TO THE EXTENT FEASIBLE: PERSPECTIVES OF PRINCIPALS ON STUDENTS
WITH ALCOHOL, TOBACCO, AND OTHER DRUG ISSUES

By

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To the Faculty of Washington State University:

The members of the Committee appointed to examine the dissertation of DANIEL J. BISSONNETTE find it satisfactory and recommend that it be accepted.

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TO THE EXTENT FEASIBLE: PERSPECTIVES OF PRINCIPALS ON STUDENTS WITH ALCOHOL, TOBACCO, AND OTHER DRUG ISSUES

Abstract

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The purpose of this study was to develop a grounded theory to understand the perspectives, attitudes, and actions of secondary principals about students with alcohol, tobacco, and other drug issues. Building on Theoharis’ (2004) pivotal work on social justice leadership as a theoretical framework, and using the influence of culture as a secondary fundamental concept, my aim was to understand what influenced these principals in their work with these students. The study was guided by three research questions: (1) What has enabled principals who demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues? (2) What resistance do they face and what are leadership consequences for their actions? (3) How do they convey their leadership to others and sustain themselves as they face leadership pressures with regards to these issues? I used a grounded theory qualitative research design with interviews and positioned subjects as the methodological basis for the study. Themes that emerged in the analysis of the data include (a) background, (b) perspectives of their leadership, (c) actions of their leadership, and (d) challenges to their leadership. I discovered five major findings concerning perspectives these principals have about students with alcohol, tobacco, and other drug issues. They include findings on (a) social justice leadership for students with
alcohol, tobacco, and other drug issues, (b) the impact of alcohol, tobacco, and other drugs on their own lives; (c) preparation to do this work; (d) empathy and compassion for these students; and (e) the resilience of these principals. The findings resulted in grounding a theory that principal leadership for social justice seems to be rooted in life experiences stemming from childhood. Implications for action, practice, and/or policy are listed. Results of this research add to the body of knowledge about social justice leadership and perspectives educational leaders have that contribute to opportunities for academic success of students with non-academic barriers to learning. Further research is needed to explore the impact of social justice leadership on student attendance, dropout, and academic success; and the role of pre-service preparation coursework for these and other non-academic barriers to student learning.
Even when they are big and hairy or large breasted,
do not mistake an adolescent for an adult.
They are still forming personalities, growing, learning,
and becoming who they will be.

~Theodore Sterling, Ph.D. (ca. 1975)
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>iii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>xii</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>xiii</td>
</tr>
<tr>
<td>CHAPTER ONE: OVERVIEW</td>
<td>1</td>
</tr>
<tr>
<td>The Research Problem</td>
<td>1</td>
</tr>
<tr>
<td>Extent of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>School leadership responses to the problem</td>
<td>4</td>
</tr>
<tr>
<td>Research on student drug use and school problems</td>
<td>5</td>
</tr>
<tr>
<td>Matters of federal policy</td>
<td>8</td>
</tr>
<tr>
<td>Matters of school programs and practices</td>
<td>11</td>
</tr>
<tr>
<td>Matters of principal preparation programs</td>
<td>14</td>
</tr>
<tr>
<td>Rationale for the Study</td>
<td>15</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>16</td>
</tr>
<tr>
<td>Theoretical Perspective</td>
<td>16</td>
</tr>
<tr>
<td>Research Questions</td>
<td>18</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>19</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>19</td>
</tr>
<tr>
<td>Researcher Role and Positionality</td>
<td>23</td>
</tr>
<tr>
<td>Overview of the Study</td>
<td>25</td>
</tr>
</tbody>
</table>
### Organization of the Dissertation

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER TWO: REVIEW OF THE LITERATURE</td>
<td>29</td>
</tr>
<tr>
<td>Overview of Culture</td>
<td>31</td>
</tr>
<tr>
<td>Research on family culture</td>
<td>33</td>
</tr>
<tr>
<td>Research on youth culture</td>
<td>38</td>
</tr>
<tr>
<td>Research on school culture</td>
<td>41</td>
</tr>
<tr>
<td>Cultural competence</td>
<td>44</td>
</tr>
<tr>
<td>Culture and research on social justice</td>
<td>47</td>
</tr>
<tr>
<td>Summary of culture</td>
<td>50</td>
</tr>
<tr>
<td>Prevalence and Impact of Alcohol, Tobacco, and Other Drugs</td>
<td>52</td>
</tr>
<tr>
<td>Prevalence by race and ethnicity</td>
<td>55</td>
</tr>
<tr>
<td>U.S. prevalence rates</td>
<td>56</td>
</tr>
<tr>
<td>Washington State prevalence rates</td>
<td>58</td>
</tr>
<tr>
<td>Research on drug use and dropout</td>
<td>59</td>
</tr>
<tr>
<td>Research on student discipline</td>
<td>63</td>
</tr>
<tr>
<td>Summary of prevalence and impact</td>
<td>67</td>
</tr>
<tr>
<td>What School Leaders Can Do</td>
<td>69</td>
</tr>
<tr>
<td>Evidence-based practices</td>
<td>71</td>
</tr>
<tr>
<td>Summary of what school leaders can do</td>
<td>76</td>
</tr>
<tr>
<td>Summary of Review of the Literature</td>
<td>76</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODOLOGY</td>
<td>78</td>
</tr>
<tr>
<td>Research Design</td>
<td>78</td>
</tr>
<tr>
<td>Designs in Similar Research</td>
<td>83</td>
</tr>
</tbody>
</table>
Selection of Study Participants ................................................................. 83
Procedures .................................................................................................. 87
Analysis ...................................................................................................... 88
Trustworthiness ............................................................................................. 90
Limitations ................................................................................................... 90
Delimitations ............................................................................................... 92

CHAPTER FOUR: ANALYSIS OF THE DATA ..................................................... 93

Characteristics of Participants ........................................................................ 94
Description of Participants’ Schools ............................................................... 95
Themes that Emerged in the Analysis ............................................................ 97
The Background of Their Leadership ............................................................. 98

The impact of alcohol, tobacco, and other drugs on their own lives .......... 98

*Alcohol use* ................................................................................................. 99
*Tobacco use* ............................................................................................... 99
*Other drug use* .......................................................................................... 100
*Loved ones with alcoholism or addiction* ................................................. 101

Mentors in their lives .................................................................................... 103
Preparation for this work ............................................................................. 105
Motivation to do this work ......................................................................... 106

Perspectives of Their Leadership ................................................................. 110

Empathy and compassion ........................................................................... 110
Culture .......................................................................................................... 119

*Family culture* ........................................................................................ 119
The resilience of these principals.................................................................156

Conclusions.................................................................................................157

Implications.................................................................................................160

Recommendations for Further Research.......................................................161

Concluding Remarks.....................................................................................162

REFERENCES ................................................................................................164

APPENDICES

A. Theoretical Perspectives on Adolescent Substance Use..........................198

B. NREPP Prevention practices identified for schools.................................200

C. Interview Protocols .................................................................................207

D. Permission to Adapt Interview Protocols ............................................210

E. Demographic Data and Personal Information .......................................211

F. Research Study Consent Form ..............................................................212

G. Potential Participant Recruiting Script .................................................217

H. Participant Interview Scheduling Script ..............................................218

I. Mutual Confidential Disclosure Agreement .........................................220
# LIST OF TABLES

1. Theoretical Perspectives on Adolescent Substance Use .......................................................... 198
2. HYS Indicators of Substance Use in Washington State ................................................................. 58
3. NREPP Prevention Practices Identified for Schools ................................................................. 200
4. Possible Study Participants ........................................................................................................ 86
5. School Demographic Information ............................................................................................ 97
LIST OF FIGURES

1. Figure 1: Schematic of the Nested Nature of Overlapping Cultures that Students Navigate .................................................................47
Dedication

This dissertation is dedicated to Mona, the future Dr. Johnson, my wife, friend, counselor, colleague, and critical friend, for the abundance of abiding patience, love and encouragement she has shown me during this wonderful journey, as always.

To Mae Redelings, my favorite teacher.

And to Linda Bissonnette, my sister and first teacher.
CHAPTER ONE

OVERVIEW

The intent of this study was to explore perspectives of principals in their work with students who are impacted by alcohol, tobacco, and other drug issues. These issues are non-academic barriers to learning which impact student achievement. This study explored how principals understand and view their work with students affected by alcohol, tobacco, and other drug issues. The background and explanation of the research problem is explored in this chapter.

The Research Problem

Alcohol, tobacco, and other drug use is pervasive in our communities and it has a destructive impact on students, families, schools, and communities. Adolescents who use drugs are characterized by many of the same attributes as are school dropouts, have poorer relationships with their parents, poorer grades, worse attitudes about academics, lower self-esteem, are more absent from school, more rebellious, more depressed, and take on more risky behaviors (Mensch & Kandell, 1988, p. 97). Students are affected by alcohol, tobacco, and other drugs whether by their own use, that of friends and classmates, or by issues of use within their homes, families, and neighborhoods. Students face tough decisions about alcohol, tobacco, and other drugs. “Our teens are awash in a sea of addictive substances, while adults send mixed messages at best, wink and look the other way, or blatantly condone or promote their use” (National Center on Addictions and Substance Abuse at Columbia University [CASA], 2011, p. 3). Alcohol, tobacco, and other drugs affect schools. Studies have shown that “the greatest percentage of twelve- to seventeen-year-olds surveyed each year by the Center on Addiction and Substance Abuse at Columbia University consistently listed drugs as their number one concern” (Califano, 2007, p. 42). Existing literature provides little insight into how principals effectively
deal with these problems while providing safe opportunities for all students to learn. What is not known are the perspectives, attitudes, and beliefs principals have about these students and their issues, specifically principals who speak and act in ways that demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues.

**Extent of the Problem**

Taxes from the sale of beer, wine, hard liquor, and tobacco, sustain government coffers. Our communities need the dollars. Calm, informed, and unbiased conversations about alcohol, tobacco, and other drug use in society give way to disputes when personal values, behaviors, and experience wrapped with emotions arise. Debate about the pros and cons of substance use abounds with questions about our Constitutional rights as Americans to life, liberty, and the pursuit of happiness pitted against conservative or liberal politics and social and economic costs. “The police, government, media, politicians, commercial retailers and medical establishment frequently project different and opposing perspectives on the health risks and images of pleasure associated with drug taking” (Blackman, 1996, p. 139). In a recent newspaper article on the decriminalization of the use and possession of marijuana in a New England state and the conflict it has caused with students, a school district superintendent said the students “feel if they can have marijuana on the street, then they should be able to have it in the schools. This society sends mixed messages…and it’s not good” (Daniel, 2012, para. 5). Students are affected by exposure to drugs at school, at home, or in the community. Baumrind and Moselle noted in 1985 that the “abuse of substances, licit and illicit, is so widespread in our present societal context that we might as well ask why some adolescents abstain, rather than why most do not” (p. 44). These sentiments may still be pondered today. Millions of Americans, adults and teens, abuse or are dependent on alcohol or drugs (Center for Mental Health in Schools [CMHS], 2008a). Teens
that don’t use drugs either know or know of students or family members that do. Ninety percent of American high school students report that some of their classmates use illicit drugs, including alcohol and tobacco, during the school day (CASA, 2011). In her seminal work with children of alcoholic parents, Black (1981) reported that an estimated one in five American families is affected by alcoholism. CASA (2011) reported that 45.4% or 33.9 million children under age 18 live with a parent who participates in risky substance use (p. 67). Given these realities, it is important to recognize that virtually all of us are somehow impacted by alcohol, tobacco, and other drugs whether through personal or familial experiences or by living in a society where convoluted attitudes thwart our ability to make much progress with these issues (Anderson, 1993, p. 6).

Although the availability, use, and impact of alcohol, tobacco, and other drugs are pervasive, most people do not use illicit drugs. Of those that do use, many do not experience addiction or other negative consequences. Nevertheless risk is inherent in any drug use - recovering alcoholics and addicts often say their problems started with first use - and while first use alone does not portend habit or addiction, it is always a gamble.

It is important that educational leaders comprehend there is a difference between alcohol, tobacco, and other drug issues and disorders yet both need to be taken seriously. An issue encompasses behaviors, actions, symptoms, and consequences a person may manifest for any reason due to personal use or due to the impact of use by a loved one or other meaningful person (Boesky, 2011) and may not be a matter of diagnosis. A disorder is an illness and is clinically diagnosable (Boesky, 2011). “Between 14-20% of children and adolescents experience a mental, emotional, or behavioral disorder each year” (“The Impact of School Mental Health,” n.d.). The differentiation between a disorder and an issue is important for at least two reasons. First,
student behaviors that seem to indicate use of alcohol, tobacco, or other drugs can certainly be confirmed. If ruled out, these same behaviors may reflect a students’ experience at home or in the community but not personal use. For example, a student may use drug using terminology learned through association with others who are drug users. Absent personal drug use this might indicate an issue (associating with drug users) but not a disorder; with personal drug use it could indicate an issue and a disorder that is diagnosable. Behavior alone (in this example, use of drug using terminology) does not rule in or rule out drug use yet might be cause for concern. Second, any adolescent drug use is risky and its effects predictably unpredictable. All adolescent drug use, when it comes to the attention of a caring adult, should be taken seriously. What may constitute relatively mild experimentation for one youth could threaten overdose for another. A principal would be misguided to quickly decide that any incident involving alcohol, tobacco or other drugs is not a matter of concern or, to the contrary, one that necessarily warrants an emergency response. With so much at stake, these matters warrant informed scrutiny.

Alcohol, tobacco, and drug use, whether manifested as early experimentation or addiction, has consequences at school. Relatively small issues left unaddressed can become serious problems. Any level of drug use can affect student academic performance, student health, and the school environment and can lead to policy violations, trouble with peers and family, behavior problems, poor attendance, and dropout. For the purposes of this research I will refer to student alcohol, tobacco, and other drug use issues without making assumptions about whether they are also disorders.

**School leadership responds to the problem.** When students are identified as being involved with alcohol, tobacco, or other drugs, principals respond. The problem is the degree of differences in ways principals respond. The array of possible responses varies widely. The
result is students may get a chance for help or not, depending on their principal. What is not clear is why some principals take these issues seriously, as demonstrated by their actions, and some do not.

School leadership responses vary within schools, school to school, and between districts. A student may experience little or no consequence while another could be ejected from school for the same infraction. These are serious decisions. School discipline procedures – holding students accountable – can make a considerable difference when intervening with students with these issues. Students with drug issues that have access to discipline and assistance do better in school than those who do not (Fertman, Tarasevich, & Hepler, 2003, Executive Summary).

Student drug and alcohol policies often impose consequences on students that may place the child at risk of delinquent behavior (Stamm & Frick, 2009; Skiba, Rausch, & Ritter, 2004a). Although school policies differ on what actions warrant exclusion and for how long, most districts, in policy or in practice, exclude students for possession, use, and/or abuse of drugs and alcohol (Skiba, Rausch, & Ritter, 2004a). Students who are suspended suffer academically. In most instances they receive failing grades or do not have opportunities to make up missed schoolwork. They fall irrevocably behind, and there is a moderate to strong indication that they will eventually drop out of school (National Dissemination Center for Children with Disabilities [NDCCD], 2003).

In the next four sections I discuss the relationship between student drug use and dropping out, federal policy, school programs and practices, and principal preparation. This will complete the discussion about the extent of the problem.

**Research on student drug use and school problems.** Student dropout rates are strongly correlated with substance use (Aloise-Young & Chavez, 2002; Feldman, Waxman, & Smith,
Townsend, Flisher and King (2007) reported that substance abuse (especially cigarette smoking and marijuana use) was associated with dropping out of high school even after adjustment for demographic differences and concluded “an understanding of the relationship between dropout and drug use would have worthy implications for prevention of both risky behaviors” (p. 296). Roughly one million students drop out of school every year (Monrad, 2007) and nearly one in three public high school students will not graduate (Thornburgh, 2006). The failure to complete high school has stark consequences for these individuals and society.

Research considering theories about and insights into youth problem behavior provides copious ways of understanding what leads to student involvement with drugs and what results. A number of theoretical perspectives on adolescent substance use are shown in Table 1 (see Appendix A) that situate what leads to or is related to school problems and substance abuse. These theories hold import for school leaders because they indicate the extent of the alcohol, tobacco, and other drug use problem and the number of plausible explanations vetted to understand the background and severity of it as it relates to how educators might respond.

It is important to understand the extent of dropout – the number of youths that do not complete high school – and drug use rates among students. A way to measure high school completion is the averaged freshman graduation rate, an estimate of the proportion of high school freshmen that graduate four years after starting ninth grade (Chapman, Laird, Ifill, & KewalRamani, 2011). Using this standard, among public school students in the United States for the class of 2008-09, the graduation rate was 75.5% (Chapman, et al., p. 13). In Washington State for the class of 2008-09 the estimated on-time graduation rate was 73.5% (Ireland, 2010); in 2012 the four-year graduation rate was 77.2% (Came & Ireland, 2013, p. 4). Not completing
high school or dropping out is a major consequence of student alcohol, tobacco, and other drug issues (Aloise-Young & Chavez, 2002; Feldman, Waxman, & Smith, 2013; Krohn, Lizotte, & Perez, 1997; Mensch & Kandel, 1988).

Drug use is measured in terms of its prevalence, the proportion of a defined population or subpopulation that has used a drug once or more in a particular time interval (Johnston, O’Malley, Bachman, & Schulenberg, 2011). Some stark national statistics that illustrate the prevalence of drug use include:

- Approximately 30% of high school students participate in or experience multiple risk behaviors including substance use that interferes with school performance (Centers for Disease Control and Prevention, 2008, as cited in Payton et al., 2008; Dryfoos, 1997).

- An estimated 17% of students - roughly 2.8 million - abuse drugs during the school day (CASA, 2011).

- The 2001 National Household Survey on Drug Abuse Statistics [NASDAS] revealed that almost 17 million Americans aged 12 or older (7%) abused or were dependent on alcohol or illicit drugs during the year before the survey (as cited in CMHS, 2008a, p. 20).

- Almost one in five adult Americans (18%) lived with an alcoholic while growing up (Black, 1981).

- There are an estimated 26.8 million children of alcoholics in the United States; research suggests that over 11 million of these children are under the age of 18 (Black, 2001).

- Close to one out of five adolescents experience some form of mental, emotional or behavioral disorders each year (“The Impact of School Mental Health,” n.d.).

The Washington State Healthy Youth Survey, administered every two years, is a school-based survey that measures health risk behaviors that contribute to morbidity, mortality, and
social problems among youth in Washington State including alcohol, tobacco, and other drug use, other behaviors that result in increased risk, and related risk and protective factors (Washington State Healthy Youth Survey [HYS], n.d., para. 1). In 2010, the twelfth statewide survey of Washington's students, over two hundred thousand 6th, 8th, 10th and 12th grade students from all 39 counties in Washington State participated in the HYS (HYS, para. 4). In Washington State, biennial trends from 2004 to 2010 showed a tenfold increase in alcohol and marijuana use between grades 6 and 12 (HYS, 2010). Student marijuana use climbed annually in grades 8, 10 and 12 from 2006 to 2010. In a meta-analysis of 48 relevant studies - one of the most thorough performed to date - marijuana use was found to be consistently related to reduced educational achievement (Macleod et al., 2004; see also Bray, Zarkin, Ringwalt, & Qi, 2000).

Reflecting on student substance use as health risk factor, Dilley (2009) concluded that school health initiatives are an opportunity to improve academic achievement and equity in quality of life. With trends indicating 40% of the of 12th grade students in Washington State report consuming alcohol and more than a quarter of the same population using marijuana, and approaching 30% of them not graduating, there is no reasonable argument that these rates are trivial or irrelevant to the discussion of improving academic outcomes.

**Matters of federal policy.** The stated purpose of the federal Elementary and Secondary Education Act (ESEA) of 1965, renamed the No Child Left Behind Act of 2001 [NCLB], is “to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education” (p. 15), and, in other words, “to educate everyone’s child” (McKenzie & Scheurich, 2004, p. 602), no matter who those children are, where they come from, or what they do or do not bring with them (Scheurich & Skrla, 2003). The purpose of NCLB is enumerated in twelve paragraphs. Ten paragraphs refer to academic assessment; educational needs of low-achieving
children; closing the achievement gap; holding schools, local educational agencies, and States accountable; distributing resources; improving teaching and learning; decision-making authority; enriched and accelerated educational programs; promoting school-wide reform; and elevating the quality of instruction (NCLB, 2001, Title I, Section 1001, paragraphs 1-10). Paragraph 11 of the same section of NCLB (2001) refers to “coordinating services under all parts of this title with each other, with other educational services, and, to the extent feasible, with other agencies providing services to youth, children, and families.” Feasible means possible, achievable and reasonable (Webster’s New International Dictionary, 1919). Agency means a business, help, and the means or modes of acting (The American Heritage Dictionary of the English Language, 2009). NCLB encourages school leaders to use the business, help, means, or modes available to them to benefit students when they can. Whether school leaders have the preparation, wherewithal, or inclination to adequately address alcohol, tobacco, and other drug issues as they impact student learning, they are authorized and encouraged under the law to try to find and exercise ways of doing so. Many principals do just that.

A criticism of NCLB pertinent to this study is that it focuses mainly on academics and speaks minimally to other factors that impact student outcomes. Certainly it does not speak explicitly to alcohol, tobacco, and other drug issues that students may experience or the litany of other non-academic barriers to learning that students may encounter. The tentative wording (“to the extent feasible”) of NCLB may diminish these matters of importance which impact student progress that school leaders face.

At this time, as asserted by Deschryver (2013),

The era of No Child Left Behind is coming to a close. The federal government is in the process of delegating the policy responsibility for student accountability systems back to
the states. As a practical matter, this means the work will fall onto district leadership. (p. 4)

The progression from NCLB to the next iteration of ESEA, presaged by Deschryver (2013), places even greater onus on district leadership and intensifies the importance of preparing school leaders to tackle these matters of student alcohol, tobacco, and other drug issues. Non-academic barriers must be addressed. Anticipating this progression, “researchers propose…a three component framework for ESEA reauthorization…that balances instruction, management, and a third component - learning supports for students” (CMHS, Embedding Mental Health, n.d., p. 1). Further,

Federal policy that almost exclusively addresses issues related to only two components essential to school reform is the equivalent of trying to successfully sit upon a two legged stool. Much attention has been given to instructional and organizational issues over the past decade, yet our schools have not attained the goal of high achievement and school completion for all students. The only essential component of education that has not been fully integrated into policy, and hence practices, is that which encompasses learning supports. Without equal attention to this critical third leg, schools will continue to fall short of their mission for every student to learn and succeed in school. (CMHS, n.d., p. 2)

Instruction and management is of primary importance in schools. With all the attention and effort given to improving public school academic outcomes as signaled by NCLB (2001), schools have continued to struggle with student achievement. The next iteration of ESEA may address this. A child is not fully present to learn when struggling to overcome barriers to learning such as those related to alcohol, tobacco, and other drug issues. The most highly
qualified teachers using the most robust curricula with rigorous accountability and the best principals at the lead will not overshadow this reality (CMHS, n.d.). More is needed.

**Matters of school programs and practices.** There is tremendous pressure on policy makers and practitioners to reform and restructure schools in ways that increase student achievement test averages. This pressure has resulted in major changes in curricula and consideration for how knowledge is acquired and skills are taught. Unfortunately, evidence-based data to guide reforms are sparse (CMHS, 2008b, preface). Thus, policy makers and practitioners are caught in a conundrum. They want to adopt proven practices, but available data, at best, only suggest promising directions. Moreover, the best practices may not yet have been identified, never mind formally evaluated. This is especially the case for approaches used to address non-academic barriers to student learning (CMHS, 2008b, preface).

The Ohio Mental Health Network for School Success (n.d.) offered the following list of non-academic barriers to student learning (para. 2):

- Physical health barriers, such as hunger and poor nutrition
- Mental health barriers, such as depression and anxiety
- Exposure to violence, such as bullying and gang activity
- Abuse and neglect, including physical, emotional, and sexual abuse
- Exposure to traumatic events or repeated, long-term traumatic experiences
- Family barriers, such as homelessness, domestic violence, and family conflict
- Negative peer influences, such as rule breaking and truancy
- Alcohol, tobacco, and/or drug use
- Difficulties with concentration and attention
- Behavioral barriers, such as disruptive and unruly behavior
• Social-emotional barriers, such as poor impulse-control or anger management

Despite all the efforts to improve schools, little attention has been paid to reforming and restructuring school-based activities focused on these barriers that interfere with students’ performance and learning. Programs and services to address such barriers have emerged in a piecemeal manner with funding designated categorically. The result has been widespread fragmentation and continuing marginalization of intervention planning, implementation, and evaluation (CMHS, 2008b, preface).

To fully eradicate the effects of alcohol, tobacco, and other drugs from our schools is not possible. To do so would mean fixing the larger societal problems with alcohol, tobacco, and other drugs. Schools do not beget drug abuse, society does. As a social problem, drug abuse is not only a widespread epidemic like HIV or other disease that we can strive to eradicate. It has become endemic, an indigenous characteristic of our society (Zielke, 1996). The use of alcohol, tobacco, and other drugs by students is clearly prevalent and its impact on academic performance and outcomes has long term social and economic implications. Solutions for schools must come from teaching and learning. Taylor (2003) asserted the following:

The answers to these questions do not lie in schools alone; the etiology of the tensions not bred in schools alone. To wit, the resolution of these tensions does not lie solely in the hands of school leaders. Yet there may be no other institution as able to resolve these tensions and create unity…the way public schools can. (p. 2)

Increasingly schools are being called on to implement evidence-based practices (Bush, 2001). The current outcomes-based reform movement in education may tempt school leaders “to take a pragmatic approach that eschews reliance on science and its theories” (DiPaola & Tschannen-Moran, 2005, p. 60) when it comes to dealing with student alcohol, tobacco, and
other drug issues yet to do so may “neglect...valuable tools that can provide a clear sense of direction for action” (DiPaola & Tschannen-Moran, 2005, p. 60). A significantly different approach is needed if issues of student substance abuse are to be prevented (Embry, 2004, p. 578). While it is clear that many concerns confronting schools cannot wait for researchers to provide proven prototypes, it is also clear that adopting an existing empirically-supported intervention to meet a priority need is the appropriate course of action (CMHS, 2010b, p. 18). The National Research Council (2009) asserts that

Several decades of research have shown that the promise and potential lifetime benefits of preventing mental, emotional, and behavioral...disorders are greatest by focusing on young people and that early interventions can be effective in delaying or preventing the onset of such disorders. National priorities that build on this evidence base should include...assurance that individuals who are at-risk receive the best available evidence-based interventions prior to the onset of a disorder....Although individuals who are already affected by a [mental, emotional or behavioral] disorder should receive the best evidence-based treatment available, interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families, and society that these disorders entail. (p. 1)

Educational leaders need to know about evidence-based practices designed for prevention and early intervention, increase skills to hold students accountable while increasing the chances they will stay in school, and take action to build support of faculty and staff, parents, and the community (Sue & Sue, 1999). Coursework for principal preparation that includes content on alcohol, tobacco, and other drug issues among other significant non-academic barriers to learning position principals to face these difficult matters. Such coursework may be relegated to
beginning courses outside of education. Without adequate preparation to properly deal with these issues, school leaders are given short shrift for making sometimes crucial decisions about students’ lives. When making these decisions without the tools they need they are left to their own devices.

Matters of principal preparation programs. Principal pre-service preparation in the realm of non-academic barriers to student learning includes a focus on issues of poverty and racism because these matters “are interwoven in the daily realities of the educational system” (Theoharis, 2009, p. 5). However, “aspiring school leaders enter principal preparation programs at different developmental levels in their thinking about issues related to… social justice” (Hernandez & Marshall, 2009, p. 318) so student alcohol, tobacco, and other drug issues are not readily seen as culturally-based social justice matters. It is often unclear in practical terms what we mean when we invoke a vision of social justice or how this influences such issues as program development, curricula, practicum opportunities, educational philosophy, social vision, and activist work (Hytten & Bettez, 2011, p. 8). McKenzie et al., (2007) proposed the structure and content of an educational leadership program whose aim is to prepare principals for social justice (p. 111) (see also Everson & Bussey, 2007; Lalas & Morgan, 2006; Mullen, 2010; and Mullen, Harris, Pryor, & Browne-Ferrigno, 2008). Pounder et al., (2002) offered how an entire leadership preparation program could be oriented toward preparing school leaders for school improvement, social justice, and community.

School board policies, district procedures, and leadership practices for student alcohol, tobacco, and other drug issues differ from place to place. They are often learned on-the-job by educational leaders. School board discipline policies are the written source for each districts’
plan to address student behavior problems, yet actual practices vary considerably from school-to-
school and principal-to-principal.

The prior sections have included discussion about the extent of the problem with alcohol,
tobacco, and other drugs in schools. It included consideration of the relationship between
student drug use and dropping out, federal policy, school programs and practices, and principal
preparation. The next sections describe purpose and structures of the study.

Rationale for the Study

Alcohol, tobacco, and other drug use is a pervasive problem in our schools. Student
learning is impacted by problems with attendance, academic performance, or behavior.
Numerous theories situate antecedents and consequences related to student substance use issues
and how they affect education. U.S. and Washington State data show alarming trends relating to
student alcohol, tobacco, and other drug issues - issues that are barriers to student learning.
Given the current pressures on school leaders to improve student academic outcomes, coupled
with the prevalence and impact of alcohol, tobacco, and other drugs, school leaders must have
talent, knowledge, and skills to address alcohol, tobacco, and other drug issues as they impact
student learning.

An understanding of the perspectives of principals that show particular care and concern
for students with alcohol, tobacco, and other drug issues that threaten the success of so many
students is important. It will inform principal practices. “In the literature, information about
how school principals operate pertains mainly to the actions of principals. However, the kinds of
knowledge that the principalship demands have not been isolated as clearly, more often than not
being conflated with actions” (Lazaridou, 2009, p. 1). Louis, Leithwood, Wahlstrom, and
Anderson, (2010) reported that “to date we have not found a single case of a school improving its
student achievement record in the absence of talented leadership” (p. 9). It is important to know how principals make sense of their leadership and management roles when concerned about equity for all students (Rodriguez, Murakami-Ramalho, & Ruff, 2009, p. 8.)

**Purpose of the Study**

The purpose of this study was to develop a grounded theory to understand the perspectives, attitudes, and actions of secondary principals that show a particular care and concern for students with alcohol, tobacco, and other drug issues. Building on Theoharis’ (2004) pivotal work on social justice leadership, my overall aim was to understand what influenced these principals in their work with students with these issues, the consequences they face as a result of their actions, and how they sustain their efforts while confronting these non-academic barriers to learning. I was interested in what motivates these principals to pay particular attention to students with these issues at a time when principals are challenged by increasingly staunch expectations and overall accountability for improved student academic outcomes. This information is important to understanding the actions of these principals and to inform improved educational policies, procedures and practices toward increased academic success in this vulnerable student population.

**Theoretical Perspective**

The primary theoretical concept of educational leadership which fuels my interest and frames my perspective is social justice leadership. This concept is situated in the foreground of my theoretical perspective. A second fundamental concept, culture, recedes into the background, but is a broader platform upon which leadership actions occur.

Theoharis’ (2004) definition of social justice leadership is a practical one that recognizes the daily routines and responsibilities of principals. He defined principals leading for social
justice as those who “advocate, lead and keep at the center of their practice and vision issues of race, class, gender, disability, sexual orientation, and other historically marginalizing factors in the United States” (Theoharis, 2004, p. 25). Social justice leadership is a “deliberate intervention that challenges” (Furman & Shields, 2004, p. 12) how power and authority are used in systems. Social justice leadership is subjective; it means doing what is right for children (Bogotch, 2000). Taylor (2003) wrote “school leaders who hold a social justice agenda embody the compassion that allows them to be both touched and moved and the capacity to touch and move others” (para. 11). The leadership position is a vital part in the way the story plays out for a student affected by drugs and alcohol. “Being moved requires taking a critical, systemic, and action oriented approach that not only interrogates social hierarchies but shows ‘how we might take action in our own lives and in coalition with others to effect positive social change’” (Adams, 2002, p. 2, as cited in Taylor, 2003, para. 13).

“Rawls (1971) provided a broad framework of social justice: (1) all people have rights, so justice requires equality of treatment of all people, and (2) equal opportunity, so justice requires that each and every person must have a fair or equal chance” (as cited in Theoharis, 2009, p. 9). Further, Theoharis (2009) referred to additions Rawls made that “(1) people are different, so justice requires regarding and treating people as individuals, and (2) in rectifying inequalities favor or advantage should be given to more vulnerable and marginalized members of society” (p. 10).

In schools there is a tendency to marginalize students in various ways such as by their socioeconomic status, the language they speak at home, and their academic standing. Students are also marginalized by their involvement with alcohol, tobacco, and other drugs. Social justice leaders address marginalized groups by recognizing an uneven distribution of power and
authority. The prevailing lens of social justice leadership is concerned with how these students are recognized and helped. “Conceptual research suggests that a social justice orientation toward educational leadership practice and research promises to lead to an understanding of ‘how institutionalized theories, norms, and practices in schools…lead to…educational inequities’” (Dantley & Tillman, 2006, p. 17). I postulate here that social justice leadership in schools has much to do with how students with alcohol, tobacco, and other drug issues are able to succeed.

