A Case Study on the Impact of a Behavioral Intervention Program on the Reduction of

Disciplinary Referrals

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Abstract

This case study examined the impact of a pull-out behavioral intervention program on the reduction of disciplinary referrals in a specific group of special education students. All participants were receiving services through an IEP under the coding of Emotional Disability, ADHD, or Multiple Disabilities (ED and ADHD). The measurement tool was documentation of their disciplinary referrals both prior to and following the implementation of the intervention. Results of the case study yielded results that were not statistically significant and should be viewed on an individualized basis. Further research into the impact of behavioral intervention programs on specific populations of students should continue to be completed in order to determine effectiveness.

CHAPTER I

INTRODUCTION

The educational system has grown over the course of the last century to encompass far more than academic pursuits. The importance of educating the "whole child" has become more prominent. Public schools are now responsible for providing character instruction for students, teaching and guiding them to becoming people who can maneuver through their community in a positive and effective manner. Social and emotional well-being sets the stage for students to engage in academic endeavors. If students do not feel safe and accepted, those with behavioral difficulties may never be able to focus their attention on instruction (Song, Bong, Lee, & Kim, 2015). Designing a behavioral intervention program to meet the social/emotional needs of a specific group of students can provide them with the instruction and opportunities to develop coping strategies and skills. The implementation of a specially designed intervention program can support selected students in achieving success (Multisite Violence Prevention Project, 2013).

Overview

Given the importance of ensuring that student needs are met at every level, it is imperative that students with behavioral difficulties are provided with instruction and opportunities to grow. Students identified with emotional disability (ED), attention-deficit hyperactivity disorder (ADHD), or multiple disabilities (ADHD and ED) experience more difficulties than their same-aged non-disabled peers. Typically, when the impact of their disability surfaces in the educational setting, students are provided services through an Individualized Education Plan (IEP). Through the IEP, the student is provided with accommodations, modifications, and aids to support their access to curriculum (Maryland Department of Education, 2017).

The rate of children who are identified with ED is difficult to identify, as there are multiple factors contributing to misdiagnosis or a lack of identification, ranging from societal concerns to ignorance of the effect of trauma to differing schools of thought on the qualifications for the disability coding (Brauner & Stephens, 2006). Currently, 5.47% of the special education population is coded with ED (National Center for Education Statistics, 2017).

Students affected by ADHD are serviced under the coding of Other Health Impairment (OHI) for an IEP. While the federal government does not break down the coding of OHI into specific diagnoses, the Center for Disease Control (CDC) determined that 8.9% of youth aged 4-17 were considered to have "active" ADHD in the state of Maryland (Center for Disease Control, 2011).

Working in the field of special education, one encounters students with a wide range of exceptionalities on a daily basis. Those with IEPs for the coding of ADHD, Emotional Disability, and Multiple Disabilities also have difficulties in the areas of social/emotional/behavioral, self-management, or social interaction skills. In order to support the severe needs of some of the aforementioned population, it is essential to design interventions. These interventions must be individualized in order to obtain success, as no one child is the same as another. Designing an intervention to meet a specific subset of the population requires planning, strategy, resources, and support. When a school recognizes that a specific student group requires the support of an intervention, time must be taken to analyze the needs of that group and identify how they can be met. Then, an intervention must be designed and implemented to meet those needs (Multisite Violence Prevention Project, 2013).

Statement of Problem

Students enrolled in high school face a variety of problems and challenges from the ages of 14-18. Societal, peer, academic, and teacher influences create new situations where some students may struggle to respond in a safe and socially acceptable manner. Designing and implementing a behavioral intervention program to meet the needs of a select group of students can prepare them to take on the academic and social challenges that high school presents. Specifically, students who are moving from a restrictive, regional Classroom Support Program or an alternative or non-public school to the traditional general education setting require instruction in coping strategies and opportunities to practice the skills they need. The purpose of this modified case study was to determine the effect of a pull-out behavioral intervention study skills class on a preselected group of special education students identified with the coding of ADHD, ED, or Multiple Disabilities (ED and ADHD) in the reduction of disciplinary referrals.

Hypothesis

Due to the small number of students who participated in the intervention, statistical analysis was not possible. Thus, a hypothesis was not tested.

