

Because It Works: A Journey Through a Recovery School

by

Patricia Roberts Cleere, B.S., M.Ed.

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Approved

Barbara Morgan-Fleming, PhD
Chair of Committee

Trenia Walker, PhD

Mary Ellen Hartje, PhD

Dr. Mark Sheridan
Vice Provost and Dean of the Graduate School

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ABSTRACT

Adolescent substance abuse and dependence is an ever growing problem in high schools today. In the world of substance abuse treatment there is little doubt that most young men and women will need help in maintaining their recovery. Recovery schools are a place where students starting a path of sobriety can find a group of like-minded peers in an educational environment focused not only on sobriety goals, but academic achievement as well.

The purpose of this study initially was to understand the factors that support academic achievement and the special contribution that recovery coaches working alongside teachers in that environment give to students. Over the course of the study it evolved to include an autoethnographic look at how my role as the mother of a son recovering from substance abuse determined the lens with which I looked at a recovery school.

This study included four teachers, two recovery coaches, a site director, and the Executive Director as well as two focus groups of students. The teachers, recovery coaches, and directors were observed and interviewed. The students were interviewed in a group setting separated by gender.

Two themes emerged through data analysis. The recovery school's success was a result of a strong organizational structure consisting of a unique partnership, strong leadership, and exceptional teamwork between the recovery coaches and the teachers. It was also successful because of the environment that it provided to students. The students felt safe to acknowledge who they were, they felt recognized as individuals,

and they felt accepted into a family community. In addition to the themes derived from data gathering, Chapter IV also includes a personal narrative describing my journey through my son's addiction and subsequent recovery and how it affected my perception of recovery schools.

CHAPTER I

INTRODUCTION

*There is no truth in the painting of life, only multiple images
and traces of what has been, what could have been, and what is now -Norman Denzin*

My role as a member in the research setting of a recovery school is a result of who I am and how I came to be a part of the recovery community. It is not a role that I would have chosen for myself, but a role that was given to me, not by any moral weakness or ethical failings, but by the destructive forces of a disease that ravages not only the individual affected, but all those close to him or her. Adolescent addiction is an ever growing problem in high schools today. For the minority of students who actually receive treatment, re-entry into their former schools and neighborhoods creates a scenario ripe with pitfalls. Yet these very students are required by law to return to their neighborhood schools. Literature abounds as to the causes of addiction and methods of intervention, but relatively little information exists about how adolescents can maintain sobriety and succeed academically when leaving treatment or choosing a path of recovery. Recovery schools are a place where students starting a path of sobriety can find a group of like-minded peers in an educational environment focused not only on recovery goals, but academic achievement as well. This study examined the role of recovery schools in supporting long-term maintenance of substance abuse and dependence treatment and the academic success of adolescents in recovery. It also examined my personal reflections and thoughts on adolescent recovery in a school setting as seen through the lens of a teacher, a principal, and the

mother of a son in recovery, through autoethnography. According to Carolyn Ellis (2004), autoethnography starts with the personal life and the author pays attention to physical feelings, thoughts, and emotions and attempts to understand an experience that has been lived through. “The goal is also to enter and document the moment-to-moment, concrete details of a life” (p. xix). By incorporating autoethnography into my research I hoped to identify and examine my biases and attitudes toward recovery and recovery schools.

Background to the Study

In the world of adolescent substance abuse treatment there is little doubt that most young men and women will need continuing help to maintain recovery. Research has shown that almost 80 percent of adolescents relapse in the first year after treatment, and nearly half of all adolescents are back to regular alcohol or drug use one year after treatment (Winters et al., 2000). Cornelius et al. (2003) found that 66 percent of adolescents had relapsed within 6 months of outpatient treatment and the median time to relapse was 54 days. In 2013 approximately 2.2 million adolescents aged 12-17 were current illicit drug users, and 1.3 million had a Substance Use Disorder (SUD), yet only a small percentage of those who needed help received it (SAMHSA, 2013).

Recovery from substance abuse has been defined as “a process of change through which individuals who have been addicted to substances improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2012).

Research shows that relapse is most likely to occur during the time period immediately following treatment – when adolescents return to their schools and friends (Winters, 1999). If students are required to attend school, but maintaining sobriety is a priority, and peers at their assigned school are using, or there is ease of access to drugs and alcohol, what alternatives exist? All persons, regardless of age, are most at risk of relapse immediately after treatment, but adolescents are most vulnerable. Consider that they are returning to the environment where their substance abuse originated and they know when, where, and how to access drugs from past experience. Add to this the fact that they must return to the academic expectations of their school and may potentially be behind from periods of absence due to treatment. The idea around the creation of recovery schools was to create a rich environment designed to “offer students an opportunity to grow academically, emotionally, socially, and spiritually by integrating the principles of recovery into daily education” (Johnsonville High School website). In the unique environment of a recovery school, students have support, accountability and resources available to them that would not exist at a regular school. Contact with “using” peers during school hours is minimized and students have the chance to meet sober friends in a safe environment while concentrating on their academic and treatment needs. In addition to the support of the students, families of recovering addicts often need support, encouragement, and continuing education, and they can receive it at these schools.

Statement of the Problem

Adolescents who have made the difficult choice to enter treatment and maintain sobriety must by law return to school. Yet these students are returning to the

same neighborhood schools where their addiction problems likely began. One study found that 80 percent of adolescents recovering from drug and alcohol abuse relapse within the first year following treatment (Winters, Stinchfield, Opland, Weller, & Latimer, 2000). In addition, academics become a struggle due to time lost during treatment and failing grades resulting from drug use and absenteeism. Students coming out of treatment as well as those choosing to embark on their own path of recovery need a safe environment that can assist them in their new journey. This study will look at the role of recovery high schools where “therapy and education converge” (Finch, 2003). Recovery high schools offer an option for recovering adolescents following addiction treatment. In the past 30 years a number of these schools have been created in the United States. Recovery schools’ combination of therapy and education has helped young men and women who are struggling to overcome their substance use and abuse. This combination also helps them remain in school and successfully graduate. Other than a few dissertations and theses there has been little recent inquiry into recovery high schools and how they support long-term adolescent recovery through their unique approach of combining a therapeutic component with recovery coaches and an academic component with educators. The partnership of recovery coaches and teachers allows the students to reach their emotional, social, academic, and spiritual goals. Currently there is large-scale emphasis on prevention of adolescent drug use both in schools and in the media, but “no universal agreement on what prevention can achieve” (Swadi, p. 210). As a nation we must recognize the needs of our young students who are struggling with substance abuse and dependence and the effect that these struggles have on their education. We need to provide a path

that is safe and proactive in their recovery. I plan to further the understanding of recovery schools by being both the researcher and the subject. As a researcher I will look at a school specifically designed to meet both the emotional and academic needs of adolescents recovering from substance use and abuse and at myself, the mother of a son in recovery and what I learned about myself through a recovery school.

Purpose of the Study

The special population of a recovery high school creates a unique environment in which organizational dilemmas can arise. First, therapeutic counselors and recovery coaches are rarely certified teachers and certified teachers are rarely addiction counselors. It is incumbent upon a school that is receiving only a part of their funding from a charter school partnership to provide both services within budget constraints. This means that some things taken for granted in a traditional school, such as multiple electives, AP courses, and extracurricular activities, are not available in a recovery school because of limited funding. Additionally, recovering adolescent addicts have lived in a world in which they have little regard for society's rules regarding drugs, alcohol, sex, language, and friendships and relationships. Seemingly one would think that these children would benefit from a school with strong structure. However, too much structure might cause this particular group of adolescents to completely rebel, thus negating the effects of building a community of united students. So families of adolescents who are returning to school life after treatment must determine whether or not it is "worth the risk of abandoning the structure of a traditional school for the therapeutic (and frequently more open) environment of a recovery school" (Finch, 2003). The purpose of this study initially was to understand the factors that support

long-term recovery for adolescents in a recovery school, the factors that support academic achievement, and the special contribution that recovery coaches working alongside teachers in that environment give to the students. Over the course of the study it evolved into an autoethnographic study addressing how my role as the mother of a son recovering from substance abuse determined the lens with which I looked at a recovery school as well as the impact that the recovery school and those within its culture had on me personally.