Scholarly work on culture as an aspect of social justice theory is hard to find. Therefore, building on Theoharis’ (2004) pivotal work on social justice leadership, I introduced in this research the essential concept of culture as a social aspect to be considered by social justice practitioners. I established a link to exploring the broader context of the drug problem with overlapping perspectives on culture. Appreciating family, youth, and school culture as social structures upon which youths build traditions, values, actions, and attitudes about alcohol, tobacco, and other drugs guides the school leader to understand the significant youth actions within these overlapping cultures that students navigate.

Research Questions

Student learning is impacted by non-academic barriers related to alcohol, tobacco, and other drug use. Schools have access to in-school and community-school partnerships and evidence-based prevention and early intervention practices to help students address these issues. Students with access to prevention and early intervention in school show better outcomes in grades, attendance, and behavior than students without such access (Fertman et al., 2003). The principal as school leader is in the top position to set tone and influence desired outcomes. Inconsistent, inappropriate, or inadequate leadership by principals can marginalize students with alcohol, tobacco, and other drug issues.
The study was guided by three research questions:

1. What has enabled principals who demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues?
2. What resistance do they face and what are leadership consequences for their actions?
3. How do they convey their leadership to others and sustain themselves as they face leadership pressures with regards to these issues?

**Significance of the Study**

Alcohol, tobacco, and other drug issues are prevalent among students in our schools. Students with these issues tend to not do well academically. The literature provides little evidence of research on perspectives of principal leaders about students with alcohol, tobacco, and other drugs issues. With this research I added to that body of knowledge about perspectives principals have about students with alcohol, tobacco, and other drug issues. This research informs what motivates these principals’ actions, how they address these issues while enabling student learning, and how they hold students accountable and encourage success while keeping students in school. Results will inform decisions about addressing these non-academic barriers to student learning and improving graduation rates. Perspectives these principals share about their work with students with alcohol, tobacco, and other drug issues informs other school leaders doing similar work and influence principal preparation coursework and professional development.

**Definition of Terms**

Throughout this dissertation I used various when discussing alcohol, tobacco, and other drug use. Terms used in this study are defined as follows:
**Addiction.** Addiction is synonymous with substance dependence. Drug addiction is a mental illness (National Institute on Drug Abuse [NIDA], 2010a). It is a chronic, relapsing disease typified by obsessive drug seeking and use and by long-term changes in the brain (NIDA, 2010b). Addiction is characterized by inability to consistently abstain, impairment in behavioral control, and craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Addiction is progressive and, without interruption, can result in disability or premature death (American Society of Addictions Medicine [ASAM], 2011b, para. 2).

**Alcohol, tobacco, or other drug issues.** Behaviors, actions, symptoms, and consequences a person may demonstrate for any reason due to personal use of alcohol, tobacco, or other drugs, or due to use by a loved one or other meaningful relationship. Related to but not necessarily involving use, abuse, or addiction, an issue may not progress to a larger problem such as a disorder.

**At-risk youth.** At-risk youth include any “school aged individual who is at-risk of academic failure, has a drug or alcohol problem, is pregnant or is a parent, has come into contact with the juvenile justice system in the past, is at least one year behind the expected grade level for the age of the individual, has limited English proficiency, is a gang member, has dropped out of school in the past, or has a high absenteeism rate at school” (NCLB, 2001, p. 167).

**Barriers to learning.** Barriers to learning are those factors which lead to the inability of the educational system to accommodate diverse student needs which lead to learning breakdown or prevent learners from accessing educational provision (“Barriers to Learning,” n.d., p. 2).

**Compassion.** Compassion is “a feeling of deep empathy and respect for another who is stricken by misfortune and the strong desire to actively do something about it” (Wolpow,
Johnson, Hertel, & Kincaid, 2009, p. 17). Webster’s (1919) defines it to mean with passion, sympathy, or intense emotion.

**Dropout.** Dropout is defined to include students who interrupted their high school education at some point, including terminal dropouts, individuals who returned to school and obtained a high school diploma, and those who obtained a GED (Mensch & Kandel, 1988); and seventh through twelfth grade students who had a period of absence lasting one month or longer with no contact with the school district or excused absences and not enrolled in any school (Swaim, Beauvais, Chavez, & Oetting, 1997). It has been further defined to include students who have not attended school in more than 30 days, not transferred to another school, and not sought re-admission (Aloise-Young & Chavez 2002); any student who had not been in school for four consecutive weeks, and the absence was not because of accident or illness (Drapela 2006); and students are not staying in school, progressing toward graduation, or earning a high school credential (Carver & Lewis, 2011).

**Drug use defined.** Beauvais (1996) defined drug use in three categories: Heavy involvement is the use of multiple drugs, one drug several times a week, and/or getting drunk essentially every weekend and often during the week. Moderate involvement does not meet the criteria for heavy involvement but includes use or getting drunk at least once a month. Low or no involvement includes no current use of any drug and not being drunk in the last 30 days, although it may include experimentation with drugs in the past and some use of alcohol. Drapela (2006) said drug use is measured as “frequency of daily cigarette smoking, frequency of alcohol, marijuana, and cocaine use in the past year, consuming five or more alcoholic drinks in a row during the past two weeks, and frequency of alcohol, marijuana, and cocaine use during the past month” (p. 325).
Empathy. Empathy means identification with and understanding of another's situation, feelings, and motives (The American Heritage Dictionary of the English Language, 2009). It is also defined to mean sharing the load while “walking a mile in someone else’s shoes” in order to adequately understand another person’s perspective (WiseGEEK, 2012, para. 2).

Learning supports. Learning supports are “resources, strategies, and practices that provide physical, social, emotional, and intellectual supports to enable all students to have an equal opportunity for success at school by directly addressing barriers to learning and teaching and by re-engaging disconnected students” (CMHS, Embedding Mental Health, n.d., p. 2).

Marginalize. Lopez (2001) used the term marginalized to describe people, voices, perspectives, identities, and phenomena that have been left out or excluded from the center of society. Theoharis (2004) added “because of race, class, gender, sexual orientation, language, or ability/disability” (p. 16; see also Theoharis, 2009). In this study, I added the concept of culture as a factor for which marginalization occurs.

Moderate alcohol consumption. Moderate alcohol consumption is defined as up to 1 drink per day for women and up to 2 drinks per day for men (U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2010, p. 31).

Risky substance use. Risky substance use includes tobacco smokers of any age, underage drinkers, adults who engage in binge drinking one or more times in the past 30 days, adult drinkers who exceed the U.S. Department of Agriculture guidelines of no more than one drink per day for women or two drinks per day for men, current users of any illicit drug and/or current misusers of any controlled prescription drug (CASA, 2011, p. 67).

Substance abuse. The criteria for substance abuse hinge on the harmful consequences of repeated use but do not include the compulsive use, tolerance, or withdrawal that can be signs of
addiction (American Psychiatric Association [APA], 2000). The substance abuser may experience legal problems and may have problems fulfilling responsibilities (Encyclopedia of Mental Disorders, 2012, para. 4), such as major role obligations at school (i.e., repeated absences or poor work performance related to substance use; or substance-related suspensions or expulsions from school) (APA, 2000).

**Substance dependence.** Substance dependence is synonymous with addiction.

**Substance use disorder.** Substance use disorders distinguish between two types: abuse and dependence. A disorder is diagnosable (Boesky, 2011), and an ailment that affects the function of mind or body (The American Heritage Dictionary of the English Language, 2009). According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revised (APA, 2000), “substance-related disorders are disorders of intoxication, dependence, abuse, and substance withdrawal caused by various substances, both legal and illegal.”

**Researcher Role and Positionality**

I completed this study in partial fulfillment of the requirements of the Doctor of Education in Educational Leadership at Washington State University in Vancouver. To my role as researcher I brought an accumulation of personal and professional knowledge and experience of the years that have made me an expert with respect to students drug use.

We are all predisposed to various thoughts and behaviors by our culture. I have come to believe certain students are predisposed by their culture - peer, family and social influences - to be accustomed to life with alcohol, tobacco, and other drug issues. To these students the presence of alcohol, tobacco, or other drugs is common, something they are used to. This reality sets them apart: it is a way of being that is normal to them, as ordinary as the water a fish swims in. This is not a judgment of values or to imply they are either happy or unhappy with their
circumstances; it just seems to be reality. I have also come to believe it takes a particular educational leader to recognize – to actually see – students in this population, and that the only way to do so is to understand it as a function of extant and ambient culture.

As an addictions professional with Washington State and national credentials I have worked for more many years with many students due to their alcohol, tobacco, or drug use or the impact of someone else’s use. I am a well-trained interviewer and diagnostician. I have interviewed and diagnosed countless students with substance use disorders and observed an array of consequences students experience because of these problems. I have assessed many students referred with substance use issues (problems with peers, behavior, grades) that did not rise to the level of a diagnosable disorder. I have been called upon to intervene on the alcoholism or addiction of youths and adults alike, occasionally on educational professionals. I have worked in addictions treatment, in school-based prevention and early intervention programs, in juvenile court, and as a consultant to school districts and K-12 schools. I have taught addictions courses as a college professor and presented to and facilitated professional development with educators and various consortia at the local, state, and national level on adolescent and family substance use, prevention and early intervention, juvenile crime, and the value of collaborative relationships in dealing with these issues.

As an educational consultant involved with school districts in the Puget Sound region on the western side of Washington State for more than twenty years I have advised countless school leaders about policies, procedures and practices unique to student alcohol, tobacco, and other drug issues at school. I have observed that principals use many methods to address problems of alcohol, tobacco, and other drugs in schools. Some methods have contributed to improved student success; others have not. How school leaders respond to the realities of alcohol, tobacco,
and other drug issues in their school makes a difference in the academic success of at-risk students. My observations helped me form fertile insights about at-risk students in schools with principals that seem to be social justice leaders and their improved chances of succeeding despite their challenges.

I am of passionate thought (Neumann, 2006) having “lived enough of life to be able to see, think, and talk about it” (Neumann, p. 386). I have been moved to excitement and sadness by the many ways I have seen students treated at school due to their alcohol, tobacco, or other drug issues. I expect principals to promote, support, and encourage drug-free life styles for their students, but I have observed some that seem to unwittingly foster alcohol, tobacco, and other drug use and related problems, and plenty that seem indifferent to the issues. Given the often critical nature of student needs, this disparity causes concern and raises questions this study has aimed to examine. I have been a curious student of these matters and have wondered about the effect the heterogeneity of school principal quality (Coelli & Green, 2012) on the education of students with these issues. Through my experiences, I have come to believe that when principals have clear values, attitudes, and beliefs around the use of alcohol, tobacco, and other drugs, and when they are adequately prepared to lead schools regarding these non-academic barriers to student learning, they are likely to maximize options and opportunities for the success of all students including those with alcohol, tobacco, and other drug issues.

**Overview of Study**

I conducted interviews with principals in private sessions at their school, district, or home office (as determined by each participant) in the Puget Sound region of western Washington State in Pierce, King, Kitsap, Skagit, and Snohomish Counties, an approximate area dissected from north of Seattle to just south of Tacoma by Interstate 5. I used questions designed to learn
about the perspectives, attitudes, and actions of principals regarding students with alcohol, tobacco, and other drug issues. The interview protocols were adapted with permission (see Appendix D) from protocols used in previous research on social justice leadership (Theoharis, 2004). To enrich the data and provide triangulation where needed, I collected additional qualitative data from participants in the form of archival documents and artifacts they provided and data gathered through the use of a field journal I kept, documenting my experiences and impressions throughout the study. By gathering data from these principals, I gained insights on these issues and formulated a grounded theory from the theoretical framework of social justice leadership.

**Organization of the Dissertation**

Chapter One provides a contextual overview and introduction of the research problem and research questions upon which the study is built. It describes the rationale and purpose of the study and the theoretical perspectives upon which this study is based. I have added a section on definitions of key terms I used throughout the dissertation. Finally, this chapter provides a description of my role and positionality as researcher, an overview of the study and of the literature review, and a description of how the dissertation is organized.

Chapter Two provides a review of the literature. I organized this chapter in three sections with subsections. The first section is on culture and includes subsections on family culture, youth culture, school culture, cultural competence, and culture as it relates to concepts of social justice. The second section is about prevalence and impact of alcohol, tobacco, and other drugs. It includes sections on race and ethnicity, U.S. prevalence rates, Washington state prevalence rates, research on drug use and dropping out, and research about student discipline. The third section provides a review of the literature about school leadership actions and what leaders can do about alcohol, tobacco, and other drug issues as they relate to students. Subsections include topics on effective prevention and
early intervention practices, and evidence-based practices. The literature review aids in the examination of the population of students impacted by drug use that emanates from home, peers, and the extant society in which we live, and principal perspectives about it. Social justice leadership affords a key theoretical scaffold on which I build this study, while viewing alcohol, tobacco, and other drug issues through a lens of culture. I close this chapter with a summary of the literature review.

Chapter Three describes the qualitative methods approach used to design the study and is organized into several sections: The first section is about research design and designs in similar research. That is followed by a description of how study participants were selected, procedures, interview protocol, data analysis, trustworthiness, limitations, and delimitations.

Chapter Four provides an analysis of the data, the themes and patterns found in the qualitative data and provides rich descriptions organized into seven sections. The first section is introductory wherein I discuss the concept of what is feasible. The second section describes characteristics of the study participants and their schools. The third introduces the themes and patterns I found in the data. The remaining sections provide rich information about the four themes gleaned from interviews with subjects. The first is about the background of their leadership with sections on the impact of alcohol, tobacco, and other drugs in their own lives; mentors in their lives; preparation for this work; and motivation to do this work. The next section describes perspectives of their leadership, with subsections on empathy and compassion; culture; resilience; and all means all. This is followed by a section on actions of subjects’ leadership with subsections on student centered leadership, discipline, and mentorship and modeling. Finally, I provide a section on challenges to subjects’ leadership with subsections on pressures and on coping. I finish the chapter with a summary.
In Chapter Five I provide a summary of the study with an overview of the problem, the purpose of the study, research questions, and methodology. I review major findings with an eye on the literature as it relates to the themes found in the data. I provide conclusions and implications for action based on an analysis of the data. I offer recommendations for future research and concluding remarks. Following Chapter Five is my reference section and appendices.
CHAPTER TWO

REVIEW OF THE LITERATURE

Drugs in society are a well-documented problem. The media regularly report accounts of sad and often heartbreaking results of substance use. Interventions are depicted on reality television; the topic is material for gossip shows and comedians. Hollywood movies entertain us with stories of destruction and redemption. Employers maintain policies, procedures, practices and programs; private and public health insurance plans provide coverage for treatment; police departments, governmental agencies and military units are organized to interdict; and legislative bodies regularly visit and revisit laws about alcohol, tobacco, and other drugs. Students struggle, couples argue, relationships end, and families are destroyed by damages wrought by it. For many of us, it is personal. Just about everyone has a story of someone in their lifetime ravaged by the use of alcohol, tobacco, or other drugs.

Evidence of problems with alcohol, tobacco, and other drugs in schools is pervasive. “Before graduating high school every American child will be offered the opportunity to smoke, drink, get drunk, and get high on inhalants, marijuana, or other illegal prescription drugs” (Califano, 2007, p. 37). Approximately 30% of high school students participate in or experience multiple risk behaviors including substance use that interferes with school performance (Centers for Disease Control and Prevention, 2008, as cited in Payton et al., 2008; Dryfoos, 1997). In a sweeping CASA (2011) study on adolescent substance use, it was noted that teens are highly vulnerable to the wide-ranging social influences that subtly condone or more overtly encourage their use of alcohol, tobacco, and other drugs.

These influences include the acceptance of substance use by parents, schools and communities; pervasive advertising of products; media portrayals of substance use as
benign or even glamorous, fun and relaxing; and the widespread availability of tobacco, alcohol, marijuana and controlled prescription drugs. (CASA, 2011, p. 3)

Adolescent substance use serves as a significant barrier to successful academic performance, educational attainment, and career advancement (CASA, 2011). These are ugly issues among often unobliging students. Students who are part of the drug culture comprise a group of students we pay scant heed to, students that are marginalized and not seen as warranting our attention to learn a different way of negotiating their life circumstances (Amodeo & Jones, 1998).

While seeking to understand the relationship between alcohol, tobacco, and other drugs and student academic success and, in turn, understand effective ways of dealing with it, it is necessary to consider the broader culture as it relates to drug use, the “beliefs about the use and abuse of alcohol and other drugs at the societal, community, institutional, group, family, and individual levels” (Amodeo & Jones, 1998, p. 389) and to consider how culture influences drug using behavior.

In the next sections I discuss culture relative to substance use. I include research on family, youth, and school culture, cultural competence, and culture as it relates to social justice.

Culture, in its broadest sense, is viewed as an overarching umbrella for this literature review to assist educational leaders to begin to look at the problem of substance abuse, much like educators look at problems associated with hunger or violence, as a social problem with inherent social and cultural inequities for students coming to school. To tackle the problems of substance use in schools we must first grasp where it comes from. It may be that adolescent substance use is actually fostered by wide-ranging societal beliefs about the use and abuse of alcohol, tobacco, and other drugs. Students with substance use problems are connected to the extant cultures of
society, family, school, and youth. The prevalence of alcohol, tobacco, and drugs and the influence of culture examine the effects on educational outcomes. The perspective of the literature review is appreciating how culture and its influence, given the prevalence and impact of alcohol, tobacco, and other drugs on the lives of students, can guide leaders in designing programs, practices, and innovative approaches in schools to address the issues. Evidence-based prevention and early intervention practices are emphasized.

**Overview of Culture**

The first domain of literature reviewed for this study was culture. The roles that people take, attitudes, needs and motivations are formulated from society and expressed in the wider culture (Flecknoe, 2004). Culture is mainly used in the literature to explain racial and ethnic group differences (Sue & Okazaki, 1990). It encompasses the traditions, beliefs, values, and attitudes shared by a group (Amodeo & Jones, 1998). Culture in general refers to “integrated patterns of human behavior that includes the language, thoughts, communications, actions, customs, beliefs, values, and institutions of a particular group of people” (Cunningham, Ozdemir, Summers, & Ghunney, 2006, p. 2). Some elements of culture are easy to see, but most are hidden (Substance Abuse and Mental Health Services Administration, [SAMHSA], n.d., para. 4). Missing from the literature is research that frames alcohol, tobacco, and other drug using behaviors within culture to explain and describe the population of students impacted by drug use that emanates from home, schools, and the extant society in which we live. Turner (2010) provided a metaphor that helps situate actions and behaviors among a surrounding environment.

Ask a fish about the water he swims in, and he’ll look at you blankly. What’s the saline content? The Ph? The temperature? How clean is it? Do fish of different species enjoy it
equally? Are you in a river, the sea or a glass tank? It isn’t just the size of the fish’s brain. The fish is so IN the water that he can’t see it or describe it. It’s all he or she knows; the fish doesn’t know there is anything else; how can one describe something when it is all there is? (para.1)

Consensus about culture is elusive because it depends on the perspective of who is defining it. For example, cultural anthropologists look at culture differently than organizational theorists, gang criminologists look at culture differently than military professionals. “Think of …culture like the water we ‘fish’ swim in” (Turner, 2010, para. 3). Core elements of culture include learning and communication styles, types of rituals and symbols, and the importance placed on these various cultural artifacts within social structures (Fleming, 1992). “Culture has been described as the embodiment of a worldview through learned and transmitted beliefs, values, and practices….It also encompasses a way of living informed by the historical, economic, ecological, and political forces on a group” (APA, 2002, p. 8). A broad definition of culture can make it tricky to distinguish aspects of culture from those of sub-cultures (Choi, Harachi, & Catalano, 2006). The many ways to identify and define culture shows that “culture is fluid and dynamic and that there are both culturally universal phenomena as well as culturally specific or relative constructs” (APA, 2002, p. 9).

Three factors that contribute significantly to heterogeneity within a cultural group include acculturation, enculturation, and assimilation. Acculturation is the degree to which a person adopts the cultural norms of the dominant society (Cunningham et al., 2006); and “the processes that occur when different individuals or groups of people meet and exchange aspects of their culture” (New World Encyclopedia, 2010, para. 1). Modes of acculturation vary based upon a strong or weak affiliation with the host culture and the culture of origin (Berry, 1984, as cited in
Cunningham et al., 2006). Enculturation is the processing by which individuals retain the norms of one’s indigenous group (Kim & Omizo, 2010) and “another word for socialization” (New World Encyclopedia, 2010, para. 4). Finally, assimilation is the absorption of “new customs and attitudes…acquired through contact and communication” (Wikipedia, 2012, para. 1) or, more simply, putting what is learned to use. The degree to which youths adopt, process, and absorb various aspects of their environment and the behaviors of individuals at home, at school, and in the community shapes the strength and impact of the particular relationship in any one of these spheres of potential influence. For purposes of this study, as I looked at family, youth, and school culture, I kept in mind as a foundation the APA’s definition of culture which, again, is “…the embodiment of a worldview through learned and transmitted beliefs, values, and practices….It also encompasses a way of living informed by the historical, economic, ecological, and political forces on a group” (APA, 2002, p. 8).

Amodeo and Jones (1998) described the powerful role of culture in shaping behaviors such as the use and abuse of alcohol and other drugs. Discerning the context within which youths take on certain traditions, values, actions, and attitudes about alcohol, tobacco, and other drugs, and the socialization that takes place therein (in other words, the water they swim in), may help us understand how youths make decisions and the significance of their decisions that educational leaders might interrogate. Viewed through a lens of family culture, as described in the next section, our understanding of the cultural relationship between alcohol, tobacco, and other drug use and student academic success can begin to take shape.

Research on family culture. Berger (2009) said culture is transmitted through the family.
Parents teach children their culture’s world view. This world view is like a filter, it defines what is real and what is not, it proscribes what is appropriate behavior and what is not; it dictates how we should be and what we should feel. (Berger, para. 2)

The beliefs, behavior, and values central to a family’s culture may be influenced by race, ethnicity, language, class, religion/spirituality, parenting orientation, self-esteem and empowerment, education/professional background, economic circumstances, geographic location, and other sources (Clowes, 2003). In addition to framing the meaning of family events, values integral to knowledge and memory encode culture and drive action in everyday contexts (D’Andrade, 1984, as cited in Garnier, Stein, & Jacobs, 1997). Weisner and Garnier’s (1992) findings are relevant to understanding family influences:

The impact of family structure on school achievement depends not merely on household and marital criteria for family categories. It is also important to consider how families have negotiated the meaning of their family circumstances with one another and with the culture around them, and whether they have sustained their family life-style over time. (p. 628)

Whether parents are aware or oblivious of their child’s drug and alcohol use (Green et al., 2011, p. 44), or whether they participate with their children in learning positive values and decision-making skills about alcohol, tobacco, and other drugs, or, as the CASA (2011) study noted, send mixed messages, wink and look the other way, or even blatantly condone or promote the use of alcohol, tobacco, and other drugs, it all has significant bearing on family culture. The literature is rife with studies about parental drug use and addictions. Hajela (as sited in ASAM, 2011a) said addiction "creates distortions in thinking, feelings and perceptions, which drive people to behave in ways that are not understandable to others around them” (para. 7). “For
every [alcoholic or addict], most often there are two, three, or even more people immediately around this person who are just as surely victims of the disease” (Johnson, 1980, p. 33).

Moe (2011) said a long-held tenet in the addictions treatment and recovery world is that alcoholism and other drug addictions constitute a family disease. Another term for family disease is codependency, a “dysfunctional pattern of living which emerges from our family of origin as well as our culture, producing arrested identity development, and resulting in an over-reaction to things outside of us and an under-reaction to things inside us” (Friel & Friel, 1990, p. 16). Children living in family environments where they are exposed to alcohol, tobacco, and other drug use are more likely to assimilate the codependent problems and experiences associated with these environments. Children with such an external focus are watchful of or even hypervigilant about what others say or do and may express their opinions openly or make demands of others, yet cannot or will not be accountable for their affective selves (Moe, 2011).

Black (1981) described behaviors and roles children of alcoholic parents take on—roles that can be challenging and disruptive when the child is at school—yet behaviors that may appear unrelated to family culture to the unknowing observer. Later, Black (2009) used the metaphor of personal baggage to describe the beliefs, feelings, and skills a person may carry from having grown up in an alcoholic family. When dealing with these uncomfortable thoughts, feelings, and experiences, family members develop a set of automatic mental reactions called defenses (or defense mechanisms). These defenses serve as personal baggage and weigh on values, beliefs, and actions. Defenses filter out things that people may not want to recognize and they change perceptions. “Defenses cause problems because they keep people from coming to a consensus about what is true, or real, or fair” (eGetGoing.com, 2005, para. 2). A common defense mechanism is denial. One of the symptoms of the family disease is denial of the
problem. “Denial is a protective device, a defense mechanism used to protect oneself from painful truths” (Heuer, 1986, p. 72), and “the basic defense mechanism of addictions” (Wilson Schaef & Fassel, 1988, p. 4).

Children of alcoholic parents take on codependent roles, behaviors, and defenses such as denial simply and subtly as a result of being a member of such a family and not necessarily deliberate or intentional actions. To an understanding outsider, these may be understood as part of a dysfunctional family experience. With support and understanding, these actions can change and improve. To one who is not aware of the family disease and codependency, however, these acts may seem deliberate and something to be corrected by discipline.

“[Children raised by alcoholic parents] are 3–4 times more likely than others to become addicted to alcohol or other drugs themselves” (For Professionals, n.d., para. 8). Family lifestyles and values are related to children's developmental pathways through childhood exposure to drug use, student ability prior to school entry, and early school performance (Garnier et al., 1997). Exposure to drug use in childhood significantly increases the chances teens will use drugs in adolescence and experience more stressful life events, both of which are related to lower academic achievement and motivation.

In a study regarding the influence of family context and supervised drinking on adolescent alcohol use and related harms among adolescents in Washington State and Victoria, Australia, the relationships between family context variables and alcohol use and harmful use are remarkably similar (McMorris, Catalano, Kim, Toumbourou, & Hemphill, 2011). “Adult-supervised settings for alcohol use [by adolescents] resulted in higher levels of harmful alcohol consequences” (McMorris et al., p. 418). Strong parental disapproval of substance use can help
offset cultural messages promoting substance use, but too many parents by their own attitudes or behaviors further increase the chances that their teen will use (SAMHSA, 2009).

Consider a recently televised story on a local Seattle news show. To bring attention to the good work of drug courts, a reporter interviewed a young woman in her late teens or early twenties in drug treatment for methamphetamine addiction, sent there from drug court. The young woman talked about her addiction and consequences she had experienced due to use: school problems, dropout, teen pregnancy and parenting, and juvenile and adult crime. She said her mother, also a meth addict of whom she spoke adoringly, had introduced her to methamphetamine use at age fourteen. The reporter went on to interview the young woman’s mother in the televised report, eight years clean from methamphetamine addiction and a former drug court client herself. One might wonder about the water this family swims in and whether the young woman’s early drug use was destined to happen.

Addicted drug use, according to experts, is not a choice but a desire beyond will (Ross, 2004, p. 61). The efficacy of drug courts notwithstanding, it is interesting to view this young woman’s addiction to methamphetamines through the lens of family culture. How were her values shaped? What were her values about drug use before she started to use? Was her drug using behavior truly self-initiated? It is possible that no one forced her to use the drug and it was her decision, even as a young teenager. It is also possible she was conditioned to start using drugs like she was to use jargon or eat certain foods, childhood behaviors that are not typically self-initiated. This young woman was at least an apprentice of her family culture wherein her beliefs, behaviors and values were part of the acculturation process.

School leaders must “understand the role of parents in student learning” (McKenzie et al., 2007, p. 130). Cultural factors such as life stress, adverse events, family instability, and mobility
could be driving both health and academic achievement (Dilley, 2009). Practitioners who are culturally competent learn as much as they can about the individual’s or family’s culture, while recognizing the influence of their own background on their responses to cultural differences (SAMHSA, 1996). Knowing the family culture within which youths assimilate traditions, values, beliefs, and attitudes about alcohol, tobacco, and other drugs can help leaders understand youths’ actions and decisions about drug use and the significance of those actions and decisions.

Family culture is a significant aspect of reality children and teens experience growing up. However, family culture alone cannot fully explain the decisions and behaviors teenagers exhibit. Another way to view adolescent substance use, in addition to the complexity of how it is influenced by family culture, is through the lens of youth culture. It is important that school leaders consider the impact of youth culture on the academic environment and resulting issues relating to alcohol, tobacco, and other drug use.

**Research on youth culture.** Defining youth culture is complex. The term designates those processes and symbolic systems that young people share that are, to some degree, distinctive from those of their parents and the other adults in their community (Austin, 2004); and is generally used in reference to the ways adolescents set themselves apart from the adult culture (International Encyclopedia of the Social Sciences, 2008). It refers to a youth-based subculture with distinct styles, behaviors, and interests (CMHS, 2010a). Youth cultures are explained by factors in the experience of adolescence (Marshall, 1998). Understanding youth culture is an important aspect of this study because of the context in which this study takes place which is the middle, junior, and senior high school. Educators need to be aware of factors that lead youth to manifest behaviors stemming from group defined values, beliefs, attitudes, and
interests. Such awareness is basic to...“preventing problems, intervening as soon as problems arise, and enhancing intervention impact” (Adelman & Taylor, 2010, p. 1).

Contemplation about youth culture goes way back in history.

Historians disagree about when youth culture first appeared. Some cite Plato crediting Socrates as stating: “The children now love luxury; they have bad manners, contempt for authority; they show disrespect for elders and love chatter in place of exercise. Children are now tyrants, not the servants of their households. They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs, and tyrannize their teachers.” (CMHS, 2010a, p. 1)

Many adults seem to have a love-hate relationship with youth culture. “I want my kids to enjoy their childhood,” and “What's the matter with kids today?” [Emphasis in original] (CMHS, 2010a, p. 2). Reconciling this split between wanting what is best for our youth on one hand and complaining about them on the other involves enhancing understanding by developing an appreciation of the good that comes from youth culture and how to work toward minimizing problems (CMHS, 2010a).

Youth subcultures allow and encourage members to have a special identity that separates them from those they are assigned by institutions such as the family and school (CMHS, 2010a). Scientific perceptions about youth subcultures have evolved over time. The first subculture theories were based on the tradition of the problematization of young adulthood, and were structured on equating youth subcultures with communities of people involved in deviant behavior. As with any subculture, there are positive aspects which can enrich individual lives and the dominant culture, and there are negative facets to be countered (Latysheva, 2011). From a public education perspective, it is imperative for leaders to understand both aspects and to
educate their faculties about them. Such understanding is the basis for promoting healthy
development, preventing problems, intervening as soon as problems are identified, and providing
effective ways to respond to pervasive, chronic, and serious problems (CMHS, 2010a).

In appreciating the positives of any culture, it would be naive not to also recognize
problems that can emerge from subgroup participation and actions. Of concern is when a
person’s participation and actions as part of a youth subgroup result in harm to self or others.
And there is the universal concern over the types of group-associated risk taking behaviors that
jeopardize health/mental health and work against positive educational outcomes (CMHS, 2010a).
Although it is essential not to ignore the negatives that stem from youth subgroupings, the aim in
addressing problems should be to deal with students without demonizing youth in general and
specific subgroups in particular (Prothrow-Stith & Spivak, 2003).

Demonization of young people can reinforce…discrimination and prevent the public
from focusing on the reality of the lives of youth in America today. Moreover, it can
create the very alienation and hopelessness that can produce criminal behavior. A longer-
term, broader danger also lurks in the punitive policies adopted to protect the public from
youth. That is, people fail to see youth as a society's primary asset. (McKnight
Foundation, n.d.)

Steinberg (2003) suggested it is a mistake to approach youth risk taking as if it were an
individual occurrence when in reality it happens in groups. Youth risk taking is not an individual
but a group phenomenon: kids are braver when with their friends than alone. Generalizing from
the literature on psychopathology, it seems likely that only a small percentage of substance
problems are caused primarily by internal factors within a person; youngsters are socialized by
those around them (CMHS, 2010a). They respond to competing environmental options. Schools
experience many overlapping concerns related to youth subculture. The majority of students who end up having difficulties experience a range of external factors that interfere with their ability to succeed in school. Anyone who works with young people is all too familiar with the litany of such factors (e.g., youth subcultures that promote drug abuse) (CMHS, 2010a).

The discussion of adolescent alcohol, tobacco, and other drug use issues, when viewed through the lens of youth culture, must consider the unique processes and systems that young people share different from parents and other adults. The understanding of these unique processes and systems by the educational leader is central to addressing problems at school that emerge when subgroup participation and chosen actions result in alcohol, tobacco, and other drug issues that affect learning, student success, and the school culture.

**Research on school culture.** Educational research has a long tradition of investigating the relationship between the school environment and student achievements (Lezotte, 2001). In some schools, a student’s achievement is uniquely attributed to the culture of the school when inter-school variation cannot be entirely explained by the innate abilities and socioeconomic composition of the students.

School culture refers to the set of values, attitudes and behaviors, and characteristics of a school (Scheerens, 2000). Kruger, Witziers, and Sleegers (2007) found that “school leaders appear to have a great impact on the quality of the school organization and – indirectly – on the quality of the school culture” (p. 16) and “has a substantial impact on the behavior and strategies used by [others] in the school” (p. 17).