Operational Definitions

Accommodation: action or strategy that changes how a student accesses/learns the material (Maryland Department of Education, 2017)

Classroom Support Program (CSP): provides structured, supportive settings with embedded behavioral supports for a student having needs which cannot be met in a less restrictive environment (Harford County Public Schools, 2017)

Coping Strategies: specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events (Taylor, 1998)

Counseling Services: "Services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel" (Maryland Department of Education, 2017)

Crisis Prevention Institute (CPI): international training organization that specializes in the safe management of disruptive and assaultive behavior (Crisis Prevention Institute, 2018)

De-Escalation Techniques: strategies utilized to disrupt and defuse an upset, angry, or violent person (Crisis Prevention Institute, 2018)

Disciplinary Referrals: reports written to document student interference with school procedure or the classroom learning environment; followed by disciplinary action from school leadership

Escalation/Escalatory Behavior: behavior exhibited by someone upset, angry, or violent that may include isolation, yelling, cursing, physical aggression (towards people or environment), or elopement (Crisis Prevention Institute, 2018)

Individualized Education Program (IEP): program/plan designed to support a student with a documented disability in ensuring their access to an educational curriculum appropriate for their needs, including accommodations, modifications, and services (Maryland Department of Education, 2017)

Intervention: service designed to stop and modify behavior; applies to both social and academic settings

Modification: action or strategy that changes the content of what a student is expected to learn (Maryland Department of Education, 2017)

Non-Violent Crisis Intervention: proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage (Crisis Prevention Institute, 2018)

Pull-Out Intervention: specific support provided outside of the general classroom setting in order to meet a student's need

QuickPass: supplementary aid allowing student to leave the classroom and report to a designated staff member or location to de-escalate

Self-Management: ability to regulate one's emotional response and respond in a socially acceptable manner

Related Services: developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education; including counseling (Maryland Department of Education, 2017)

Social/Emotional Education: education designed to provide instruction and support for a student's social and emotional well-being

Social Interaction Skills: ability to initiate and maintain appropriate social interactions

Special Education: instruction of students with disabilities (Maryland Department of Education, 2017)

Supplementary Aids and Services: aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate (United States Department of Education, 2018)

Study Skills: pull-out intervention designed to instruct and provide practice in implementing strategies needed to attain academic success

CHAPTER II

REVIEW OF THE LITERATURE

Providing academic, emotional, social, and behavioral supports to students is an essential part of an educator's responsibility. This literature review examines the needs of young teenagers and the recommended aspects of an intervention program. The review begins with the definition of achievement and the specific needs of students. Section two discusses identification and measurement of social and behavioral qualities that are difficult to quantify. Section three reviews the important factors to consider when designing, selecting, and implementing an intervention program. It is essential to determine the specific student needs that will be addressed in order to implement a successful intervention program.

The basic premise of an educational system primarily focuses on the concept of achievement. While a traditional educational definition of achievement may focus only on the attainment of academic knowledge, a comprehensive description would need to include other aspects of a student's development, such as social awareness and appropriate behavioral norms. Currently, public schools often are expected to assume the role of "pseudo-parent" responding to students' personal needs in addition to their academic growth. Bourne and Francis (2013) emphasize that until a person's most basic needs are met, he or she cannot engage in higher order thinking. Thus, to meet student needs most effectively and support their success, it is essential that the wide range of personal needs students exhibit are addressed. After identifying the students having the highest priority needs, those who often are considered "at-risk," an important role school systems and individual schools must assume is providing the supports and services necessary for students to reach a stage where they are capable of engaging with academic content in a meaningful way. Utilizing a specific intervention program that addresses social, behavioral,

and academic challenges in order to assist at-risk students benefits not only the students involved but the educational system as a whole (Bourne & Francis, 2013).

Identifying specific needs of students to assist them in achieving success can be a difficult task. Because the current educational definition of student achievement emphasizes academic knowledge, the measurement of students' achievement focuses upon their current performance as compared with their previous performance. In essence, achievement has come to be synonymous with "academic progress" (Inglis & Aers, 2008). As such, it is imperative that students' academic achievement levels are identified correctly so progress can be measured accurately. Currently, the assessment of students' attainment of knowledge has been influenced by the identification and implementation of uniform national, state, and local standards. These standards, whether school, county, state, or nationally mandated, strive to create a consistent marker by which to measure solely the academic achievement of students. Unfortunately, a test score is not the most accurate way by which a school or school system should measure overall achievement, especially considering today's connotative definition of the word.