Research Questions

This study seeks to examine the following questions:

In transitioning out of substance abuse and dependence treatment, what are the factors that support long-term recovery for adolescents in a recovery high school?

What are the processes that a recovery school uses to provide a strong academic program?

In a recovery school model, what is the relationship between teachers and recovery coaches as they address the physical, emotional, and academic needs of recovering adolescents?

How did my personal experience with my son's substance abuse and recovery affect my perceptions of a recovery school?

Significance of the Study

Despite our knowledge of attempts to prevent adolescent drug use through programs such as DARE and public service announcements on television, we are losing children in our educational system every day to drug use and abuse. Of the

small percentage of students who enter treatment or make the decision to begin the road to sobriety, whether on their own or with the assistance of interventions of some type, the majority of those relapse within a short period of time. While there are currently 35 recovery schools in the United States, little is known about their existence or their unique work in helping adolescent drug addicts transition out of treatment and into a sober environment, one in which recovery can be maintained and educational goals attained. This qualitative study looked at the factors supporting adolescent recovery in recovery high schools. The results are needed in the field of education, the field of counseling and the field of substance abuse. The study also examined my “self” through an autobiographical lens as I engaged with the staff and students at a recovery school. Being a parent of a person in recovery creates its own set of challenges, and through examining a school that had recovery as a focus, I was provided with a rich and cathartic avenue for my own journey. This perspective of researcher and self will add a new dimension to the existing literature on recovery schools.

Summary

There is a strong demand for schooling options for adolescents today. For those students leaving treatment for substance abuse and dependence, school is often their biggest hurdle. Their options are usually limited to returning to their school, transferring to another school, homeschooling, or dropping out. An additional option exists in recovery schools. Recovery schools provide a sober environment, have a therapeutic component and allow students to achieve academically in a small classroom environment. For a student returning to the school where his or her

addiction may have started, there is a higher likelihood of relapse within a short time, and it is important that these young men and women have an option. “Succeeding academically can help students stay sober, which in turn can help them graduate” (Finch, 2003, p.4). Unfortunately there is a limited number of recovery schools and little research on the effectiveness of their programs. Also there is limited “discussion in the post-treatment and educational literatures on the schooling needs of recovering students in general” (Finch, 2003, p.4). This study attempted to lessen the gap in the knowledge of the educational practices in effective recovery schools.

Definition of Terms

Comorbidity - Comorbidity occurs when two disorders or illnesses are diagnosed for the same person. The terms “dual diagnosis” and “co-occurring disorders” can be used to describe the same phenomenon. There can be interactions between the illnesses causing both to worsen (NIDA, 2015).

Resilience - Resilience, characterized as one’s ability to thrive in the face of overwhelming adversity, has been acknowledged as an important component of risk-based models (Luther, 2003).

Substance Use Disorder (SUD) – The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, (DSM-5) defines substance use disorders as mild, moderate, or severe to indicate the level of severity of substance use, which is determined by the number of diagnostic criteria met by an individual (SAMHSA, 2015: Retrieved from <http://www.samhsa.gov/disorders/substance-use>).

Self-Efficacy – Self-efficacy is the belief in one’s capabilities to organize and execute the courses of action required to produce given attainments (Bandura, 1997).

CHAPTER II

REVIEW OF THE LITERATURE

The literature reviewed for this chapter came from a variety of sources. The first was an EBSCOHost search from Texas Tech University utilizing the key words “recovery high schools.” A total of 7 scholarly articles were found. Under Dissertations and Theses a total of four relating to recovery high schools were found and one on the topic of collegiate recovery and relapse was also found. On the topic of adolescent addiction over 53,000 papers were found, but not all held information of importance to the topic of recovery high schools. Additional topics regarding relapse, comorbidity, and peer influence were obtained through EBSCOHost. Leadership, teamwork, and the importance of recognition were also searched. In addition, information was found through the Association of Recovery Schools website and the websites of existing recovery schools. Final sources of information were from my personal library on the subject of adolescent substance abuse and recovery schools, as well as the works of Bandura, Vygostky, Merriam, Tracey, Lincoln and Guba, and more.

Adolescents who suffer from chemical dependency issues have many of the same needs as adult addicts, but the very nature of adolescence requires treatment, post-treatment, and continuing interventions that are created uniquely for children under the age of 18. Compared to adult substance abusers, adolescent substance abusers have a different set of problems including more rapid progression from initial use to abuse or dependence, shorter time from first to second dependence diagnosis, and more co-occurring psychiatric problems (Becker & Curry, 2008). While it is

likely that adult substance abusers return to family and careers, adolescents must return to their family, neighborhoods and schools – environments where their addiction probably originated. Recovery schools provide a sober environment where students can be surrounded by like-minded students searching for the same goals. It is important that those involved in teaching in recovery schools understand what a substance disorder looks like. This involves understanding the adolescent brain and stages of development, and the effect that drugs play on learning. The educators need to understand the role of co-morbidity and the likelihood of its existence in recovering addicts, and the role of efficacy and resilience in students who are embarking on a journey of sobriety in a world filled with depictions of drug and alcohol use at every turn. All of these factors play into the need for the development of a strong curriculum and a treatment model in recovery schools that will provide success for the recovering adolescent teen substance abuser.

This chapter will look at important research around the characteristics of adolescents with substance dependence and abuse disorders, the treatment and aftercare of recovering adolescents, and the role of recovery schools in helping students maintain their recovery. In addition, a review of the literature will look at the role of Bandura’s social learning theory and efficacy as it relates to peer influence and resilience, and Vygotsky’s theory of social learning as it relates to the academic aspect of recovery schools.

Characteristics of Adolescents with Substance Abuse and Dependence Disorders

“Peer group influence and the ready availability of alcohol and other drugs are major factors in the initiation of alcohol and other drug use by adolescents”

(O'Connor, 1975, p. 706). According to O'Connor, the adolescent addiction risk factor checklist includes genetics, constitutional, psychological, sociocultural, and peer influences, and school and community influences. Looking at a lifetime continuum, the prevalence of substance use, abuse and dependence rises through teen years, peaking at around 20 percent between the ages of 18 and 20, then gradually declines over the next four decades (Dennis & Scott, 2007). According to Thatcher and Clark (2008), adolescence is the developmental period of highest risk for the onset of problematic alcohol and other drug use. They state that young men and women with substance use disorders are influenced by a variety of genetic and environmental factors including family drug and alcohol use, family functioning and parental practices, and childhood mistreatment. It is estimated that 24.6 million Americans age 12 or older in the United States were current users of illicit drugs in 2013 (SAMHSA, 2013). Although the rate of illicit drug use in adolescents aged 12 to 17 was lower in 2013 than in 2009 to 2012 (8.8 percent down from 9.5 to 10.1 percent), the rate of current alcohol use among youths was 11.6 percent, and 7.1 percent of youths surveyed currently used marijuana. It was estimated that 2.8 million persons aged 12 or older used an illicit drug for the first time in the past 12 months. This means that approximately 7,800 people a day were introduced to drugs (SAMHSA, 2013). In addition, most of the 4.6 million people who consumed alcohol for the first time in 2013 (83.5 percent) were under the age of 21. SAMHSA (2013) reports that between 2002 and 2013 the percentage of young men and women with substance dependence or abuse declined from 8.0 to 5.2 percent. However, a recent study in 2012 of 10,123 adolescents aged 13 to 18 years showed that by late adolescence 78.2 percent had

consumed alcohol, 47.1 percent had reached regular drinking levels (twelve drinks within a year), and 15.1 percent met the survey's criteria for abuse. Additionally, 81.4 percent of those surveyed reported the chance to use illicit drugs, 42.5 percent engaged in drug use, and 16.4 percent met the criteria for drug abuse (Swendson, et al., 2012). In spite of these alarming statistics, it is estimated that 817,000 youth between the ages of 12 and 17 needed treatment for illicit drug use, but did not receive it, and 662,000 youth of the same age needed treatment for alcohol use problems, but did not receive it (SAMHSA, 2013). More research notes that over 90 percent of those who develop substance dependence during their life started using under the age of 18, and half started using under the age of 15 (Dennis, Babor, Roebuck, & Donaldson, 2002).