School culture and climate are associated with adolescents’ health, wellbeing, and received health education. School climate refers to the quality and character of school life (School climate, 2013). West, Sweeting and Leyland (2004) found significant unexplained inter-
school variation in the prevalence of drinking, smoking, and drug use. Inter-school variation in most of these behaviors was diminished greatly by controlling for educational engagement and teacher-student relationships (Bisset, Markham, & Aveyard, 2007). “School climate has generally been defined as those qualities of the school and the people in it which affect how people feel while they are there” (Anderson, 1993, p. 142). “A school climate can be one which unwittingly fosters alcohol/drug abuse and their related problems, one which promotes, supports, and maintains drug-free lifestyles, or one which is indifferent to the issue” [emphasis in original] (Anderson, p. 142). DiPaola and Guy (2009) found a “strong relationship between social justice and school climate” (p. 401). In school settings, students’ perceptions of positive climates have been associated with positive developmental outcomes such as good mental health, and with a lack of health risk behaviors, violence and delinquency (Virtanen et al., 2009).

Much of the literature on culturally grounded prevention focuses on the students’ race and ethnicity. However, the culture of the school is important to consider as well (Hopson, 2008). Research indicates that school culture can influence whether school staff are likely to incorporate new, innovative practices into their work with students (Bowen, Rose, & Ware, 2006). Schools are more effective at reducing problems when rules are developed collaboratively with students, and staff members demonstrate respect for student differences (Erickson, Mattaini, & McGuire, 2004). In positive school cultures, school practitioners work together while respecting each other’s differences (Acker-Hocevar, Cruz-Janzen, & Wilson, 2012; Hiatt-Michael, 2001). School culture influences the prevalence of substance use in school. Working together and drawing on our collective strengths to understand the mechanisms through which the school can add value to the educational experience of students may lead to more effective prevention programs (Bisset et al., 2007).
We hypothesize that students in value-denuded schools would be more likely to reject the values of the school and therefore seek affiliation elsewhere, such as with youth cultures that promote substance use. In a previous cross-sectional survey, evidence was found that attending schools providing value-added education was associated with a lower risk of regular smoking. (Bisset et al., 2007, p. 485)

Bernstein (1977) said that schools provide two kinds of learning, termed the instructional orders and the regulatory orders. Parenting theories suggest something similar: that parents influence their children through the balance of support and control. Support, in the case of schools, facilitates the acquisition of knowledge and skills (instructional order), and control refers to the processes used (regulatory order) to ensure that students' behavior is acceptable within the school culture (Bisset et al., 2007). As with effective parenting, effective leaders will offer the troubled student support and control, discipline and encouragement, and not one without the other. Garcia and Guerra (2004) emphasized the importance of “professional development that identifies elements of the school culture…that lead to institutional practices that systematically marginalize” (p. 154) student differences. Bisset et al., 2007, wrote that

Mechanisms inherent in engaging students in their education might also protect against risk behaviors. We propose that schools achieve value-added education through the provision of appropriate support and control which also influence students' substance use. Future research should develop direct measures of these processes. In particular, research could address how this mutuality between appropriate cultural beliefs and values emanating from the school influence students' risk behavior (p. 489).

School culture is associated with student success, health, and wellbeing, and positive developmental outcomes such as good mental health and a lack of health risk behaviors (see
Dilley, 2009), violence, and delinquency. It is correlated with the incorporation of new, innovative teaching practices and respect of others. Common worries about youth culture are about the potential bad effect they will have on the educational process, so it is important for educational leaders to endeavor to know and understand the ‘water students swim in,’ to be culturally competent, and to ensure their faculties also understand the same.

**Cultural competence.** “Cultural competence is about gaining knowledge about cultures AND engaging in a comprehensive process that includes: listening to [individuals] and families, understanding practices and priorities of the involved organizations, overturning institutionalized disadvantages to certain groups of people, and working for justice” [emphasis in original] (Clowes, 2003, p. 23). “It implies having the capacity to function effectively as an individual, an organization, or a system within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities” (U.S. Department of Health and Human Services, Office of Minority Health, 2005, para. 1). Cultural competence applies to systems that serve all persons, because everyone in the society has a culture (SAMHSA, 1996).

The term competence implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, behaviors, and needs presented by [individuals] and their communities (Cunningham et al., 2006). It is about “interacting with…cultural groups in ways that recognize and value their differences, motivate you to assess your own skills, expand your knowledge and resources, and, ultimately, cause you to adapt your relational behavior” (Lindsey, Roberts, & CampbellJones, 2005, p. xviii). Consider a story to illustrate cultural competence in a school setting:

One parent in our Littleton Collaborative discussed quite candidly how she had been ignored and discounted by helping professionals and educators, due to her lack of middle
class status and educational attainment. In reality, she had become an expert by necessity in the issues and behaviors experienced by her dually-diagnosed child. The school provided the child’s teachers with training on one of the diagnosis areas. The mother informed the school, quite politely, that staff needed a few more pieces to see the whole picture of her child’s behavior. She was disregarded, and consequently teachers were left without a basic understanding of the strategies needed for effectively maintaining and educating her child. This situation resulted in several painful months for both the child and teachers. This same mother discussed her surprise at the financial resources available to foster families in contrast to those available to biological parents caring for a disabled child. When a family of limited economic resources is asked to prioritize needs, restoring electrical service may be a higher and more immediate priority than focusing on complex emotional and behavioral issues. (Clowes, 2003, p. 22)

This story, although unrelated to alcohol, tobacco, and other drug issues, offers insight into the realities of individuals within a culture being served by those outside the culture who do not understand the cultural experience. When dealing with culturally diverse families, school leaders must acknowledge the cultural assumptions imbedded in the services they offer (Kalyanpur, 2003, p. 1). Kalyanpur (2003) further identifies three levels of awareness of cultural identity.

The *overt* level is an awareness of obvious aspects of cultural difference, such as outward appearance. The *covert* level is an awareness of aspects of cultural difference that are not immediately identifiable, such as communication styles. The *subtle* level is an awareness of aspects of cultural difference that are imbedded, even taken for granted, such as our values and belief systems. By developing our cultural awareness to incorporate all three
levels, we can develop culturally reciprocal interactions [emphasis added]. (p. 1)

Some leaders may blame the student or family for behaviors fueled by substance use, unaware of their issue or disorder (Heuer, 1986); others may be aware of what is going on but feel unable to help in dealing with. They may “believe that the problem is so complex and of such epidemic proportions that it is beyond the ability to understand and resolve. They may use denial as their way to cope with the problem” (RecoveryRoadMap.com, 2010, para. 4). Culturally competent leaders are aware and respectful of the importance of the values, beliefs, traditions, customs, and parenting styles of people they serve. They are aware of the impact of their own culture on relationships and take all of these factors into account when working with children and adolescents with substance use issues and their families (SAMHSA, 2009). To be clear, a proficient awareness of and respect for students and their families with alcohol, tobacco, or other drug issues does not infer acceptance of drug-using behaviors but an understanding of their antecedents. Building on competence, cultural proficiency is “honoring the differences among cultures, viewing diversity as a benefit, and interacting knowledgeably and respectfully among a variety of cultural groups” (Lindsey et al., 2005, p. xviii). The realities of alcohol and drug issues in schools call for an effective and socially just leadership response that respects the student, family, and school culture while addressing the problem not only as one of individual student behavior alone but of the realities of students navigating overlapping cultures (see Figure 1) that include peers, families, schools, communities, and society. Drawing on the metaphor of the water that fish swim in, youths are influenced by overlapping cultures, each representing different environments in which youths exist. Youths influence, and are influenced by, their families, peers, schools, and the communities in which they live, and greater society as a whole.
Figure 1. Schematic of the nested nature of overlapping cultures that students navigate.

**Culture and research on social justice.** “For schools to be successful, it is most important that school leaders believe that ‘all’ students can be successful” (Oram-Sterling, 2009, p. 214). “When capable educational leaders embrace the broader purposes of education for increasing social justice for children in a democratic society, they can have an enormous impact on the lives of children and families in their communities” (Larson, 2010, p. 324). Defining social justice is not straightforward and there are differing perspectives about what social justice means. According to Rawls (as cited in Theoharis, 2009) social justice is based in a framework that says, “(1) people are different, so justice requires regarding and treating people as individuals, and (2) in rectifying inequalities favor or advantage should be given to more vulnerable and marginalized members of society” (p. 10). Gorski (2013) described basic
principles of social justice leadership to include (1) putting justice before peace, (2) pointing awareness toward action, and (3) evolving ideals. Building on Rawls’ framework of social justice, in his study on social justice leadership, Theoharis (2009) explained that social justice leadership forces the concerns and needs of marginalized students to the center of the education mission [and] stipulates that those needs and the needs of all students be addressed…for each and every student in heterogeneous settings; improving teaching and curriculum; and creating a climate that fosters a sense of belonging for all members of the school community. (p. 11)

Lopez (2001) defined the term marginalized to describe people, voices, perspectives, identities, and phenomena that have been left out or excluded from the center of society, and Theoharis (2004) added “because of race, class, gender, sexual orientation, language, or ability/disability” (p. 16; see also Theoharis, 2009). Social justice bridges the needs and actions of students with educational equity. Using a sociocultural lens, Howard (2007) described educational equity as “equitable and respectful educational experience for every student, family, and staff member, regardless of race, gender, sexual orientation, socioeconomic status, ability, home or first language, religion, national origin, or age” (p. 20).

Freire (1990) “articulated the notion that educational systems produce and reproduce oppression” (as cited in Theoharis, 2009, p. 10). Social justice is an antidote to oppression. Bogotch (2002) agreed that “improving social justice is a challenge that rests in theory and in practice with educational leadership” (p. 139) and that “there can be no fixed or predictable meanings of social justice prior to actually engaging in educational leadership practices” (p. 153). Social justice advocacy is important simply for being satisfied together as human beings;
there are too many people in our society who cannot advocate for themselves. In *The Shame of the Nation: The Restoration of Apartheid Schooling in America*, Kozul (2005) wrote that when a parent lacks the ability to advocate for his child, it is worse for the child than if the child attended a school where advocacy might not be as important.

> Childhood is not merely basic training for utilitarian adulthood. It should have some claims upon our mercy, not for its future value to the economic interests of competitive societies but for its present value as a perishable piece of life itself. (Kozul, 2005, p. 95)

These statements imply that a compassionate school leader’s responsibility is to ensure advocacy for each student, especially when a parent cannot advocate for their child. This may be the case when a student lives in an addicted family system. Scholars also contend that school leaders should build transformative school visions that promote equity, diversity, and social justice (Kose, 2011, p. 119). Social justice school leaders “as stewards of social justice in their school communities” (Jean-Marie, 2008, p. 340) engage in “transformative leadership that…works to create democratic and equitable schools” (p. 351) and lead with “purpose, knowledge, courage, and commitment in the midst of increased accountability and high-stakes testing” (p. 353). Considering the challenges school leaders for social justice encounter, Oliva and Anderson (2006) held that leaders should expect to meet resistance, both from within the school and from the external environment. Resistance may include challenges and pressures that range from funding constraints and outdated systems to problems with community partners to attitudes of students, parents, faculty, staff, and colleagues. Theoharis (2004) noted that social justice leaders themselves form internal resistance to outside pressures. This kind of resistance may include increased personal and professional skills and self-awareness, and dissemination of
information to improve awareness to students, parents, faculty, staff, colleagues, and community partners.

Advocates for social justice “espouse a theory of social critique, embrace a greater sense of civic duty, and willingly become active agents for political and social change [and] transform existing social inequalities and injustices” (Brown, 2010, p. 350). Such transformative leadership “is deeply rooted in moral and ethical values in a social context” (Shields, 2004, p. 113). Shields (2004) suggested that “transformative educational leaders…foster the academic success of all children through engaging in moral dialogue that facilitates the development of strong relationships, supplants pathologizing silences, challenges existing beliefs and practices, and grounds educational leadership in some criteria for social justice” (p. 109). Banks and Banks (2006) cautioned that “the principal must use tactful skills when advocating for such a climate within the school, because of strong feelings expressed by opponents of such a transformative curriculum” (as cited in McCray & Beachum, 2010, p. 7).

Summary of Culture

In this section I have discussed culture, including definitions, consideration of family, youth, and school culture, cultural competency, and culture as an aspect of social justice. Missing from the literature on culture is research about alcohol, tobacco, and other drug using behaviors within a cultural frame to explain and describe the population of students impacted by drug use that emanates from home, peers, and the extant society in which we live. Also missing from the literature on culture is research about how principals recognize it as a factor as they go about dealing with these weighty realities given the focus on accountability, testing standards, and funding in schools. Where is the space for social justice?
Culture is a complex term which, like the fish swimming in water, is about perspective and awareness. Core elements of culture include learning and communication styles, types of rituals and symbols, and the importance placed on these various artifacts within social structures (Fleming, 1992). Berger (2009) said culture is transmitted through the family. Amodeo and Jones (1998) described the powerful role of culture in shaping behaviors such as the use and abuse of alcohol and other drugs. Whether parents participate with their children in learning positive values and decision-making skills about alcohol, tobacco, and other drugs or, as the CASA (2011) report noted, send mixed messages, wink and look the other way, or blatantly condone or promote the use of alcohol, tobacco, and other drugs has significant bearing on family structure.

Another way to view issues of adolescent alcohol, tobacco, and other drugs, in addition to the complexity of how it is influenced by family culture, is through the lens of youth culture. Understanding youth culture is an important aspect of this study because of the context in which this study takes place which is the middle, junior and high school. Its understanding by the educational leader is central to addressing problems at school that emerge when subgroup participation and chosen actions resulting in alcohol, tobacco, and other drug use issues affect learning, student success, and the school culture.

School culture refers to the set of values, attitudes and behaviors, and characteristics of a school (Scheerens, 2000). Educational research has a long tradition of investigating the relationship between the school environment and student achievements (Lezotte, 2001). School culture is associated with student success, health, and wellbeing, and positive developmental outcomes such as good mental health and a lack of health risk behaviors, violence and
delinquency. It is correlated with the incorporation of new, innovative teaching practices and respect of others.

Common worries about youth culture and the potential effect on the educational process is important for educational leaders to know and understand the “water students swim in,” to be culturally competent, and to ensure their faculties also understand the same.

Part of cultural competence is the ability to have empathy for others (SAMHSA, 2009). Culturally competent leaders are aware and respectful of the importance of the values, beliefs, traditions, customs, and parenting styles of people they serve. They are aware of the impact of their own culture on relationships and take all of these factors into account when working with children and adolescents with substance abuse problems and their families (SAMHSA, 2009). The realities of alcohol and drug issues in schools necessitates an effective and socially just leadership response that respects the student while addressing the problem as not only as one of individual student behavior alone but also of the realities of all students as members of families, communities and society as a whole.

Even the culturally proficient social justice leader can be daunted by the realities of the prevalence and impact of alcohol, tobacco, and other drugs on students in our communities. The next section describes research found in the literature about the prevalence and impact of alcohol, tobacco, and other drug use primarily as it relates to youths.

**Prevalence and Impact of Alcohol, Tobacco, and Other Drugs**

The second domain of literature I reviewed for this study was prevalence and impact of alcohol, tobacco, and other drugs. “Before graduating high school every American child will be offered the opportunity to smoke, drink, get drunk, and get high on inhalants, marijuana, or other
illegal prescription drugs” (Califano, 2007, p. 37). But this is not a reality of which every school leader is aware.

Only a quarter of high school principals think drugs are used, kept, or sold on their school grounds. School principals live in their own antiseptic bubble, tending to ignore warning signals of substance abuse when individual students exhibit sharp declines in grades. (Califano, p. 43)

The prevalence and impact of alcohol, tobacco, and other drug use and related issues is strongly associated with academic achievement and school dropout. Drug use is measured in terms of prevalence (the proportion of a defined population or subpopulation that has used a drug once or more in a particular time interval) and the impact (the powerful or dramatic effect) (Johnston et al., 2011). To illustrate, of eighth grade students surveyed (Bachman, O’Malley, Schulenberg, Johnston, & Messersmith, 2008), those who would later become dropouts were

- About three times as likely as their age-mates to be daily smokers (p. 3).
- Most likely to use marijuana, and those who would later complete three or more years of college were least likely to use marijuana (p. 6).
- About four times as likely to drink heavily as those who would later complete three or more years of college (p. 10).

The 2001 National Household Survey on Drug Abuse Statistics revealed that almost 17 million Americans aged 12 or older (7%) abused or were dependent on alcohol or illicit drugs during the year before the survey (CMHS, 2008a, p. 20). Of all licit and illicit drug use, cigarette smoking is one of the strongest correlates to educational achievement, attainment, and school-related problems (Bachman et al., 2008, p. 20). As reported by Mensch and Kandel (1988), adolescents who use drugs tend to have poorer relationships with their parents, stronger ties to
their peers, poorer grades, and more negative attitudes about school; in addition they are more often absent from school.

As of 2001, The National Association of Children of Alcoholics [NACOA] reported 76 million Americans, about 43% of the U.S. adult population, have experienced alcoholism in the family. Close to one in five adult Americans or 18% lived with an alcoholic while growing up (Black, 2001). Of an estimated 26.8 million children of alcoholics in the United States, more than 11 million of these children are under the age of 18 (Black, 2001).

According to Parsons (2003),

Children of alcoholic parents more often have problems in school. The stressful environment at home prevents them from studying. Their school performance may also be affected by inability to express themselves. Often [children of alcoholic parents] have difficulty in establishing relationships with teachers and classmates… [and] tend more often to…repeat the academic year and more often drop out of school. (para. 8)

Children of alcoholics lack empathy (Jones, 1968), are at risk “for a variety of problems that may include behavioral, psychologic, cognitive, or neuropsychologic deficits” (Jones, 1968, Abstract). They are more likely than other youths to be delinquent (Hawkins, Catalano, & Miller, 1992).

A particularly alarming trend among teens is prescription drug abuse. Prescription drug abuse is burgeoning. There has been a tremendous increase in the prevalence of nonmedical prescription drug use among adolescents in recent years. Research now indicates that the prevalence of nonmedical prescription drug use is greater than that of other illicit drug use, excluding marijuana (Ford, 2009, Abstract). Schroeder and Ford (2012) referenced the primary concern with the high and growing prevalence of prescription drug misuse and the assumed
advantages of using prescription drugs compared with other illicit substances. Cisero, Inciardi, and Munoz (2005) explained that adolescents perceive that the risk of criminal justice intervention is lower for prescription drug misuse than the use of other drugs.

The monetary toll on society related to alcohol, tobacco, and other drug issues is staggering. A 2009 CASA study reported “total costs to federal, state and local governments of substance use among the entire U.S. population are at least $467.7 billion per year” (p. i). This is almost $1,500 for every person in America and is driven primarily by those who began their use as teens (CASA, 2011, p. 3).

**Prevalence by race and ethnicity.** Literature on the prevalence of drug use by race shows conflicting findings. On one hand, a study reported by Reardon and Buka (2002) showed few racial or ethnic differences in the prevalence of alcohol and marijuana abuse and dependence at age 15. Further, McCluskey, Krohn, Lizotte, & Rodriquez (2002) examined the relationship between early substance use and school completion for males only across three ethnic groups including Latino, White non-Hispanic, and African American and found that early drug use significantly increases the likelihood of failing to complete school for each ethnic group. On the other hand, the Monitoring the Future Report for 2010 (Johnston et al., 2011) showed that, for nearly all drugs, 12th-grade African-American students reported lifetime, annual, 30-day, and daily prevalence rates that are lower - sometimes dramatically so - than those for White or Hispanic 12th graders. Further, use rates for most drugs are generally lower for African-American students in 8th and 10th grades, as well; therefore, their low usage rates in 12th grade are almost certainly not due to differential dropout rates (Johnston et al., 2011).

Beauvais (1996) noted that Indian youths continue to show very high rates of drug use compared with their non-Indian peers. “Indian youth, particularly dropouts, remain at high risk
for drug use. A variety of explanations for these rates of use have been proffered... [which] argue strongly against explanations that implicate Indian culture or traditions as a causative agent” (Beauvais, 1996, p. 1594). Swaim et al., (1997) showed minority students who were in good standing in school were no more likely to use drugs than other students. Thus the problem is not inherent to ethnicity but is highly linked to the ability to succeed in school.

**U.S. prevalence rates.** Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, approximately fifty thousand 8th, 10th and 12th grade students are surveyed (Johnston et al., 2011). In general, higher proportions of males than females are involved in illicit drug use, especially heavy use. Any illicit drug use for students in grades 8, 10, and 12 has been on the rise each year since 2006. Key 2010 Monitoring the Future prevalence findings are summarized here.

- Overall, students who say they probably or definitely will complete four years of college (referred to here as the “college-bound”) have lower rates of illicit drug use in secondary school than those who say they probably or definitely will not (p. 94).

- By 12th grade there is little association between family socioeconomic status and most drug use. This speaks to the extent to which illicit drug use has permeated all social strata in American society (p. 97).

- Nearly half of all 12th graders (48%) in 2010 reported any illicit drug use at some time in their lives. Over one third (37%) of 10th graders and one fifth (21%) of 8th graders said they have used an illicit drug at some time (p. 82).

- Marijuana is by far the most widely used illicit drug (p. 82).
- Inhalants are a popular and sometimes deadly class of drugs. It is the only class of drugs for which the youngest respondents report the highest rates of use (p. 83).

- Considerably lower prevalence rates are found for the specific class methamphetamine, with 1.8%, 2.5%, and 2.3% of 8th, 10th, and 12th graders, respectively, reporting any lifetime use (p. 84).

- Hallucinogens (such as LSD, psilocybin mushrooms, and ecstasy) are another fairly widely used class of substances. Lifetime prevalence of use is 3.4% for 8th graders, 6.1% for 10th graders, and 8.6% for 12th graders (p. 150).

- Lifetime prevalence rates for cocaine use by 8th, 10th, and 12th graders are 2.6%, 3.7%, and 5.5%, respectively. Crack has a relatively low lifetime prevalence rate in all grade levels (p. 85).

- Heroin is one of the least commonly used illicit drugs at each grade level. However, due to high production in various countries, purity rose substantially, thus making smoking and snorting more common modes of administration (p. 85).

- OxyContin, a brand of oxycodone (a prescription drug), shows an annual prevalence rate in 2010 of 2.1%, 4.6%, and 5.1% for grades 8, 10, and 12, respectively. Rates for Vicodin, a brand of hydrocodone (also a prescription drug) use is considerably higher, with the comparable prevalence rates being 2.7%, 7.7%, and 8.0%, respectively. These prevalence rates are far higher than for heroin (p. 85).

- Alcohol use is more widespread than use of illicit drugs (p. 86).

- Like alcohol, prevalence of cigarettes is generally higher than illicit drugs, except for marijuana. Smokeless or “spit” tobacco is used by a surprisingly large number of young people, considering the unattractive nature of its use (p. 87).
**Washington State prevalence rates.** The Healthy Youth Survey is a school-based survey that measures health risk behaviors that “contribute to morbidity, mortality, and social problems among youth in Washington State [including] alcohol, tobacco, and other drug use, behaviors that result in unintentional and intentional injuries (e.g., violence), dietary behaviors, physical activity, and related risk and protective factors” (Washington State Healthy Youth Survey, n.d., para. 1). In 2010 in Washington State, 8% of 8th grade students, 17% of 10th grade students, and 19% of 12th grade students reported being drunk or high at school in the past year (HYS, 2010). Annual trends in the 2004 through 2010 Washington State Healthy Youth Survey of students in grades 6, 8, 10, and 12 (see Table 2) show a tenfold increase in cigarette, alcohol, and marijuana use from 6th to 12th grade (HYS, 2004, 2006, 2008, & 2010). “The proportion of American teens who believe marijuana use is harmful has been declining for the past several years, which has corresponded to a steady rise in their use of the drug” (NIDA, 2013, para. 8). The number of students using marijuana is increasing with marijuana legalization (NIDA, para. 3).

Table 2

*HYS Indicators of Substance Use in Washington State*

<table>
<thead>
<tr>
<th>Grade</th>
<th>Cigarettes %</th>
<th>Alcohol %</th>
<th>Marijuana %</th>
<th>Other Substance %</th>
</tr>
</thead>
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<td>’04 ’06 ’08 ‘10</td>
<td>’04 ’06 ’08 ‘10</td>
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<td>6</td>
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<td>4 4 4 4</td>
<td>2 2 1 2</td>
<td>NA NA NA 1</td>
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<td>8 6 7 7</td>
<td>18 15 16 14</td>
<td>8 7 8 9</td>
<td>3 3 3 3</td>
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<td>10</td>
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<td>33 33 32 28</td>
<td>17 18 19 20</td>
<td>6 7 7 7</td>
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<td>12</td>
<td>20 20 20 20</td>
<td>43 42 41 40</td>
<td>19 22 23 26</td>
<td>7 9 8 8</td>
</tr>
</tbody>
</table>
Note. Washington Healthy Youth Survey results generated at http://www.AskHYS.net. HYS survey questions asked students about prior 30 day use of cigarettes, alcohol, marijuana, and other substances.

Research on drug use and dropout. Each year in the United States, roughly one million students drop out of school; only about 70 percent of students graduate on time (Monrad, 2007). Those who fail to complete school are more likely to be unemployed, to use drugs, and to be incarcerated than those who graduate (Aloise-Young & Chavez, 2002). Townsend et al., (2007) also identified the troubling relationship between high school dropouts and substance use and pointed out that an understanding of the relationship between dropout and drug use would have valuable implications for prevention of both risky behaviors, and concurrently the promotion of health and well-being among the world’s young persons. The failure to complete high school has severe consequences for these individuals and society. Drug use can be expected to be related to school dropout, since both are manifestations of deviant problem proneness behaviors (Mensch & Kandel, 1988). A number of studies have reported higher rates of drug use among school dropouts than among youth who remain in school (Fergusson & Boden, 2008; Garnier et al., 1997).

The consequences of not graduating from high school are increasingly serious for both individuals and society as a whole. Students who drop out are less likely to be employed and will earn less over their working lives. Dropouts tend to experience higher rates of substance abuse, and they often require more social services of various types. Students who fail in school or dropout often have a variety of mental, physical, and/or social needs that are unmet. Students of any age who are hungry, abused, neglected, or suffering from some mental or health issues are undoubtedly distracted from their academic studies (State of Washington Office of Superintendent of Public Instruction [OSPI], 2005).
The frequently observed association between drug use and dropout may or may not imply the existence of a causal relationship between these variables (Kaplan & Liu, 1994). It is not evident whether poor relationships cause drug use or drug use results in a deterioration of relationships between parents and their children (Krohn, Lizotte, & Perez, 1997). Researchers have sought to determine whether the link between early drug use and school achievement is causal, where drug use directly inhibits school completion, or spurious where drug use and the failure to complete school share common antecedents (Kaplan & Liu, 1994; McClusky, Krohn, Lizotte, & Rodriguez, 2002; Mensch & Kandel, 1988). Fertman et al., (2003) found a reciprocal relationship between drug use and school performance, and between school performance and drug use.

Adolescents who use drugs, especially marijuana and other illicit drugs, are characterized by many of the same attributes as are school dropouts, particularly by a lesser commitment and attachment to conventional values and institutions, such as the family and school, and lower psychological well-being (Mensch & Kandel, 1988). Swaim et al., (1997) compared rates of substance use among students and dropouts using the same method of measurement across different ethnic groups. The substance use problems for groups with high dropout rates are likely to be greater than school-based surveys would indicate (Swaim et al., 1997).

Weller, Tortolero, Kelder, Grunbaum, Carvajal, and Gingiss (1999) expanded the knowledge of risk behaviors among alternative school dropout prevention and recovery students by examining prevalence and comorbidity of a broad range of health risk behavior in a larger sample of alternative students than those previously studied.

Compared to a nationally representative sample of 16, 262 traditionally schooled youth who responded to the Youth Risk Behavior Survey in 1997, this sample of alternative
school students...was more likely to participate in behaviors that placed them at-risk for...chronic diseases related to substance use. (Weller et. al., 1999, p. 25)

Roebuck, French, and Dennis (2004) explored the relationship between adolescent marijuana users and school attendance. “All marijuana use was positively associated with dropping out and truancy in all models” (Roebuck et al., 2004, p. 133). Mensch and Kandel (1988) determined to what extent drug use contributes to dropping out of school, over and beyond the fact that both behaviors appear to share similar predictors. Prior use of cigarettes, marijuana, and other illicit drugs resulted in a greater propensity to dropping out. The earlier the initiation of substance use increased the probability of premature school leaving (Mensch & Kandel, 1988). For both sexes, the lifetime and annual prevalence of the use of various legal and illegal substances and the intensity of use were higher, with the exception of alcohol, among those who dropped out of high school than those who did not (Mensch & Kandel, 1988). In general, the earlier the involvement in drug use, the higher the rates of dropout. “The more socially unacceptable the substance, the stronger the association with dropping out. The association was stronger for illicit drugs than for cigarettes or alcohol and stronger for illicit drugs other than marijuana than for marijuana” (Mensch & Kandel, 1988, p. 104). Perhaps the most important contribution of Mensch and Kandel (1988) is the documentation of the impact of involvement in drugs as an additional and unique contributor to early school leaving, controlling for other factors that are known to be important risk factors for the interruption of schooling.

Indeed, [the analysis of the data] indicates that the prior use of cigarettes, marijuana, and other illicit drugs at any age increases the propensity of both sexes to drop out. In addition, the younger the initiation into alcohol, marijuana, and other illicit drugs for men, and cigarettes and marijuana for women, the greater the likelihood of leaving school
without a diploma. Since various factors that could determine both drug use and dropping out of school were controlled for [in the analysis], the results lead to the conclusion that dropping out is a partial function of drug use itself. (Mensch & Kandel 1988, p. 110)

While other studies have concluded that drug use and failure to complete school are correlated, not all research on the subject agrees. The nature of the causal relationship between drug use and dropout and of the variables that mediate the relationship remains problematic. Kaplan and Liu (1994) found that drug use by itself does not account for much of the variance in dropping out. The great majority of dropouts did not use drugs before dropping out, and the great majority of those who used drugs did not drop out. Nevertheless, drug users are three times as likely to drop out as nonusers (Kaplan & Liu, 1994). “Drug use is expected to decrease motivation, to increase negative social sanctions, and to increase age-inappropriate adoption of social roles. In turn, decreased motivation, increased negative social sanctions, and increased adoption of age-inappropriate roles increase dropout” (Kaplan & Liu, 1994, p. 428).

Simons-Morton, Davis Crump, Haynie, and Saylor (1999) hypothesize that these students may become apathetic or develop anti-social attitudes and behaviors (including rebelliousness, disengagement from their academic duties, treatment of teachers and students in a disrespectful manner and destruction of school property) in order to protect themselves from feelings of inadequacy. Oetting and Donnermeyer (1998) propose that weak school bonds enhance identification with deviant peers and communication of deviant norms and behaviors and the relationship between school disengagement and substance use may be mediated by delinquent peer association.
There is a controversy in the literature around how schools may or may not contribute to dropout. Gorski, Zenkov, Osei-Kofi, and Sapp (2013) reported that sometimes “what looks like a dropout often is a push-out” (p. 86), suggesting that perhaps some students are encouraged to leave school. In a conflicting report, Feldman, Waxman, and Smith (2013b) found that “In reflecting on the decision to leave school, [subjects] portrayed themselves not so much as ‘pushed out’ by the school (although they had many academic and behavioral problems) as ‘pulled out’ by peers” [emphasis in original] (2013b, p. 6). “Economic and socio-cultural factors can contribute to the dropout rate. Educational institutions also contribute significantly to the dropout problem. Discipline and grading policies, school organization and size, program assignments, course content, the type of instruction, school climate, and adult-student relationships can all influence students to drop out (OSPI, p. 3).

**Research on student discipline.** Current literature on school dropouts suggests two ways that schools affect student withdrawal. One way schools affect school withdrawal is indirectly through general policies and practices that are designed to promote the overall effectiveness of the school. These policies and practices, along with other characteristics of school (such as student composition and size), may contribute to voluntary withdrawal by affecting conditions that keep students engaged in school. This perspective is consistent with several existing theories of school dropout and departure that view student engagement as the precursor to withdrawal (Finn, 1989; Wehlage, Rutter, Smith, Lesko, & Fernandez, 1989).

Another way that schools affect turnover is directly, through explicit policies and conscious decisions that push students out (Gorski et al., 2013) and cause them to involuntarily withdraw from school. These policies and decisions may concern low grades, poor attendance, or misbehavior that can lead to suspensions or expulsions. This form of withdrawal is school-
initiated and contrasts with the student-initiated forms of withdrawal. This perspective considers the school itself, rather than just the student, in producing dropouts and transfers. One metaphor that has been used to characterize this process is discharge: “Students drop out of school, schools discharge students” (Riehl, 1999, p. 231). Several studies, mostly based on case studies, have demonstrated how schools contribute to students’ involuntary departure from school by systematically excluding and discharging “troublemakers” and other problematic students (Bowditch, 1993; Fine, 1991; Riehl, 1999; Rumberger, 2001). Fowler (2011) concluded that principals’ discretionary decisions to suspend, expel, or otherwise discharge a student contribute to dropout and what has been described in research as the “school-to-prison pipeline” (Abstract).