Measuring Student Progress on Concepts or Traits Difficult to Quantify

A problem confronting educators is how to measure concepts that appear to be difficult to quantify such as social awareness, behavioral norms, and anger management. Weakness in these areas often results in difficulties in the classroom and affects academic achievement. There have been multiple diagnostic assessments created to assess students' progress in areas such as those listed above. Although these assessments can help educators determine whether a student's responses would place him or her within or outside of the norm, it is typically not feasible for a school to administer such tests to every student due to monetary, time, and staffing constraints. Thus, most schools rely on observation or student self-assessment to determine which students

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lie within and outside of accepted norms. However, through proper training and focus, teachers and other school staff can identify specific delinquent behaviors and implement appropriate prevention, teaching, and incentive programs (Borgmeier, Loman, Sheldon, & Hara, 2015). It is imperative when creating an intervention program that students are placed appropriately within it.

According to Buffalo and Rodgers (1971), an important distinction when identifying students' behavior that is outside the norm, or delinquent, is to separate the concepts of "moral" norms and "behavioral" norms. Moral norms refer to those ideals which are accepted as "just" or "right," while behavioral norms refer to the appropriate standards of conduct to which members of society are expected to adhere. The researchers suggest that public schools generally focus on having students conform to behavioral norms, as it is the external behavior. In order to understand behavioral norms, one must understand society and particularly the subgroup of specific interest.

In a high school, the influence of peers is one of the strongest forces in a student's daily life (Coyl, Jones, & Dick, 2004). When studying societal standards in this setting, it is imperative that the influence of peers is recognized and identified. Traditionally, one might expect to see the stereotypical "bad kid" as a popular figure, as they grow in notoriety when engaging in delinquent acts (Buffalo & Rodgers, 1971). However, more recent studies have indicated that the perception of engaging in delinquent acts actually will lead to higher social status than participation in the deviant act itself. In fact, participation in the illicit acts, particularly violence, will affect social status amongst peer groups negatively (Gallupe, Bouchard, & Davies, 2015). Additionally, peers often pretend to participate in illicit activities when internally they associate those things as "wrong" (Buffalo & Rodgers, 1971).

When focusing on the subgroup of high school students who pretend to engage in illicit activities to gain respect from their peers, multiple intervention programs have been attempted and found to be successful. Certain factors appear to support stronger program success than others, such as the age of the students, the size of the intervention (Multisite Violence Prevention Project, 2013), parental involvement (Masud, Thurasamy, & Ahmad, 2014), student health (Brekke, 2015), (Mullender-Wijnsma, Hartman, de Greeff, Bosker, Doolaard, & Visscher, 2015), social supports (Song, et al., 2015), and instructors (Eryilmaz, 2015).

Factors to Consider when Selecting and Implementing Intervention Programs

When implementing an intervention, placing focus on a specific subgroup is imperative to the program's success. Young teenagers are highly influenced by their peers (Coyl, et al., 2004) and identifying the students with the highest negative impact on their peers is important. Selective focus on high-risk youth who also are highly socially influential during early adolescence is particularly important at a time when the importance of peer influence grows at an astounding rate (Multisite Violence Prevention Project, 2013).

After choosing only the students who fit the specifically identified criteria, it also is important to consider the size of the potential program. Selective intervention has been shown to have a deeper effect than universal intervention (Multisite Violence Prevention Project, 2013). Additionally, with thoroughly vetted and research-based youth programs, the cost-benefit analysis supports the usage of selective interventions over universal interventions. (Aos, Liebe, Mayfield, Miller, & Pennucci, 2004). Focusing on the individuals who have met the criteria for the intervention program can provide results that truly reflect the purpose of the program. Furthermore, studies such as that reported by Farrell, Meyer, and White (2001) have suggested

that the usage of peer relationships as a focal point, particularly with high-influence youth, can enhance the effectiveness of the intervention.

The level of parental involvement in an intervention program for early teenagers can play a large role in the potential success of the intervention. Parental support for an individual's participation in an intervention can affect the individual's achievement in a positive manner. While there are multiple types of parenting styles, the authoritative parenting style has been shown to be the most effective in regards to supporting academic performance (Masud, et al., 2015). Sometimes called a "democratic" approach to parenting, the focus is on setting high expectations for the child and allowing the child freedom to make his or her own choices but still holding the child accountable in a fair and consistent manner. Children with authoritative parents also are less likely to engage in behaviors that would put their health at risk (Jackson, Henriksen, & Foshee, 1998). Parental support in two separate areas can have widely varying results. Emotional support has been shown to be very beneficial, while academic support can result in two different outcomes. One outcome is stronger mastery of content accompanied by higher test anxiety and the other is performance-avoidance (Song, et al., 2015).

