framework with a philosophical background (as cited in Fall, Holden, & Marquis, 2004). There are five focal philosophical stances in his theory (responsibility and creativity, teleology, phenomenology, holism, and social embeddedness). Responsibility and creativity come from Adler's belief that humans creatively choose behaviors that they believe will help them meet their goals (Ziomek-Daigle et al., 2008). Teleology refers to the view that humans are goal-oriented. All movements in the life of the psyche must have a goal; otherwise the movement would be impossible (Adler, 1928). Phenomenology is Adler's observation that each individual perceives the world in a unique manner, and this perception is important in understanding that individual (Ziomek-Daigle et al., 2008). Holism is the concept that individuals are more than the sum of their parts, which means that they cannot be understood by dissecting different aspects of their being (they must be looked at as a whole). Social embeddedness refers to humans being inherently social creatures. Accepting this view suggests that each person must have a sense of community or connectedness to live a fulfilled life (Ziomek-Daigle et al., 2008). These philosophical concepts guide the view of the client and possible interventions in Adlerian therapy and this study.

Adlerian counselors convey empathy, respect, support, and genuine warmth towards students (Stone & Dahir, 2006). Counselors practicing Adlerian therapy view students as

capable, creative, and responsible beings (Ziomek-Daigle et al., 2008). With this view, counselors practicing from this framework are more likely to collaborate with students rather than using a strictly directive approach. This collaboration includes encouragement from the counselor, which is essential to Adler's theory. Creative power can only develop when there is a goal, collaboration and encouragement on the part of the counselor helps students foster goals and creative power (Adler, 1928; Ziomek-Daigle et al., 2008).

Summary

From the literature it is apparent that students in high school are most at risk for ODRs (Spaulding et al. 2010; Kaufman et al., 2010). Along with the age disparity in ODRs, it is observable that males and minorities have a higher rate of referral (Kaufman et al., 2010). These, however, are not the only problems that are apparent in the literature. Underlying factors that lead to behavioral problems have been shown to be overlooked in the school referral process (Stanley et al., 2006). If these underlying problems are not assessed properly, schools run the risk of simply punishing a behavior that the child may not be able to change effectively. Direct referral to the judicial system is a recent outcome that schools are using instead of just ODRs (Krezmien et al. 2010; Teske, 2011). Often behavioral problems at a young age can lead to more serious problems down the road. This direct referral expedites the process by introducing students to the correctional system at a young age. Schools need to address these identified problems, and some policies have been successful in decreasing the number of ODRs present in schools (Bohanon et al, 2012; Johnson-Gros et al., 2008; Sherrod, 2009; Teske, 2011). Bohanon et al. (2012) withstanding, these interventions are applied on a global level and individualized approaches such as ones utilized in this study have been historically overlooked.

Certain school policies do not eliminate the problem. Zero tolerance is a policy that many schools have adopted. This policy was established to suspend students for serious offenses such as fighting or bringing a weapon to school. Zero tolerance has now been expanded in some schools to suspend students for minor infractions such as tardiness or skipping school (Teske, 2011). Suspending students for not coming to school shows an inherent problem in the current structure of zero tolerance policies. Active supervision is a targeted policy that looks to address hallway behavior and tardiness (Johnson-Gross et al., 2008). This policy has been proven effective, but the scope of this policy is focused on hallway behavior and is too narrow to address everything that contributes to ODRs. PBS is one of the most promising school initiatives today. There have been observable changes in ODRs after the implementation of PBS at the elementary and high school levels (Bohanon et al., 2012; Sherrod et al., 2009). The more individualized PBS was the more effective in changing problem behaviors and decreasing ODRs it appeared to be (Sherrod et al., 2009). Therefore, individualized counseling frameworks should be looked at in addressing students who receive multiple ODRs.

Creating a connection with students is crucial if their problem behavior is going to change. The connection can be established through person-centered principles of genuineness, transparency, UPR, and empathic understanding (Rogers, 1979). Person-centered theories have been shown to be effective in changing the behavior of aggressive youth in a school setting (Cochran et al., 2010). Therefore, person-centered elements would be effective with students who have had multiple ODRs in the past.

Adlerian therapy puts much focus on goal-oriented behavior and each person's unique worldview (Ziomek-Daigle et al., 2008). Assessing this worldview after a connection is made through person-centered principles would add to the literature concerning ODRs. This study

looks to establish a connection with students, get to know their worldview, and assess their goals while looking at their current actions to observe if these actions are moving them towards or away from their goals.