School exclusion, commonly identified as out-of-school suspension, is the most widely used form of punishment for students (Raffaele-Mendez, Knoff, & Ferron, 2002; Skiba, Peterson, & Williams, 1997; Stamm & Frick, 2009). The National Center for Education Evaluation and Regional Assistance (2012) described main features of high school alcohol and drug policies in the 100 largest school districts in the United States. Written policies of at least 80% of them included parent conferences, referral to law enforcement, principal-determined suspensions, or referral for expulsion hearings (or some combination of these) as a consequence for students caught in violation of policy. Schools often respond to disruptive students with exclusionary and punitive approaches that have limited value (Osher, Bear, Sprague, & Doyle (2010).

Since the early 1990s, the national discourse on school discipline has been dominated by the philosophy of zero tolerance (Skiba & Rausch, 2006). Zero tolerance is the most popular and widespread discipline reform effort in American schools today (APA, 2006; Child Trends, 2011, Gregory, 2009; see also Christle, Nelson, & Jolivette, 2004). Virtually every public school in the
United States is mandated by federal law to use a zero tolerance approach for firearms violations and many apply a similar approach to illegal drugs, over-the-counter medications, and other prohibited behaviors (APA, 2006). Theoharis (2004) noted that

Zero-tolerance policies are ones in which there are immediate and often severe sanctions to any type of behavior that is deemed as unacceptable….These policies state that if students are caught doing certain activities there is a set and immediate consequence, including suspension and expulsion. (p. 51).

Almost 80% of schools nationwide had adopted zero tolerance policies for violations such as drug and alcohol use by 1997 (Child Trends, 2011). “Given that removing students from school through suspension and expulsion is one of the most common disciplinary practices in schools today, we are faced with what appears to be a profound contradiction” (Skiba, Rausch, & Ritter, 2004b, p. 1). On one hand removal from school will most likely exacerbate dropout rates. On the other hand, educators may be forced into a difficult choice of pitting the needs of many students to a safe educational environment that is alcohol and drug free against the rights of some children to educational opportunity. A possible mid-range solution is to address the developmental needs of students. Many leading psychologists believe that students’ needs can be met through developing strong, trusting relationships with key adults in their lives, particularly if those adults are in their schools (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Hawkins, Catalano & Miller, 1992). School connectedness happens in an academic environment where students believe that adults in the school care about their learning and about them as individuals [emphasis added] (Blum, 2005). This is an important consideration for social justice leadership. Klem and Connell (2004) offer an alarming statistic about school connectedness, stating that “by high school, as many as 40-60% of all students - urban, suburban,
and rural - are chronically disengaged from school” (p. 262). Zero tolerance policies foster an environment where there are no opportunities to bond with adults or provide troubled students with an unlimited amount of unsupervised free time. It is during this time that some experts believe, “suspensions may simply accelerate the course of delinquency by providing a troubled youth with little parental supervision and more opportunities to socialize with deviant peers” (NDCCD, 2003, p. vii).

Zero tolerance in schools ignores the unrefined skills associated with an adolescent’s developmental capacity to manage emotions and conflicts. Recent adolescent brain research on the frontal lobe, which guides emotions and logic, shows it is not fully developed until about the age of 21. (Geidd et al., 1999, as cited in Teske & Huff, 2011, p. 15; see also Sylwester, 2003)

“When implemented, [zero tolerance] typically equates to exclusion through suspension and expulsion: two disciplinary actions with well documented side effects” (Martinez, 2009, p. 153). However, researchers have indicated that there are alternatives to suspension and zero-tolerance that school administrators can use to curb discipline problems. When delivered effectively, policies associated with messages about abstinence from alcohol, tobacco, and other drugs, and tough penalties can convey a coherent message to students. However, strong harm-minimization messages are also associated with reduced drug use at school, but effects are weaker than those for abstinence messages (Evans-Whipp, Bond, Toumbourou, & Catalano, 2007). Harm minimization may be acceptable if, in the long run, it leads to a reduction in harmful use and school dropout. Research on schools that succeed in facilitating achievement, safety, and low disciplinary referrals indicates that they all include: positive approaches to discipline; bonding opportunities for teachers and students; teacher training in classroom
management; clear codes of conduct; and discipline focused on problem prevention (Civil Rights Project at Harvard University, 2000).

Summary of Prevalence and Impact

In this section I have described the prevalence and impact of alcohol, tobacco, and other drugs mainly as it relates to youth with respect to race and ethnicity, prevalence in the U.S. and Washington State, drug use and dropout, and student discipline. As noted previously, Califano (2007) wrote “before graduating high school every American child will be offered the opportunity to smoke, drink, get drunk, and get high on inhalants, marijuana, or other illegal prescription drugs” (p. 37). This is a sad reality. The prevalence and impact of alcohol, tobacco, and other drug use and related issues is strongly associated with academic achievement and school dropout.

Reardon and Buka (2002) showed few racial or ethnic differences in the prevalence of alcohol and marijuana abuse and dependence at age 15. There are conflicting data about prevalence rates by race. Swaim et al., (1997) showed minority students who were in good standing in school were no more likely to use drugs than other students. Thus the problem does not inhere in ethnicity but is highly linked to the ability to succeed in school.

According to the Monitoring the Future report for 2010 (Johnston et al., 2011), which provided a litany of information about student drug use trends, any illicit drug use for students across the United States in grades 8, 10, and 12 has been on the rise each year since 2006. In Washington State, according to the Healthy Youth Survey (2011) annual trends from 2004 through 2010 show a tenfold increase in cigarette, alcohol, and marijuana use from 6th to 12th grade.

The impact of drug trends on students and school is portentous of worsening outcomes.
Each year in the United States, approximately half a million adolescents drop out of school; those who fail to complete school are more likely to be unemployed, to use drugs, and to be incarcerated than those who graduate (Aloise-Young & Chavez, 2002). The consequences of not graduating from high school are increasingly serious for both individuals and society as a whole. Adolescents who use drugs, especially marijuana and other illicit drugs, are characterized by many of the same attributes as are school dropouts, particularly by a lesser commitment and attachment to conventional values and institutions, such as the family and school, and lower psychological well-being (Mensch & Kandel, 1988).

Current research literature on school dropouts suggests two ways that schools affect student withdrawal. One way is indirectly, through general policies and practices that are designed to promote the overall effectiveness of the school. Another way that schools affect turnover is directly, through explicit policies and conscious decisions that cause students to involuntarily withdraw from school (Finn, 1989; Wehlage, Rutter, Smith, Lesko, & Fernandez, 1989). Sometimes “what looks like a dropout often is a push-out” (Gorski, et al., 2013, p. 86). School exclusion, commonly identified as out-of-school suspension, is the most widely used form of punishment for students (Raffaele-Mendez, Knoff, & Ferron, 2002; Skiba, Peterson, & Williams, 1997; Stamm & Frick, 2009). Although schools may differ on what actions warrant exclusion and for how long, most districts, in policy or in practice, exclude students for possession, use, and/or abuse of drugs and alcohol (Skiba, Rausch, & Ritter, 2004a). Students who are suspended suffer academically.

Alcohol, tobacco, and other drugs impact students and schools in irrefutable ways. Missing from the literature is research on how principals respond to the realities of the prevalence and impact of alcohol, tobacco, and other drugs on students and schools. Students are
identified. When principals know students are involved with alcohol, tobacco, or other drugs, they most likely respond. There are, however, numerous ways principals may respond. The result is students get a chance for help or not depending on the school they. We don’t know why principals respond the way they do. Consequences are devastating to students, schools, and communities. Inconsistent, inappropriate or inadequate responses by school leaders can prevent students from attaining school success and lead to academic failure and dropout. School leaders, with goals of improving academic outcomes and stemming dropout, have alternatives that can answer their needs: effective practices that are evidence-based. The next section provides a review of the literature about what school leaders can do about the problems in school related to alcohol, tobacco, and other drug issues.

**What School Leaders Can Do**

The third domain of literature reviewed for this study was on what school leaders can do to prevent, interrupt, and otherwise address alcohol, tobacco, and other drug issues students experience. A review of the literature showed that students with access to effective alcohol, tobacco, and other drug prevention and early intervention opportunities do better in school than those who do not (Fertman et al., 2003). Certain schools have effective prevention and early intervention programs that are well received by students, parents and the community, while other schools may have less effective programs or none at all. In my work as an addictions professional and educational consultant I have seen how school leaders can make or break the kinds of prevention and early intervention programs to which schools have access.

Adolescent substance use and its often tragic consequences, including addiction, can be prevented (CASA, 2011). School leaders must take a comprehensive, coordinated approach to addressing these issues (Adelman & Taylor; 2009; Dilley, 2009). They must shift from a
fragmented set of student support services to the development of a comprehensive and cohesive system of learning supports that weaves together what schools already are doing and enhances the effort by inviting in home and community resources (CMHS, n.d., “What is a comprehensive,” p. 2). Just as steps to enhance instruction emphasize clearly defined and integrated curriculum content, so must steps to address external and internal factors that interfere with students engaging effectively with that curriculum (CMHS, n.d., “What is a comprehensive,” p. 3).

Deschesnes, Martin, and Hill (2003) identified key ingredients observed in the United States, Canada, and Europe for successfully implementing comprehensive school health initiatives [including alcohol, tobacco, and other drug prevention and early intervention], conceptualized as follows:

- Convene a school health advisory committee and with representation of school and district
- Conduct an assessment and review data pertinent to student health and academics
- Develop and implement a plan
- Evaluate results and continuously improve
- Create policies that support school health
- Identify sufficient resources to succeed (p.19)

A school leader that understands culture and knows that the prevalence and impact of alcohol, tobacco, and other drugs on individual students and the student population and school as a whole must strategize to build a successful comprehensive response (Anderson, 1993) to the problem of alcohol, tobacco, and other drugs as they impact students and schools. Such a comprehensive response can involve:
• Input from key stakeholders such as guidance counselors, psychologist, nurse, security, teachers, coaches, community agency representation, and parents, and other educators such as the assistant principal and dean of student.

• Formulation of a clear picture of the extent and nature of the problem with circumstantial assessment, review of existing quantitative and qualitative data, and input from key stakeholders.

• An implementation plan of action. “The minimal components of an implementation plan include (a) the general scope and design of the initiative, (b) a three-year timeline for implementation, operation, and maintenance, and (c) an estimated budget for each year” (Anderson, p. 328).

The stakeholder group can give input into policies and procedures related to alcohol, tobacco, and other drugs, student discipline, expectations of adult staff, prevention standards, and academic achievement. Ongoing identification and analysis of necessary resources can aid in sustaining related efforts (Anderson, 328).

Evidence-based practices. The National Research Council Institute of Medicine [NRC] (2004) report suggests taking a comprehensive systems approach is advisable for addressing non-academic needs such as alcohol and drug issues. The NRC authors assert that schools “cannot ignore students’ non-academic needs” (NRC, 2004, p. 157). Hecht et al., (2003) have shown that programs are more effective when they are grounded in the life experiences and culture of participating youth. Communities as well as schools and families share the responsibility for developing strategies. The NRC report suggests that school reform measures can work to alleviate negative school environments that may contribute to students’ non-academic problems.
Along with increasing and improving services to meet individual student needs, such school-wide efforts serve as “preventative policy” (NRC, p. 159).

Evidence-based approaches to prevention, also called evidence-based practices or EBPs, are those that are based in theory and have undergone scientific evaluation. "Evidence-based" stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence (SAMHSA, 2012, section E, para. 2).

Areas of professional practice…have had periods in their pasts where practice was based on loose bodies of knowledge. Some of the knowledge was lore that drew upon the experiences of generations of (practitioners), and much of it had no valid scientific evidence on which to justify various practices. (Evidence-Based Practice, Wikipedia, 2012, para. 4)

In spite of the data showing high proportions of students who initiate substance use, the implementation of evidence-based prevention curricula for prevention and early intervention are scant (Ringwalt et al., 2008, abstract). Some have suggested that the acknowledged lack of conspicuous progress attributes to practice resting in the various uncoordinated experiences of individual practitioners, each re-inventing the wheel and failing to learn from hard scientific evidence about ‘what works’ (Evidence-Based Practice, 2012). Thaker et al., (2008) provided a description of program characteristics (relative advantage, complexity, and compatibility) and organizational characteristics (school capacity, school turbulence, and leadership) to inform and guide decisions of adoption and implementation of evidence-based practices in schools (see also Miles & Huberman, 1984; Rogers, 1995; Rohrbach, D’Onofrio, Backer, & Montgomery, 1996; Smith, Steckler, McCormick, & McLeroy, 1995). Educational leaders trying to make choices to help
students and schools meet high standards can become overwhelmed by the amount of education research and find it hard to identify research with credible and reliable evidence to use in making informed decisions (What Works Clearinghouse, n.d., “About us,” para. 1). The What Works Clearinghouse is an initiative of the U. S. Department of Education’s Institute of Education Sciences and is a major source of carefully reviewed scientific evidence for what works in education (Child Trends, 2011, p. 6).

The National Registry of Evidence-based Programs and Practices [NREPP] is an online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers to assist the public in identifying scientifically based approaches to preventing and treating mental and/or substance use disorders that can be disseminated to educators and other practitioners (SAMHSA, 2012). See Table 3 (in Appendix B) for an overview and highlights of NREPP evidence-based practices including the project title, research outcomes, and ages and ethnicities of students involved in study, to aid the educational leader in making choices to assist students dealing with alcohol and drug issues.

Evidence-based practices are used to varying degrees to address various educational concerns. The majority of schools report using school-linked resources as part of their efforts to deal with substance abuse. Most of this activity reflects collaboration with stakeholders and agencies at local and state levels (CMHS, 2008b).

Those factors which lead to the inability of the educational system to accommodate diverse student needs, including alcohol, tobacco, and other drug issues which lead to learning breakdown or prevent learners from accessing educational provision, have been conceptualized as barriers to learning (“Barriers to Learning,” n.d., p. 2). The idea of barriers to learning encompasses both external and internal factors. Some children bring with them
a wide range of problems stemming from restricted opportunities associated with problems related to substance abuse (CMHS, 2011). “Factors such as substance abuse may affect the learner….The associated stigmatization and the lack of a supportive infrastructure for learning and teaching mitigates against being able to continue attending school and thus engage in the learning process” (“Barriers to Learning,” p. 4).

The need [for evidence-based programs to assist students with barriers to learning] is exacerbated by the recent economic downturn because (a) those student support staff who are not laid off will continue to be asked to help far more students than is feasible, and (b) despite limited and dwindling agency resources, there will be increased emphasis on schools making better connections with whatever limited public services are still available (CMHS, 2011, p. 8).

Some school leaders are trailblazing new directions for addressing barriers to learning. In doing so, they are recognizing what the Carnegie Council on Education stressed many years ago: School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge [emphasis in original] (CMHS, 2011, p. 14)

Evidence-based programs can be provided throughout a district; others are conducted at or linked to targeted schools based on leadership decisions. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as “at-risk.” The activities may be implemented in regular or special education classrooms or as “pull out” programs and may be designed for an entire class, groups, or individuals. “It is common knowledge, however, that few schools come close to having enough resources to handle a large number of students experiencing barriers to learning. Most schools offer only bare essentials” (CMHS, 2008b, p. 6).
In Washington State, various programs have been implemented to help address the non-academic needs of students at-risk of dropping out. Student assistance programs for young people who have alcohol and drug problems are generally offered as in-school supplemental services. A safe and supportive school environment is important for student learning and for “holding” students in school, so such programs can legitimately be among the overall strategies considered by schools and districts. (OSPI, 2005, p. 36)

School-based prevention and early intervention programs, often called student assistance programs [SAPs], are “best regarded as the umbrella covering any and all activities that ‘help students deal with all of the ways they can be affected by their own drug abuse or someone else’s’” (Anderson, p. 44), “provide the opportunity for youth impacted by parental alcohol/drug use to share their experiences openly and receive support in the school environment” (Johnson, 1995, p. 57), and “are a primary vehicle for schools...to address students’ behavioral health needs and concerns” (Fertman et al., 2003, Executive Summary). SAPs identify and link students to behavioral health care information, education, programs and services in the school and community to address students’ barriers to learning (Fertman et al., 2003, Executive Summary). Students who have access to effective SAP programs do better in school than those who do not (Fertman et al., 2003). Fertman et al., (2003) concluded “referred students show positive improvements in attendance, a decrease in discipline problems (as measured by additional suspension rate) and positive promotion and graduation status after their SAP referral” (Executive Summary).

Student assistance programs throughout Washington State are adapted from Project SUCCESS (Morehouse, 2000), an evidence-based student assistance program model listed on NREPP. The more comprehensive SAP approaches not only report results related to
ameliorating health and psychosocial problems, they are beginning to report a range of academic improvements (e.g., increased attendance, improved grades, improved achievement, promotion to the next grade, reduced suspensions and expulsions, fewer dropouts, increased graduation rates) (CMHS, 2008b, p. 47). Most of this activity reflects collaboration with agencies and professionals at local and state levels (CMHS, 2008b).

Summary of What School Leaders Can Do.

In this section I provided a review of research in the literature with respect to effective, evidence-based prevention and early intervention practices related to alcohol, tobacco, and other drug use among students in schools. Practices to support students from families where alcohol and drug abuse is present were also reviewed. The next section provides a summary of the literature review.

Summary of Review of the Literature

I have considered three major themes that frame this study to support and understand perspectives of principals facing challenges involving students with alcohol, tobacco, and other drug issues:

- Culture including family, youth and school culture, cultural competence, and culture as it relates to research on social justice. I framed alcohol, tobacco, and other drug using behaviors within culture to understand how drug use which leaders face every day emanates from home, peers, and the extant society in which we live.
- The prevalence and impact of alcohol, tobacco, and other drugs is strongly associated with school attendance, behavior and academic performance, school failure, discipline and dropout, and directly affects a majority of students.
Strategies that school leaders can undertake to ameliorate these problems through comprehensive efforts. Evidence-based approaches to prevention are those that are based in theory and have undergone scientific evaluation. Options were highlighted that are available to principals to address problems in schools related to student alcohol, tobacco, and other drug issues.

It is central to this research to explore what is feasible (NCLB, 2001), what school leaders can do to address needs of students with alcohol, tobacco, and other drug issues while contributing to student academic success. The perspectives, attitudes, and actions of secondary principals who show particular care and concern for students with substance abuse issues and who successfully deal with these matters in the face of resistance from colleagues, consequences to personal and professional well-being, and academic accountability will illuminate what is not only possible but already being done.
CHAPTER THREE

METHODOLOGY

This chapter provides information about how this study was accomplished. The intent of this study was to explore the perspectives, attitudes, and actions of secondary principals who show particular care and concern for students with alcohol, tobacco, or other drug issues and who are recognized for how they speak of and deal with these matters. For this research I purposely used the term particular to mean “separate and distinct from others of the same group, category, or nature” (The American Heritage Dictionary of the English Language, 2009). Using a social justice framework in this grounded theory qualitative study, I completed interviews with principals to gain their perspectives on student alcohol, tobacco and other drug issues as non-academic barriers and students who are affected by them.

The study was guided by these research questions:

1. What has enabled principals who demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues?
2. How do they convey their leadership to others and sustain themselves as they face leadership pressures with regards to these issues?
3. What resistance do they face and what are leadership consequences for their actions?

Research Design

This section describes the research design, protocol development, participant makeup, and provides methods of data analysis to address the research questions. In this study I used a grounded theory qualitative research design with positioned subjects as the methodological basis (Glaser & Strauss, 1967). Interviews were supplemented by archival documents and artifacts gathered from participants and from field notes I kept throughout the study.
Qualitative research is “a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (Creswell, 2009, p. 4) and a process that involves emerging questions and procedures; data typically collected in the participant’s setting; data analysis done inductively building from particulars to general themes; and the researcher making interpretations of the meaning of the data (Creswell, 2009). All qualitative data analysis is primarily inductive and comparative (Merriam, 2009). Gall, Gall, and Borg (2005) defined qualitative research as “the entire body of research that is guided by interpretivist epistemology” (p. 305) or a philosophy that knowledge is constructed from the meaning individuals assign to it by participating with it. Data is entered through words (Merriam, 2009) and relies heavily on subjective analysis (Gall et al., 2005). Van Maanen (1979) defined qualitative research as “an umbrella term covering an array of interpretative techniques which seek to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world” (p. 520). These definitions of qualitative research frame the importance of seeking perspectives of school leaders on students with alcohol, tobacco, and other drug issues through interviews absent hard data to circumscribe them.

Glaser and Strauss (1967) contrast grounded theory “with theory generated by logical deduction from a priori [emphasis in original] assumptions” (p. 3). Grounded theory, used to derive “a general, abstract theory of a process, action, or interaction grounded in the views of participants” (Creswell, 2009, p. 13), is “well equipped to explore socially related issues” (Jones & Alony, 2011, abstract). It addresses research questions around individual processes, interpersonal relations, and the reciprocal effects between individuals and larger social processes (Charmaz, 2006). Furthermore, grounded theory emphasizes the processes by which individuals construct meaning in relation to their social context (Charmaz, 2006), which makes it a useful
methodology to generate a theoretical framework for what enables principals to lead with particular care and concern for these students.

A positioned subject approach is a key element of the methodology for this study. The positioned subject approach used by Conrad, Haworth and Millar (1993) was a way to look at various experiences of students in a graduate degree program. In their work, the positioned subject approach positioned the perspectives of participants at the center of the research. Conrad et al., (1993) wrote, "We chose a positioned subject approach to inquiry, one that assumes that people, as positioned subjects…actively interpret and make sense of their everyday worlds" (p. 267). I used a positioned subject approach for this research because perspectives of principal participants are at the center of my inquiry.

In this study, I identified three sources of data: interviews, archival documents and artifacts gathered from participants, and field notes. Unlike tests, surveys, and questionnaires, interviews involve person-to-person interaction between interviewer and subject (Creswell, 2009, p. 134). Interviews are important “when participants cannot be directly observed. Participants can provide historical information. This allows researcher control over the line of questioning” (Creswell, 2009, p. 179). The key benefit of interviews is their adaptability (Gall et al., 2005), and “the well-trained interviewer can alter the interview situation at any time in order to obtain the fullest possible response from the individual” (Gall et al., 2005, p. 134). Another advantage is they draw out a greater depth of information than with other data measurements and techniques (Gall et al., 2005, p. 134).

Building on interview protocols (see Appendix C) adapted with permission from Theoharis (2004) (see Appendix D), interviews in this study were semi-structured with key questions and probes. Following Theoharis’ (2004) research design, I used additional data
collection procedures throughout the study including the “gathering of documentation or written materials the principals give me during our time together” (Theoharis, 2004, p. 102), and reflective field notes (Glesne, 1999) during the data collection phase. Interviews were digitally recorded and transcribed verbatim; documents and field notes were perused.

Borrowing from methods used by Lancaster (2012), the analytical process I used included a six step process. Creswell (2009) outlined this process: (1) organizing and preparing the data, (2) reading through all of the data, (3) begin a detailed, initial analysis with the coding processes, (4) use the coding to generate a description of the setting or people as well as categories or themes for analysis, (5) deciding how the descriptions and themes will be represented in the qualitative narrative, and (6) making interpretations or meaning from the data.

In the first step of this process, I organized and prepared the data by arranging all documents by their source which was the study participant from which they originated. For example, each participant completed a Participant Demographics Form (see Appendix E) and a Study Consent Form (see Appendix F). A detailed transcript was prepared from each interview; participants provided artifacts that supported or illustrated their work and augmented the interviews; and I kept field notes throughout the study for each participant. I collated all documents by source during the first step of the coding process.

In the second step of the data coding process I read through the entire collection of data from beginning to end. I sought to get a general sense of the information and to reflect on the meaning. This provided a more comprehensive perspective of the data contained within the collection of evidence prior to any attempt to categorize the data.

The third step of the data coding process involved conducting a detailed analysis that led to coding the data. I perused the data, word by word. Data entries were segmented into
groupings and labeled with a term in an attempt to detect categories that emerged from the data. The general categories that initially emerged from the data included background, modeling, mentoring, resources, student satisfaction, what you don’t know may hurt them, define them, teach the teachers, and get the kid back into school.

After the initial categories were analyzed and grouped, I began to look for overarching themes within those categories. I looked for connections across the data to see how they tied together. More general themes began to emerge that encompassed the more specific categories identified earlier. For the purposes of this research data codes were developed only on the basis of emerging information collected during the course of the study. These themes included the following: (a) background, (b) perspectives, (c) actions, and (d) challenges.

The fourth step of the data coding process involved generating a description of the themes, categories, and subcategories for analysis. I highlighted sections throughout the transcripts and notes and tagged them by theme. I wrote draft descriptions for each theme and category. Data that did not clearly fit to a theme was listed, documented and analyzed. Themes and categories were recoded based on this information before the themes, categories and their definitions were finalized. This process allowed for the maximum number of themes and categories to emerge and be part in the comprehensive data analysis process for data inclusion. It is important to note many of the transcripts, archival documents, and field notes referenced multiple themes.

The purpose of the fifth step of the data coding process was to decide how the descriptions and themes would be represented in the qualitative narrative. For the purposes of this dissertation I chose to present a detailed discussion of each theme using details from each
participant and their perspectives. The sixth and final step of the data coding process included making interpretations or meaning from the data.

**Designs in Similar Research**

With interviews in a study of social justice leadership, Theoharis (2004) “used a critical qualitative, positioned subject approach combined with principles from the tradition of autoethnography” (p. 17) to study principals “who came to the principalship with a social justice orientation”…and “who…demonstrated success in making their school more just” (p. 16). Theoharis also used a positioned subject approach “because it allowed (him) to take in the varied perspectives of a diverse group of stakeholders and interpret (the) perspectives through the lens of their own particular setting and situation” (p. 67). Theoharis served autoethnographically as one of the principal participants in the study.

Lancaster (2012) used autoethnography to describe, analyze and interpret one leader’s experience in leading a group of online teachers. She used Creswell’s (2009) six step process to code her qualitative data.

In another study, Neumann (2006) used a qualitative interview protocol, derived from an earlier pilot study, with tenured university professors to analyze passionate thought and “identify the scholarly learning as manifest in their research, creative endeavors, teaching, and other forms of faculty work” (p. 387). Coding was used for analysis of interview data.

Wasonga (2009) completed a qualitative study to discover leadership practices that integrated social justice and democratic community for student learning. Data were gathered through focus group discussions with school principals. The responses were transcribed verbatim, coded, and analyzed for emerging themes.

**Selection of Study Participants**
I designed this grounded theory qualitative study to include six to twelve principals who demonstrate particular care and concern for students impacted by alcohol, tobacco, and other drugs. All subjects would possess principal or administrative credentials and would have served in a principal or assistant principal position at the middle, junior high, or senior high school level.

Decisions about which school leaders would participate were made using a purposeful sampling strategy (Merriam, 2009) “based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned” (p. 77). Maxwell (1998) defines purposeful sampling as a strategy in which specific settings, persons, or events are purposefully chosen for the important information they can provide that cannot be obtained another way (p. 87). In my study, since principals who show particular care and concern for students with alcohol, tobacco, and other drug issues are a subset of school leaders, this necessitated the use of purposeful sampling.

I started the participant selection process by identifying individuals I had observed professionally as school leaders that demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues as evidenced through their leadership actions and words. These were principals I had seen demonstrate leadership attributes such as recognizing and helping students that were marginalized because of their differences, taking actions to enhance student success, and forming resistance to outside pressures. I talked with them about my impending study. From these principals, I also gathered names of other potential participants whom they recognized for their particular leadership actions and words when dealing with these students and “likely to yield relevant, information-rich data” (Gall et al., 2005, p. 311). Further, I sought names of still more potential participants from colleagues in education. This sampling
process is similar to snowball or chain sampling, an emergent strategy (Merriam, 2009; Gall et al., 2005), with the exception that I identified all study participants before interviews begin.

Similar to Theoharis (2004), I selected from among this particular subset of school leaders because the literature review provides (a) little or no information about principals leading with students in mind who are marginalized by the impact of alcohol, tobacco, and other drugs, and (b) a dearth of research on drugs in schools conducted with principals as the unit of analysis.

The process of finding potential study participants and securing actual subjects that agreed to participate took place in late May through August 2012. During this time I initiated formal procedures of the Institutional Review Board and Human Subjects Review process prior to final selection of participants and setting up initial interviews. I received full IRB approval on July 30, 2012.

I initially contacted each prospective study participant by email communication (see Appendix G) with an informal inquiry about their interest and willingness to be a study participant. I considered 25 individuals for possible inclusion in this study. See Table 4 for a breakdown of attributes of individuals that were initially considered. Possible study participant information indicated in the table includes gender, race, most recent school level where assigned as principal, current assignment, indication of agreement to participate, and indication of selection to participate. Twenty-four held principal credentials and one held administrative credentials while acting in the principal role. I did not display this data in the table to protect the confidentiality of the unique participant. After initial invitation to participate in the study, 16 agreed to participate and nine did not respond to the invitation. Of the 16 that initially agreed, one could not proceed due to scheduling problems, four did not respond to communications after
initially agreeing, and three moved away. Eight participants were finally identified to take part in the study.

Table 4

*Possible Study Participants*

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**Procedures**

This grounded theory qualitative study followed an interview protocol (see Appendix C) adapted with permission from Theoharis (2004) (see Appendix D). The main data collection strategy for my study was face-to-face (Creswell, 2009) semi-structured (Bogdan & Biklen, 1998) qualitative interviews with key questions and probes. Prior to interviews I obtained basic demographic data and personally identifying information from each participant (see Appendix E) and consent forms, approved by the IRB as of July 30, 2012, were signed (see Appendix F). I completed two interviews with each principal.

The first interviews were scheduled by email communication (see Appendix H) and
conducted in August and September of 2012 at a time and location of each principal’s choosing (typically the principal’s office or home). Interviews averaged about an hour long and followed an interview protocol that I established with twelve primary questions and multiple secondary questions. As Bogdan and Biklen (1998) suggested, this aided participants and me to build rapport, establish trust, and create a relationship with each other. The goal of these interviews was for the principals to feel comfortable and “open to talk about the topics in a meaningful way” (Bogdan & Biklen, p. 98). First interviews were scripted (see Appendix C), digitally tape recorded and transcribed. I completed all of the first interviews before I proceeded to the second round.

To maintain confidentiality, I completed a Mutual Confidential Disclosure Agreement with a transcription service company (see Appendix I) for the transcription of the recorded interviews. Recordings were uploaded electronically to the transcription service after each interview, transcribed, and returned to me via email.

The second interviews were conducted between October and December of 2012. They were open ended, more of a guided conversation (Bogdan & Biklen, 1998) to review, check, and verify what I obtained from the first interview. Questions and topics for the second interviews were developed based on information gleaned from the first interview. I kept detailed handwritten notes from the second interviews.

Analysis

Analysis began with coding (Creswell, 2009) of interview transcriptions, archival documents and artifacts, and field notes. Coding brings disjointed data together to create categories of data that are defined as having common elements, topics, or themes (Coffey & Atkinson, 1996, p. 27). It is a process of indexing the data texts, from field notes, interview
transcripts, or other documents (Coffey & Atkinson, p. 28). Coding continued until codes reached a point of saturation in which further analysis resulted in no addition of themes (Hopson & Steiker, 2008). I assigned codes to statements related to research questions, combining terms into patterns, patterns into categories, and categories into broader themes.

Coding…involves taking text data…gathered during data collection, segmenting sentences (or paragraphs) …into categories, and labeling those categories with a term, often a term based in the actual language of the participant (called an in vivo term).

(Creswell, 2009, p. 186)

Initial steps involved with coding fragmented data is somewhat like the process of putting together a jigsaw puzzle. To begin, we find the edges and corners. We separate the remaining pieces into groupings of similar colors or patterns. As we assemble the pieces, clumps form that grow into recognizable shapes that evolve until the larger picture begins to show itself. Coding data is making sense of the written word in a similar fashion that starts with combing the data, combining terms into clusters, clusters into themes, themes into categories, and perhaps categories into smaller subcategories.

I analyzed transcriptions to identify individual statements, comments, similarities and differences among school leaders, supplemented by analysis of archival documents and artifacts, and my field notes. Throughout the research I used the constant comparative method (Merriam, 2009) of data analysis developed by Glaser and Strauss (1967) as the means of developing grounded theory (Merriam, 2009). The constant comparative method (Merriam, 2009) involves Comparing one segment of data with another to determine similarities and differences. Data are grouped together on a similar dimension. The dimension is tentatively given a
name; it then becomes a category. The overall object of this analysis is to identify patterns in the data. (p. 30)

Trustworthiness

To ensure validity and reliability conducted this qualitative research in an ethical manner (Merriam, 2009, p. 209). Qualitative studies are valid and trustworthy “to the extent that there has been some rigor in carrying out the study” (Merriam, p. 209). I checked for accuracy of the findings by employing certain procedures to build a clear justification for themes (Creswell, 2009, p. 190). As a principal strategy I completed two rounds of individual interviews that I triangulated with archival documents gathered from participants and my field notes. According to Merriam (2009) “triangulation using several sources of data means comparing and cross-checking... interview data collected from people with different perspectives or from follow-up interviews with the same people” (p. 216).