Adolescents who report using alcohol and marijuana weekly or more are 47 times more likely to have other problems during the preceding year, including symptoms of marijuana dependency (77 percent), alcohol dependency (67 percent), severe symptoms of attention deficit disorder (ADD), hyperactivity disorder or conduct disorder (57 percent), getting into physical fights (47 percent), dropping out of school (25 percent), emergency room admissions (33 percent) and any illegal activity (69 percent) and arrests (23 percent) (Dennis & McGeary, 1999). In schools, among 12th graders, 48.2 percent have used illegal drugs during their lives, (21.5 percent in the past month) and 56.4 percent have been drunk in their lifetime (30 percent in the past month) (Johnston, O'Malley, Bachman, & Schulenberg, 2007). Of the adolescents and young adults who reported lifetime arrests, 81.9 percent had used illegal drugs (61.1 percent in the past month), 56.1 percent had been drunk in the past month and 11.5 percent self-report criteria for substance abuse or dependence in the

past year (SAMHSA, 2007). During the time period from 1992 to 2006 the number of adolescents referred to publicly funded treatment from the criminal justice systems increased from 35,369, to 67,437 (39 percent to 50.6 percent of all public treatment admissions (SAMHSA, 2008).

In addition to the physical and mental problems associated with early drug use, there comes a higher degree of risk taking among adolescent users. With drug use comes an increase in violence, sexual risk taking, and driving under the influence (Blum & Nelson-Mmari, 2004; Williams et al., 2002 as cited by Steinberg, 2008; Dennis & Scott, 2007). Research shows that peer influence and drug use dramatically increase the above activities.

The research shown here demonstrates that adolescents carry a high risk of substance abuse or misuse and it is typically associated with other problems. Intervention during the first ten years of substance abuse is associated with a shorter time frame of problems (Dennis, Scott, Funk, & Foss, 2005; Dennis & Scott, 2007), but relapse is very common after adolescent treatment (Dennis et al., 2004; Godley et al., 2007).

Of the students in the above statistics, most were involved in school. This fact suggests the need for the involvement of schools in making treatment more available both by ease of accessibility (location) and scheduling, so that the young men and women can receive treatment and continue with their education at the same time. Returning to neighborhood schools where there are high rates of substance use is

particularly dangerous for recovering adolescents and points to the need for schools that provide both support and academics such as recovery high schools.

Comorbidity

Approximately half of all teens who have substance abuse problems have an additional psychiatric condition. This condition is termed comorbidity, or dual diagnosis, and when left unaddressed can cause drug treatment to be ineffective. Adolescents with comorbidity generally have a more difficult time finishing treatment and a greater risk of relapse. Among the co-occurring disorders that are commonly seen in adolescents with substance abuse disorders are conduct disorder, oppositional defiance, bipolar disorder, depression, and attention deficit hyperactive disorder (ADHD). Less common disorders such as cutting, eating disorders, and gambling can also occur in adolescents with co-morbidity. Substance use disorders can be present without a co-occurring disorder and the above disorders can occur without addiction. However, given the high incidence of both occurring simultaneously, it is wise for those treating adolescents to screen for both (Riggs, 2003). It is also important to note that the effects of substance use often resemble mental health symptoms, which makes it difficult to determine the different disorders (Hawkins, 2009).

Treatment and Aftercare

The world of today's adolescents is one of widespread alcohol and drug use. They are readily available and the use of alcohol and drugs is glorified in both music and the visual media. For students who have chosen a path of sobriety, returning to school and peers can be a daunting experience, as abstinence in high school and

college years is not widely considered the norm. Aftercare is a critical component of the treatment process.

Ekendahl (2007) defines treatment as initial interventions aimed at promoting lifestyle changes and living a life without substance abuse. Aftercare is seen as following primary treatment and its purpose is to maintain the lifestyle changes that have already been accomplished. Recovery schools are a part of this continuum of care.

Research regarding the effectiveness of adolescent treatment for alcohol and drug use has grown steadily over the past twenty years. Results are mixed, showing that treatment does reduce substance use, but that relapse is common (Dennis, Dawud-Noursi et al., 2003). Godley, et al. (2005) found that “environmental factors were directly and indirectly related to ongoing substance use and problems in a relatively stable pattern of relationships” (p. 66). Environmental risk factors that can be a predictor of relapse include drug and/or alcohol use in the home, poor parenting practices such as absentee parents, homelessness, low attendance in support groups (Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous), low involvement in substance-free activities, and high involvement in substance-involved activities. Interventions then should focus on the reduction of these types of risks or finding supporting services that do, and aftercare should focus on addressing ongoing life skills that will aid in relapse prevention and achieving future goals.

Aftercare for adolescents is different than aftercare for adults because of the unique needs of adolescents. Adolescents are social in nature and seek peer interaction

and approval. After treatment they face the hurdle of making new and sober friends. The problem of substance use does not end when a young person walks out of an inpatient or outpatient program or makes the decision to embrace sobriety. And will power alone is not enough to prevent relapse.

Adolescents in treatment for substance use disorders live a very structured day. It is important for them to have a regular routine of activities, responsibilities, exercise, and recreation. Following treatment individuals in recovery often suffer a sense of loss and need. Through recovery schools students can revisit the skills they learned in treatment to remain sober and also work toward achieving their educational goals. A strong support system is critical for recovery from substance abuse and dependence. Throughout the day students in recovery schools attend group meetings. In these meetings students can address the many factors that influence substance use such as trauma, relationships, accountability, transition, grief and loss, healthy choices, bullying, stigma, and co-occurring disorders. They can also share stories and victories, and celebrate sobriety milestones.

Recovery Schools

The high school recovery movement actually began at the collegiate level with the development of school-based recovery support services at Brown University (1977) and Rutgers University (1983). It evolved into more fully developed recovery communities at Texas Tech University (The Center for the Study of Addictions) in 1986 and Augsburg College StepUP Program in Minnesota in 1997. Since that time additional collegiate recovery programs have been created across the country.

Following the creation of recovery schools at the college level came the development of recovery support services for high school students followed by high schools developed exclusively for students recovering from substance abuse. The schools are designed to give students a substance-free environment combined with recovery support services. The sober environment and support services are combined with academics to allow students to graduate from high school (Zunz, Ferguson, & Senter, 2005). The first recovery high schools were opened in Minnesota with the establishment of Sobriety High. It began in a community center and had four students and one teacher. It opened its doors in 1987. Peers Enjoying a Sober Education (PEASE) also opened in Minnesota in 1989 (White & Finch, 2006). Since that time numerous recovery schools have opened in the United States. Some have succeeded and some have not. However, today there are 35 active recovery high schools, with the newest one opening its doors in August, 2014.

There are many factors that influenced the growth of recovery schools, including school choice policies resulting in more alternative schools, the increased recognition of the therapeutic community, an increase in adolescent chemical dependency programs, and the realization of the high risk of relapse for youth re-entering school after treatment. The beginning of recovery high schools occurred at the same time as the concept of school choice was being introduced. The concept of providing options to strengthen school accountability caused a rise in legislative promotion of alternative and charter schools, vouchers, and for-profit education companies (White & Finch, 2006). In addition, Dennis and Scott (2007) wrote that

evidence shows that recovery outcomes are improved when self-help participation is occurring within peer groups focused on issues unique to adolescents.

The Role of a Social Environment

Social learning theory has as much to do with developing an addiction as it does with overcoming one. People like to be socially connected. Many kinds of addiction involve other people, whether it is gaining access to substances or enjoying their use socially as in the use of alcohol. It is frequently at the center of social functions and recreational activities. If an adolescent has grown up watching friends and family members smoke marijuana after a long day at work, or the family never or rarely has meals or social events without drinking, they are watching substance use modeled. This is social learning. At the same time, social learning theory is used in recovery models as well. The more time an adolescent spends with non-using peers, the more opportunity he has to observe and imitate healthy individuals. Therefore, “social learning theory supports the idea that the chemical-free environment at recovery schools will lead to fewer relapses and continuing sobriety” (Lanham, 2010, p. 37). Recovery schools are also supported by the theory of social selection or social control. This theory posits that individuals are more likely to maintain sobriety if they can establish bonds with people who are working towards the same goals. Adolescents who have weak bonds with non-users are more likely to abuse substances. Recovery schools provide an avenue where recovering students can develop bonds with others who are working toward a life of sobriety. And as the time of sobriety increases in an environment where peers are also increasing sobriety “one day at a time,” self-efficacy (Bandura, 1997) increases. Self-efficacy comes from the belief that they can remain

sober through positive interaction with others who are achieving the same goals. In addition to the goals of sobriety, which require elements of supervision, monitoring, and motivation (Moss, 2008), students in recovery schools are also required to set academic goals. To monitor these goals supervision is ongoing and drug tests are monitored regularly (Moberg & Finch, 2008).