Research Questions

There were two research questions for the current study (a) will individual counseling techniques affect the recidivism of students who have been referred more than four times the past school year?, and (b) will students who receive treatment be able to fully assess their current actions and set goals for themselves?

It was hypothesized that after a connection was made, goals were identified, and actions were assessed, then a lower number of ODRs would be observable for students who participated in sessions.

Method

The research questions investigated in this study were (a) will individual counseling techniques affect the recidivism of students who have been referred more than four times the past school year? and (b) will students who receive treatment be able to fully assess their current actions and set goals for themselves? The study was a quantitative, experimental, between-groups design. The data collected was compared by using descriptive statistical analysis in SPSS. The core focus of the study was to observe the difference in student referrals between the control and treatment groups.

Recruitment

Eligible participants were determined by examining referral data for the 2011-2012 school year. If a student had four or more referrals during the school year, they were considered for the study. Once the students were identified, the total group ($N = 104$) was split in half to form a possible treatment and control group. The possible treatment group was then recruited to participate in the study. Recruitment of participants began on December 21st, 2012 through postal mail. The letter informed the possible participants about the study and instructed them to bring the consent form(s) back by January 23rd, 2013. Two participants (18 year old female Caucasian and 14 year old male African American) brought the consent forms back and set up their first sessions. Due to a low response, additional recruitment methods were employed. Prospective participants were invited to meet with the researcher. During the meeting, the researcher further described the study and 3 more participants committed to the study (and returned parental consent forms). The 14 year old male Caucasian in the study started sessions on February 6th, 2013, the 16 year old female African American started sessions on February

12th, 2013, and the 16 year old male Hispanic American started sessions on February 14th, 2013. All participants completed a Minimum of 3 sessions by March 29th, 2013.

Participants

Of the 52 students invited to participate, five students agreed to join the study. The participants were between 14 and 18 years of age ($M = 15.6$, $SD = 1.5$). There were two females and three males who participated. Of the females who participated in this study, one student was Caucasian and one was African American. The males who participated consisted of one Caucasian, one African American, and one Hispanic American. Four of the students were in 9th grade and one female student was in 12th grade.

Sampling Procedure

Prior to the recruitment or identification of participants, IRB approval from The College at Brockport, State University of New York and administrative approval from the high school were obtained by the researcher. Possible participants of the study consisted of students in a North Eastern American high school in grades 9 through 12. Students, who were identified as possible participants in the study, had 4 or more disciplinary referrals in the 2011-2012 school year. The total sample identified for the study was 108. The sample of 108 was reduced to 104 by the time the study started due to 4 students leaving the high school. The sample ($N = 104$) consisted of 36 females and 68 males. The ages of the students ranged from 14 to 20 ($M = 15.8$, $SD = 1.356$). The racial breakdown of females in the study comprised 15 African Americans, 8 Hispanic Americans, and 13 Caucasians. The males in the sample consisted of 29 African Americans, 6 Hispanic Americans, 31 Caucasians, and 2 Asian Americans. Students in the sample were mostly in 9th grade ($N = 34$), and each grade proceeding in the study had fewer students (31 students in 10th grade, 20 students in 11th grade, and 19 students in 12th grade).

The total sample ($N = 104$) was identified using purposive sampling and then was split into two groups: control and treatment groups. The experimental group was selected by drawing 16 female names and 36 male names. The ages of the 52 students in the possible intervention group ranges from 14 to 19 ($M = 15.96$, $SD = 1.016$). The 16 females in the group consisted of 5 African Americans, 5 Hispanic Americans, and 6 Caucasians. The 32 Males in the group included 13 African Americans, 3 Hispanic Americans, and 20 Caucasians. Just as the total sample, the possible intervention group had most participants in 9th grade ($n = 15$) with each proceeding grade having fewer students ($n = 14$ in 10th grade, $n = 12$ in 11th grade, and $n = 11$ in 12th grade). Convenience sampling was then utilized for the possible intervention group ($n = 52$).

Convenience sampling was utilized by mailing home letters describing the study to parents and students in the possible intervention group. Two consent forms (one for the parent and one for the student), for students under the age of 18, were sent with the recruitment letter. The letter informed students and parents that participation was voluntary and they could withdraw from the study at any time. It also outlined the purpose of the study and participation requirements for participants. If students were interested in participating, they were instructed to return the consent form(s) to the researcher. Sessions were scheduled with participating students when the consent form(s) were received.