Reliability means replication of a study using the same methods will produce the same results. “Qualitative research, however, is not conducted so that the laws of human nature can be isolated” (Merriam, 2009, p. 220). With qualitative research there will never be the same outcomes from one study to another. What is important is whether the results are consistent with the data collected (Merriam, 2009).

Limitations

Using interviews as a research method (Creswell, 2009) can result in indirect information that is filtered through the views of the interviewees. For example, the gathering of information in a designated place rather than the natural field setting could predispose an interviewee to a certain mindset. Further, not all people are equally articulate and perceptive. Even the presence of researchers themselves can bias responses (Creswell, 2009; also noted by Merriam, 2009).
Qualitative research results have limited generalizability beyond “individuals, sites, or places outside of those under study” (Creswell, 2009, p. 193.) “Particularity rather than generalizability is the hallmark of qualitative data [emphasis in original] (Greene & Caracelli, 1997, as cited in Creswell, 2009). Qualitative research considers data developed respective of circumstances through which it is gathered.

A limitation to this study was the number of participants. “Principals who come to the field to do social justice work are a smaller subset of the group of principals who improve student performance and climate in regards to equity issues” (Theoharis, 2004, p. 341). Related to the number of participants was the demographic details. Although the study population included individuals spanning a breadth of ages and years of experience as a principal, and gender representation was fairly balanced, racial representation was skewed. All participants described themselves as Caucasian.

Another limitation is the way principals interpret their work and make meaning of it (Conrad et al., 1993, as cited in Theoharis, 2004, p. 341). It is possible that principals may wrongly interpreted their own actions, some of which could have actually made matters better or worse for students in the long run as compared to their perspectives on their actions. Similar to Theoharis (2004),

In relying on the principals’ interpretations I made the methodological choice to study social justice leadership through the words, thoughts, and experiences of only the selected principals. This choice brought the limitation that families, students, teachers, staff members, and other administrator voices were not included and could not endorse, contradict, or expand upon the words of the principals (p. 342).
Finally, it was not possible to capture the full breadth and depth of these principals’ stories. The lack of complete stories from principals meant that I had to analyze and interpret what was possible from the limits of the data I collected without the benefit of knowing all the accurate details of these principals’ actual work, actions and decisions.

**Delimitations**

The study took place between July and December 2012. Principals interviewed in this study lived and worked in the Puget Sound region of western Washington State, including Pierce, King, Kitsap, Skagit, and Snohomish Counties in an array of urban, suburban and rural schools. All participants possessed principal or administrative credentials. Participant identity was protected, ensuring confidentiality; each participant was given a pseudonym. All information shared in interview was protected; participant names, addresses, and schools were not divulged. Age, gender, and race were identified only in the aggregate. Digital recordings were kept on my computer hard drive with password protection and on universal serial bus (USB) flash drive. At the conclusion of the study, digital records were moved from hard drive to flash drive for permanent keeping. All records including digital recordings on flash drive, transcriptions, archival documents and artifacts, and field notes are kept in my possession under lock and key.
CHAPTER FOUR

ANALYSIS OF THE DATA

To what extent is it feasible to help students with alcohol, tobacco, and other drug issues?

NCLB encourages schools, “to the extent feasible” (NCLB, 2001), to obtain assistance when and where feasible to help students succeed. How decisions are made about whether or not steps are taken to help students succeed is something I have been curious about. More specifically I have wondered about the feasibility of helping students with alcohol, tobacco, and other issues stay in school and graduate even as they demonstrate academic, behavioral, and social deficiencies.

This research allowed me the opportunity to learn from principals who demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues. The presentation of the analysis of themes in this chapter offers insights into their perspectives and provides answers to these research questions:

1. What has enabled principals who demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues?
2. What resistance do they face and what are leadership consequences for their actions?
3. How do they convey their leadership to others and sustain themselves as they face leadership pressures with regards to these issues?

The intent of this chapter is to present an analysis of the data that emerged from the data collected over approximately six months from study participants. This chapter presents themes, categories, and subcategories that emerged from a detailed analysis of transcripts and notes from two interviews with each participant, artifacts they provided, and field notes that I compiled. It is organized in two main sections. The first section describes the characteristics of the
participants. The second section describes the qualitative themes that emerged in the analysis. In Chapter Five I present conclusions across findings with my research questions in mind.

**Characteristics of Participants**

Since the time I secured the commitment of participants for this study through the process of gathering data from them, I grew to appreciate and respect them in ways I had not anticipated. Along each step of the process while meeting with, interviewing, learning about, and gaining deep insights into who they are as individuals and educational leaders, I was mindful of my responsibility to protect their confidentiality as study participants. Keeping that in mind, a detailed individual description of each participant is not possible here. For example, one participant had physical defects at birth for which numerous surgeries were required throughout childhood. Was I to provide many specific details, it is possible that someone could identify this participant regardless of pseudonym. Therefore, in the following section I provide anonymous and generalized descriptions of the group that comprised the study participants. I gave each participant a pseudonym and referred to each of them directly by that pseudonym in some sections of the findings. I refrained from using pseudonyms in other sections to keep a protective distance for the principals when sharing sensitive stories.

Eight subjects participated in this study, all with current or former experience in the role of principal, assistant or vice principal, or administrator at the secondary level in public schools. One participant served as a director in the role of principal and held administrative but not principal credentials at the time of our interviews. However, I refer to all participants as principals for purposes of this study because it is that role that was the focus of my inquiry. At the time of interviews, three participants were in superintendent positions and former high school principals, three were at the high school level as principal or director, one served as principal at a
middle school, and one was assistant principal at the middle school level. None of the principals served at the elementary level at the time of interviews. All held principal or program administrator credentials; four held superintendent credentials; and one held guidance counselor credentials; all eight had teacher credentials. All principals held bachelor’s degrees in various fields such as psychology, sociology, communication, history, and business. All had master’s degrees in education. One participant had a doctorate in education. Professional experience ranged from 11 to 42 years in education; the average was 26.6 years. Participant experience ranged from no time as a classroom teacher to 13 years, with an average of 6.4 years. Only one participant had worked at the elementary level and had been a teacher. Experience as principal averaged 8.9 years and ranged from two to 16 years. Experience as assistant principal experience averaged 4.6 years and ranged from three to eight years. Three participants had current or former experience in the principal role at an alternative high school.

Participants interviewed in this study lived and worked in the Puget Sound region of western Washington State, including Pierce, King, Kitsap, Skagit, and Snohomish Counties. Two worked in urban school districts, four suburban districts, and two rural school districts. All principals in this study identified as being Caucasian. There were five women and three men. Ages ranged from late thirties to the mid-sixties; one in the thirties, three each in the forties and fifties, and one in the sixties. Six were married, one single, and one divorced. One was an only child; the rest had two or more siblings. Four grew up in what they described as a city, four in a rural area. Two grew up in poverty. Six are parents of children of their own; one is a step-parent.

Description of Participants’ Schools
Included in this section is demographic data about the students at each of the principals’ schools. For those participants who were former principals no longer in that role, this data represents the schools they most recently served as principal.

One of the urban high schools had about 1500 students in grade nine through 12 and was described by the participant as an historic school from where many members of the community had graduated. The other urban high school had the largest student population in the study with almost 1700 students in grade nine through 12 and is also described as an historic school from where many members of the community had graduated.

Of the suburban schools, three were high schools and one middle school; of the high schools, two were alternative high schools. The largest of these high schools had just over 1000 students in grades nine through 12. One of the alternative high schools had a student population of about 320 which the participant described as mostly all having alcohol, tobacco, or other drug issues, and the school in the district where students are sent for disciplinary reasons. The other alternative high school, described by the participant as a school of choice where students attend for a variety of reasons not limited to discipline, has the smallest student population in this study.

The only suburban middle school in the study has almost 800 students in grade six through eight. One of the rural schools is a middle school serving approximately 600 students grade six through eight, the other is a high school for grade nine through 12. The rural high school, the smallest school in the study, serves almost the same number of students. See Table 5 for a breakdown of demographic data by school.
Table 5

*School Demographic Information*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Locale</th>
<th>Level</th>
<th>Number of Students</th>
<th>Students in Special Ed. (%)</th>
<th>Students in Poverty (%)</th>
<th>Students of Color (%)</th>
<th>Transition Bilingual (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suburb</td>
<td>Alt HS</td>
<td>320</td>
<td>7.9</td>
<td>60.0</td>
<td>54.1</td>
<td>6.0</td>
</tr>
<tr>
<td>2</td>
<td>Suburb</td>
<td>MS</td>
<td>765</td>
<td>12.8</td>
<td>73.6</td>
<td>61.4</td>
<td>4.2</td>
</tr>
<tr>
<td>3</td>
<td>Rural</td>
<td>MS</td>
<td>600</td>
<td>10.2</td>
<td>46.1</td>
<td>44.4</td>
<td>5.2</td>
</tr>
<tr>
<td>4</td>
<td>Urban</td>
<td>HS</td>
<td>1436</td>
<td>10.9</td>
<td>53.4</td>
<td>31.2</td>
<td>6.7</td>
</tr>
<tr>
<td>5</td>
<td>Suburb</td>
<td>HS</td>
<td>1100</td>
<td>12.9</td>
<td>37.9</td>
<td>31.3</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Suburb</td>
<td>Alt HS</td>
<td>173</td>
<td>22.5</td>
<td>42.2</td>
<td>19.7</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Rural</td>
<td>HS</td>
<td>561</td>
<td>13.2</td>
<td>38.4</td>
<td>21.6</td>
<td>1.9</td>
</tr>
<tr>
<td>8</td>
<td>Urban</td>
<td>HS</td>
<td>1700</td>
<td>8.2</td>
<td>32.4</td>
<td>40.2</td>
<td>1.0</td>
</tr>
</tbody>
</table>

*Note.* School data indicated here represents the eight participants in the study. For those participants who are former principals no longer in that role, this data represents the schools they most recently served as principal. Adapted from “Washington State Report Card” Washington State Office of the Superintendent of Public Instruction. Retrieved from http://reportcard.ospi.k12.wa.us/summary.aspx?groupLevel=District&schoolId=1&reportLevel=State&orgLinkId=2418&yrs=&year=2011-12

**Themes that Emerged in the Analysis**

In the next section of this chapter I presented an in depth analysis of four themes. The four themes that emerged in the analysis of the data include (a) background, (b) perspectives of their leadership, (c) actions of their leadership, and (d) challenges to their leadership. I have provided quotations, anecdotes, and commentary from records of two interviews with each participant, artifacts the participants provided, and my field notes to convey each theme. Similar
to Theoharis (2004) I did not isolate and categorize a theme unless at least three principals shared data that supported it. I described each theme and category in detail.

The first theme, the background of their leadership, has four categories including the impact of alcohol, tobacco, and other drugs on their own lives; resilience; mentors in their lives; and preparation and motivation for this work. The second theme, the perspectives of their leadership, also has four categories that include empathy and compassion, culture, resilience, and all means all. The third theme, the actions of their leadership, has three categories that include student centered, discipline, and mentorship and modeling. The fourth theme, the challenges to their leadership, has two categories that include pressures and coping.

**The Background of Their Leadership**

In this section I described research findings about the theme regarding these study participants’ backgrounds that inform their leadership. The data provided categories and subcategories that situate the backgrounds of these principals. The first category is about their experiences of alcohol, tobacco, and other drugs in their lives.

**The impact of alcohol, tobacco, and other drugs on their own lives.** I refrained from using pseudonyms in this section to protect the identity of principals that shared these sensitive stories. This study focused on principals’ perspectives of students with alcohol, tobacco, and other drug issues so inquiry into sensitive personal experiences of drug use and related opinions of these principals was essential. I was motivated to establish and position their perspectives relative to their own alcohol, tobacco, or other drug use, and as individuals with loved ones they experienced as having had an alcohol, tobacco, or other drug problem. It was important to consider these personal drug use histories because of the potential influences they could have on their perspectives as educational leaders.
Alcohol use. None of the eight participants expressed having a current personal problem with alcohol. All of the participants drink alcohol and six of the eight subjects happen to prefer wine among other choices of alcoholic beverages. Five of them reported at least weekly alcohol consumption, ranging from one principal who had had a half glass of wine the night before our first interview, to another who has “a lovely glass of wine every day.” One principal reported that she started drinking at age 13. I did not discover the prevalence of alcohol use as teenagers among the rest of the subjects.

At one point, one principal had questioned her own alcohol consumption in adulthood. She related that several years ago she was in a car accident. Alcohol or other drugs were not involved. She sustained a neck injury for which she recently underwent corrective surgery. Her doctor prescribed “heavy duty” muscle relaxers but she chose not to use them because she didn’t like how they made her feel. Instead she began a routine of going in her hot tub “every night” and would drink wine. “I found if I drank one or two glasses of wine, my neck didn’t hurt as bad.” She began to wonder about her routine alcohol consumption for pain relief, talked with a friend about it, and decided to stop the routine. Since then, she reported, her alcohol consumption, whether wine or otherwise, has been only on weekends and not during the evenings when she attends her school’s extra-curricular events.

Tobacco use. None of the study participants report current personal tobacco use of any kind. Three of the eight have had no personal experience with tobacco use at all.

One principal said, “I loathe tobacco.” Both of his parents were smokers. “My dad - he’s really lucky to be alive, I mean he has had…lung cancer, he got a third of his lung removed. He had it re-occur on his bronchial tubes, treatment took that out.”
Five of the eight principals said they had used tobacco earlier in their lives, ranging from simple experimentation to regular use for a period of time. One of them experimented with tobacco use as a teenager, “not on a consistent basis, but only at parties.” Another principal said she tried smoking in the high school but said, sarcastically, “I determined I wasn’t cool enough,” so she quit. A third principal said “I tried to smoke the pipe for about two months because I thought it was cool. Then I looked in the mirror and...saw how stupid I looked,” so he stopped.

One principal started using tobacco in the form of snus, a moist powder form of tobacco, while in junior high school. “Growing up on the farm, everybody put [it] in their lip.” He explained that while working in a farmer’s co-op gas station and tire shop “with a guy in his mid-50s who [was] a Korean War vet and another guy…in his mid-30s, you learn a lot, some of it even good.” He quit using snus and all other forms of tobacco after high school when he left home.

Another principal started smoking cigarettes in high school and by the time she was in college she smoked regularly, thinking it would help “to control her weight.” She smoked for about a year out of college and quit - about 30 years ago - when she became a health teacher.

**Other drug use.** None of the study participants reported current personal drug use of any kind except as prescribed by a medical doctor. Of the eight participants, five reported never having tried marijuana. The other three said they used marijuana as teenagers and maintain no current marijuana use of any kind. No illicit drug use besides marijuana was reported.

One principal said he never tried marijuana because he had wanted to be an FBI agent and figured marijuana use would ruin his chances. “All my friends…smoked marijuana growing up. My brother in law…smoked a lot of marijuana, but [it] never occurred to me as something of interest.” Another principal said, “I am the only guy I know that grew up in the Vietnam era that
has not used pot.” Two principals said they used marijuana in high school. One said she “tried pot in college a couple of times” and decided she didn't like it because of “the whole control thing” and stopped using it.

**Loved ones with alcoholism or addiction.** Seven of the eight study participants said they had experienced the alcoholism or addiction of a family member or loved one. Four lived with parents who were active in their alcoholism; one said her father was alcoholic but stopped drinking before she started school. Only one reported having had no experiences of alcohol or other drug issues among family or loved ones.

One principal’s compelling experience as a child and into adulthood, even now, is rife with stories of drug and alcohol abuse in her family. While she shared virtually no personal alcohol, tobacco, or other drug experimentation or use as a youth, and only moderate alcohol consumption as an adult, she has been virtually surrounded by problem drug use her entire life. Her mother died of a Methadone overdose. Her father is still living and, although he was constantly drunk and grew marijuana, he no longer uses any substances today. Both sets of her grandparents were alcoholic. Of her brothers and sisters, all are half siblings. She spoke openly about her family’s drug use history:

My mom actually started out being addicted to IV morphine as a little girl and then moved on to pills like Dilaudid, Demerol, and then Methadone. Those are things I remember growing up. Placidyl, I remember a lot of that in the house. So she would take lots and lots of pills, and be strung out almost all of the time. My dad drank a lot of alcohol, lots and lots of alcohol, and was physically abusive as a result of that to people in his life. My sister had a pretty significant cocaine addiction back in the 80s. Everybody in my family smoked marijuana; I think that was something that was just in
the house - my dad grew it in the backyard, and it was just in the house. And my brothers back in the 70s got into acid and those kinds of things which is why they didn’t graduate from high school.

Another principal had similar experiences of alcohol, tobacco, and other drug abuse in his family. Of his family members who used drugs, he said "There's not many that haven't." Both of his parents are “recovering alcoholics,” and his brother in law smoked a lot of pot. "My entire family basically - all my aunts and uncles. Dad was one of 11 brothers and sisters, they have all done that.” He relayed impressions of about an aunt whose alcoholism recently took her life.

We just cleaned out my aunt’s apartment, my dad’s aunt. She was…one of his younger siblings. God knows how it took her so long, she drank herself to death. [We] cleaned out her apartment up in Lake Stevens, just like I mean you know, well that’s – it’s disgusting.

A third principal spoke of her father’s maintenance alcoholism. “When his health got bad, he quit.” She said her brother “smoked pot and drank since sixth grade, and quit maybe a year ago.” A fourth principal’s father and step mother were alcoholic, as was his wife’s sister.

Still another principal’s father was an alcoholic, "but stopped drinking prior to my entry into school.” She said she has only vague memories of his drinking and mostly from stories she has heard from other family members. Her ex-husband was an alcoholic. She spoke poignantly of another family member also stricken by issues of alcohol and other drug abuse.

He was younger than me, someone I was very close to who was gifted. I don’t know if he was off the charts gifted, but extremely, extremely gifted. Early on I think he had some issues with sexuality and got into drugs and alcohol. He was not able to finish college successfully and struggled all of his life finding a path. There was money in the
family, so he didn’t have to necessarily work like everybody did to survive. He always was on that marginal life path and wasn’t able to get out of the cycle, didn’t go into treatment, but tried on his own. A motorcycle accident complicated [matters], so there was some frontal lobe damage that was done. Mental health issues along with drug use just continued to…play into his life. He never was able to experience the gifts that he had and…in the end put himself in front of the train. And if the drugs and alcohol weren’t a part of his early life he would be here.

One principal said he didn’t have much experience while growing up or as an adult with other family members with problems with alcohol, tobacco, or other drug use. But he commented, “We were wondering about [the possible alcoholism of] a sibling one time but I don't know if that sibling has it under control or not.” Still another principal talked about a sister who passed away recently that was an alcoholic.

The next category describes the value of lessons these principals learned from mentors. Four principals shares stories of mentorship in their lives.

**Mentors in their lives.** Four of the eight study participants stressed important lessons they learned about commitment to at-risk students from mentors in their own lives. Across very different examples, each of the mentors these principals hold dear and express as key individuals in their lives shares one common attribute. Each of them were educators. Principal David is certain he wouldn’t be where he is today as an educational leader with a heart for at-risk students were it not for his biology teacher and football coach who passed away several years ago. Although Principal David referred appreciatively to his mentor by his given name, I will refer to his mentor as Coach. Principal David described his mentorship at some length. When he was in high school and “probably fooling around a lot,” with David’s
parents’ permission, Coach “took me up to Linfield College…and he told me this is where you are going to go someday.” He continued.

   He took me up there in my sophomore year and took me to a football game. [I] got to live…over the weekend in a Fraternity House. After I saw the fraternity and sorority guys together I knew that I wanted to go to college at that point in my life. Then he took me up again my senior year.

   Principal David later attended Linfield but dropped out three times. He spoke admiringly of Coach’s perseverance as he continued.

   One semester I was working on the railroad as a gandy dancer. I was about 20 years old at that time and I was lost. Coach came down from somewhere…and found me and said, “What in the hell are you doing, David? Get back to college.” And so I went back to college. Coach was the number one influence on my life by far.

   One of the artifacts Principal David provided me was a photocopy of the obituary and funeral announcement for Coach who passed away in 2007. A passage in Coach’s obituary read, “He was involved in the No Meth Program as a facilitator, helping children from meth families.”

   Principal John’s father was a school leader. “I would say that he probably did his job with a lot of courageousness and had conversations. He wasn’t a school leader that was afraid of taking things on that needed to be handled.” Principal John credits his father’s modeling for giving him the ability to do some of those same things in the positions he has been in as an educator. This includes having “some of those conversations” himself where he talks frankly with colleagues and parents about student alcohol, tobacco, and other drug issues as something that needs to be addressed and not ignored. He admits his father’s “hit you right between the
eyes with it” style is not one he has adopted but “through my different leadership experiences and the people I’ve tried to model myself after, I think it’s good to shoot straight.”

Principal Michael described two principal mentors in his career that he credits for his leadership style. The first was the principal where Principal Michael was teaching who encouraged him to get his principal’s credentials. “I had never even considered it.” The other was the principal at the school where Principal Michael was first hired as assistant principal. “He had a very good knack with tougher kids.”

Principal Susan did her principal internship at a middle school. She spoke admirably about the principal there who “would suspend somebody who would [then] walk out the door and thank him for that.” She tries to emulate that leadership behavior. Principal Susan learned that if she can “discipline a student, hold them accountable, say tough things to their parents about what they are going through, and they know you care about them and respect them… they’ll actually do things you ask them to do.” Her first principalship was “working with students who are most at-risk in a high school setting. I had had zero experience working at a high school setting with at-risk students.” But she relied heavily on what she had gained from that “tremendous mentor who [taught me] that.” She described learning through mentorship to “get kids to relax and be excited about learning and to begin to believe in themselves to move forward.”

The next category is about how these principals came to know about alcohol, tobacco, and other drug issues that students have. It describes their learning processes.

**Preparation for this work.** Each of these principals came to the profession having taken all the required and elective coursework for their degrees and credentials. They all described having had no coursework pertinent to alcohol, tobacco, and other drugs that prepared them for
working with these kinds of issues as they impact students, families, and the school environment. One participant, Principal Michael, remarked, somewhat sarcastically, “We had one night where recovering addicts came and talked to us.”

Principal Susan said coursework is where “You learn the nuts and bolts of [education], [but] you don’t learn the heart of the issue.” Much of what prepared her came during internship. “That’s where I mentioned the gentleman that kids would leave and thank him for suspending them and I always knew I wanted to be like that guy.”

Principal John said, “The academic course work [was] more about how to be a leader and pull teams of people together and provide a focus and a vision,” but that he didn’t learn anything about alcohol, tobacco, and other drug issues. “It’s been more experiential.”

Principal Mary didn’t learn about students with alcohol, tobacco, and other drug issues during any of her degree or credentialing coursework. Her personal interests were piqued during her early work as a principal which motivated her to seek “extra course work around drug and alcohol use [and] interventions.”

The next category is about these principals’ motivation to do this work. It explains how these principals became inclined to have particular care and concern for at-risk students.

**Motivation to do this work.** Having had no academic preparation, these principals shared common motivations for working with these at-risk students. Half of them including Principals Sandra, Michael, Mary, and David came not only to the principalship but to education in general with the background and desire to work with at-risk students. The other four developed an interest after first becoming a teacher prior to becoming a principal.

While in college earning a degree in psychology, Principal Sandra completed a practicum at an adolescent treatment program in Southern California. “I was hired as a tech [and]
promoted to Substance Abuse Therapist.” She described going into “really risky schools” in Southern California where she would do prevention-related presentations. “They were all high risk schools, during the height of the gang issues back in…1983 to 1985. I started to realize that those kids…were not in great shape.” After college she returned to the Puget Sound area. Her first job was a case manager position in a school district. She did outreach activities and worked in homes with drug-and-alcohol-involved families with elementary aged students who were experiencing various non-academic barriers to learning. She spoke of wanting to break the cycle “simply because people did that for me.”

Similar to Principal Sandra, Principal Michael, while finishing his undergraduate degree in sociology, worked as a detention officer in a juvenile facility and then as a case manager at a group home for at-risk youths. His experiences ranged from working with gang-related kids to pedophiles and “kids that were so far down the road” that after they were released from custody they would [reoffend] or “we would hear that they were on their way to Maple Lane or Green Hill [juvenile corrections schools].” He became disillusioned with social work. Principal Michael’s impetus for wanting to be a teacher was to work with “tough kids earlier” before they ended up in the juvenile justice system.

Principal Mary started her career as a special education teacher at the high school level and has always had a passion for “our marginal students.” She taught for seven years and served as a department coordinator at a large comprehensive high school before moving to her first assistant principal position. She believes public education is, by itself, a calling, but “having that heart and passion for at-risk students…definitely…is.”

Principal David started his career working with at-risk students for the first four years in an alternative school and was always interested in kids who were “the down and out.” He said,
“I am not so sure that led me to becoming a principal. At the time that I became…assistant principal…I was 27, so at that time you are kind of still selfish.” Once there he realized the power the administrative position has with at-risk students. “I felt that I could actually reach out to all students and particularly at-risk students, because the at-risk students have at-risk families in almost all cases.”

Having had no academic preparation or prior interest in working with at-risk students, the other half of these principals developed an awareness of and interest in these students after first working in the classroom as teachers before becoming principals. Principal Cynthia started her career as a health and physical education teacher. She made a big change early on when she took a position as director of prevention programs at an educational agency. Her interest in working with at-risk students is something she said she grew into. While a teacher she was “very young so I didn’t really…know…at that point” but has always been drawn to at-risk students. It wasn’t a focus for her until she worked in alcohol, tobacco, and other drug prevention, early intervention, and treatment at the educational agency and saw firsthand the array of non-academic barriers to learning students can face. After about twenty years, Principal Cynthia decided to apply what she had grown to be so well versed in directly in the school environment so she returned to school to get her principal credentials.

Principal Susan started in education as an elementary teacher in a low performing, high poverty school. Working with high needs students, she “just always liked to ignite curiosity.” She got involved with technology which eventually led to her first job as an alternative school principal “working with the students who are most at-risk.” She said, “I’ve…seen where students are held up by other adults in their lives and the limited beliefs of what [a] student is
capable of achieving. [This has] helped me expand my viewpoint...[about] who I am around some of these things.”

For Principal Tammy, motivation to become a principal was about helping all students and the desire to have a bigger impact on a larger population. She believes “any kid can be at-risk.” As an assistant principal she found herself “working with the challenged kids because those are the kids who come into see the assistant principal.” It was there that she developed knowledge and skills to help at-risk students be successful.

Principal John entered education to be a teacher and a coach. Some of his early work was in urban and suburban schools and involved his working with students who were living in more disadvantaged situations than he had grown up with. As a teacher Principal John was shocked at what drugs were available and what was being used by students. Having grown up in a small town, “it was work on the farm and stick some tobacco in your lower lip and that was about it.” He had known people that dabbled in drug use but they were “few and far between.” Working in city schools he realized “this is a different environment.” Observing they “are still good kids,” he grew curious why drugs are such a challenge for them. It was then that he “developed a great deal of empathy for them.” Site-based decision-making in his schools allowed him to take on leadership roles early in his career. Having empathy for his “more on the edge” students combined with early activities as a leader of adults gave him the motivation to become a principal. “I wanted to be able to take on that leadership role and in essence improve everybody’s teaching around me...to help kids get further. There is lot of satisfaction when you get them to turn the corner.”

In the preceding sections I provided an analysis of the theme of the background of these principals’ leadership. I included categories about the impact of alcohol, tobacco, and other
drugs on their own lives; mentors in their lives; preparation for this work; and motivation to do this work. The following section contains an analysis of the theme, categories, and subcategories about the perspectives of their leadership.

**Perspectives of Their Leadership**

In this section I described research findings about the theme regarding the perspectives of the study participants that inform their leadership. The data explains categories and subcategories that situate the perspectives of these principals. The first category is empathy and compassion.

**Empathy and compassion.** All of these principals spoke of empathy and compassion for students with these issues. They talked about how having empathy and compassion makes a difference in their work. To adequately analyze this category, definitions of empathy and compassion are necessary to reflect on what these principals shared.

Empathy is the identification with and understanding of another's situation, feelings, and motives (The American Heritage Dictionary of the English Language, 2009). It also means sharing the load while “walking a mile in someone else’s shoes” in order to adequately understand another person’s perspective (WiseGEEK, 2012, para. 2).

The ability to empathize is evidence of self-awareness and emotional intelligence (Goleman, 1995). Emotional intelligence refers to the capacity to reason about emotions to enhance thinking (Mayer & Salovey, 1997). Goleman (1995) described self-awareness, knowing one’s emotions, as “the keystone to emotional intelligence” (p. 43). Reflecting on Goleman’s (1995) discussion of self-awareness, Ackerman and Maslin-Ostrowski (2002) asserted that “to know who they are and what they stand for” (p. 112) is the most essential quality leaders must have.
Compassion is “a feeling of deep…respect for another who is stricken by misfortune and the strong desire to actively do something about it” (Wolpow, Johnson, Hertel, & Kincaid, 2009, p. 17). Webster’s (1919) defines compassion to mean with passion or intense emotion.

Some of Principal John’s early work in urban and suburban schools involved his working with students who were living in more disadvantaged situations than he had grown up with.

That’s where I started developing some empathy for the environment in which they were growing up. Really interacting and interfacing with students who had those difficulties in more depth, I knew it was something we have to get after. There are times that you have the whole gamut of different situations. Students that want to get better but can’t because of their family environment. You have families that want the student to get better but the student fights against it. And…students and families that want to get better but don’t know how to navigate the system. Sometimes it’s an uphill battle…because people…look at our community through rose colored glasses and don’t want to realize that the issues are out there.

Principal John is empathetic with these students but also knows “you can’t love [them] into sobriety.” His experiences have taught him students need “a kick” sometimes so he is firm and lets them know “maybe you don’t think you need this…but…don’t fool yourself.” Principal John has found a combination of empathy and “tough love” that is effective.

Principal David shared a deep sense of spirituality and purpose. He explained that his spirituality is a side of him many of his friends may not be aware of.

I don’t think we’re here on earth by chance. There is a God and a creator. We all have gifts that we have been blessed with. One of the gifts that I have been given is the gift of empathy.
A self-described stalwart individual ("I don’t take crap from anybody"), Principal David spoke of how empathy has allowed him to discipline a student on one occasion and perhaps endow the same student with a scholarship upon graduation later on. He reflected on his own experience as a parent when he observed, “How would I want my kid to be treated in this situation?” He went on.

Every encounter you have as a high school principal, particularly every conversation you have, you are going to impact the kid. They are going to go home and say, “Hey, I talked to the principal today and this is what he or she said.” And in my position…what I am saying can be influential either in a negative or positive way. And so I always look at it in spiritual terms.

Principal David looks for the opportunity to get students to talk to him where he can listen to them. “I have watched a lot of bad stuff [in] my personal family life…when I was a little kid, between my parents. All of the stuff that goes on in families.” He knows at-risk students “have been around the block,” have problems, and have talked to any number of others or, as he puts it, “a lot of people have talked at them” before they get to him. He lamented that people often don’t actually listen to at-risk students, so he tries to take care to listen. When they are in trouble, he shares his opinion that they are in his office because they want something from him or want him to do something for them and asks “what is that you want me to do?” He listens carefully to what they are saying by asking the right questions. Using good listening and communication skills, Principal David’s experience has shown him that students will “really open up to that” and once they do, he can begin to take action.

Reflecting on educational leadership and his perspectives from the workplace standpoint, Principal David said working for a “superintendent that has no empathy or no understanding of
kids with these issues…that is willing to kick them out” creates unfortunate challenges. He thinks these challenges weigh on principals and at-risk students. They weigh on him. He has gotten “caught up in the politics” with superintendents and school boards that “think they know what they are doing” but don’t “because they never dealt with” students such as these.

Principal Tammy said that what people observe as she interacts with students with alcohol, tobacco, and other drug issues is “empathy, being willing to listen and…make this a…positive challenge rather than a dead end.” Rather than treating it as “not our problem,” she views it as “what we are here for.” She said that as an educator and leader “it becomes kind of a passion or a challenge to help those students who are not successful.” She listens to understand the student’s background and story and then tries to figure out the best way to advocate for the student, given the circumstances.

Principal Tammy was matter-of-fact when she talked about what a principal’s role is while working toward success for at-risk students. “Listening, paying attention to students, being patient, willing to work with them.” She realizes they are kids who may fall down but it is the job of an educator to teach them. “Seeing success with students who are…academically failing…and being able to help them and see that…they can turn around” is rewarding for Principal Tammy. “You don’t throw away kids because they have problems or issues.” She aims to help students and parents face consequences with honesty and open communication. She lets them know what is going to happen and what they need to do and she encourages them to see beyond the consequences and look toward their return to school. When their kids are involved with drugs and getting kicked out of school parents sometimes worry that it will ruin their students’ lives. Principal Tammy agrees it can have that impact. “I can remember talking to parents and…explaining to them and…listening to their concerns, but then being realistic and
saying ‘no, it’s not…the end of the world.’” Principal Tammy knows these kinds of circumstances can be traumatic for students and parents.

To Principal Susan, firsthand knowledge is one of her best learning experiences. When reflecting on “hearing the stories, getting feedback from students” she admitted “it can sometimes change my own thinking” and move her from initial thoughts to another perspective. She had wondered for a number of years how she would act in circumstances these students find themselves in. When she was a new teacher working with students who were struggling with family issues she recalls having called her own parents “once or twice a week” to thank them for her good childhood and the things she didn’t have to worry about. Principal Susan learned early in her career as principal “not…to let anyone off the hook but [to have] compassion to hold them accountable in a respectful manner.” She now knows “some of these kids have been dealing with [these] issues from the earliest points of their life” and says it helps her to have compassion and empathy. “Outside of being able to watch it and see it with my own eyes…how [else] would [I] know it?”