Vygotsky (1962; 1978) also looks at the role of social context as students construct meaning in their development and learning. It is his belief that development involves multiple people and cannot be separated from its social context. As a child's levels of development increase it is important to increase the "zone of proximal development," that place between what a child can do alone and what he can do when assisted. Vygotsky believes that interventions should be designed in increasing stages of complexity and should be more difficult than what an individual can do alone. In a recovery school the degree of classroom structure and intense supervision lessens as length of sobriety increases. This study will be done in a school, and the work of both Bandura and Vygotsky will have an important place in it based on their theories of social context of learning.

Resilience

Finally, resilience plays a major role in recovering from addiction. Resilience is not something that you are either born with or not. It can be taught and includes behaviors, thoughts, and actions that can be learned. A major factor in resilience is being surrounded by supportive relationships. The model of recovery high schools combines support for each other through peer and staff support in group settings as well as individual, and academic support in achieving educational goals.

Environments that have strong teamwork and support, are trusting, have positive role models, and provide encouragement will help individuals increase their resilience.

According to the American Psychological Association

(<http://www.apa.org.apa.org/helpcenter/road-resilience.aspx>) other factors that are commonly associated with resilience are:

- The capacity to make realistic plans and take steps to carry them out.
- A positive view of yourself and confidence in your strengths and abilities.
- Skills in communicating and problem solving.
- The capacity to manage strong feelings and impulses.

All of these contribute directly to maintaining sobriety and achieving academically.

Research about post-treatment care for adolescents and young adults is limited. And even more limited is research about recovery schools. Most research has been limited to theses, dissertations, single-site evaluations and unpublished reports (Roth & Finch, 2010). Popular media however has featured “human interest” stories about recovery support programs in high schools and colleges since the 1990’s, and as a result of this exposure, support for the idea has grown, allowing for more schools to open. Between 1999 and 2005, 25 recovery high schools opened and six collegiate programs were started in the United States (White & Finch, 2006). Since that time ten more recovery schools have also opened. This study looked at the gap in research regarding the educational and therapeutic practices of recovery schools. It looked at

the combination of therapy and instructional plans to determine what the key factors were that allowed recovering students to achieve academically in an environment that fostered support and rigor.

Prior to the creation of the Association of Recovery Schools (ARS) in 2002, most recovery schools were organized in isolation. The purpose of the association is to provide communication and advocacy. The ARS criteria for recovery schools, as designed by Andrew Finch (2005) state that the recovery school:

- Provides academic services and assistance with recovery and continuing care;
- Does not generally operate as a treatment center or mental health agency;
- Requires that all students enrolled in the program be in recovery and working a program of recovery determined by the student and the school;
- Offers academic courses for which students receive credit towards a high school or college degree;
- Is prepared through policies and protocols to address the needs of students in crisis, therapeutic or other including licensed counselors and staff.

Finch's vision for ARS is that:

- All secondary and post-secondary students have access to a recovery high school or collegiate recovery community.

- Standards of academic and recovery best practices are identified and adopted as membership criteria.
- Recovery schools are seen as valued, necessary, and adequately funded parts of both the educational and treatment system.

Summary

Millions of young men and women are in need of treatment for the use of substances including alcohol, yet only a small portion of those actually receive care. Continuing care after treatment is important to maintaining sobriety, yet most schools concentrate on the prevention of addiction rather than the maintenance of sobriety. Recovery schools were created to provide adolescents with an environment of likeminded peers, trained recovery therapists, and educators who will help them reach their educational goals starting with completing high school. Previous research has been done in multi-sites, but little in-depth work has been done at individual sites. This research seeks to add to the limited literature on recovery schools by examining how students succeed academically while maintaining sobriety in one recovery school.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

Type of Research

The qualitative paradigm was utilized in this study. Qualitative research is a progression of understanding based on distinctive methodological traditions of examinations that investigate a societal or individual predicament (Creswell, 2007). Qualitative research is interested in “understanding the meaning people have constructed” (Merriam, 2009, p. 13) or how they make sense of their world. There is a lack of research regarding recovery high schools and how they help adolescents recovering from substance abuse and dependence maintain sobriety while succeeding academically. How better to determine the perceptions of the teachers, recovery coaches, and administrators, than to collect data that delves into the leadership, classrooms, support groups and thought processes and feelings of the participants (Guba & Lincoln, 1985)? The remaining chapter will explain the premise behind the research design and methodology for this study. First I will explain the methodology initially utilized during the research and how it evolved over the course of the study and secondly I will explain how I came to be a member of the recovery community,

Case study was initially to be used to develop an in-depth understanding of the unique combination of therapy and academics in a recovery school. A case study design was to provide the rich data about the perceptions of those involved in recovery schools. According to Eisenhart (1989), case study is particularly suited to new research areas or research areas for which existing theory or data seems inadequate.

Because many aspects of this study changed during its course, so too did its methods. Initially it was easy to follow a case study design, but the changes came during the data analysis of the research. As analysis began it became clear that I would not be able to find a way to separate my thoughts, experiences, and emotions from the findings. My multiple lenses as a teacher, principal, and mother of a child in recovery caused me to perceive what I was observing and hearing through a biased perspective. While bias is often considered negatively in the field of research, I found that analyzing data from my personal experience was not a negative thing. In the faces of every young man and woman on the recovery school campus I saw my son. I felt their mother's pain. I saw the joy of small victories and large ones. I saw challenges to the leadership team and the teachers. And through this realization I became aware of the fact that my experiences were as important as my findings and that realization led me to add an autoethnographic lens (Chang, 2008) with a case study design. By combining these two methods I was forced to reflect on my ideas of what good classroom strategies are, what leadership and teamwork qualities are, and what recovery is. I was forced to relive the pain and subsequent joy of what led me to the study of recovery schools. I will never be sure of what my opinions on recovery schools might have been had I not had a child in recovery. My beliefs and perceptions about the difficult road of recovery are shaped from personal experience. I add this reflection because my interpretations of what I saw were viewed through tear filled eyes and thoughts of "what if." What if I had known about these schools years ago? Would it have changed my son's life, my family's lives? These thoughts gave a voice to my positive stance on recovery schools and how it was evident in my analysis of the

data. Consequently, I have attempted to remain positively aware of my biases in my findings and interpretation of the data.

Autoethnography

The initial methodology used in this research was case study. In addition, a second research design, autoethnography, was incorporated. The case study looked at the role of a recovery school in helping students who have chosen a path of sobriety achieve academically in a supportive environment. The personal or autoethnographic lens as a teacher, principal, and mother of a recovering son was also integrated into the design.

Carolyn Ellis in *The Ethnographic I* writes, “Authors focus on a group or culture and use their own experiences in the culture reflexively to bend back on themselves and look more deeply at interactions with self and others” (p. 37). I began my work observing in a recovery high school, focusing outward. I looked at the classrooms, the students, the teachers. I observed the leadership style of the director and the supportive manner of the recovery coaches. And in doing so I began to “look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations” (Ellis, p. 37). I was studying a culture, one that I had become a part of. According to Adams, Jones, and Ellis, “Autoethnographers study culture; they often focus on the collective relational practices, common values and beliefs, and shared experiences of a group of people with the purpose of better understanding the group and themselves” (p. 50). Denzin (2014) writes that “the sting of memory locates the moment, the beginning” (p. 32). It was that sting of memory as I watched that cluster of laughing young men in the halls of a recovery school that

brought me back to my own winding road of recovery through my son's life and my first thoughts emerged that it was possible that my story and the school's story would become a shared experience. Chang (2013) describes four types of autoethnographic writing. They include imaginative-creative, confessional-emotive, descriptive-realist, and analytical-interpretive. He goes on to state that "they are conceptually distinct in theory, but their boundaries are blurred in reality" (p. 119). In this study the boundaries will be blurred between the descriptive-realist mode as I attempt as accurately as possible to explain the painful journey of discovering our son's substance use and the road that followed, and the analytical-interpretive mode as I incorporate field notes, observations, and interviews along with my reflexive thoughts from my study of a recovery school. A risk in autoethnography is the ethical consideration that by writing the story of "I," I am also writing the story of a period of my son's life that was dark and ugly. Ellis, (1999) writes about the vulnerability of the autoethnographer in revealing intimate information that will forever remain in print. It is important to note that in all aspects of the research in this study pseudonyms were used for the school, the staff, and the students. In addition, full permission was given to me by my son to share his story through my memory. He also provided permission to quote postings on social media that he made during his active substance use.