Sample Size and Power

The intended experimental sample size was the total number of students placed in the possible intervention group ($n = 52$). Out of the 52 students in the possible intervention group, five agreed to participate in the study. A power analysis reveal that a minimum of 46 participants would be necessary to reliably detect differences associated with the treatment.

Instruments and Measures

Disciplinary referrals observed were the outcome measure for the experimental and control groups. The referral information was found on SchoolTool, the student records program used by the school. SchoolTool helped to identify students who met criteria for the study, provided student addresses for mailing letters home, and showed how many referrals the control and experimental groups received before, during, and after the study.

The counseling sessions conducted with students in the experimental group provided data as well. The instrument used to obtain this data in sessions was the primary researcher. The data elicited in the sessions were the goals (if any) that participants made. These goals were documented and used in data analysis.

Research design. The study was a between-groups experimental design. Number of counseling sessions was the independent variable and number of referrals was the dependent variable. The individuals in the control and treatment groups all attained at least 4 referrals in the 2011-2012 school year, which was the basis for inclusion in the study. After the treatment group completed a minimum of three counseling sessions (between January and March 2013), referrals occurring during the study for treatment and control groups were observed. A paired t-test was conducted between the number of referrals the treatment group received in January – March 2013 and those received January – March 2012. A non-parametric test was conducted to determine differences between the control and treatment groups, as the group sizes were not similar.

Participants agreed to engage in at least three individual weekly counseling sessions with the researcher from late January to late March. The sessions took place during students' study halls, lunch, or after school. Each session lasted at least 35 minutes and were conducted in the

counseling office. The researcher was a master's level student and had training in counseling for two and a half years prior to conducting any sessions. As incentive for participating, students were entered into a drawing to win one of three \$20 gift certificates to the movies.

The researcher used person-centered counseling techniques during the first two counseling sessions. The techniques used were congruence, empathetic understanding, and unconditional positive regard (Moon, 2007), which help to develop a connection between the counselor and the client and encourages clients to share anything that is pertinent to them and their life.

Adlerian and person-centered techniques were used in the third and additional sessions. The Adlerian techniques focused on are phenomenology and goal setting. Phenomenology refers to the client's subjective worldview (Webb, Lemberger, & Brigman, 2008). Values and goals the student constructed within that worldview was also explored. Once their goals and values were established, students were asked to explore how their current actions aligned or diverged from their values and goals inherent in their worldview.

Results

In order to test the efficacy of the intervention, a comparison of the mean referrals between the treatment and control groups was conducted. Descriptive results indicated a higher number of referrals in the control group ($M = 2.02$, $SD = 2.05$) than the number that was observed in the treatment group ($M = .40$, $SD = .55$). Since the control group and treatment group were unequal in size, it was determined that a non-parametric test, Mann-Whitney, be conducted. From this data, it can be concluded that there is a statistically significant difference between the treatment and control group's median referrals at the end of treatment ($U = 55.5$, $p = .03$), with the treatment group receiving fewer referrals.

A paired t-test was also conducted on the referral rates from January – March 2012 and January – March 2013 for the test group. The test revealed near significant results $t(5) = 2.75$, $p = .052$; $d = 1.97$; 95% CI [- .16, 2.82]. These results indicate a higher number of referrals in 2012 ($M = 2.8$, $SD = 1.1$) compared to 2013 ($M = .4$, $SD = .55$).

All participants in the treatment group set goals except for one participant. The 18-year old Caucasian female completed five counseling sessions, during which she established a goal for her career and received no referrals. The 14-year old African American male completed three counseling sessions, during which he established a goal for his career and received one referral. The 14-year old Caucasian male completed four counseling sessions; he made no goal and received one referral. The 16-year old African American female completed three counseling sessions, during which he established a personal/social goal and received no referrals. Lastly, The 16-year old Hispanic American male completed three counseling sessions, during which he established a goal for his career and received no referrals. The descriptive results indicate a higher number of referrals for those participants who did not make a goal ($M = 1$, $SD = 0$) than those who made a goal ($M = .25$, $SD = .5$). A regression analysis was conducted using referrals

as a dependent variable and number of goals used as independent variable. The results of this test were statistically non-significant $\beta = -.612$, $t(3) = -1.34$, $p = .272$, which was expected due to the small sample size. A regression analysis was also conducted using referrals as a dependent variable and number of sessions attended as an independent variable. This test was also found to be non-significant $\beta = -.102$, $t(3) = -.178$, $p = .87$.