Through the mentorship of a caring supervisory principal during her administrative internship, Principal Susan became “passionate about that job and then passionate about moving to the comprehensive high school” where she could use her skills of empathy and compassion to affect change.

Principal Susan discussed a duality of purpose when she works with these students - the responsibility to uphold policies and ensure safety for all students while keeping in mind what at-risk students need to succeed. When a student shows up to school under the influence or in possession of drugs or alcohol, while disciplining the student she will talk with him or her about whatever rule was broken and her belief that the act doesn’t necessarily define them. She shares
a belief that “the only way I can interpret somebody…coming to school under the influence is [they are saying] “I’ve got a problem and I need help.” She tells them her responsibilities under district and state guidelines. She also tells them “what you do on your own time is your business, it’s not mine. It doesn’t mean that I don’t care but…when you choose to use at school, that’s my business.” She notes that drug and alcohol use at school creates an “environment that’s not safe and then it means that [the student] needs help.” If she needs to suspend the student she tells him or her “pointblank” that she wants them back in school as soon as possible. Beyond that, she says “if it happens again, that becomes a different story.” She adds that she gives students graceful ways to redeem themselves. “I often refer to [these] students as armadillos because they have a really tough protective outer shell but when you get down to it, there’s a very soft underbelly they’re protecting. They just don’t like to show that part very often.”

Principal Mary believes “having that heart and passion for at-risk students” is a definite calling. She said that her entire life experiences led her down a path to working with this population. “Being a youth that probably drank more than I should [have] - I had my first drink when I was 13 - you see the signs, you hear it in their voice; you see by…who they’re hanging out with.” She benefits by life’s lessons when she talks with at-risk students. “When [they] have a feeling that you care, they’re pretty honest. I think we’re all pretty transparent in the heart. An adult who cares about kids…that’s something you can sense.”

Principal Mary said at-risk students are often those some educators don’t want to work with and that the term “throwaway kids” might apply, but said, “I don’t believe in any throwaway kids.” When she was first a teacher working in special education she had many students involved with drugs and alcohol that were regularly going to juvenile detention centers.
Out of a sense of purpose, Principal Mary went to the detention centers and jails and visited her kids. “They need lot of attention, probably more than anybody else.” Principal Mary thinks some kids in trouble may have the support of families but many times these students do not, “so knowing that somebody cares about them is pretty important in their lives.”

According to Principal Mary, content and organization is something that can be taught “but you can’t teach that heart and passion.” She believes some people have it, some don’t. Principal Mary notices it in how teachers talk to students and look at students, and what efforts they are willing to make to work with them. “The work is about the students.” She understands there are many reasons why kids use alcohol, tobacco, or other drugs. For some, she thinks, it is social, something “you go through and hopefully…grow out of.” But for others, “it’s a symptom of a sadness in their world and not knowing how to fit into general society.” She compares it to gang involvement as a way to belong and to feel in control of their lives. Having relatives and friends who have had alcohol or drug issues and seeing their losses, Principal Mary is motivated by not wanting “anybody to have to go through that.”

Principal Sandra demonstrates empathy by building relationships with students, modeling what she expects, and showing that she is willing to “go through it” with them. She has experienced educational leaders, happy with their district’s “95 percent” standardized scores, that “weren’t about to rock the boat and implement change for that five percent. That takes me back to that hill that I would die on, right?” She keeps at the center of her leadership memories of “people who told me I could even though I didn’t think I could,” and “the school counselor who told me I couldn't go to college, but I did even though my dad was an alcoholic.” Principal Sandra knows firsthand “you have to care about that five percent.”
Principal Cynthia said she has a heart for certain kids. “I don’t want it to come across as I don’t care about all kids because I obviously care about all kids, but [some] kids just need more. They need more of you.” She shared a glimpse of a time she was not able to help a particular student who ended up committing suicide. “I did not help him; I was a loser on that one.” It was obviously a difficult experience for Principal Cynthia to talk about. She quickly moved on. With that student’s death in mind Principal Cynthia shared a story that illustrates her care and concern for her students with drug and alcohol issues.

I have this little group of kids that are dealing drugs in our school, I know they are. I could not catch them but I have put them all on alert that I am going to get them and…they all know that I care about them. I told them [they] will not deal drugs in my school. At last Friday’s game…I [suspected one of the students] so…I started picking up garbage and then I picked up [the student’s] backpack and…nonchalantly went over by the concession stands and started going through it. The kid came over and [said], “That’s my backpack, what are you doing?” I didn’t have a reason to search it. So I gave it back to him. This Friday night he was walking up to the football game and I said, “You may not bring a backpack in there. And if you have one, I am going to search it. We have police there and they will do what they need to do. I am…watching you and there will be no drugs in [this] football game.” So he came to the game without his backpack. I am…pretty certain he still did whatever he had to do but he did it in a different way.

Principals David, Michael, Susan, and Sandra provided me with samples of archival documents that were meaningful to them. These documents evidenced their empathy and compassion.
Principal David shared two photocopied documents: (a) the obituary of Coach, Principal David’s mentor, and (b) a speech Principal David had given in 1992 to the graduating class at a high school where he had served as principal. A passage from the obituary exemplified his mentor’s desire to help at-risk students. It read, “He was involved in the No Meth Program as a facilitator, helping children from meth families.” Reminiscent of the manner in which his mentor encouraged students, in his speech fifteen years prior to his mentor’s death, Principal David had congratulated his graduating students with these compassionate words:

Live…don’t just exist! Eighteen years from now, be able to examine your life and say... indeed, I am using my time. I am living “we” instead of “me.” I am living “service” instead of “self” and I am living “give” instead of “get.”

A matted and framed piece of artwork dominates a main wall in Principal Michael’s office where we met for both interviews. He said he had found the quote and liked it so much that he had it framed. It resonates with his compassion. It reads: “Never grow a wishbone where your backbone ought to be.”

On Principal Susan’s wall also hung a precept prominently fashioned into an attractive piece of artwork. It represents her compassionate philosophy about her work with at-risk students. It reads: “Every blade of grass has its angel that bends over it and whispers ‘grow, grow.’”

A code of conduct poster is prominently displayed in Principal Sandra’s office that frames her compassionate work as a school leader. It is signed by each of her faculty and staff. It reads:

We the [school] community…value every day as a new day. Believe diversity is strength to be embraced with open-mindedness, compassion, and empathy. Act with integrity and
treat everyone with respect. Communicate honestly and openly under all circumstances. Show care, kindness, and generosity towards each other. Are reflective learners who collaborate and support each other in continuous learning. Foster joy, laughter, and celebration. Build sincere relationships with students. Advocate student success. View conflict as an opportunity to communicate in an open, timely, and healthy manner. Make every moment count. We choose to trust each other and be held accountable for this code of conduct.

The next section describes the category about culture. This is another of the categories that frames their perspectives on leadership. It includes subcategories about family and school culture.

**Culture.** All eight of these principals shared perspectives about culture and how alcohol, tobacco, and other drug use in families impacts these students. Five shared perspectives about school culture and how necessary it is to the support of students and at-risk students in particular.

**Family culture.** Principal John stated he understands “where these kids are coming from… [and] how they got there.” When students come to school, “they bring with them their parents’ history and how their parents grew up, they bring their household history, they bring all of that to the table. Many times that’s in sync with what we’re trying to do [and] at times those experiences are not in sync.” Students troubled by home and family life out of sync with school life can struggle but the cause of their problems is not always or immediately evident. “When a youngster does not outwardly display a disability…it’s a more difficult thing for the other kids around to understand.” It can be hidden from adults at school too. Principal John says that sometimes students may want to get better but can’t because of their family environment.
Principal John believes parents don’t set out to be bad parents and some have different parenting skills than others. He gets frustrated at the attitudes of some parents when it comes to alcohol, tobacco, or drugs. Many of the parents in the community went to “these same schools” and, even though times have changed, they may say, “Well, that’s what we did when we were in school. What’s the matter with our kids doing it now?” To Principal John this exemplifies the confusing and enabling double messages students may get at school and at home.

For Principal Mary, we are who we are because of the different cultures we are part of. She said she recognizes the realities of family culture when she described her own family member impacted by alcohol and other drug issues who died too young. “There was money in the family, so he didn’t have to necessarily work like everybody did to survive.” Principal Mary shared that these problems of student alcohol, tobacco, and other drug issues are not always based on poverty or family dynamics. “You will see some of the wealthiest families with…kids [with] the greatest drug and alcohol use” perhaps because those kids have greater access to money and are in systems that are affluent. Principal Mary said that “this can happen to anybody. No family is immune.”

Principal Sandra saw something similar. She said, “We…had a student who is part of probably one of the wealthiest families in [the county] who went to school here, and then we have the poorest of the poor.” She said there is no difference in what they need to be successful and the chances for opportunity. Their hope and optimism is no different. The only difference for the student from the wealthy family was financial resources and “those didn't even really help this particular student.” She said that in fact they may have served as a greater hindrance because he “had more access to things like drugs.” Regardless of financial resources, Principal Sandra described parents who will say, “You're not going to touch my kid” because he or she
might be involved with the juvenile court and have a probation officer and the parents know that if they get in trouble again “they're going to jail.”

Principal Sandra also understands family culture from personal experience. Through much of her upbringing she experienced everyday interactions with members of her childhood family that were involved in a dizzying array of drug use. Consequently, she missed a lot of school “while staying home to take care of her family.” In the face of teachers who encouraged her, she long disregarded her own academic abilities even as her father, in the throes of alcoholism, encouraged her to go to college.

Principal David also saw something similar. He discussed students coming to school that are poor and at-risk. He sees others who are rich or upper middle class and at-risk whose parents work to hide their drug and alcohol issues. “Poor kids don’t have parents who know how to hide things.” Principal David also knows teachers who say that anybody who is using drugs and alcohol at school is from the lower class but he knows that isn’t the case.

Principal Michael described a situation where a student’s mother came to his office and “almost got carried out of here in handcuffs” because she was “out of her mind on pills.” Principal Michael is amazed at how “messed up” some of the parents are and the level of impact their children withstand. He said these students “have more basic…priorities” that schools today aren’t equipped to deal with and have developmental gaps such as character development and other needs that are not met at home. “They are impacted because their parents or family…are impacted and therefore they can’t get those things from their parents.”

Principal Cynthia says it’s her role to “support teachers so they can…understand a little bit of the world that these kids walk in and what they bring to the classroom.” In her experience, teachers see things through “their own filter, their own family.” This is true for most of us. It is
also important to Principal Cynthia to help students understand how their family histories impact who they are. She talks with students about how to love family members even when they may be mad at them for their alcohol, tobacco, or other drug issues. She affirms students’ feelings and helps them find the words to begin talking about them.

Principal Tammy spoke of “ugly [realities]” in the lives of these students such as a “mother who is an alcoholic, a father who is abusive.” The reality may be that they cannot control what goes on at home but “they can change themselves in their behaviors and how they respond to others and that’s where we have to help them.”

Principal Susan has experienced parents who come to her office “reeking of marijuana” or smell like they have been drinking yet complain that they want their child to get treatment or that they can’t get him or her to do what they want. “There is a lot of information parents give you” whether they mean to or not in circumstances like this. A substance abuse counselor at Principal Susan’s high school works with students who have friends or family members that are impacted. When Principal Susan gets an indication it is an issue, she invites conversations with students to try to find resources to support them. She related that

We have a number of students right now living in homeless shelters because of things like that. I was just talking to a [homeless] student the other day who said, “I don’t drink or things like that because my family does way too much of it, so I’m never going to touch it.”

*School culture.* Five of these principals shared perspectives about school culture and how necessary it is to the support of students and at-risk students in particular.

One of the guiding principles behind Principal Sandra’s leadership is to “perform with honesty and integrity in a culture where problems are worked out in a healthy manner with
Principal Michael spoke of students who are “first generation,” not necessarily English language learners but those challenged to be first in their families to go onto post-secondary education. “They don’t have the keys and so we have to intentionally provide the keys.” He calls it presumptuous that parents who do not dedicate time to actively support their students’ education do not value education. He prefers a stance that such parents have competing priorities. Principal Michael therefore believes educators need to teach behaviors and the culture of school to kids who come from many homes and that school culture is “about class before it’s about race.” To illustrate his point Principal Michael detailed hosting an event for staff, parents, and students. The focus of the evening was the showing of *First Generation* (www.firstgenerationmovie.com), a documentary that follows four diverse first-generation students through trials and tribulations getting through high school and on to college. This was an opportunity for staff, parents, and students to learn together.

Principal Tammy works hard developing a strong culture in her schools. She believes that’s a big part of what a principal can do in a school to make sure support systems are in place for kids. “This is our job; this is what we have to do.” With support from faculty and other staff she establishes student assistance teams, a regular meeting schedule to consider the issues and a school culture that responds to them. “We have to help kids who are struggling.” This includes protocols for working with students, knowing community resources, counseling staff, and assistant principals. Processes for knowing what to do, district expectations, how to follow through. “It’s a systems thing.” Principal Tammy observes that a school culture that supports the success of these and all students is not always there. “Different staff, different attitudes” in
the different schools she has led impacts the school culture. It has to be a culture where support staff, counselors, administrators, and teachers know their role and the system and how to respond in support of all students. Regarding students with drug and alcohol issues, according to Principal Tammy, she has seen where teachers see it as the guidance counselor’s role to help, and for the guidance counselors to see it as an assistant principal’s role, or “someone else’s job.” In a school like that the culture is fragmented to where dealing effectively with these issues becomes no one’s responsibility.

Principal Tammy educates her faculty and staff to create a “culture of assistance” and make them more aware. Training, awareness, and a greater understanding about students with alcohol, tobacco, and other drug issues helps to reduce stigma. Training on what substance abuse looks like, what to look for; school policies and processes, all intended to provide students with support and assistance. It includes training on the teacher’s role when a student is out of the class “for a number of weeks or days,” and how to help them when they return to get caught up.

“Our job is to help kids [be] successful, not just to say I taught them but they didn’t learn because it’s their fault.” It has been Principal Tammy’s experience that there are high school teachers who think, “I am a content person, I [do] not [teach] the whole child like an elementary teacher.” She works with her faculty and staff on school culture and a collective belief system that they are there to teach them all and “it’s everyone’s responsibility to teach all students.”

For Principal David, being in school every day allows him to measure “the social aspects of school, the health of the climate and culture.” Culture and climate are not one in the same.

“There is a difference between culture and climate. Climate…changes all the time. You could have a great football team and your climate is really good, you have a bad basketball team and…now it’s really bad. But…culture, that is who we are, regardless of
win or lose. You begin to see it in test scores and…in high [and] low graduation or…dropout [rates].”

When Principal Susan started at the alternative high school, she explained, 22 students graduated the first year; by the time she left there were 78. Principal Susan attributes this shift to the cultural evolution of the school that underscored the importance of achievement and graduation. When she moved to the comprehensive high school, it was “a bigger ship” but Principal Susan’s focus on culture did not change. One of the indicators of academic success there is the failure and incomplete or “FINC” rate. At the first of that year “almost 50% of our teachers…failed more than 15% of our kids. By the spring, we had gotten that number…down to 18%...of our teachers.” The significant change in the FINC rates reflects a school culture of more interventions, more student supports, and more opportunities for students to engage in proactive and positive ways.

The preceding section has been an analysis of data about the category of culture and subcategories of family and school culture. The next section is describes the category about resilience.

**Resilience.** Being a school leader working with at-risk students and trying to influence improvements in their behavior and academic performance is challenging. Students with alcohol, tobacco, and other drug issues tend to struggle to get good grades, have attendance problems, and violate rules. These principals shared insights about resilience they noted in these students. To adequately analyze this category, definitions of resilience are necessary to reflect on what these principals shared.

Resilience is the “capacity to rise above difficult circumstances, the trait that allows us to exist in this less-than-perfect world while moving forward with optimism and confidence even in
the midst of adversity” (Ginsburg & Jablow, 2011, p. 4). Werner and Smith (1992) explained that resilience studies “Provide us with a corrective lens - an awareness of the self-righting tendencies that move children toward normal adult development under all but the most persistent adverse circumstances” [emphasis in original] (p. 202).

For Principal Sandra, the foundation of everything she does “is built on…the resilience research (see Ginsburg, & Jablow, 2011; Hanson, Austin, & Lee-Bayha, 2004; Johnson, 1995; Wolin & Wolin, 1993) which, to people who have lived it, is called common sense.” What she experiences with these students “on a daily basis” is “the exact same thing that the research says.” “[A caring] adult, opportunities to have a voice in their own life, and high expectations is…reiterated over and over.” When she applies it to her policies and practices, “the students meet us every single time.” At her alternative high school most of Principal Sandra’s students have alcohol, tobacco, or other drug issues. She and her faculty and staff write and share their autobiographies with students and one another at the beginning of each school year. Principal Sandra said, “I don't think it's a surprise that many of our teachers here have come from a similar family background such as mine” as well as many of the students. “They’ve all somehow found a path through resilience.” When she does her autobiography she tells students about how she wanted to break the cycle. She tries to be an example. However, she cautioned, “You have to be really careful how you do that because you don't want to make it seem insurmountable [or the student might think] ‘You broke the cycle, but I can't break the cycle.’”

To Principal Michael, students are more resilient than they “get any credit for.” He lamented about his amazement at how “messed up” some parents are and the level of impact their children withstand. When he meets some of their parents he wonders how students can live even “five minutes” with them “and these guys are able to make it here every day.”
In this study, resilience that principals noted in their students is not the only evidence of resilience that sifted up in the analysis. I found that resilience is also evident among these principals themselves.

It is undeniable that, without referring to them by their pseudonyms, the four principals who reported growing up with alcoholic parents faced hardship and adversity as children. Living with alcoholism, they were at greater risk than others to lack empathy (Jones, 1968) and to have behavioral, psychological, cognitive, and neuropsychological deficits (Johnson & Leff, 1999). They faced more problems in school, difficulty establishing relationships, an inability to express themselves, the likelihood of repeating the academic year, and the risk of dropping out of school (Parsons, 2003). They were more likely than others to be delinquent (Hawkins, et al., 1992) and were 3-4 times more likely than others to become addicted to alcohol or other drugs (For Professionals, n.d.).

These principals too, therefore, by definition, are resilient people. They rose above these very difficult circumstances and moved forward in their lives with optimism and confidence in the face of adversity (Ginsburg & Jablow, 2011). They beat the odds against them and became empathetic professionals. Although to walk a mile in someone else’s shoes (WiseGEEK, 2012) is really just a figure of speech, these principals have empathy for their students with alcohol, tobacco, and other drug issues because they experienced some of those issues themselves.

The preceding section has been a description of the category of resilience. Then next section provides a review of the category called all means all.

All means all. These principals share a clear vision and commitment to education for all students. They are committed to a belief that all students, even the ones that act out and are at-risk, can learn, and all students can be drug free.
Principal John borrowed from a principal colleague when he said, “All means all.” For Principal John “it’s all students, no matter what” and he strives to “embrace and respect…in that order, what every student comes in the door with” and believes that all students want to be successful. As a school leader he acts to streamline efforts related to working with these students in particular to enable his staff and colleagues to recognize and respond to their needs while concurrently managing their own job duties and responsibilities to all students.

Principal David considers his job as school leader to expect and encourage faculty and staff to teach all students, regardless of inherent challenges. The basis of his belief system as an educator is “equity for all students” regardless of race, ethnicity, disability, or socioeconomic class and his desire to be a “person of integrity.” From the start of his career as a teacher, he worked a lot with at-risk students. He has always been interested in kids who were “down and out.” Once he became an assistant principal he realized the “power” the administrative position has with at-risk students. “I felt that I could actually reach out to all students and particularly at-risk students.”

For Principal Tammy, motivation to become a principal was about helping all students and the desire to have a bigger impact on a larger population. She believes “any kid can be at-risk.” As an assistant principal she found herself “working with the challenged kids because those are the kids who come into see the assistant principal.” It was there that she developed knowledge and skills to help all students be successful. Teaching all students and reducing marginalization has to be a “culture of the school” where support staff, counselors, administrators, and teachers know their role and the system and how to respond in support of all students. Principal Tammy has seen circumstances where teachers see the task of helping these students as the counselors’ role, yet counselors see it as the assistant principals’ role or “someone
else’s job.” She works with her faculty and staff on school culture and a collective belief system they are there to teach them all and “it’s everyone’s responsibility to teach all students.”

Becoming a teacher and then a principal, Principal Tammy gained a “passion or a challenge to help those students who are not successful.” She believes all good teachers have some of that drive in them, and that it’s their personal responsibility to help all kids in their classes to be successful. When she left teaching to go into administration, the challenge just became bigger “because now it’s not just your class, it’s the whole school.” Speaking with her own sense of passion, Principal Tammy insists all students deserve the same opportunities to be successful. She calls education the great equalizer. “We see too often what happens to kids who don’t complete high school.” Principal Tammy sees her role as principal as an obligation to champion all students to see education as a benefit.

Principal Mary has high expectations that all students are important, that “we have no throwaway kids.” She is willing to walk side-by-side with her faculty in problem-solving, to look at ways all students can be successful and not ways to make growth blocks. “We need to expand our minds on out-of-the-box thinking because if the traditional road had worked for these kids, they wouldn’t be where they are.” When making decisions she keeps students at the forefront and that means “all students…not just the ones that are easy to work with.”

Principal Mary has been in small schools and large ones and said, “You have to know your kids.” When you are the school leader, whether you know all students personally, “you know the marginalized ones [and]…help the teachers who are working with them.” She models what she expects everyone else to do. She asserted,

That philosophy of everybody counts, you can say it, but if you don’t show it it’s just words. This is where [you can have the biggest impact] with these kids yourself and then
it’s the expectation that you have for others. Everybody will do it differently and the
differences are what…make a school system work.

She capitulated. “I get it that these aren’t the easiest kids.” Yet she is committed as a
school leader to help teachers in their classrooms so all students, including these students with
alcohol, tobacco, and other drug issues, get the full benefit of education. She spoke of gifts
teachers have, admitted not everyone is equipped to work with these students, and reasoned that
the best benefit to students is when teachers with varying gifts collaborate. “Whether it’s
through PLCs [Professional Learning Communities] within departments, or grade levels, or
through the entire school as a system, how do we use everybody’s gifts to help every kid?”

In the preceding sections I provided an analysis of the theme of the perspectives of these
principals’ leadership. I included categories about empathy and compassion; culture with
subcategories about family and school culture; resilience; and all means all. The following
section contains an analysis of the theme and categories about the actions of their leadership.

**Actions of Their Leadership**

In this section I described research findings about the theme regarding actions of the
study participants that inform their leadership. The data explains categories and subcategories
that situate the actions of these principals.

**Student centered.** Five of these principals expressed in their discussions with me that
students are the focus of their actions in teaching and educational leadership. They spoke with
conviction that schools are a place for students to learn and grow, not just a place for educators
to ply their trade.

Principal Sandra described guiding principles behind actions of her leadership, the first
three of which are (a) every student has equal access to every opportunity despite their
background or the circumstances that they have been born into, (b) every student is treated with the same respect and dignity that we treat every teacher with, and (c) never ask a student to do something that we wouldn't do. She works to build confidence in her students as learners, helping them see beyond what is put before them. She views herself in an educated parent role for her students which helps her hold on to a belief that they can do as well as her own children and to advocate for them as much as she would advocate for her own.

To Principal Mary, every person has gifts although not everybody is able to recognize that they do, often due to their life circumstances. Therefore, she believes part of every educator’s responsibility is to help students see what those gifts are and how to live happy lives. She works to model this belief.

What drives the actions of Principal Susan is respect for each student as individuals based on a belief that everyone has a different journey. She believes students have gotten to this point in their lives, whatever that may mean and where it may be, and it isn’t necessarily reflective of what or where they will be in ten or 20 years. Educators must “respect that and…help them move forward in the best way possible.” Her commitment to working with students with alcohol, tobacco, and other drug issues relates to one of the guiding forces behind her leadership - the desire to help students perform to higher levels regardless of their current struggles. “A lot of students either attempt to self-medicate or have been exposed to a lot of alcohol, tobacco, or drugs in their life and that diminishes, to a degree, their dreams but it doesn’t diminish their desire to achieve.” She aims to help them rediscover their dreams because, she believes, their current actions do not have to define them. She tells students, “Okay, so you’ve made a mistake. That doesn’t define who you are. It’s what you do from this point forward, the actions you take to help define that.”
For Principal David, the basis of his actions is “equity for all students” regardless of race, ethnicity, disability, or socioeconomic class. He bases this on an expectation of himself to act as a person of integrity. “However crazy the parent maybe in my office, I can’t let that craziness impact what I am going to do, what’s right for the kid.”

Principal Tammy insists all students deserve the same opportunities to be successful. She calls education the great equalizer. “We see too often what happens to kids who don’t complete high school.” Principal Tammy sees her role as principal as an obligation to champion students to see education as a benefit.

This section has been a description of the category called student centered. The following section is about discipline.

**Discipline.** Five of the eight subjects spoke of how they consider issues of discipline. They each described variations of a two-step process of holding a troubled student accountable while encouraging academic success. Discipline with support. They keep in mind a balance between helping students with alcohol, tobacco, or other drug issues to succeed in school while at the same time ensuring the school has a safe environment for all students. Discipline for these students and the manner a principal uses during disciplinary proceedings are equally important.

Principal John acknowledged that discipline is a part of intervention with students involved with alcohol, tobacco, or other drugs and that a principal sometimes has to be the bad guy. But he stressed that “you also want to provide every opportunity possible” to help students and families know what is expected and how they can be successful. He said sometimes it is a matter of “readiness to benefit” in that sometimes students and families are ready and willing to cooperate and accept support from the school and sometimes they are not.
Principal John said he recognizes the benefit of discipline and stresses that sometimes a student has to “hit rock bottom.” The discipline process can contribute to that. He is reinforced in his beliefs due to experiences he has had with students years after discipline.

Students…come back and have turned the corner. Their lives are different - some of it because of what we did. They stayed in school. Some of it was because we said we can’t keep you around unless you’re going to really focus on taking care of…these issues.”

Principal Susan reflected on coursework for becoming a principal. She learned the process and steps to take for disciplining a student and the legalities of discipline, the “management aspects” of it. But she said she didn’t learn the “leadership aspects” of it. “You learn the nuts and bolts of it; you don’t learn the heart of the issue.” For Principal Susan learning the leadership aspects of discipline came during internship from her supervising principal. She learned the discipline process with these students is a two-step process: to hold them accountable and to show them caring and respect. Her experience using this approach has taught her that students “actually do things you ask them to do.”

When a student shows up to school under the influence or in possession of drugs or alcohol, while disciplining the student Principal Susan discusses with him or her that the act doesn’t have to define them. Beyond that, she tells them “if it happens again, that becomes a different story.” She gives students graceful ways to redeem themselves and to respectfully earn their way back after being disciplined.

Principal Tammy talked about discipline from two perspectives. One perspective relates to prevention and how school systems can be set up to help at-risk students. Teachers and staff can refer students to get help before it becomes a discipline issue. She said when teachers and staff know the system, the process, and what they can do for students with these issues, she has
seen a reduction in numbers of student suspensions. She provides professional development to
everybody on her staff, educating them about substance abuse issues, what to look for, what to
do and the referral process for dealing with students before it becomes a matter of student
discipline.

The other perspective Principal Tammy spoke of is one where these issues are strictly
matters of discipline in the eyes of faculty and staff. She expressed disappointment and
frustration that it is often “more of a discipline issue with staff.” Getting involved with students
before these matters become disciplinary issues can be something teachers, counselors, and even
assistant principals do not see as their role to do something preemptive about. Principal Tammy
has heard resistance such as, “I am only going to be here [one or] two more years…so I am going
to focus on something else” rather than try to help students, which she feels is unfortunate
because the students are the ones who ultimately lose. She wonders why teachers, counselors, or
administrators would not want to “identify the problem before it manifests into a discipline issue
where the student then is out of school because they have been suspended and losing school
time.”

For Principal Tammy a mechanism of academic success is attendance. “If they are not
being kicked out [or] suspended, they are in class.” Alternatives to suspension involve providing
a process for the students with drug and alcohol issues that does not include being out of school.
Students are expected to attend drug and alcohol classes or treatment in order to remain in
school. Principal Tammy said tracking student compliance is a challenge yet she prefers to
invest attention to the challenge versus “that whole idea of how many kids are being kicked out
of school or leaving school for drug or alcohol related issues and are they coming back? If they
don’t come back to a mainstream…school they had been at and feel that connection…it’s easy
for them just to leave.” She conceded that some students might want an alternative experience but if a student that is substance involved doesn’t come back to school, it can be the end of that student’s education. What is important to Principal Tammy is to help students stay in school, to get back in if they are suspended, and to help them to get back on track.

Many of the students at Principal Sandra’s school “have been a part of zero tolerance disciplinary action.” Although she agrees zero tolerance may be necessary for student and school safety, she thinks it’s necessary as well to recognize that relapse where drug use is involved is a part of recovery. When students “get high” they should be suspended short term - and expected to get help – and then get right back into school. “I might tell them they are suspended, but they better come to school tomorrow and report to a certain room so they can stay caught up on their school work.”

Principal David has seen students who abused alcohol and drugs become successful, something he takes credit for because he “enabled them to stay in school.” He takes pride in knowing his students and “hated to lose a kid.” If he knew his assistant principal was getting ready to suspend a student, he would have “chats” with the student about how to get back into school. “I have always said if you are kicking a kid out, then you are going to have a re-entry conference” to talk about what the student has learned from the experience and the expectations for success.

This section has been a description of the category about discipline. The following section is about mentoring and modeling.

**Mentorship and modeling.** Six of the eight study participants stressed the importance of being teacher mentors to their faculty and staff and modeling the desired actions. Principal David said that as principal it is his job to “educate teachers how impactful drugs are on kids.”
Further, he considers his job as school leader to expect and encourage faculty and staff to teach all students, regardless of inherent challenges. He takes steps to talk about students who are at-risk to drugs and alcohol in faculty meetings, with department heads, and with individual faculty and staff members. He feels the principal leadership position allows “great influence” compared to leadership roles at the district level to impact these issues because of his ability to have daily conversations with faculty and staff working directly with these students. As principal, “it’s kind of a daily thing that staff gets to watch you and see you walk the talk.” While as a school leader it is important to set the tone about these issues, it is equally important to Principal David to model what he expects of others.

Principal Susan explained how she uses what she gained through mentorship as she mentors others. She described having had new assistant principals this year. When there were some substance abuse issues that happened at school, with permission, she invited herself into their offices, sat down with them, and asked them to observe her have discussions with students. This gave them an opportunity to see how she framed the conversation. Her assistant principals were resistant to her tactics, claiming that reasoning with these students may increase risk that they won’t get a clear message. In response, Principal Susan taught them that there is risk in all disciplinary action and that involving the student to learn from the experience reduces risk. She said that too often in her career she has seen situations where students leave meetings with the assistant principal feeling like they are a “bad kid” with their “tail tucked between their legs.” Instead of giving them a chance to “respectfully earn their way back” after being disciplined, to Principal Susan this would portend a greater likelihood of a student’s reoffending. Principal Susan showed her assistant principals how she prefers to treat students in such a way, not to command respect, but to encourage them to “want to put their best foot forward” and trigger an
“inner calling” for them to do their best and not to disappoint. “That’s a far better place than [to have] them feel like they’ve been blamed or…judged.”

Principal Susan emphasized that she starts each conversation while the student is present by gathering collateral information on the student such as their grades and attendance. She might say, “it looks like you’re really struggling in…three classes. What’s going on? How can I help?” Or, “you’ve been skipping this period [and it] looks like maybe you’re going off-campus at lunch and you’re not coming back.” She does this so the student knows that education is the root of the issue at hand. “I try to put it in learning terms and context. My job is to support [the] learner. There are a lot of other lessons…along the way but [that is] the root of it. So, I start with that.” As she gets more involved in the conversation, she delves deeper (“who do you live with,” or “what is your dog’s name,” and so on), getting to know who the students are as individuals. In turn, when she sees students later in another setting she can start a conversation using something she knows about them. “If I know what they care about, I can make a connection.”

Principal John models that he values every one of these kids. “They all come in with a different set of challenges.” Some things he knows he can help with and some he can’t. “Faculty and staff [need] to understand that [and] focus on things we can control.”

Principal Michael encourages positive recognition for students meeting expectations and specifically identifying the academic behaviors these students are meeting. “Stop looking for what you don’t want to see and [notice]…kids that [are]…meeting those expectations.” He shared a basic belief about working with these students. “You can't work on the academic issues unless you work on these issues.”
Principal Sandra is interested not only in bringing teachers along in their work with these students but wants to know her leadership is making a difference. Her district does a “360 survey” whereby staff responds with full anonymity to her as school leader. She learns what she models and more importantly, through anecdotes teachers provide, why her actions are working.

Principal Mary, who has been the principal in small schools and large ones, says “you have to know your kids.” When you are the school leader, whether you know all students personally, “you know the marginalized ones…[and] help the teachers who are working with them.” She models what she expects everyone else to do.