Student health and awareness of the status of their health play a key role in the potential success of an academic intervention program. While infant health and parental socioeconomic status play a part in predicting student enrollment in higher education, when educating youth about their health and improving their relationships with their families, the negative effect of those factors was greatly reduced (Brekke, 2015).

Social supports by peers while involved in an intervention program can have a significant positive effect on the individual participants. Students who feel supported by their

peers are more likely to engage in appropriate coping strategies, perform well in the classroom, and have lower test anxiety (Song et al., 2015).

An additional important component in the implementation of an intervention program is the choice of instructors/mentors. Studies that analyzed student motivation such as those reported by Eryilmaz (2015) found that students may be highly motivated to learn in some classes but not in others, depending on either the subject matter or teacher. Therefore, specific traits should be ranked as more important than others when selecting the leaders of the intervention program. According to this researcher, the traits of leaders that produced the most positive results in student achievement were conscientiousness, extroversion, agreeableness, emotional stability, and general openness. Borgmeier et al. (2014), state that by identifying teachers with the traits listed above and training them appropriately, the intervention program is more likely to be successful.

Summary

When creating an intervention program to assist students in their early teenage years with academic, behavioral, emotional, and social supports, there are many factors to consider. It is important to consider the age, health, supports, and size of intervention for all parties involved, both students and teachers/mentors. By reviewing the key components of successful programs and implementing the appropriate policies and trainings, schools and school systems can ensure that it is providing the best opportunity for students to succeed.

CHAPTER III

METHODS

The purpose of this modified case study was to determine the effect of a pull-out behavioral intervention study skills class in the reduction of disciplinary referrals on a preselected group of special education students identified with the coding of ADHD, ED, or Multiple Disabilities (ED and ADHD).

Design

A case study was conducted to document the number of disciplinary referrals received by the study participants during the year prior to the intervention and again following the intervention. Data were collected to determine student progress resulting from the behavioral intervention program for each individual student.

Participants

Participants involved in this study were students attending a public high school in Maryland who were between 14 and 16 years of age. Students were identified for this program given specific criteria. First, students must have been enrolled in the regional CSP at the middle school level or must have been returning to the school from more restrictive placements such as non-public and alternative education. Secondly, students within the study were receiving services through an IEP with goals and objectives addressing behavioral concerns.

Throughout the course of the intervention, the demographic make-up of the behavioral intervention class changed. Students were enrolled in this class for one period a day in an alternating schedule, so they attended the class every other day. During the course of the intervention new students were enrolled and original students were removed from the intervention.

The population was transient, and instruction ultimately was provided to seven students. Participation in the curriculum was an academic expectation; however, implementation of instructional strategies was voluntary. The students who participated in the class for more than half of its sessions were included in the case study, while those who were removed from the setting after less than half of the sessions were not included either in the data collection. As a result, the case study was reduced to four students, as the remaining three participants had not had enough intervention instruction to qualify. All participants were male.

Table 1 provides data about the special education coding of the students who were included in the case study.

Table 1

Disability Coding of the Students Included in the Study

Disability Coding	Number of Students
Emotional Disability	2
ADHD	1
Multiple Disabilities (ED and ADHD)	1

Instrument

The instrument utilized in the study was documentation of the disciplinary referrals earned by each participant. Disciplinary referrals are written by a staff member when a student has committed an act that severely interferes with the school procedures or classroom learning environment. For the purpose of this study, only disciplinary referrals under the categories of "disruption" and "disrespect" were included. Since the documentation utilized a small sample size, no reliability or validity testing was conducted.

Procedure

For this study, the four high school special education students were enrolled in the behavioral support intervention class. When students enrolled at the high school, the researcher met with the students' parents and explained the purpose of the intervention. All members agreed to enroll in the class and participate. Biweekly communication with parents was established through a combination of phone calls and email messages.

Each of the class sessions included three parts. The behavioral support study skills class met every other day for 80 minutes. Students were provided instruction in coping strategies, de-escalation techniques, and study skills. Each part of the class was approximately 25 minutes in length. During the first part of each class, students were provided direct instruction in social/emotional well-being through identifying positive and negative behaviors, determining appropriate coping strategies, providing a "Word of the Month" focus, participating in a book study, and role-playing stressful situations. During the second part of the class, students worked on missing assignments, homework, projects, and academic tasks for their other classes. During the third part of the class, students had "free choice" and were encouraged to read a book or play board games with each other. Student attendance varied, but those who participated in at least half of the instructional periods were included in the case study. The students enrolled in the class but participating for less than half of the instructional periods were not included in either the case study.