Data Sources

Gaining Access

Access to data sources was gained by direct contact with the Executive Director of the recovery high school where the research was conducted. Initial contact was made via phone, followed by email contact requesting permission to do research,

observe, and interview staff members and focus groups for data gathering. The field for this study was the physical building of the recovery high school. Gaining access to data collection not only involved permission to access the physical building, but also identified the gatekeepers, stakeholders, and key informants (Hays & Singh, 2012). It was important for the purpose of obtaining data to “learn the language of the community, and to conceptually understand important events” (Finch, 2003). In addition to identifying these individuals, it was important to build a rapport with them, which meant establishing boundaries of trust (Hays & Singh, 2012). Observations of teachers and recovery coaches were done in classrooms, fellowship halls, and offices where the participants were engaged in their daily activities. Interviews were conducted on campus, in locations of their choice that provided a comfortable setting for them.

Selection of Participants

I directly interviewed recovery coaches, teachers, and executive directors. The interviews of these participants were recorded as part of data and notes were taken. In addition, observations of academic classes, support meetings, and staff offices were done. Anonymity of all participants was respected. The Executive Director informed the school staff during a staff meeting that I would be on campus and explained my research study. She provided my email address and asked that those interested in participating in the study notify me. Four teachers and two recovery coaches responded as well as the Director for Corridors. These individuals all volunteered to be interviewed and to allow me to observe their classrooms. The classrooms and

sessions that were observed and the individuals who were interviewed were identified because they fit the research design and were willing to participate.

The students in the focus groups were enrolled in the classrooms that I observed. They volunteered to be a part of the study. Parents of the students were called by the Executive Director and a letter was sent home outlining the purpose of the study and when and where focus groups would be held. Consent to participate in the focus groups was given by the parents and signatures were obtained. Student assent forms were provided for and signed by all students in the focus groups.

Interviews

According to Seidman (2013), “The primary way a researcher can investigate an educational organization, institution, or process is through the experience of the individual people, the ‘others’ who make up the organization or carry out the process.” Through the interview process I gained valuable insight into the perceptions of the individuals who work with the students in varying roles, i.e., therapeutic and academic, as well as the students themselves. The teachers were asked questions pertaining to background, certification and qualifications, course offerings, test preparation and scores and their roles in working with the recovery coaches. Interviews with recovery coaches involved background, qualifications, and their role in working with the students and teachers. Interviews were conducted until data saturation was reached. At that point I was no longer hearing new information. All interviews were audio recorded and transcribed by me. Recordings and transcriptions were kept in my locked office. The participants were advised that the interviews were recorded and provided with assurance of confidentiality.

Observations

Observations were conducted in classrooms and other areas that were determined by the Executive Director and the participants identified for study. Field notes were taken during the observations. They included detailed notations about the teachers and recovery coaches, the activities, and the setting. Data was collected during these observations to determine how daily schedules were organized to meet the needs of the students enrolled in the school. I categorized the field notes as to descriptive or personal (personal were bracketed) in order to differentiate between what was actually observed, what my opinions were, and what feelings and emotions were triggered. Notes taken from observations were expanded on as soon as possible after the events as the field notes were often written quickly in order to capture as much information as possible. Observations are a rich source of data and provided insight and examples of participants' perceptions. Observation is defined by Marshall and Rossman (1989) as "the systematic description of events, behaviors, and artifacts in the social setting chosen for the study" (p. 79).

Documents and Records

The recovery high school combined many programs to create their environment of addiction recovery and academic success. Documents pertaining to the Corridors program, the Alternative Peer Group program, Alcoholics Anonymous and the 12-Step Program, as well as academic curriculum and assessment tools were studied to determine the processes that a recovery school uses to provide a strong academic program. Because recovery schools are made up of students who may have suffered academically due to their substance use, they come to school with varied and

unique needs. There are multiple steps that a school must take to create an environment where students achieve their academic goals. The websites for Johnsonville High School, Unity Schools, and Alternative Peer Groups were examined carefully. I was provided with the school's "Point Sheet," a method of accountability, as well as sample behavioral contracts used when infractions occurred. I also was provided with the informational packet given to students upon enrollment at the recovery school and a chart of demographic data.

Researcher's Journal

According to Spradley (1980), "Ethnographers should keep a journal." A journal contains a "record of experiences, fears, mistakes, confusions, breakthroughs, and problems that arise during fieldwork." My final source of data was my researcher's journal. It contained reflexive thoughts written during the study and provided valuable insight for my autoethnographic writings.

Data Collection Plan

Data was collected at a recovery high school in Texas during the Spring of 2015. Observations and interviews were conducted while visiting the school. Due to the relatively far distance of this school from my home, four one week long trips were required for data collection. Johnsonville High School consisted of one director and one executive director, seven teachers, and four recovery coaches. With case studies Creswell (2006) recommends using three to five participants. For purposes of this research, observations were done with four teachers and two recovery coaches. I completed multiple classroom observations in each of the participants' rooms during the four week-long visits to the campus. In addition, I interviewed all six of these

participants as well as the Corridors Site Director and the Executive Director. To provide an even more in-depth look at the school and the role of the support staff as they intertwine with the teachers, I conducted focus group interviews with students. The focus groups were divided into two groups, boys and girls, and we met three times each. The interviews as well as a review of documents and records from the school took place during the second, third, and fourth weeks of campus visits. Interviews were semi-structured in nature and occurred after I had observed in the participants' classrooms and during support groups. The semi-structured nature of the interviews allowed participants to answer open-ended questions while still permitting deviation from the original questions.

Interviews

For the staff interviews I scheduled a time on the campus that was convenient for the participants. They each picked a location that was comfortable for them and the interviews were done in various locations around the school. Each interview lasted approximately one hour. They were recorded and transcribed. Field notes were also taken during the interviews. At times my thoughts and questions were bracketed in these notes. Focus groups were divided by gender. The students were very articulate and enjoyed talking about their recovery and their school. Focus groups were originally planned to take place on two days with each group, but the amount of information that they wanted to share caused the groups to last an additional day. Parental consent was obtained from the students under the age of eighteen, and student assent was given by all students. Transcriptions were emailed to the staff participants for the purpose of member checking.

Observations

For the observations I obtained dates and times that were convenient and agreed upon by all participants during the week long site visits. Field notes were analyzed following the observations.

Documents and Records

Documents included information pertaining to the Corridors program, the Alternative Peer Group program, Alcoholics Anonymous and the 12-Step Program, as well as academic curriculum and assessment tools. Student retention rates, graduation rates and test scores were also perused.

Researcher's Journal

My personal journal of field notes and reflections provided a place to record dates and times of interviews and observations as well as personal discoveries, insights, feelings, and ideas during the research process. These notes became a rich source of data during analysis.

Data Analysis

Informal data analysis began as data started being collected through the constant comparison method. Formal data analysis began when all material was gathered. All aspects of the research, interview transcripts, field notes from observations, documents and records, journal entries, and my reflexive notes about my son's substance use and recovery were organized in a manner that "can be easily retrieved later" (Rossman & Rallis, 2003). Data analysis was conducted in three stages (Hays & Singh, 2012). The first stage, initial data analysis, included memoing or making margin notes, organizing, summarizing and looking for initial themes. As new

data emerged, new themes evolved. Next, I again gathered the above documents and reviewed the purpose of my study (Merriam, 2009). I read and reread notes and began *open coding* (Merriam, 2009). Coding involved organizing keywords of similarity and or differences. These were highlighted and the keywords and phrases were written on various colored sticky notes, a different color for each participant and each focus group. In the second stage I began identifying themes and patterns. They were placed on large poster-sized sticky notes that were posted on my office wall for visualization. In this manner large chunks of data were identified. Additionally, a visual map was created using a variety of colors to identify common ideas between observations and interviewees. When all data was summarized I looked for bigger common categories into which some of the summaries fit (Strauss & Corbin, 1998). Categories were combined by organizing all sticky notes into themes. Sticky notes were moved and manipulated until final themes and subthemes were discovered. The final stage involved triangulation and constant comparison. Triangulation of sources began after sampling methods were selected. Participants were recruited in a manner that supported my research design -- directors, recovery coaches, teachers and focus groups of students. Triangulation involved participants who had a similar perspective, had multiple roles in a setting yet experienced that phenomenon in a variety of ways. This is a form of triangulation referred to as “fair dealing” (Mays & Pope, 2000 as cited by Hayes & Singh, 2012). Triangulation of these sources as well as field notes, interview transcripts, documents and records, and the personal reflexive journal were studied.