The preceding sections have been about the theme of actions of these principals’ leadership. It included analysis of three categories including student centered, discipline, and mentorship and modeling. The following section is about the theme of challenges to these principals’ leadership.

Challenges to Their Leadership

In this section I described research findings about the theme regarding challenges these study participants face that inform their leadership. The data explains categories and subcategories that situate the backgrounds of these principals.

Pressures. Each of these principals spoke of barriers and resistance they get while working toward success for these students. These are pressures that range from funding constraints and outdated systems to problems with community partners to attitudes of students, parents, faculty, staff, and colleagues.

Principal Michael reflected on what he calls the “traditional funding structure” that has been set up for school staffing that “hasn’t changed with time.” He drew a comparison between when important school structures used to include theater, sports, and clubs. His experience today
is that the important structures include providing for mental health and drug and alcohol assistance, character development, and the need to “run a variety of groups.” Cost structures do not allow for “intervention staffing.” He says the traditional funding structure forces him to try to get grants and “[pick] up crumbs” to develop structures and supports that should be built into the system. “You are automatically chasing your tail and not meeting the needs of a huge population.”

Principal Sandra shared a story about the mom that called her, concerned that her son may have drugs. The boy was searched and found not to have drugs. He cried as he expressed sadness and frustration about his mother’s lack of trust in him. Principal Sandra said this is a bind she finds herself in and is representative of pressures she gets from the various sides of family issues. It weighs on her. She has to juggle being an unconditional proponent of success for each student with not wanting to ignore the potential that these issues can seriously impede their success while at the same time be cautious of what might be said of any at-risk student that may or may not be true. In the principal role she has a duty to students, families, the school, the district, and to the community and when it comes to these issues, any decision she makes can be good for some and potentially devastating for others.

Principal Sandra also gets frustrated with community-based organizations. “Resources are as good as the people…attached to them.” A part of her job is building partnerships across the community for students who have alcohol, tobacco and other issues. She observed that people who “tend to work in this field” have unaddressed problems of their own and “they enter this field as a way to …work out their own issues.” To Principal Sandra this can mean they don’t always bring the healthiest standards with them such as commitment, punctuality, and accountability. To address this Principal Sandra uses “honest feedback and communication”
with whomever she needs to resolve it. She “would rather have nothing available for our students than something that's going to do more harm than good.”

Principal David spoke of pressures he’s had over the years from teachers who reason that, by “kicking out” these students, the school would be a better place for everyone. However, Principal David knows it’s an erroneous assumption that by expelling students involved with alcohol, tobacco, and other drugs, the school climate would be free of problems. Further, he considers his job as school leader is to expect and encourage faculty and staff to teach all students, regardless of inherent challenges.

Principal David feels pressure and frustration with people who “learn to play roles,” and uses an example the administrator who becomes more interested in their next promotion than in helping students succeed. “You become a principal and suddenly ‘how do [I] get in the district office?’ and you start being political.” Principal David said he has not done that. He is confident his “heart is in the right place” and it’s worked well for him.

Principal Susan understands and practically expects to face barriers and resistance around students with alcohol, tobacco, and other drug issues. She struggles with communications and accountability issues among adults in school. Her staff behaviors run the gamut from not reporting something about a student of concern such as “I forgot to tell you last week that a student in my room smelled like marijuana” to “That kid smells like marijuana and should never be allowed in my class ever again.” She also occasionally has staff members who want to minimize the need to “push” some students, including those impacted by alcohol, tobacco, and other drug issues, that are not college-bound. She is challenged to know how to help teachers and staff to focus on the best interest of these students. She expressed the value of education and that “the job we do with students now impacts them for the rest of their life.” She is clear that,
“Our job is to prepare them so they have choices and options in the future” because the limiting decisions students make today may change in the future.

Principal John said he gets frustrated at the lack of community resources and at the attitudes of parents when it comes to alcohol, tobacco, or drugs. Many of the parents in the community went to “these same schools” and, even though times have changed, they may say, “Well, that’s what we did when we were in school. What’s the matter with our kids doing it now?” To Principal John, this exemplifies the confusing and enabling double messages students get at school and at home.

Principal John sees the role of principal as “intervening and linking kids to resources.” To address barriers Principal John works hard to find people with resources such as public funding opportunities together with the people with expertise to serve these kids. He tries to look under every “rock he can…to access every resource possible to support the kid or the family.” He struggles to find options for families that don’t have medical insurance coverage for treatment services. “The only way we’re going to continue to make headway is to get everybody on board and make it a focus for all of those groups.”

Reflecting on educational leadership and his perspectives from the workplace standpoint, Principal David has felt pressure working for a “superintendent that has no empathy or no understanding of kids with these issues…that is willing to kick them out” creates unfortunate challenges. He thinks these challenges weigh on principals and at-risk students. They weigh on him. He has gotten “caught up in the politics” with superintendents and school boards that “think they know what they are doing” but don’t “because they never dealt with” students such as these.
Principal Tammy’s feels pressure when faculty and staff see these issues as someone else’s responsibility. When she hears things like, “it’s not my job, I am here just to teach,” or “it’s just those kids but the rest of the kids are fine,” she knows what a challenge it is to get faculty and staff to buy into making referrals “instead of just waiting until the kid gets caught.” Principal Tammy is tenacious.

Principal Mary said resistance “comes from all fronts,” from parents whose kids are involved and from staff. “We all have the good, the bad and the ugly in every school system.” It is essential, whether when she’s talking with parents or community members, that she doesn’t “shy away” from admitting schools have these alcohol, tobacco, and other drug issues and “that these kids are needy [and] probably…taking up more resources than others.” She has heard teachers say, “I don’t want them in my class if they’re making these choices” and “They don’t come to my class because they were out last night…so they’re automatically going to get an F.” She capitulates and says, “I get it that these aren’t the easiest kids.” She is committed as a school leader to help teachers in their classrooms so all students, including these students, get the full benefit of education. She spoke of gifts teachers have, admits not everyone is equipped to work with students with alcohol, tobacco, and other drug issues, and reasons that the best benefit to students is when teachers with varying gifts collaborate.

Principal Mary described pressures in context with education reform and reflected on how things used to be before the age of accountability. “We’ve all been pretty independent contractors in education and so having those conversations, ‘well, I could do this if you could do that’…[is] an evolving thing. It’s changing the landscape [in] education.” She bemoaned that schools and school leaders were autonomous and “we became tunnel vision about who our center
of the universe is.” She understands that “we can’t do it alone” while facing the array of needs and expectations in education today.

According to Principal Cynthia, time and money are the biggest barriers to working with these students. “A while ago we had a lot more money for prevention and intervention and it is just not there.” Given the realities of high stakes testing and accountability for student outcomes, “there is a lot teachers have to do.” So Principal Cynthia wants to do things smarter. “We need to bring in knowledge in a different way.”

This section has been a description of the category about pressures these principals face. The following section is about the category on coping.

Coping. I asked each of these principals how they cope with frustrations they experience doing this work. They all engage in a variety of coping mechanisms that help them with stress relief and to persevere.

Principal Sandra said, “I wouldn't know how not to [cope]. It's the hill I will die on.” She lists things that help such as shared leadership, “amazing people that I work with, great collaboration, from people above me all the way down to people that I supervise and support,” and a strong family network. She shared a conversation she recently had with her college-aged daughter the day before our first interview. Her daughter told her, “You're pretty lucky because I never lied about sneaking out and I never did get into drugs or alcohol. I talked to you about everything. Some kids say they talk to their parents about everything, but they don’t really.” Principal Sandra expressed gratitude that for her, beyond professional practice, it’s personal practice, too. Alluding to her own children, she said, “I have two…experiments at home.”

Principal John copes knowing he has “pulled some really good people together.” To him this means he can “get out of their way and let them do their work knowing that kids are
receiving quality service.” With the right people and services in place to work with these students and their particular issues, this “doesn’t have to be number one on the top ten” while it remains a priority.

Principal David keeps himself healthy while knowing he is doing the right thing. He says he can only control himself and not others. “If [that doesn’t work] I just go out and jog or ride or kayak or something.”

Principal Susan is proactive in being ready to cope. Each school year she does a presentation with her entire staff on her core values, including those that apply to working with these students, and “expects that everybody would operate within those values.” One of her values is that everyone deserves to be treated with dignity and respect. “It doesn’t matter if you have had an alcohol or tobacco issue. It doesn’t matter what’s going on in your life. You need to be treated with dignity and respect and that does go both ways.” She copes by spending time with kids. She is frustrated that some use drugs and make bad decisions that impact their future. But, she says, a part of her understands they are kids. “Our job is to help them make the right choices, not to judge them for the choices they’ve already made.” When frustrated with and about them she likes to spend time, with students themselves as well as with colleagues and friends, engage in conversation, and laugh.

Principal Tammy said coping with this resistance is “no different than…working [with staff] to get them to be better teachers [using] better instructional strategies in the classroom. You just continue working on it.”

Principal Mary calls herself a “pretty positive can-do type of person.” Resistance is a challenge. She is energized by it and has a lot of fun in her work. She looks for what she can do
rather than what she cannot. Sometimes she watches mindless television - she loves “Leave It to Beaver.” She also enjoys acupuncture as a great way to re-center.

Principal Cynthia said she is surrounded by good friends, a wonderful husband, and “I have people at work who help.” Perseverance is one of her preferred traits - she doesn’t give up. She is committed to being healthy and to taking good care of herself, and she needs to “know when [she has] reached her limit…and then get up the next morning and…keep moving forward.”

For Principal Michael, it’s golf. “It’s…that one sweet swing that you have in 18 holes that keeps you coming back the next time. Chasing that one sweet swing.”

The preceding sections have been about the theme of challenges to these principals’ leadership. It included analysis of two categories including pressures and coping. This concludes the analysis of the themes that sifted up in the data. The following section is a brief summary of the themes.

**Summary of the Themes**

This chapter has provided information about the themes, categories, and subcategories I discovered from my interviews with these principals. The themes I found include the background of their leadership, perspectives of their leadership, actions of their leadership, and challenges to their leadership. I described the data from which those themes, categories, and subcategories emerged and provided quotes and anecdotes that reflect those themes. I endeavored to accurately convey the rich insights, thoughts, feelings, and actions of participant principals in their work with students with alcohol, tobacco, and other drug issues.
CHAPTER FIVE

CONCLUSIONS AND IMPLICATIONS

This research has provided me with a rich opportunity to learn from eight secondary school principals that, while responsible for and accountable to all of their students, are known for the particular care and concern they demonstrate for students with alcohol, tobacco, and other drug issues. I have been fortunate to spend many hours with them and with their words. I have come to understand these principals and what gives them the perspectives they have. I have learned what motivates them, what challenges they face, how they lead for these students, and what keeps them going. This chapter draws important conclusions from the analysis of themes presented in Chapter Four and provides implications to ground a theory of their leadership in the findings from this study. I present conclusions, implications, and recommendations for future research with an emergent theory derived from the findings.

Summary of the Study

In this section I provide a brief review of the overview of the problem, purpose statement, research questions, and methodology. This is followed by a summary of the major findings related to the literature that grounds the theory of social justice practice of these principals.

Overview of the problem. Alcohol, tobacco, and other drug use in our communities are pervasive and have a harmful impact on students, families, and schools. Adolescents who use drugs are characterized by many of the same attributes as are school dropouts, have poorer relationships with their parents, poorer grades, worse attitudes about academics, lower self-esteem, are more absent from school, more rebellious, more depressed, and take on more risky behaviors (Mensch & Kandell, 1988, p. 97). Students are impacted by alcohol, tobacco, and
other drugs, whether by their own use, that of friends or classmates, or by use within their families and communities. School climate is negatively affected.

Principals in general have different beliefs about alcohol, tobacco, and other drugs in schools compared to those of their students. While “the greatest percentage of twelve- to seventeen-year-olds surveyed each year by the Center on Addiction and Substance Abuse at Columbia University consistently listed drugs as their number one concern” (Califano, 2007, p. 42), “only a quarter of high school principals think drugs are used, kept, or sold on their school grounds” (Califano, 2007, p. 43). Existing literature has provided little insight into how principals effectively deal with these problems while providing opportunities for all students to learn and be successful. What have been unknown are the perspectives, values, and beliefs of principals who show a particular care and concern for students with alcohol, tobacco, and other drug issues.

**Purpose statement and research questions.** Building on Theoharis’ (2004) pivotal work on social justice leadership, the purpose of this grounded theory qualitative study was to understand the perspectives, beliefs, and attitudes of secondary principals who show a particular care and concern for students with alcohol, tobacco, and other drug issues. I sought to discover what motivates these principals at a time when they are challenged by increasingly staunch expectations for the overall accountability for improved student academic outcomes. Results can be used to derive “a general, abstract theory of a process, action, or interaction grounded in the views of participants” (Creswell, 2009, p. 13) to inform leadership actions, and educational policies, procedures and practices toward increased academic success for this vulnerable student population.
This chapter discusses the implications of the research findings through a grounded theory lens in response to these research questions:

1. What has enabled principals who demonstrate particular care and concern for students with alcohol, tobacco, and other drug issues?
2. How do they convey their leadership to others and sustain themselves as they face leadership pressures with regards to these issues?
3. What resistance do they face and what are leadership consequences for their actions?

**Review of the methodology.** For this study I used a grounded theory (Glaser & Strauss, 1967) qualitative research design. A grounded theory approach offers the potential to generate a theoretical framework to explain what enables principals to lead with particular care and concern for students with alcohol, tobacco, and other drug issues. Grounded theory emphasizes the processes by which individuals construct meaning in relation to their social context (Charmaz, 2006), which makes it a useful methodology in helping investigate what enables principals to lead with particular care and concern for these students.

A positioned subject approach was a key methodological element for this study because perspectives of principal participants are at the center of my inquiry. Similar to Theoharis (2004), I selected from among this particular subset of school leaders because the literature review provided (a) little or no information about principals leading for social justice with students in mind who are marginalized by the impact of alcohol, tobacco, and other drugs, and (b) a dearth of research on drugs in schools conducted with principals as the unit of analysis. Decisions about which school leaders would participate were made using a purposeful sampling strategy (Merriam, 2009) “based on the assumption that the investigator wants to discover,
understand, and gain insight and therefore must select a sample from which the most can be learned” (p. 77).

In this research I identified three sources of data: interviews, archived documents and artifacts gathered from participants, and field notes. Building on interview protocols (see Appendix C) adapted with permission from Theoharis (2004) (see Appendix D); interviews in this study were semi-structured with key questions and probes.

From an initial pool of 25 potential participants I winnowed the number to a final set of eight research participants. First interviews averaged about an hour long and were conducted during August and September of 2012. Second interviews, conducted between October and December, 2012 each averaged about the same amount of time and were open ended, more of a guided conversation (Bogdan & Biklen, 1998) to review, check, and verify what I obtained from first interviews.

The analytical process began with coding of interview transcriptions, archival documents and artifacts, and field notes. Using a six step coding process described by Creswell (2009) I analyzed transcriptions to identify individual statements, comments, similarities and differences among school leaders, supplemented by analysis of archived documents and artifacts, and researcher’s field notes. I assigned codes to statements related to research questions, combining terms into patterns, patterns into categories, and categories into broader themes. Coding continued until codes reached a point of saturation in which further analysis resulted in no additional themes (Hopson & Steiker, 2008). The four resulting themes included (a) the background of their leadership, (b) perspectives of their leadership, and (c) actions of their leadership, and (d) challenges to their leadership.
The previous section was a brief review of the overview of the research problem, purpose statement, research questions, and methodology. The following section is a summary of the major findings related to the literature that grounds the theory of social justice practice of these principals.

**Summary of Major Findings Related to the Literature and Grounding a Theory**

I discovered five major findings concerning perspectives these principals have about students with alcohol, tobacco, and other drug issues. These findings suggest certain life conditions including adversity they experienced in childhood might have enabled these principals to be advocates of social justice with students impacted by alcohol, tobacco, and other drugs. Major findings about (a) social justice leadership for students with alcohol, tobacco, and other drug issues, (b) the impact of alcohol, tobacco, and other drugs on their own lives, (c) preparation to do this work, (d) empathy and compassion for these students, and (e) the resilience of these principals provide a deeper understanding of how these conditions collectively engendered the empathy and compassion these principals extended to at-risk students who appeared to be experiencing similar adversity themselves.

In this section I discuss these findings related to the literature, followed by conclusions and implications for action. I focus on how preparation programs can help future leaders see how important it is to understand that they do not have to have been from substance abusing homes to be advocates for social justice.

**Social justice leadership for students with alcohol, tobacco, and other drug issues.**

These principals are social justice leaders who advocate for students facing alcohol, tobacco, and other drug issues. Evidence of their social justice leadership is demonstrated by their recognition that alcohol, tobacco, and other drug issues potentially stem from cultural realities. They place
the needs of students who are marginalized for alcohol, tobacco, and other drug issues at the
center of their mission, demand that the needs of these and all students be met, and work to create a school climate of belonging for all students (Theoharis, 2009). They have a subjective sense of what is right for children (Bogotch, 2000) and use their positions to deliberately challenge how power and authority is used in their schools (Furman & Shields, 2004).

For these principals, doing justice for students with alcohol, tobacco, and other drug issues takes precedence over resistance they face from others (Gorski, 2013), resistance they expect to meet (Oliva & Anderson, 2006). They have formed internal resistance to outside pressures (Theoharis, 2004). They lead with “purpose, knowledge, courage, and commitment in the midst of increased accountability and high-stakes testing” (Jean-Marie, 2008, p. 353). They “embody the compassion that allows them to be both touched and moved and the capacity to touch and move others” (Taylor, 2003, para. 11) while fostering an environment of school connectedness where students know the adults care about them and their learning (Blum, 2005).

**The impact of alcohol, tobacco, and other drugs on their own lives.** Using principals as the unit of analysis, this study discovered the significant influence of alcohol, tobacco, and other drugs on the lives of principals working with students that likewise are impacted by the same issues. The influence was the result of (a) their own use of alcohol, tobacco, and other drugs, and/or (b) effects of the use of alcohol, tobacco, and other drugs by a loved one.

Each of the participants is a moderate consumer of alcoholic beverages; none use tobacco or other drugs except by prescription. As youths they were risky substance users, defined by CASA (2011) as tobacco smokers of any age and underage drinkers. Reflecting on their teenage years, the prevalence of addictive substance use was 50%. Therefore, in their youth, the prevalence of use among these principals was lower than current 30-day use trends reported by
CASA (2011) which showed over three-quarters of high school students had used addictive substances. Aside from youthful substance using behaviors among these principals, none were substance abusers or, relative to their substance use, high risk or at-risk youths.

The findings about the prevalence of substance use among these principals in their youth notwithstanding, it is the unusual instance of family alcoholism and addiction that is fundamental to gaining insights into their perspectives, attitudes, and beliefs. Among these principals the prevalence of growing up with family alcoholism exceeds that reported by previous studies. Seven of the eight, or 87.5% of the, participants in this research were personally impacted by family alcoholism. This is more than double the 43% of American adults reported by NACOA (2001) that have experienced alcoholism in the family. Half of the participants in this research reported growing up with parental alcoholism. This exceeds the 45.4% of American adults that grew up with a parent who participated in risky substance use reported by CASA (2011) and is close to three times the 18% of adult Americans that lived with an alcoholic parent while growing up as reported by Black (2001).

The experiences of these participants relative to the prevalence of alcoholism and addiction in their lives influence their perspectives, behaviors, and actions as principals. Califano (2007) spoke of school principals, unaware of the realities of drugs in their schools that “live in their own antiseptic bubble” (p. 43). Evinced by the perspectives they hold and actions they take, principals in this research are aware of, understand, and are responsive to issues of alcohol, tobacco, and other drugs, and do not live in such bubbles. They do not ignore the warning signals of substance abuse (Califano, 2007), or students’ non-academic needs (NRC, 2004), or societal factors (Sadnovik et al., 2008) that relate to these issues. They do not unwittingly foster alcohol, tobacco, and other drug use and related problems, nor are they
indifferent to the issue. They do not demonize (Prothrow-Stith & Spivak, 2003) nor excuse student behaviors associated with alcohol, tobacco, and other drug use. In the face of the actions and realities of these at-risk students, these principals hold at the center of their motivations the ability to confront problems and promote, support, and encourage drug-free life styles with an eye on academic success. Their own experiences with drug use and related family issues seem to have predisposed these principals in affirmative ways to have care and concern for at-risk students and to see the potential in them. While dark statistics of drug abuse portend negative outcomes for adolescents who use drugs or are influenced by others that do, these principals do not seem to carry the baggage (Black, 2009) that can be a product of growing up with family alcoholism.

**Preparation for this work.** These study participants reported that the academic preparation for principal credentialing did not include so much as assigned reading on these issues. One principal noted, “We had one night where recovering addicts came and talked to us.” Another said she sought “extra coursework [outside of her preparation coursework] around drug and alcohol use (and) interventions.” This gap in principal preparation coursework is not a trivial matter.

The stated purpose of NCLB (2001) is to educate all children, “everyone’s child” (McKenzie & Scheurich, 2004), no matter who they are, where they come from, or what they do or do not bring with them (Scheurich & Skrla, 2003). Regardless of the progression from NCLB to the next iteration of ESEA it will assuredly continue to refer to the education of all children. To educate all children including those with behavioral challenges the pre-service preparation of school leaders to tackle these matters of student alcohol, tobacco, and other drug issues remains important. As evinced by the academic experiences of these principals, the preparation for
understanding these non-academic barriers related to alcohol, tobacco, and other drug issues is relegated to the periphery (Mansberger, 2005), is found in coursework outside of education, and is not a requirement of future educational leaders.

Boesky (2002) said that “our thoughts, beliefs, and attitudes about mental illness are significantly influenced by our own personal experience” (p. 18). Even though the principals in this study lacked academic preparation in this area, they brought their own thoughts, beliefs, and attitudes about students with alcohol, tobacco, and other drug issues to the principal role from their own personal experiences. In dealing with students who violate alcohol or drug policies at school the principals in this study emphasize a two-part intervention process – discipline with support – and not one without the other. They hold students accountable through the disciplinary process and, at the same time, encourage the student to learn from the experience and remain committed to school.

Without academic preparation, principals may come to the principal role with all kinds of perspectives from all kinds of experiences. They could bring perspectives that command firm discipline (such as zero tolerance) without support or encouragement. Conversely, they could advance such care and concern to these students that they overlook the need for discipline and actually enable the behavior. Either way they would be at risk of making matters worse while making sometimes crucial decisions involving students’ lives.

The reality of these principals’ lack of academic preparation to do this work signals a gap in pre-service principal preparation programs. However, mentors in their lives acted to close this gap and prepared these principals with important lessons about care and concern for at-risk students. Not surprisingly, study participants stressed the importance of being teacher mentors to their faculty and staff and modeling desired actions. Having been mentored, these principals in
turn mentored others. The guidance and caring of key individuals in their lives prepared them to guide others. It is evident that this guidance has not only served for modeling to staff and faculties but to the benefit of students as well.

**Empathy and compassion for these students.** These principals spoke of how their own affective experiences have shown them the value and importance of having empathy and compassion for students with these issues and how it has a place in their work. Words and stories of empathy and compassion were found throughout the interview transcripts. These principals are self-aware and emotionally intelligent (Goleman, 1995) as evidenced by their abilities to empathize with students, to see who they are and the potential they possess. These principals empathize with students with alcohol, tobacco, and other drug issues in the face of frustrations they experience with faculty, staff, and colleagues. They do so even as they cope and manage to keep stress from overwhelming them.

Empathy and compassion are feelings. These principals understand themselves as affective beings with thoughts and feelings about their students with whom they share emotional similarities while they concurrently mete consequences to student actions according to policies and procedures. These principals embody the compassion Taylor (2003) wrote about that “allows them to be both touched and moved and the capacity to touch and move others” (para. 11). They embody the self-awareness of which Goleman (1995) spoke. They enjoy “the most essential quality leaders must have [which is] to know who they are and what they stand for” (Ackerman & Maslin-Ostrowski, 2002, p. 112).

Theoharis (2004) discussed in his findings a strategy principals employed “to sustain their social justice work while facing tremendous barriers” (p. 126) which was to “enact potentially harmful behaviors” (p. 126). This included working longer hours to the detriment of
other responsibilities and drinking too much alcohol. Two principals Theoharis (2009) described used drinking “to feel alive and to cope with pressure and resistance,” and “to feel okay” (p. 126). While talking about coping mechanisms in the face of frustrations the principals in the present research employ, I found something quite different. None had enacted potentially harmful behaviors. To the contrary, they all reflected on positive mechanisms for coping. There was no evidence of a sense of being overwhelmed. Empathy and compassion for their students resulting from their own childhood experiences with loved ones with alcoholism and addiction, which helped prepare them for this work, seems to serve as mechanism to cope and keep them emotionally on balance.

**The resilience of these principals.** These principals are resilient, having thrived despite the adversity of their childhood experiences. Growing up with family alcoholism and addiction, these principals faced numerous risks (see For Professionals, n.d.; Hawkins, et al., 1992; Johnson & Leff, 1999; Jones, 1968; Parsons, 2003) and incumbent adversity. In spite of this, these principals persevered. They were successful students themselves, each of whom earned at least a graduate degree. They are successful educational leaders. They “exist in this less-than-perfect world while moving forward with optimism and confidence” (Ginsburg & Jablow, 2011, p. 4; see also, Johnson, 1995; Wolin & Wolin, 1993).

In 1981, Black wrote that children of alcoholic parents take on behaviors that may appear unrelated to family culture to the unknowing observer. That may be the case here. These principals are able to understand these students’ issues as a function of their extant and ambient culture, see beyond their immediate behaviors, and to foster resilience in them. Understanding these students’ culture and resilience – and perhaps identifying with it – provides context through which their actions emanate. This understanding aids them in decision making about how to
address these student issues. To the unknowing observer this may appear unrelated to their upbringing but it is likely related to growing up in a family culture of alcoholism and addiction themselves. It is congruent – it makes sense – that they are resilient themselves and speak of resilience they observe in their students. A corollary of this congruence may represent the value-added education of which Bisset et al., (2007) spoke, the “mutuality between appropriate cultural beliefs and values emanating from the school [that] influence students' risk behavior” (Bisset et al., p. 489).

The previous section was a discussion of the major findings related to the literature that grounds the theory of social justice practice of these principals. The following section provides conclusions.

**Conclusions**

The major findings resulted in grounding a theory that principal leadership for social justice seems to be rooted in adverse life experiences stemming from childhood. These principals’ perspectives were tempered by empathy and compassion, a response to having experienced adversity, particularly adversity similar to that experienced by their students. This empathetic and compassionate response seems to be a demonstration of resilience.

The major findings in this study suggest that these principals had prior experiences that seem to predispose them to the empathy and compassion they have for at-risk students with alcohol, tobacco, and other drug issues. These experiences made them more sensitive to the challenges people have and to the realities of alcohol, tobacco, and drug issues among students at school. Being predisposed to various thoughts and behaviors of their own family cultures, these principals are able to recognize these issues as being relevant to what is going on around students in their homes, with their peers, and at school. From background learning they recognize them
as issues of culture. Their experiences shaped for these principals a mechanism for building relationships with at-risk students and showing them a pathway to making different choices, within their own cultural realities, and affording them access to alternatives. Their experiences enabled them to create a space for trust and bonding with students in these difficult situations.

There is a gap between the perspectives of these principals and as many as 75% of principals surveyed (Califano, 2007) who are either not aware of or just not concerned that drugs are a problem on their school campuses. In light of what we know about the prevalence and impact of alcohol, tobacco, and other drugs in our schools, this gap between principals that are and are not aware of the impact of drugs at school is substantial. It represents differing values, attitudes and beliefs that may serve as roadblocks to unaware principals as they face high stakes testing, accountability, and stemming the high rates of student dropout.

Matters relative to student struggles with alcohol, tobacco, and other drug issues are often rooted in culture. This gap in perspectives suggests some principals are more culturally aware than others about these issues. These matters parallel those of race and poverty that are also rooted in culture. To understand the experiences of those in a given culture by someone not a part of the culture is a complex undertaking. It requires exposure to the issues and a chance to confront and resolve gaps in understanding. It requires education.

Discourse is commonplace in education about the gap in academic performance among students. School leaders understand this performance gap as differences in academic performance between white students and students of color, and between students that do and do not live in poverty. Race and poverty are cultural issues. Like race and poverty, alcohol, tobacco, and other drug issues are cultural issues that impact student performance. These are issues that warrant the deliberate attention of – and pre-service preparation for - school leaders.
In the best of circumstances, children start their education at home, learn from their parents, and come to school ready for the academic experience. Sometimes, however, students come to school less-than-ready to learn for a variety of reasons. Sometimes this is because of alcohol, tobacco, or other drugs. As school leaders, principals set the stage for their faculty and staff to ensure that all students have access to education. Given the significant prevalence of alcohol, tobacco, and other drugs, the impact they have on schools, and the substantial toll they take on individuals, families, and society, a principal’s awareness and understanding about how to deal with students with these issues are critical. What a principal says and how a principal acts can make all the difference to an at-risk student.

One of the principals in this study noted that when a principal talks with a student, it is a moment the student does not forget. Principals in this study also noted the importance of mentors in their lives. The mentors they described were educators and most of them were principals. As it turns out, principals are unique and important people in the lives of students of all ages. With findings of this study, like others (Black, 1981; CASA, 2011), that as many as 50% or more of Americans – principals and students alike – are affected by family alcoholism or the risky substance use of their parents, regardless of whether a principal has experienced adversity as the participants in this study have is irrelevant to their students. What matters is the knowledge principals possess and what they do with it.

In the current policy environment, neither principal preparation coursework nor professional development objectives include accountability for understanding non-academic barriers to student learning. Given the high expectations of NCLB and incumbent accountability measures on principals, it makes little sense that responsibilities such as addressing the academic needs of students with alcohol, tobacco, and other drug issues are not informed by academic
preparation and discourse but left to the life experiences of the individuals. Further, it makes little sense to prepare principals for the weighty role of school leadership without providing them with a full understanding of what they will face.

Educational leadership preparation must give leaders the opportunity to learn about student needs beyond academics, and to gain a greater understanding of their own motivations as leaders in order to serve as models for their staff and students (Mansberger, 2005, para. 20). Principal preparation must incorporate an awareness of the impact of these and other non-academic barriers on student learning to activate principal leadership for all students to succeed. This research enhances understanding of educational leadership and social justice advocacy through an analysis of perspectives of principals that lead with particular care and concern for students with alcohol, tobacco, and other drug issues. Results of this study inform perspectives and actions that are feasible in working with students with non-academic barriers to learning such as alcohol, tobacco, and other drug issues – to confront the issues, and to support academic success for all students while working to keep at-risk students in school. They inform considerations about principal preparation programs and professional development related to non-academic barriers to student success and about discipline practices that may increase the likelihood of success for the at-risk student. They inform school leaders who position themselves to improve student academic, attendance, behavior, and graduation outcomes.

The previous section was a discussion about conclusions I have made based on this research. The following section provides implications.

**Implications**

Implications for action educational leaders can take as a result of this study include:
• Understand what happens at the intersection where the various subcultures that students experience – family, peer, school – can influence a student’s sense of who they are.

• Set expectations that school leaders will strengthen their objectivity and diminish potential bias regarding these and other non-academic barriers.

• Create pre-service preparation and professional development expectations for principals about these and other non-academic barriers. Include mentoring opportunities.

• Build awareness about alternatives to out-of-school discipline. Enable enhanced leadership skills to increase the numbers of at-risk students who stay in, progress, and complete school.

• Encourage principals as instructional leaders to guide teacher awareness and understanding of important differences that students bring to the classroom which impact their academic performance.

Recommendations for Further Research

In addition to the implications of this study, the following are recommendations for further research:

1. Look at how principal perceptions of non-academic barriers to student learning and subjectivity can impact student academic performance, attendance, and discipline.

2. Explore the role of empathy and compassion as aspects of principal leadership actions with respect to student discipline and alternatives to suspension. Does a principal’s self-awareness and emotional intelligence relate to discipline decisions?

3. Study the impact of actions of principals leading for social justice in their work with students with alcohol, tobacco, and other drug issues on student attendance, dropout, and academic success. Do these actions enhance student success?
4. This study considered student alcohol, tobacco, and other drug issues though a lens of culture. How would other non-academic barriers to learning be viewed through a lens of culture?

5. This study considered the impact of alcohol, tobacco, and other drug issues on students as it relates to academic success. Further study is needed to inform how these issues may be linked to other matters that impact learning such as attention span, emotional and behavioral learning disabilities, social and emotional learning, and violence and bullying.

6. Student perspectives about alcohol, tobacco, and other drug use differ considerably from those of principals (Califano, 2007). A study to inform these differences would serve to bridge a gap between divergent realities about these issues.

Concluding Remarks

In this chapter I summarized major research findings drawn from qualitative data presented in Chapter Four. I identified grounded theory from the data. I reported five major findings about perspectives of these principals on students with alcohol, tobacco, and other drug issues that relate to my review of the literature. I also provided conclusions, implications and recommendations for further research.