The instructional material used in each period was gathered from resources provided by the Maryland Department of Special Education, Harford County Public Schools, and the Crisis Prevention Institute. The instructor was a teacher certified in the area of Special Education and trained through the Crisis Prevention Institute in Nonviolent Crisis Intervention. The instructor

was chosen based on knowledge of the subject matter, extroversion, emotional stability, agreeableness, conscientiousness, and general stability.

      At the end of the ten-week period, the researcher examined the disciplinary reports for the student participants in the behavioral intervention to determine if there had been a reduction in disciplinary referrals they received.

RESULTS

The purpose of this study was to determine the effect of a pull-out behavioral

intervention study skills class on a preselected group of special education students identified with

the coding of ADHD, ED, or Multiple Disabilities (ED and ADHD) in the reduction of

disciplinary referrals. Table 1 below depicts each student participant and their particular

disability or disabilities and their pre and post data. Each participant is so unique that statistical

analysis is not possible nor desirable in this situation. Rather each participant was treated as an

independent case study and examined from the perspective of his or her progress or lack thereof.

Finally, the table has been annotated to give particular information that sheds further light on the

participants.

Table 2

Pre and Post Data for Participants and Their Particular Disability

Student Title	Disability Coding	Number of referrals for disruption/ disrespect in previous year/prior to intervention	Number of referrals for disruption/ disrespect following intervention
A	ED	1*	2^
B	ED	12^	1
C	OHI (ADHD)	29**	0
D	Multiple Disabilities (OHI (ADHD) & ED)	15***	17

*It should be noted that Student A attended a non-public day school, which is more restrictive than a public school. The threshold for "disruption" and "disrespect" referrals is higher; thus, similar behavior displayed in a public school setting would have resulted in a referral, while it may not have in the non-public day school.

^Student had additional documentation of referral for "threat to adult".

**It should be noted that Student C was enrolled in the alternative day school program. Curricular and behavioral standards corresponded with those of the public high school; however, less classes and a lower student to teacher ratio should be documented.

***It should be noted that Student D was enrolled in the regional CSP, where students were encouraged by teachers to report to the de-escalation room in lieu of writing referrals.

Due to the low number of participants in the intervention, statistical analysis is not possible. Thus, a hypothesis was not tested. Results of the case study detailed in Table 2 show the number of disciplinary referrals prior to and following the behavioral intervention. Table 2 also notes additional mitigating factors involved with perceived success of the individual student in the behavioral intervention.

Table 2 indicates that Student A earned 1 disciplinary referral prior and 2 disciplinary referrals following the intervention. Student A participated in the intervention following attendance at a non-public high school for three years. As Table 2 notes, the threshold for disciplinary referrals at that setting was much higher in relation to that of a public high school, as there are a number of therapeutic interventions available. Student B had 12 documented disciplinary referrals prior to the intervention and 1 following it. Student C had 29 documented disciplinary referrals prior to the intervention and 0 following it. Student D had 15 disciplinary

referrals prior to the intervention and 17 following it. As Table 2 notes, Student D was enrolled in regional CSP where school staff was encouraged to send him to the de-escalation room with trained staff in lieu of writing a disciplinary referral.

Overall, Student B and Student C demonstrated a reduction in disciplinary referrals for disruption and disrespect, which is a 50% reduction rate. Students A and D did not show a reduction, which is a 50% no reduction rate. The main result inferred from the data collection is the success of the Supportive Study Skills behavioral intervention on the reduction of disciplinary referrals for disruption and disrespect.

In summary, this case study revealed varied results for the four individuals who participated in the behavioral intervention Supportive Study Skills. The impact of the intervention cannot be quantified due to the small number of participants and the fact that a statistical analysis could not be performed.

CHAPTER V

DISCUSSION

This case study examined the impact of a behavioral intervention program on a reduction of disciplinary referrals. Table 2 shows the number of disciplinary referrals for disrespect and disruption prior to and following the implementation of the intervention.

Threats to Validity

Several issues affected both the internal and external validity of the modified case study. Internal validity refers to how accurately and reliably the study was conducted. External validity refers to the extent to which the results can be generalized to other groups of people.

One internal validity issue that this study encountered was utilizing a purposive sample. The participants were chosen specifically by the researcher and were not randomly chosen. As a result, there was no control group. This presents a second threat the internal validity, as there is no group with whom to compare the results.