Investigation of the relationship between gender and referrals for both treatment and control groups took place. In the control group, males had more referrals ($M = 2.22$, $SD = 2.32$) than females ($M = 1.7$, $SD = 1.53$). An independent samples t-test for the control group was found to be statistically non-significant $t(50) = .89$, $p = .381$; $d = .27$; 95% CI [-.659, 1.70]. The results for the treatment group indicated that males received more referrals ($M = .67$, $SD = .58$) than females who received no referrals ($M = 0$, $SD = .00$) during the study. An independent samples t-test for the treatment group was found to be statistically non-significant $t(3) = 1.55$, $p = .219$; $d = 1.79$; CI [-.703, 2.04].

Race was also observed for relationships regarding referrals. African Americans in the control group received the most referrals ($M = 2.5$, $SD = 2.18$), followed by Hispanic Americans ($M = 2$, $SD = 2.1$), Asian Americans ($M = 2.02$, $SD = 2.05$), and Caucasians ($M = 1.5$, $SD = 1.86$). An ANOVA was conducted to investigate the control group and was found to be statistically non-significant $F(3, 48) = 1.24$, $p = .31$. The descriptive results for the treatment group indicated that both Caucasians and African Americans received the most referrals ($M = .5$, $SD = .71$) and the one Hispanic American in the treatment group did not receive a referral during the study. An ANOVA was conducted to investigate the relationship between race and referrals in the treatment group; this test was also found to be statistically non-significant $F(2, 2) = .2$, $p = .83$.

In order to see if there was a relationship between age and referrals, an ANOVA was conducted on the control group. This test was found to be statistically insignificant $F(6, 45) = 1.18, p = .34$. The descriptive results indicated that 15-year olds had the most referrals ($M = 2.69, SD = 2.59$), followed by 16-year olds ($M = 2.64, SD = 1.95$), 14-year olds ($M = 1.86, SD = 2.48$), 17-year olds ($M = 1.27, SD = 1.19$), and 18-year olds ($M = 1.2, SD = 1.10$) the 19 and 20-year olds in the control group did not receive referrals. Only the two 14-year olds in the treatment group received referrals.

The final analysis conducted was an ANOVA to investigate if there was a relationship between the number of referrals participants in the treatment group received and how many sessions they attended. The results of the ANOVA were found to be insignificant $F(2, 2) = .80, p = .56$. The results indicated that the two participants who received referrals had an average of 3.5 sessions ($SD = .71$). The other three participants in treatment group did not receive referrals during the study and they had an average of 3.67 sessions ($SD = 1.15$).

Intervention Fidelity

The intended interventions used during sessions were utilized in the intended manner. In the first session, Person-centered principles were the focus; in later sessions, the theoretical perspective shifted to Adlerian principles (specifically goal setting and assessment of these goals).

Discussion

The literature revealed a gap of research on the use of individual counseling interventions for addressing students with multiple behavioral referrals. Two key research questions were highlighted in this study to identify: (a) if individual counseling techniques would affect the recidivism of students who have been referred more than four times in the past school year, and (b) if students who received treatment would be able to fully assess their current actions and set goals for themselves. The means rendered in the results supported the hypothesis that students, who received treatment, would have fewer referrals than those who did not. Due to the small sample size, however, more research is needed to adequately determine the effect of weekly individual counseling sessions, utilizing person-centered and Adlerian techniques, on disciplinary referral rates.

The first research question was addressed by comparing the control and treatment groups. The control group averaged over five times as many referrals as the treatment group. The Mann-Whitney test revealed a significant difference in referrals between groups, but the findings are not generalizable to other groups given the small sample size.

The disparity observed between the treatment group's referrals this year, as compared to the last school year, also revealed a possible impact as a result of the intervention. The mean referrals of the treatment group were seven times higher in 2011- 2012 than they were in 2012 - 2013. The findings suggest a much lower number of referrals this year with the introduction of the treatment.

The second research question was addressed by documenting whether the participants established goals. Four of the five participants set goals. Regression analysis showed that setting

a goal had an effect on referrals, although not in a significant way. Three out of the four participants who made goals, made them in the career domain. The other participant made a goal in the academic domain.