In the course of this research project, building on the prior work of George Theoharis (2004), I have expanded the field of social justice leadership with a focus on principals’ perspectives on students with alcohol, tobacco, and other drug issues through a lens of culture. I approached this research with a desire to discover characteristics of principals who show particular care and concern for these students and to hone in on aspects of their leadership that contribute to the success of these sometimes most difficult students. I have in no way intended to suggest or imply that the actions of principals will solve the problems caused when students
and/or their families are impacted by alcohol, tobacco, and other drug issues. It is my hope that this research will contribute to the array of vital solutions necessary to improve academic outcomes for all students.
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168


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### Appendix A

**Theoretical Perspectives on Adolescent Substance Use**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Description</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain Theory: School failure leads to alienation</td>
<td>School failure causes frustration which results in students becoming alienated from school; the student seeks out alternative self-defining behaviors which are often deviant in nature such as substance use</td>
<td>Drapela, 2006; Aloise-Young &amp; Chavez, 2002</td>
</tr>
<tr>
<td>Social Control: Lack of strong bonds to school</td>
<td>A lack of commitment to school and a poor parent-child relationship are reflective of a weak bond to conventional society. Students who lack a strong bond to conventional society are more likely to deviate from societal norms for appropriate behavior</td>
<td>Drapela, 2006; Aloise-Young &amp; Chavez, 2002</td>
</tr>
<tr>
<td>Social Development Model: Bonding to key adults</td>
<td>The formation of strong bonds to family and school will decrease the likelihood of association with drug using peers</td>
<td>Aloise-Young &amp; Chavez, 2002; Hawkins, Catalano, &amp; Miller, 1992; Hawkins &amp; Weis, 1985</td>
</tr>
<tr>
<td>Primary Socialization: Cultural norms transmitted through interactions</td>
<td>There are three primary sources of socialization for children and adolescents: the family, the school, and peers. When ties to the school and/or family are weak and ties to peers are strong, the adolescent is most at-risk. Cultural norms for substance use are transmitted through interactions and can differ across cultures; in some, substance use is culturally required, in others tolerated, and in others sanctioned.</td>
<td>Aloise-Young &amp; Chavez, 2002; Oetting, &amp; Donnermeyer, 1998</td>
</tr>
<tr>
<td>Problem Behavior: Non-conforming attitudes and values</td>
<td>Deviant behaviors co-vary because adolescents who hold nonconforming attitudes and values are more likely to make the transition into a variety of deviant activities, such as alcohol and drug use, than are their more conforming peers.</td>
<td>Mensch &amp; Kandel, 1988</td>
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</tbody>
</table>

*(Table 1 continues)*
(Table 1 continued)

<table>
<thead>
<tr>
<th>Theory</th>
<th>Citation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interactional:</td>
<td>Mensch &amp; Kandel, 1988; Krohn, Lizotte, &amp; Perez, 1997</td>
<td>Adolescent delinquency decreases social bonds to family and school and increases deviant beliefs and associations; these adolescents are unlikely to develop strong pro-social bonds.</td>
</tr>
<tr>
<td>Delinquency decreases bonds, increases deviance</td>
<td>Drapela, 2006; McCluskey et al., 2002</td>
<td>Variations in human behavior are caused by a series of culturally defined transitions that place people on various trajectories of development; marked by specific life events that evolve over shorter time spans that include patterns of development in major social institutions such as education.</td>
</tr>
<tr>
<td>Life course:</td>
<td>Drapela, 2006</td>
<td>Emphasizes delinquent peers as source for information about the motives, rationalizations, and techniques for law-violating behavior among youth. The presence of drug using peers is strongly correlated with adolescent drug use and adolescents utilize substance use as one criterion for selecting deviant peers.</td>
</tr>
<tr>
<td>Life events, transitions, and trajectories</td>
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</tbody>
</table>
## Appendix B

### Table 3

*NREPP Prevention Practices Identified for Schools*

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Outcome</th>
<th>Ages</th>
<th>Races/ Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Across Ages</td>
<td>1: Reactions to situations involving drug use</td>
<td>6-12 (Childhood)</td>
<td>Asian; Black or African American; Hispanic or Latino; White; Race/ethnicity unspecified</td>
</tr>
<tr>
<td></td>
<td>2: Attitudes toward school, future, and elders</td>
<td>13-17 (Adolescent)</td>
<td></td>
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<tr>
<td></td>
<td>3: School attendance</td>
<td></td>
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<td></td>
<td>4: Knowledge about and attitudes toward older adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Stars</td>
<td>1: Personal commitment not to use drugs</td>
<td>6-12 (Childhood)</td>
<td>Asian; Black or African American; Hispanic or Latino; White</td>
</tr>
<tr>
<td></td>
<td>2: Lifestyle incongruence</td>
<td>13-17 (Adolescent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3: School bonding</td>
<td></td>
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<td></td>
<td>4: Normative beliefs</td>
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<td></td>
<td>5: Cigarette use</td>
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<tr>
<td></td>
<td>6: Alcohol use</td>
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<td></td>
<td>7: Inhalant use</td>
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<td></td>
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<tr>
<td>CARE (Care, Assess, Respond, Empower)</td>
<td>1: Suicide risk factors</td>
<td>13-17 (Adolescent)</td>
<td>American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; White; Race/ethnicity unspecified</td>
</tr>
<tr>
<td></td>
<td>2: Severity of depression symptoms</td>
<td>18-25 (Young adult)</td>
<td></td>
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<td>3: Feelings of hopelessness</td>
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<td>4: Anxiety</td>
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<td>5: Anger control problems</td>
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<td>6: Drug involvement</td>
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<td>7: Stress</td>
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<td>8: Sense of personal control</td>
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<th>Races/ Ethnicities</th>
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<tr>
<td>Caring School Community</td>
<td>1: Alcohol use</td>
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<td>2: Marijuana use</td>
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<td>3: Concern for others</td>
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<td>5: Student discipline referrals</td>
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<td>CAST (Coping And Support Training)</td>
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<td>2: Severity of depression symptoms</td>
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<td>3: Feelings of hopelessness</td>
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<td>6: Drug involvement</td>
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<td>7: Sense of personal control</td>
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<td>8: Problem-solving/coping skills</td>
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<td>Class Action</td>
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<td>2: Binge drinking</td>
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<td>Curriculum-Based Support Group (CBSG)</td>
<td>1: Antisocial attitudes</td>
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<td>Program</td>
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<td>3: Attitudes and intentions about substance use</td>
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<td>4: Substance use</td>
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<td>Good Behavior Game (GBG)</td>
<td>1: Drug abuse/dependence disorders</td>
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<td></td>
<td>2: Alcohol abuse/dependence disorders</td>
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<td>3: Regular cigarette smoking</td>
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<td>4: Antisocial personality disorder</td>
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<td>5: Violent and criminal behavior</td>
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<td>Guiding Good Choices</td>
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<td>2: Parenting behaviors and family interactions</td>
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<td>3: Delinquency</td>
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<td>4: Symptoms of depression (adolescents)</td>
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<td>Hip-Hop 2 Prevent Substance Abuse</td>
<td>1: Perceived risk of harm from drug use</td>
<td>13-17 (Adolescent)</td>
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<td>and HIV (H2P)</td>
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<td>3: Self-efficacy to refuse sex</td>
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<td>4: Disapproval of drug use</td>
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<td>Keep A Clear Mind (KACM)</td>
<td>1: Parent-child communication about resisting alcohol, tobacco, and other drugs</td>
<td>6-12 (Childhood)</td>
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<td></td>
<td>2: Perceptions about the extent of young people's use of alcohol, tobacco, and other drugs</td>
<td>18-25 (Young adult)</td>
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<td>3: Peer pressure susceptibility to experiment with alcohol, tobacco, and other drugs</td>
<td>26-55 (Adult)</td>
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<td>4: Perceptions about parental attitudes toward alcohol, tobacco, and other drug use</td>
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<td>5: Expectations of using/trying alcohol, tobacco, and other drugs in the future</td>
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<td>6: Realization of general harmful effects of alcohol, tobacco, and other drugs on young people</td>
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<td>Life Skills Training (LST)</td>
<td>1: Substance use (alcohol, tobacco, inhalants, marijuana, and poly-drug)</td>
<td>13-17 (Adolescent)</td>
<td>American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; White; Race/ethnicity unspecified</td>
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<td></td>
<td>2: Normative beliefs about substance use and substance use refusal skills</td>
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<td>3: Violence and delinquency</td>
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<tr>
<td>Lions Quest Skills for Adolescence</td>
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<td>3: Misconduct</td>
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<td>4: Attitudes and knowledge related to alcohol and other drugs</td>
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<td>5: Tobacco use</td>
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<td>6: Alcohol use</td>
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<td></td>
<td>7: Marijuana use</td>
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<td>Michigan Model for Health</td>
<td>1: Alcohol use</td>
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<td></td>
<td>2: Tobacco use</td>
<td>(Childhood)</td>
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<td></td>
<td>3: Intention to use alcohol and cigarettes</td>
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<td></td>
<td>4: Aggression</td>
<td>(Adolescent)</td>
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<td>5: Judgment on healthy behaviors</td>
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<td>Not On Tobacco (N-O-T)</td>
<td>1: Smoking cessation</td>
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<td></td>
<td>2: Smoking reduction</td>
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<td>Black or African American; Hispanic or Latino; Native Hawaiian or other Pacific Islander; White;</td>
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<td>3: Cost-effectiveness</td>
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<td>Project ALERT</td>
<td>1: Substance use (alcohol, tobacco, and marijuana)</td>
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<td>2: Attitudes and resistance skills related to alcohol, tobacco, and other drugs</td>
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<td>Black or African American; Hispanic or Latino; White; Race/ethnicity unspecified</td>
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<tr>
<th>Intervention</th>
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<tr>
<td>Project MAGIC (Making A Group and Individual Commitment)</td>
<td>1: Academic engagement and achievement</td>
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<td>2: Attitudes toward substance use and perceived substance use by peers</td>
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<td>3: Parental monitoring</td>
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<td>4: Internal locus of control</td>
<td>26-55 (Adult)</td>
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<td>5: Life skills development</td>
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<td>Project Northland</td>
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<td>2: Past-week alcohol use</td>
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<td>3: Past-month alcohol use</td>
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<td>4: Peer influence to use alcohol</td>
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<td>5: Reasons not to use alcohol</td>
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<td>6: Parent-child communication about alcohol</td>
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<td>Project SUCCESS</td>
<td>1: Alcohol, tobacco, and other drug (ATOD) use</td>
<td>13-17 (Adolescent)</td>
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<td>2: Risk and protective factors for ATOD use</td>
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<td>Project Towards No Tobacco Use</td>
<td>1: Tobacco use</td>
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<tr>
<td></td>
<td>2: Cost-effectiveness</td>
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<td>Protecting You/Protecting Me</td>
<td>1: Media awareness and literacy</td>
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<tr>
<td></td>
<td>2: Alcohol use risk and protective factors</td>
<td>13-17 (Adolescent)</td>
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<td>3: Knowledge of brain growth and development</td>
<td>18-25 (Young adult)</td>
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<td>4: Vehicle safety knowledge/skills</td>
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<th>Races/ Ethnicities</th>
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<tr>
<td>Reconnecting Youth: A Peer Group Approach to Building Life Skills</td>
<td>1: School performance 2: Drug involvement 3: Mental health risk and protective factors 4: Suicide risk behaviors</td>
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<td>SPORT</td>
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<td>Stay on Track</td>
<td>1: Knowledge and attitudes about substance use 2: Personal competence skills and self-esteem 3: Social skills/intentions</td>
<td>6-12 (Childhood)</td>
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<td>Storytelling for Empowerment</td>
<td>1: Alcohol and marijuana use 2: Anticipated ability to resist ATOD use 3: Knowledge about ATOD use 4: Perceived risk from ATOD use 5: Perception of peer disapproval of ATOD use</td>
<td>6-12 (Childhood)</td>
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<td>Strengthening Families Program: For Parents and Youth 10-14</td>
<td>1: Substance use 2: School success 3: Aggression 4: Cost effectiveness</td>
<td>6-12 (Childhood)</td>
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<th>Races/ Ethnicities</th>
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<tr>
<td>Too Good for Drugs</td>
<td>1: Intentions to use alcohol, tobacco, and marijuana and 6-12 to engage in violence (Childhood)</td>
<td>6-12 (Childhood)</td>
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<td></td>
<td>2: Risk and protective factors for substance use and violence</td>
<td>13-17 (Adolescent)</td>
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<td>3: Personal and prosocial behaviors</td>
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*Note.* Search criteria I used included: Ages: 6-12 (Childhood), 13-17 (Adolescent); Area of Interest: Substance abuse prevention; Setting: School; Outcome categories: Alcohol, Drugs, Education, Tobacco; Races/ethnicities: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race/ethnicity unspecified; and Geographic locations: Urban, Suburban, Rural and/or frontier, Tribal; Gender: both; and Replicated study. Adapted from “SAMHSA’s National Registry of Evidence-based Programs and Practices,” U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, retrieved from http://www.nrepp.samhsa.gov/ViewAll.aspx.
Appendix C

Interview Protocol

1. Participant Screen
What are the primary reasons that motivated you to become a principal? (If necessary ask: Was promoting social justice a driving force behind what brought them to their leadership position? And discuss what I see this to mean. I will need to confirm that we have a mutual understanding about the reasons that brought them to the principalship, if they feel it was a social justice calling, or a stance they have adopted since becoming a principal.)

What are the guiding or driving forces behind your leadership and vision? (Follow up with asking if they would agree that they advocate, lead and keep at the center of their practice/vision issues of culture, race, class, gender, disability, sexual orientation and/or other historically marginalizing factors.)

2. Personal Background Information
Where did you grow up?
Please describe your family?
What helped to shape you as an individual?
Personal Interests?

3. Alcohol, Tobacco, and other Drug Background Information
Do you drink alcohol?
What and how much do you usually drink?
When was the last time you drank alcohol?
Repeat for drug use; tobacco use.
Have you ever had what you would consider a problem with alcohol, tobacco, or other drug use?
Has a loved one ever had what you would consider a problem with alcohol, tobacco, or other drug use?
Tell me about your work with one student who had alcohol, tobacco, or other drug issues that particularly moved you?

4. Social Justice Background
From where does your commitment to social justice come in your work with student ATOD issues?
What events or people have influenced your commitment to social justice in your work with student ATOD issues?

5. Framing Leadership with ATOD Issues
What does compassion, and empathy, look like when you work with these issues?
How do you demonstrate compassion, and empathy, to students?
What steps have you taken to facilitate leadership relative to student ATOD issues?
What do you feel you have accomplished at least partially on your agenda relating to leadership for student ATOD issues?
What evidence/data do you have to support that these efforts have helped/improved the school or the education/lives of the children or community?

6. Positionality
How do you use intuition to ‘read’ others (students, parents, and staff) regarding ATOD issues?
How do you “know what you know” about the importance of working with students with these issues?
Leaders set the stage in schools for climate and culture. How do you recognize contextual differences of student backgrounds and cultures to prevent marginalization of students?
What goes on with these students that results in their being marginalized?
How do you help faculty and staff to understand these student differences?
How do you help students whose friends have these issues?

7. Framing Resistance
What barriers or resistance have you run into while working on your social justice agenda involving leadership relative to student ATOD issues?
What strategies do you use to manage the barriers or resistance to your work relative to student ATOD issues?
Other strategies (either formal or informal)?

8. Consequences of the Barriers
In what ways have the barriers or resistance impacted your vision, your practice and you personally?
Have your ideals, vision and passion changed?
If so, how are they different and how do you explain this?
If not, how have you maintained your ideals, vision and passion?

9. Administrator Preparation
What did you learn or gain from your administrator preparation program that assisted you in your leadership work relative to student ATOD issues?
What do you wish you would have learned/received?
When you first started, what would have been helpful as part of your preparation program to assist with your success in enacting social justice leadership relative to student ATOD issues?

10. Scenario #1:
As a school leader and manager you are responsible for instructional leadership and day to day administration. When confronting an ATOD issue with a student, the student crassly tell you off, denies the issue, and is sullen as you try to engage in helpful conversation. How do you proceed?

11. Scenario #2:
A teenage girl in your school is handing out marijuana to other students in the hallways in plain view of anyone passing by, causing quite a stir. She is clearly under the influence of some sort of drug. She is compliant as you escort her to your office. When you call her mother, the mother says to you “Why are you calling me? At least it isn’t tobacco, right? Why don’t you just do your job and leave my daughter alone?” What is the issue? What do you do?
12. **Scenario #3:**

You are at a meeting of your school’s committee to consider student ATOD behaviors, questions, and concerns that faculty and staff may have about a particular student or students, and discipline matters involving student ATOD use. The committee is comprised of school staff representatives including a guidance counselor, a teacher, the SRO, a coach, the nurse, another administrator, and the registrar. While in a discussion, one of the committee members asks, “Hey, why do we spend so much time focusing on these issues when we can’t get test scores up? When I was a kid I went to Amsterdam and, shall I say, had a good time myself. And look at me now. So what is the big deal?” What concerns you about this? How do you respond?
Appendix D
Permission to Adapt Interview Protocols

Date: Sunday, June 10, 2012, at 1:46 PM
To: Dr. George Theoharis,
Re: Permission to use & adapt your 2004 interview protocol

I am building on your 2004 research on social justice principals. As I prepare to defend my dissertation proposal, I wish to adapt your interview protocols to gather data from SJ principals about their perspectives on students impacted by alcohol, tobacco, and other drugs.

Will you give permission for my use and adaptation of your interview protocols?

Thank you.

Daniel J. Bissonnette, Ed.D. (Candidate)
daniel.bissonnette@email.wsu.edu
253-225-2175

Date: Sunday, June 10, 2012 5:48 PM
Reply from: George Theoharis [gtheohar@syr.edu]

Happy to ... Best of luck

Dr. George Theoharis
Syracuse University
150 Huntington Hall
Syracuse, NY 13244
315-443-5271
Gtheohar@syr.edu
Appendix E

Demographic Data and Personal Information

Instructions: Please complete this brief questionnaire prior to the date of our first interview. All of your responses will be kept strictly confidential at all times. Bring this completed form to our interview appointment. If any of the items need clarification, you may leave them unanswered and we can clarify when we meet in person. Thank you!

Name:

Gender:

Race:

Age:

Marital status:

Do you have children? How many sons, daughters?

Degrees:

Credentials:

Years in education:

How long/what did you teach?

Number of years as principal:

Where are/were you principal most recently?

Is/was it an urban, suburban, or rural setting?

How many students are/were there?

School grade or level:

School demographics (race, poverty, disability, ELL):
Appendix F

WASHINGTON STATE UNIVERSITY
Educational Leadership and Counseling Psychology

Research Study Consent Form

**Study Title:** To the Extent Feasible: Social Justice Principals’ Perspectives on Students with Alcohol, Tobacco and Other Drug Issues

**Researchers:**

*Principal Investigator:* Michele Acker-Hocevar, Ph.D., Associate Professor, Washington State University Tri-Cities, Educational Leadership and Counseling Psychology Department, 2710 Crimson Drive, Richland, WA 99354. Email ackerhoc@tricity.wsu.edu; telephone 509-372-7251.

*Co-investigator:* Daniel J. Bissonnette, Ed.D. (Candidate). Email daniel.bissonnette@email.wsu.edu; telephone 253-225-2175

You are being asked to take part in a research study carried out by Dr. Michele Acker-Hocevar and Dan Bissonnette. This form explains the research study and your part in it if you decide to join the study. Please read the form carefully, taking as much time as you need. Ask the researcher to explain anything you don’t understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decide to not take part in the study or quit later. This study has been approved for human subject participation by the Washington State University Institutional Review Board.

**What is this study about?**

This research study is being done to explore the role of principals in their work with students who are impacted by alcohol, tobacco, and other drug issues.

You are being asked to take part because you have been recognized as being a social justice leader who demonstrates compassion and empathy for students impacted by alcohol, tobacco, and other drugs.

Taking part in the study will take about 4 hours over two interview sessions in the months of July through September 2012. Follow up discussions for clarification may be requested.

You cannot take part in this study if you do not possess a principal or administrator credential, or have not been employed in a position of principal, assistant principal, or
director in the role of principal; or if you do not agree to having your interviews digitally recorded.

**What will I be asked to do if I am in this study?**

If you take part in the study, you will be asked to

- Participate in two (2) private, confidential interviews in a setting of your choosing.
- Prior to any interview, you will be asked to complete a written Participant Demographics form that includes basic personal information such as name, age, race, gender, degree(s) and credential(s), and experience as an educator,
- The first interview will be more formal according to a pre-established interview protocol.
- The second interview will be open-ended, more of a guided conversation.
- The first interview will take place in July/August, 2012.
- The second interview will take place in August/September, 2012.
- Each interview will take approximately 1.5 to 2 hours to complete for a total of up to 4 hours
- The protocol for the first interview includes questions that are of a personal and sensitive nature including: impressions of yourself as a social justice leader; type, amount, and frequency of your use of alcohol, tobacco, or other drugs, and experience you may have had in your life relating to alcoholism or addictions; use of compassion and empathy in your work with at-risk students; your leadership actions; and barriers and resistance you may face in your work as a social justice leader. Some real-life scenarios are asked to gain insights about your approach to circumstances.
- The questions for the second interview will be developed as a result of the first interview.
- You may refuse to answer any question in either interview.
- You will be asked to provide supporting documentation of your choosing that you think are representative of your work as a social justice leader, i.e., memorabilia, memoranda, policy/procedure, agendas, minutes.
- Interviews will be digitally recorded.
- A description of the results of the first interview and transcriptions will be shared with you at the time of the second interview.
- Summary results of the study will be shared with you in a manner agreed upon at the time of the second interview, including possible follow up discussion, and sharing of the of the study report.

**Are there any benefits to me if I am in this study?**

The potential benefits to you for taking part in this study are: There is no direct benefit to you from being in this study.

*If you take part in this study, you may help others in the future by contributing your values, beliefs and perspectives as a social justice principal working with students with alcohol, tobacco, and other drug issues.*
Are there any risks to me if I am in this study?

The potential risks from taking part in this study are:
- Psychological, economic, social, employment, reputation, or loss of confidentiality or sensitive information.
- Risks associated with sensitive questions, for example, distress or discomfort.

Precautions will be taken to minimize risks including:
- Data is obtained by a trained and experienced interviewer who is aware of the nature of sensitive personal information and the act of sharing such information with another person
- Interviewer is skilled in laws and practices related to confidentiality and the keeping and destroying of confidential records.

Will my information be kept private?

The data for this study will be kept confidential to the extent allowed by federal and state law. No published results will identify you, and your name will not be associated with the findings. Under certain circumstances, information that identifies you may be released for internal and external reviews of this project.

- Data is obtained in private interview sessions between interviewer and participant only. No identifying information will be shared with other participants.
- Participant identity will be protected, ensuring confidentiality; each participant will be given a pseudonym.
- All identifying information shared in interview will be protected; participant names, addresses, and schools will not be divulged.
- Age, gender, and race will be identified only in the aggregate.
- While the study is ongoing, digital recordings will stored on researcher’s computer hard drive with password protection, and on universal serial bus (USB) flash drive. At the conclusion of the study, digital records will be removed from hard drive to flash drive for permanent keeping.
- All records including digital recordings on flash drive, transcriptions, artifact documents, and field notes will be kept in researcher’s possession under lock and key.
- In the event any information is compromised, affected study participants will be informed. In such a case, every reasonable effort would be undertaken to retrieve and keep safe all records.
- Only researchers and the Institutional Review Board (IRB) will have access to personally identifying information.

Digital recordings will be made of participants during interviews, as a requirement to be in the study.

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous.
The data for this study will be kept for a minimum of three (3) years after the completion of the study as required by Washington State University.

**Are there any costs or payments for being in this study?**

There will be no costs to you for taking part in this study.

You will not receive money or any other form of compensation for taking part in this study.

**Who can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact either of the researchers: **Principal Investigator:** Michele Acker-Hocevar, Ph.D., Associate Professor, Washington State University, Tri-Cities, Educational Leadership and Counseling Psychology Department, 2710 Crimson Drive, Richland, WA 99354; email ackerhoc@tricity.wsu.edu; or telephone 509-372-7251; and/or **Co-investigator:** Daniel J. Bissonnette, Ed.D. (Candidate); email daniel.bissonnette@email.wsu.edu; or telephone 253-225-2175.

If you have questions about your rights as a research participant, or would like to report a concern or complaint about this study, please contact the Washington State University Institutional Review Board at (509) 335-3668, or e-mail irb@wsu.edu, or regular mail at: Albrook 205, PO Box 643005, Pullman, WA 99164-3005.

**What are my rights as a research study volunteer?**

Your participation in this research study is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

**What does my signature on this consent form mean?**

Your signature on this form means that:

- You understand the information given to you in this form
- You have been able to ask the researcher questions and state any concerns
- The researcher has responded to your questions and concerns
- You believe you understand the research study and the potential benefits and risks that are involved.

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**Statement of Consent**

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.
I am aware of, and consent to, the digital recording of my interviews.

(Initials)

__________________________________  _______________________
Signature of Participant                    Date

__________________________________  _______________________
Printed Name of Participant

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

- Speaks the language used to explain this research
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
- Does not have any problems that could make it hard to understand what it means to take part in this research.

__________________________________  _______________________
Signature of Person Obtaining Consent                    Date

__________________________________  _______________________
Printed Name of Person Obtaining Consent                    Role in the Research Study
Appendix G

Potential Participant Recruiting Script

Dear Educational Leader:

I would like to invite you to be a participant in a study I am doing as part of my dissertation in preparation to complete requirements for the Doctor of Education in Educational Leadership at WSU. My very capable dissertation chair is Michele Acker-Hocevar, Ph.D. who will serve as Principal Investigator.

The study is tentatively entitled To the Extent Feasible: Perspectives of Social Justice Principals on Students with Substance Use Issues. This is a basic qualitative study. It will include confidential data obtained through interviews with principals such as you. You would be assigned a pseudonym and not identified in any way.

This is not my “official” request, which would come next in a format that is more formal. At this time, I just want to determine if you are willing and interested to be a part of my participant population. If so, I will set up an in-person interview with you to take place when convenient for you this summer—mid-July through August—at a place and time that will work for you. I will ask for about one to two hours of your time. A subsequent second interview appointment will be scheduled for clarification. I will invite you to read transcripts of our interview and the draft write up of the study prior to completion to ensure accuracy.

I understand you are busy. I hope you can participate in my study. Please reply here to let me know if you can or cannot participate. Afterwards, I will contact you with additional information. Thank you ahead of time for considering my request.

Daniel J. Bissonnette, Ed. D. (Candidate)
Washington State University Vancouver
253-225-2175
Appendix H
Participant Interview Scheduling Script

Hello Study Participant:

I will soon be ready to start the study, *To the Extent Feasible: Perspectives of Social Justice Principals on Students with Alcohol, Tobacco and Other Drug Issues*. I want to begin scheduling appointments for interviews. Here is what you can expect:

I will be scheduling a total of two interviews with you, between 1-2 hours each. The first will be in July, the second in August. The first interview will be more formal and I will ask questions from a set of prepared questions. The second interview will be less formal, more of a guided discussion to review and clarify what we talked about in the first interview. I want you to schedule your interviews where you are most comfortable and where we will have uninterrupted privacy. Options may include your office at school or home, or at my office.

All interviews will be digitally recorded. Prior to our first interview appointment I will email to you a document entitled Participant Demographics. Please complete and return that document prior to that appointment—or just bring it with you.

At the time of the first interview I will ask you to review and sign a WSU Study Consent that I will provide. There will be time for clarification if you have other questions.

I will be scheduling first interview appointments at 9:00 a.m. and 1:00 p.m. on the listed dates:

- Tues, July 17
- Thursday, July 19, 1:00 p.m. only
- Friday, July 20, 9:00 a.m. only
- Tuesday, July 24
- Wednesday, July 25, 9:00 a.m. only
- Thursday, July 26
- Friday, July 27, 9:00 a.m. only

Please let me know by Friday, July 13, 2012 which two (2) dates and times would work for you for your first interview. I will confirm our appointment by email. [We will schedule the second interview when we meet for the first one.]

I hope to get the first round of interviews done in July. If you cannot schedule in July, let me know if you would prefer to start in August.

Again, thank you for your willingness to be a participant in this study!

Daniel J. Bissonnette, Ed. D. (Candidate)

Washington State University Vancouver

253-225-2175
Appendix I

MUTUAL CONFIDENTIAL DISCLOSURE AGREEMENT

This Agreement is dated the June 01, 2012 and effective upon the date of first disclosure or the date of this Agreement, whichever occurs first, between and among ___________________________ (hereinafter "Client") and TranscriptionStar - iSource Solutions, Inc., a California corporation with office located at 23441, Golden Springs Dr., Diamond Bar, CA 91765 (hereinafter "Company") (iSource and Company each are referred to herein as a "Party" and are collectively referred to herein as the "Parties").

WHEREAS, Company has agreed to provide transcription services to ______________, during the course of which the Parties to this Agreement may wish to disclose to each other in oral and written form or in other medium, certain non-public confidential and proprietary information.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and intending to be legally bound, the parties hereby agree as follows:

1. In connection with the Services, it may be necessary or desirable for a Party to disclose to the other certain non-public Confidential Information. For purposes of this Agreement, "Confidential Information" shall mean all non-public, confidential and proprietary information relating to the Parties, their respective clients and the Services, which has been or will be disclosed by a Party orally or as set forth in writing, or contained in some other tangible form.

2. The receiving Party hereby agrees to hold in strict confidence and to use all reasonable efforts to maintain the secrecy of any and all Confidential Information disclosed by the disclosing Party under the terms of this Agreement and may not disclose Confidential Information without the express, written prior consent of the disclosing Party, with the exception of the following:

(a) Information that, at the time of disclosure, is available to the public, or thereafter becomes available to the public by publication or otherwise, other than by breach of this Agreement by the receiving Party;

(b) Information that the receiving Party can establish by prior record was already known to them or was in their possession at the time of disclosure and was not acquired, directly or indirectly, from the disclosing Party;

(c) Information that the receiving Party obtains from a third party; provided however, that such information was not obtained by said...
third party, directly or indirectly, from the disclosing Party under an obligation of confidentiality toward the disclosing Party;

(d) Information that the receiving Party can establish was independently developed by their employees or contractors who had no contact with and were not aware of the content of the Confidential Information.

3. The receiving Party may disclose Confidential Information if compelled to do so by a court, administrative agency or other tribunal of competent jurisdiction, provided however, that in such case the receiving Party shall, immediately upon receiving notice that disclosure may be required, give written notice by facsimile and overnight mail to the providing Party so that the providing Party may seek a protective order or other remedy from said court or tribunal. In any event, the receiving Party shall disclose only that portion of the Confidential Information which, in the opinion of their legal counsel, is legally required to be disclosed and will exercise reasonable efforts to ensure that any such information so disclosed will be accorded confidential treatment by said court or tribunal through protective orders, filings under seal and other appropriate means.

4. The receiving Party shall not use the Confidential Information for any purpose other than in connection with the Services. The receiving Party will only disclose Confidential Information to their directors, officers, employees or agents, as applicable.

5. The receiving Party shall take all reasonable steps, including, but not limited to, those steps taken to protect their own information, data or other tangible or intangible property that they regard as proprietary or confidential, to ensure that the Confidential Information is not disclosed or duplicated for the use of any third party, and shall take all reasonable steps to prevent their directors, officers, employees and agents (as applicable) who have access to the Confidential Information from disclosing or making unauthorized use of any Confidential Information, or from committing any acts or omissions that may result in a violation of this Agreement.

6. Title to, and all rights emanating from the ownership of, all Confidential Information disclosed under this Agreement, or any material created with or derived from the Confidential Information, shall remain vested in the disclosing Party. Nothing herein shall be construed as granting any license or other right to use the Confidential Information other than as specifically agreed upon by the Parties.

7. Upon written request of the disclosing Party, the receiving Party shall return promptly to the disclosing Party all materials and documents, as well as any data or
other media (including computer data and electronic information), together with any copies thereof, or destroy same and, upon request of the disclosing Party, provide a certificate of destruction.

All obligations established hereunder shall expire six (6) months from the date of disclosure.

9. The receiving Party agrees that the disclosure of Confidential Information without the express consent of the disclosing Party will cause irreparable harm to the disclosing Party, and that any breach or threatened breach of this Agreement by the receiving Party will entitle the disclosing Party to injunctive relief, in addition to any other legal remedies available, in any court of competent jurisdiction.

10. This Agreement shall be construed under and governed by the substantive laws of California, without giving effect to the conflicts of laws provision thereof. Any disputes arising between the Parties relating to this Agreement shall be subject to the exclusive jurisdiction and venue of the federal and state courts located in the City and State of California, and the Parties hereby waive any objection that they may have now or hereafter to the laying of venue of any proceedings in said courts and to any claim that such proceedings have been brought in an inconvenient forum, and further irrevocably agree that a judgment or order in any such proceedings shall be conclusive and binding upon each of them and may be enforced in the courts of any other jurisdiction.

11. This Agreement constitutes the entire agreement among the Parties as to the subject matter contained herein, shall supersede any other prior or contemporaneous arrangements as to the Confidential Information, whether written or oral, and may be modified in writing only.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first above written.

TranscriptionStar - iSource Solutions Inc.

By: By: ____________________

Shiva Kumar Name: ____________________
Designation: COO Designation: ____________________
Date: 06/01/2012 Date: ____________________