A second internal validity concern was maturation. Throughout the course of the intervention implementation period, the four participants experienced physical and emotional opportunities for growth. Given that the intervention determined success based on a reduction of disciplinary referrals, emotional maturation could have contributed to the decreased escalatory behavior and subsequent decrease in disciplinary referrals.

Internal validity is also a concern with regards to mortality. While four students were ultimately documented as having participated in the intervention for the required amount of time, three other students participated in the intervention partially.

External validity is also a concern in this study. Specifically, each student in the case study was considered as an individual. Each participant had a unique background. While each

student received special education services, they all had IEPs, as the impact of their disability varied greatly. Additionally, each student participating in the intervention had a different experience with school settings. Student A entered the intervention after multiple years at a non-public day school with therapeutic interventions and supports. At that setting, students are provided with staff who are trained in verbal and physical de-escalation strategies and services. The school serves students identified with emotional disabilities, following the approved state and county curriculums with a school-wide positive behavioral support program. Students also are offered a small group setting with a low student to teacher ratio. It can be inferred that Student A demonstrated behaviors that, had they been displayed in a public school setting, would have earned disciplinary referrals for disrespect or disruption. Therefore, results for this student are not necessarily valid, as the environment and threshold for a disciplinary referral were significantly different.

Student C demonstrated a reduction of 29 referrals to 0 referrals following participation in the intervention. Student C participated in the intervention after returning from an alternative education day school. In this setting, students are expected to meet the curricular standards of the state and county while in a modified schedule with fewer classes than expected of a typical public high school within the county. Students in this setting also often have smaller class sizes with a lower student to teacher ratio; however, the standards for a disciplinary referral are the same as those of a public high school. Student C's results indicate that the implementation of the behavioral intervention resulted in a successful reduction in referrals.

Student D demonstrated an increase in disciplinary referrals from 15 prior to and 17 following the implementation of the intervention. As noted in Table 2, Student D was previously enrolled in CSP where staff was encouraged to ask students to report to the de-escalation room in

lieu of writing disciplinary referrals. Given the structure provided in the CSP setting, it is difficult to determine if Student D truly demonstrated an increase in disruptive and/or disrespectful behavior or if the referrals were not written due to the CSP setting. Thus, his results may not be considered valid.

Another threat to external validity was the situational specifics. The intervention was carried out with an instructor chosen based on certain characteristics that would be difficult to duplicate. The intervention was conducted in a specific setting with certain parameters. Student willingness to attend school as well as parent reticence to communicate with the researcher and implement intervention strategies are also threats to external validity.

Connections to Previous Studies/Existing Literature

While there is research reflecting the guidelines for implementing successful interventions, there is no previous research involving this particular intervention. However, the steps taken to implement this behavioral intervention were research-based. Participants were chosen using a specific criteria, as research has indicated that using a targeted intervention that addresses a certain group of participants is key to its success (Multisite Violence Prevention Project, 2013). The researcher noted that by targeting a small, specific group of students, the intervention could be implemented with fidelity in a controlled environment. The researcher noted that the nature of the case study involved participants exhibiting behaviors within the social norm (Buffalo & Rodgers, 1971). This intervention required instruction in acceptable social norms and rules, which is affected by peer relationships. Coyl et al., (2004) explain that during high school, there is no greater influence on an adolescent's life than their peers. By implementing this intervention in a small group setting, the researcher had the opportunity to work with the participants in a more individualized manner, away from peers. However, when

working with the group, the instructor was able to utilize peer influence in a positive manner. When participants interacted with one in a negative manner, the instructor was able to redirect behavior during the course of the intervention.

Parental communication was established at the beginning of the intervention; however, parental responses were not consistent. While research has suggested that an authoritative style of parenting is most effective, the parents in this intervention did not consistently reply to school communication or implement the strategies suggested by the intervention instructor (Masud et al., 2015).

Summary, Conclusions, and Directions for Future Research

The purpose of this study was to determine the impact of a behavioral intervention program on a reduction in disciplinary referrals. Each individual participant required significant behavioral interventions in order to demonstrate success. The researcher has concluded that the effect of the intervention was unclear. There were multiple mitigating factors; ranging from participant motivation, participation, parental support, and attendance. The researcher concludes that the intervention requires more time and participants in order to determine effectiveness.

Future studies might examine the implementation of the behavioral intervention over more sessions and with a greater number of participants. Additionally, further studies could be conducted in alternate settings in order to determine the impact of social norms on students' behavior. Additional information documenting student disciplinary referrals in the years following the intervention would provide more support for the implementation of the intervention.

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