The observed disparity in ODR's for both groups in the study are similar to findings in previous studies (Bohanon et al., 2012; Johnson-Gross et al., 2008; Sherrod et al., 2009; Teske, 2011). In the previous studies, with the exception of Sherrod et al. (2009), the interventions used were applied on a global as opposed to individualized level. The results of this study show the control group averaging five times more referrals than the treatment group, who received individual weekly counseling sessions. The current study's results are similar to those found by Sherrod et al. (2009), in which students receiving individualized interventions showed a decrease of 87.5% in ODR's. Johnson-Gross et al. (2008), Bohanon et al. (2012), and Teske (2011) illustrated a lower rate of ODR's after their interventions, but the current study differs in that the interventions utilized were individual and not global. Future studies using an individualized framework should focus on more effective recruitment process to yield a larger sample size, to establish greater validity than those produced in this study.

The number of counseling sessions attended by participants also revealed an impact on referrals. Students in the treatment group, who obtained no referrals, participated in more counseling sessions than those in the treatment group who received referrals. A future study may want to investigate the impact of number of sessions on referral rates. Finally, it would be helpful to know the impact of elective counseling compared to required counseling sessions. In this particular study, only those who elected to engage in counseling were examined. School counselors, who find that individual weekly counseling sessions yield positive results on reducing referrals, may be encouraged to require counseling for any students receiving multiple

referrals. Mandated counseling may or may not produce positive results, thus studying this difference may be helpful.

Limitations and Future Research

This local study utilizing a small sample size significantly limits the research findings; these results are only applicable to the individuals who participated in the study. There were five students in the treatment group, which is under 10% of the possible sample size. In future studies, a different recruitment method might be more effective for enlisting participants. After talking with students it was found that many of them did not receive or see the original mailings, suggesting that letters were lost in the mail or parents were uncomfortable with at least one aspect of the research study. In fact, some children showed interest in the study, but their parents did not want them to participate. It is recommended that in similar future studies participants be recruited by meeting directly with students and parents during the recruitment process. In the future, if researchers could attain a larger sample and track the participants' referrals for a longer period of time, much more valid and generalizable results may be observable.

The fact that students were only able to participate in these sessions during lunch, study halls, or after school was also a limitation. Many students reported that they did not want to give up one of these periods in the day. As for after school, many students either had no desire to stay after or were receiving extra help for a class. More students may have elected to participate if they had more flexibility in their day for attending counseling sessions. Unfortunately, it was the policy of the school, in which this study was conducted, not to take students out of regular classes.

The small sample was the main limitation of the study. Even though the five participants were of diverse races, 10% of the possible sample is considered a poor participation rate. Convenience sampling is yet another limitation, as the sample inherently different from the target population. If another type of sampling could have been utilized, a larger, more representative sample may have been obtained. Thus, the results would have more validity.

The last limit is maturation. The reduced number of referrals for the treatment group may have been as a result of maturation rather than as a result of individual counseling sessions. The control group, however, was also maturing during the study. Thus, maturation may have been adequately controlled for the purposes of this study.

Finally, types of goals (e.g., academic, personal/ social, career) established should be examined for possible impact on referral rates. Furthermore, future research may evaluate the quality of the goals selected and the relationship with referral rates. Goal obtainment is yet another factor to consider in connection with referrals.

Clinical Significance

The findings in the current study are consistent with previously established findings that person-centered approaches are effective in establishing close relationships with clients (Cochran et al., 2010). In the current study, many participants continued to attend counseling, even after the study was completed. Thus, the positive relationship developed between counselor and student has the possibility of a long-term impact as the student can receive support as he or she needs it rather than acting out.

Summary

Schools tend to punish the bad behavior of a student while not assessing the motivation behind an action (Stanley et al., 2006). One of the more seminal examples is the rise in the use of zero tolerance policies for actions that previously did not result in a suspension (Teske, 2011). The current study highlights that utilizing counseling services in school to address underlying mental health, social/emotional, and goal setting issues students face could be a viable alternative to simply punishing a student's behavior. When students are suspended, punished, referred to courts, etc., the underlying issues are never addressed. Moreover, utilizing school counseling services for chronically referred students could have long-term positive effects in their lives. While further research is needed, this study establishes a good foundation for analyzing the effects of individual counseling techniques on chronically referred students.

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