Analysis of my autoethnographic writings was a process that involved some of the same techniques as well as different ones. According to Ellis (2004), when people tell their stories they are using techniques of analysis to interpret their world. “Stories themselves are analytic” (p. 196). The goal of a story is to describe a situation that the author has been in, often life changing. Through thematic analysis of these stories, the author can “arrive at themes that illuminate the content and hold within and across stories” (p. 196). It is through the back and forth weaving of my stories with the observations, interviews, and information gleaned from the students that I was able to provide analysis and coordination of both my stories and the perspectives of those involved in the recovery schools.

In reporting my findings, information from observations was coded by identifying the name of the participant, followed with the letter O, followed by the line number(s) on the transcript (e.g. James, O., L12-15). The same method of identification was used for interviews with staff and focus groups. My researcher’s journal was coded with RJ and the line numbers (RJ, L56-60).

Trustworthiness

In qualitative research the term trustworthiness is used to replace the quantitative term of “validity” – the manner in which we give credibility and believability to work. Trustworthiness according to Lincoln and Guba (1985) is worth paying attention to and taking account of. There are four criteria used to establish trustworthiness: credibility, transferability, dependability, and confirmability.

Credibility was established by showing that the participant's perspectives were considered and that they found my interpretations to be accurate. My role as a mother of a son in recovery also provided a measure of credibility because both staff and students knew that I had some semblance of understanding of their struggles, their goals, and their victories. Staff participants were provided with interview transcripts to review (member checking). The techniques of prolonged engagement, persistent observation, and peer debriefing were also utilized. The combination of these techniques contributed to the trustworthiness of this study.

Transferability is necessary to allow the transfer of findings to others and other sites. It was assured by using thick description in field notes, observations, and interviews. I used thick description to assist the reader in understanding the entire community of a recovery high school as well as my experiences as the parent of an adolescent abusing substances. Purposeful sampling was used to ensure that the data can be used beyond this research.

Dependability requires that changes are documented and acknowledged. Dependability was assured by maintaining an audit trail to provide physical evidence of data collection and analysis (Hays & Singh, 2012) that can be traced back to the beginning of the research.

Confirmability can be established through the audit trail (Lincoln & Guba, 1985), but it can also be done through reflexive journaling and peer debriefing. The reflexive journal was used as a tool to help me look with increased depth at my perceptions, ideas, doubts, and fears. Peer debriefers assisted me in questioning the

direction of my research with an unbiased eye. Through the use of these criteria I established the trustworthiness of the research, data collection, and analysis.

Personal Assumptions

For all of us, our previous knowledge and life experiences form our basis for reality. My background is as an elementary teacher and principal. My husband and I are the proud parents of three adopted children, a son adopted at birth in the United States and twin daughters adopted at nine months from Guatemala. And I am the mother of an adult recovering from substance abuse and working one day at a time to maintain sobriety as he returns to work and college. Why is this important? As Corbin and Strauss (2008) write, we cannot separate who we are from what we do in qualitative research. If our life experiences create who we are, then they will also guide areas of research and the way that we conduct that research. It is because of this that the method of autoethnography was also incorporated into this study. As Ellis (2004) wrote, “I tend to write about experiences that knock me for a loop and challenge the construction of meaning I have put together for myself. I write when my world falls apart or the meaning I have constructed for myself is in danger of doing so” (p. 33). My world was knocked for a loop and it was through case study and autoethnography that I sought to make sense of it. By twelfth grade, over 50 percent of adolescents have used an illicit drug (Johnston, O’Malley, Bachman, & Schulenberg, 2005) and an even greater number have consumed alcohol. Many of these adolescents continue with drinking and drug use into adulthood without intervention and often suffer tragic consequences. But for the fortunate few who receive treatment, or decide on a life of sobriety on their own, they are provided the opportunity to redirect their

life course, maintain sobriety and continue their education. However, these students exit treatment and/or decide to abstain, and return to their former schools – the site of their initial substance use. Recovery high schools offer a place where students can excel academically and not be penalized for past substance use or relapses. My interest was in how maintaining sobriety enabled students to continue their schooling and achieve academic success and the role that recovery high schools played in that journey. The qualitative paradigm method of research design was chosen so that I could look in-depth at a school, the roles of teachers and recovery coaches as they interacted with each other to provide therapy and academics in a safe environment, and the programs that they used in conjunction with each other to help adolescents in recovery work toward being able to remain in the classroom, remain sober, and develop a network of sober peers working toward a common goal.

Context of the Study

This study took place at a recovery high school in Texas. Participants included classroom teachers, recovery coaches, and directors of the programs as well as focus groups made up of students at the school. Classes were observed and semi-structured interviews were done with the participants. In addition, informal conversations occurred with adults and students in the school as I assumed the role of observer on the campus. The programs in use were studied and a journal was maintained to help identify and keep track of personal thoughts, fears, and questions. Confidentiality of all participants was secured both before and after interviews. The individuals were informed of their right to withdraw participation at any time and of their right to review transcribed interviews as well as the final research results. All information

obtained during the course of research was stored in my locked office, and home, and on a password protected computer.

Summary

Research on recovery schools is limited, but in that limited amount it appears that recovery high schools are having success in helping adolescent students maintain sobriety and be successful in their academic work. Through the use of observation, interviews, and focus groups, this study examined the factors that support long-term recovery in a high school setting, the processes that administrators used to provide a successful academic program and how the relationship between recovery coaches and teachers contributed to the overall outcomes of the school. The autoethnographic aspect of this study examined my thoughts, feelings, and emotions as I observed master teachers and leaders working within challenging circumstances through my personal lens of a teacher, principal and mother of a son in recovery. It showed how my personal experience within the culture of substance use and recovery shaped every moment of my time in the recovery school. Through data analysis and open coding of my observations, interviews, reflexive journal, as well as my personal memories, themes and subthemes emerged to answer my research questions.

CHAPTER IV

RESEARCH FINDINGS

A part of the road to recovery from substance use and abuse is about connections. Connections are the first beginnings of substance use. And connections can be the first beginnings of sobriety. The role of recovery schools is to forge new connections, connections in a safe environment surrounded by a team of committed individuals dedicated to the success of their students. They are a place where young men and women are given a voice and recognition. A place where, one day at a time, belonging creates a culture that supports the goals of recovery while at the same time striving to achieve the highest of goals academically. These schools are a place where “therapy and education converge,” (Finch, 2003). They are schools that work.

Restatement of the Purpose

The purpose of this study was to understand the factors that support long-term recovery for adolescents in a recovery school and the unique contribution that recovery coaches, or support, as they are referred to, working alongside teachers in that environment can make in maintaining sobriety and thereby achieving academic success. As it evolved, it also became a personal journey of my memory through the painful and dark time of my son’s drug use. The case study of a school became intertwined with my roles as a teacher, a principal and the mother of a son in recovery and evolved into an autoethnography of my journey through my son’s addiction and subsequent recovery. Through my journey through a special place, a school filled with tears, laughter, anger, and joy – a place much like my home, for most of my son’s adolescent years – I reflected on my own pain. It became the study of a school that is

needed to save lives and academic futures. It became the study of a place that I wish I had found for my son. It became a reflective look at my past, present, and future in the recovery world. It became a personal place of hope for me through my writing and research. Through the study of a recovery school I found a place where hope is available for young adolescents struggling in their lives, and for their families as well.

Restatement of the Research Questions

This study sought to examine the following research questions:

In transitioning out of substance abuse treatment, what are the factors that support long-term recovery for adolescents in recovery high schools?

What are the processes that a recovery school uses to provide a strong academic program?

In a recovery school model, what is the relationship between teachers and recovery coaches as they address the physical, emotional, and academic needs of recovering adolescents?

However, as the study proceeded I soon realized that while the questions were appropriate for understanding the school, they did not necessarily address “how” the school works and “why” the school works. And even more interesting was the question of why this school impacted me so emotionally. Three very simple questions were also necessary.

How did my personal experience with my son’s substance abuse and recovery affect my perceptions of a recovery school?

How does the recovery school work?

Why does the recovery school work?

My Story

I am the mother of someone recovering from substance abuse. “In autoethnography we peer into social issues and problems through the lens of our own experience” (Tamas, *Handbook of Autoethnography*, p. 187). My experience as an insider in the recovery world caused me to process all that I saw in the recovery school from that lens of experience, my lens. Substance abuse and dependence is a social issue that knows no boundaries. Never did I think on that winter day when my perfect son was placed in my arms that I would have personal knowledge of the pain of addiction and the struggles of recovery.

In those early days of painfully accepting the evidence that our son was abusing drugs and alcohol, my husband and I spent hours wrestling with the question of whether or not to send our son to boarding schools or a military school. We rarely talked about treatment programs because that meant residential in-patient treatment, loss of academic time, and stigma. Addiction, when it arrives on your doorstep wrapped up in your child’s body, is a stranger – a foreigner who should be shunned. Addiction does not go away in six months or a year. It is a lifetime struggle, a fight for life. So when I first stepped into the foyer of the recovery school where my research was to be done, I was staring into the eyes of adolescents whose parents had made the decision to send their child to treatment and then embrace the academic system specifically designed to support the recovery from substance abuse and dependence as well as coexisting disorders. It was a decision I wished I could have made.

My story is a story about my experiences with addiction, my son's substance use, subsequent dependence, and his journey to recovery. His story became my story. I no longer could say that drugs don't affect me because the pain that they caused my son was also a pain given to me. My story is a hard one to speak about. Within the sanctity of my home I beat myself up. What did I do wrong? Why had I not discovered my son's drug use earlier? And even after I knew of it, why did the shame, guilt, and fear of the unknown keep me from addressing it outside of our home for so long? But my story is also a story of understanding, courage, and hope. This story about me, my son, and a successful recovery school is written from the perspective of someone who has seen the destruction that drugs cause. With this firsthand knowledge, my perception of the recovery school that I spent a semester at was viewed through the lens of an insider. Although I am not in recovery and will never truly know the darkest of days associated with addressing the demons of drug use, I do know the young men and women attending the school. I know the young recovery coaches. And I know the teachers who wake up every day to support the journey of recovery. Because they are my son. Because they are me. I am their mother; I am their colleague.

Few studies have been conducted on recovery schools. The goal of this study was to add to the research on how a successful recovery school works and also to contribute to the discourse on substance abuse, dependence, addiction, and recovery, in particular in adolescents. One of the reasons that I, and so many others, choose to carry the shame of addiction privately is the idea that addiction is a choice. The idea that all the substance abuser needs to do is just stop. While the initial decision to take that first drink of alcohol, smoke that first marijuana, or swallow that first pill is a

choice, when made by young adolescents it is a choice made most often because of peer pressure and curiosity. The relative ease of access to substances such as tobacco and alcohol in many households as well as its visibility in society and the media creates an environment where that initial choice to experiment can be done without great trouble. The availability of tobacco, alcohol, and drugs does not guarantee that abuse, dependence, and addiction will occur. But when it does, a heartbreaking journey unfolds for not only the user, but for all those associated with that person. I want to share my personal story in order to help those adolescents as well as young adults recovering from substance abuse to know that there are places where they can receive support for their recovery as well as continue to succeed academically. I want to celebrate the educators who work with a group of youth who are challenging yet resilient. And I want to inspire hope in mothers like me, mothers who wake up in the middle of the night wondering if their son or daughter is still alive. The mothers who are afraid to pick up the phone when they see their child's phone number. The mothers who learned that addiction is a disease, not a moral failing, and there is help for their precious child. Yes my journey through a recovery school was done through the biased lens of a teacher, a principal, and most of all the mother of a son who was once an abuser of multiple substances. But through that lens I saw a school dedicated to improving the lives of struggling students, I saw a success story.

Not My Son

He was the perfect child – the long awaited gift to parents who had struggled for years with the pain of miscarriage after miscarriage and the realization that the possibility of carrying a child to term was non-existent. He was the treasure at the end

of the long road of paperwork, interviews, case studies and prayers. He was the firstborn child to my husband and me, the first grandchild to one set of grandparents and a beautiful sixth addition to another. He had been anticipated with love and joy for two years, the long and often overwhelming path of adoption.

And there he was – newly born, blonde hair and blue eyes just like his new parents. Seven pounds and twenty one inches of perfection all wrapped up in a Christmas suit picked especially for him by his birth mother. His new father and I, his new maternal grandmother, his new aunt and his new college age cousin were all smiles, tears, and camera flashes as the case worker brought him in to the small but cheerful room at the adoption agency. She held him high in the air before handing him to me. Looking back it is strangely reminiscent of Mufasa introducing Simba to the world.

And that beautiful late December morning, just four days before Christmas, our miracle, our gift from God, our perfect child started us on our journey of love and joy, pain and heartbreak. We were the perfect family, or so we thought. We were older, owned our own home, had dogs, cats, birds, and fish – all waiting for a baby to complete things. My husband was self-made businessman and I was an elementary principal. He knew how to hunt, fish, and grill, and was kind, patient, and funny. I had known I wanted children since I played with dolls – all the way into middle school. I was meant to be a mom. I was ready. I had read all the books, the nursery was designer worthy and I had all the knowledge necessary about how to feed him the perfect foods, dress him in safe clothes, childproof our home, and read and play daily. I was going to raise the perfect child. I was ready.

Early childhood was everything I thought it would be. Our son had a vocabulary of over one hundred words by the age of one, was speaking coherently and in complete sentences by two and received glowing reports on his abilities from his Montessori teachers at age three. Oh there was the occasional, “we have a hard time getting him to stay in his seat” comments, but we attributed that to his being all boy. As an educator I had never ascribed to having young children sit for extended periods of time anyway. And of course there was the “we have a hard time getting him to follow directions,” but again I attributed it to his being a boy and the fact that most of the “teachers” at the pre-school were not college trained in early childhood development as I was.

First grade brought a few more challenges. I was made the new principal at a large elementary school recognized for its academic success and structured teachers. I made the decision to take our son with me to the new school instead of sending him to the Gifted and Talented school that he had qualified for. In spite of his Gifted and Talented qualification, in Kindergarten he had shown a lack of desire to read or write. He knew his alphabet and numbers, he could write his name and sight words, but getting him to do it was a challenge. He would much rather be under a desk figuring out how to take it apart, which he did on several occasions. His father and I decided that it would be a good idea to have him at my school so that I could monitor his work closely. And so the conferences began, informally at first. The two teachers who team taught the large multi-age class that he was in would stop me in the hall. We are having a hard time getting your son to sit still. We are having a hard time getting your son to read. Your son doesn't seem to want to copy the words off the board. So what

does he want to do I would ask? Build things, play with puzzles, mostly build things. So I searched my early childhood research to find what I needed to convince myself and his teachers that he was “developmentally normal” and reading and writing would come in time. He was G/T after all. It wasn’t until years later that he told me that he only had a handful of recesses during his first grade year. He had to “sit out” and write words or “read” because he wasn’t doing it during class time and of course (according to his teachers) he had to be ready for testing two years down the road and there wasn’t moment of educational time to waste.

Second grade was easier. His teacher was patient and understanding. But the first 30 minutes of class every morning consisted of journal writing. About this time my son began to have stomach aches, lose things as we were leaving the house, or “forget” his journal. The teacher obviously expressed her concerns. The dreaded words of “have you had him tested for ADD” began to crop up in conversations again. I hadn’t and I wasn’t going to. There would be no medications for my son – they were a gateway to drug abuse in later life. We would use consequences and rewards to motivate his behavior. It worked, sort of. We made it through second grade. His weekly art teacher raved about his creativity. His teacher proudly patted herself on the back for his gains in reading and, while his penmanship was poor, things were looking better.

Third grade was good with the exception of penmanship. He was not grasping cursive. As the educational leader of the school I did just enough research to find data to support my position that as long as a student could get his ideas on paper it did not matter whether it was in cursive or print (a stance I have since come to regret). His

teacher liked him, worked with me, and he made it through third grade with only a few discipline issues like splashing mud on the girls, climbing the tree on the playground and exploring in the off limits field behind the school.

Then came fourth grade and, looking back, the wheels on the childhood bus began to loosen just a bit. The team of four teachers departmentalized their classes. That is how it had been and how it would be no matter who the principal was. They were well known in the district as having the best test scores in the town and their formula was unwavering. Even for my child. Write, in cursive, one journal page every night, in addition to nightly reading and math homework, and weekly science and social studies homework. Convincing my son that he had to write every night was beyond my educational and parental capabilities. No amount of love, bribery, consequences or threats could make it a pleasant experience. And my brilliant offer to the teachers that he tell me his story and I write it could not convince them that that was a strategy that would be acceptable in their classes. So I did what no parent of a G/T student does. I had him tested for a learning disability. The decision was not a popular one with his teachers because after all, his refusal to do work was a discipline issue, not an educational one!

The results were in. Dysgraphia. Not just Dysgraphia, but the most severe Dysgraphia the diagnostician had even encountered. And his diagnosis from the expert teachers met with, “What is that?” and “When will he get over it?” Not where can we learn about this or what can we do to help and modify his work. He survived his fourth grade year, and--the most important part according to his teachers – passed his testing with modifications in writing, but his self- esteem was beginning to suffer horribly. He

gained a significant amount of weight, started becoming the class clown, and again showed little interest in school work.

Fifth and sixth grades brought improvement. His fifth grade teacher had known him since birth and was familiar with his learning disability, his learning styles, his sense of humor and what motivated him. Other than a few playground infractions, he made it through fifth grade relatively unscathed. His Drug Abuse Resistance Education (D.A.R.E) program was met with great accolades about his engagement in the classes and his well-written essay describing in detail how he would never do drugs or drink alcohol. We didn't worry about the occasional complaints from other students that he was bullying; that was all part of growing up, wasn't it? Sixth grade, with an emphasis on science, was the best year since Kindergarten. He won first place in the school Science Fair and placed second in the Regional Science Fair with the same project. And elementary ended on a good note.

Then there was Middle School. Seventh grade was relatively uneventful. Only a few new friends were made; he was exited from Special Education because testing showed he had closed the gaps and there was no longer a need for modifications. He spent months working on his Science Fair project and won not only first at his Middle School, but first in Regionals against students in grades six through 12. He took his project to state and presented successfully, but without a win. He was playing football on the A Team, running cross country, losing weight, gaining height and succeeding academically. Our perfect child was back and life was good.

Eighth grade arrived. New friends were made. Teachers and administrators liked him. Responsibilities were given to him. He ran for Student Class president and did not make it. And the defeat was a tough one. But the party invitations started to come in and we were all thrilled. We went to parties in Middle School. It was part of growing up; a rite of passage, wasn't it? It was good to have a large circle of friends. They were harmless and a good way to learn social skills. Parents were there of course. We took him and picked him up. Nothing could possibly go wrong. Except as we later learned through his social media account, his last sober birthday was his 13th, eighth grade (personal communication, June, 2014). And the pain was about to begin.

Now it was ninth grade – a new school, new friends, and new teachers. I was a stay-at-home mom. I drove my son to and from school. He was on the football team. He had been to Australia the summer before as part of a leadership program. (We had one disciplinary incident during the three week trip, and, although we told him to accept his consequences, we believed his version of the story and that the leader was mistaken – a story that we would hear often in the years to come.) During the year our son met his first girlfriend. He was thrilled and she was a sweet girl. Then there was the fight and the subsequent consequences. According to our perfect son he was jumped by a thug who had been to the alternative school for drugs. The later truth was that he was assaulted by a nice young man who knew our son was drinking and doing drugs. His girlfriend broke up with him and the downward spiral started. Stories ran through the community about how students were bringing vodka in water bottles to the ninth grade campus and they could no longer bring water from home. I, as a parent, was outraged. They needed hydration. This was ridiculous. Why punish all for the

actions of a few? Only later would I discover that my son had been among those who started the trend. Grades were deteriorating and conferences with teachers only resulted in being told that he needed to apply himself and to stop being so “social.” As I reflect back, why were all those who suspected my son of using substances so afraid to suggest their fears to me? What difference might it have made in so many lives?

The remaining high school years spent on a very large high school campus were filled with ups and downs, mostly downs. A driver’s license was obtained and my anxiety levels escalated. I was no longer working so my job was to stay up until our son got home to make sure he was OK. There were bumps – a few occasions where I knew he had been drinking so logical consequences were given, car taken away, phone taken away, and things got better. We gave the usual message – we don’t want you hurt in an accident. We don’t want someone else hurt or killed because of your choices. We won’t ask any questions if you need us to come get you...just don’t drink and drive. But to no avail. Bottles were found in his room, cigarettes in his car, Copenhagen in his jeans. My husband and I struggled with conversations that ranged from “Well we did it,” to “It’s time to send him to military school,” all those struggles that parents in denial go through. Then there was a new girlfriend. A nice girl. We knew her family. They spent a lot of time at our home. We were thrilled. Things were looking better. Until the accident. A beautiful summer afternoon. Our family had driven to spend the weekend in a neighboring town for a friend’s wedding. Twenty minutes after our arrival, while walking to dinner, I hear the words no mom ever wants to hear.... “watch this mom.” My screams of “Nooooo” did nothing to stop him from running up a tree and doing a front flip out of it. I heard the horrendous and deafening

crack of his leg as he hit the ground and writhed in pain. The emergency room could do nothing but wrap it and give him a large prescription for pain pills. Extensive surgery would have to be performed when he got home. His track days were over and his addiction to pain pills had begun.

Senior year was a roller coaster of extreme highs and bottomless lows. Soon after school started we found our perfect son sitting on the front porch smoking pot. Our shock and outrage at such blatant disregard and disrespect for us, our rules, and his younger sisters would only worsen when, as one of his consequences, we took his phone away. Reading the texts from the summer brought me to my knees. Because we had tightened restrictions and rules he had started coming home early, eating with us again and even occasionally watching a movie with us. What we didn't know was that as soon as our lights went out so did he – out the back door. His texts were filled with messages looking for drugs and alcohol and arranging meetings to pick them up and parties at which to use them.

How could this have gotten so out of control? We showed anger. We showed shock. We showed tears. He showed nothing but cold silence. We took away everything we thought meant anything to him. I drove him to school. We took away his phone, his laptop, his Xbox – everything that we thought might make an impact. And it did. For a while. Meanwhile his father and I spent countless exhausting hours going over where we went wrong, who his friends were – after all, it couldn't be his fault! Did we send him to military school? Boarding school? The idea of drug treatment never crossed our minds because we still thought it was “just a phase” and besides, not our son, he couldn't be an addict. His behavior started to improve and the

more he acted like our old perfect son the less we discussed it. Our consequences must have worked, or so we thought. During this period he broke up with his girlfriend, but, as young men will, he soon had another new “friend.” She was younger, but she was a cheerleader and gymnast. She was in the top 10% of her large class and was not a substance user of alcohol or drugs. Our hopes were high that she might be able to inspire him to work harder in school and stop any use of illicit substances. Things looked good. He was starting to act like our old son. About a month after his smoking incident he asked if he could go to a volleyball game and watch his new friend cheer. He would be home by 8:00. We agreed. He was home at the required time and we were sure that we could start giving occasional privileges back again. Until the phone rang. Our neighbor was calling to tell us that there was a policeman in our driveway and he was walking around our cars with a flashlight. Nothing good could come from a phone call like that. I was upstairs screaming at my son. “Why is there a policemen looking at our cars?” No response. “Where did you go?” No response. And the doorbell rang. I opened the door to see a young officer with a very stern facing looking at me. “Are you the owners of the red truck in your carport?” Yes sir. “Has it been driven tonight?” Yes sir. “Is the driver at home?” Yes sir. I left the polite young officer in the foyer talking to my husband. I went to my son’s room, grabbed him by the collar of his shirt and pulled him off his bed. He was bleary eyed and dazed. I told him that I did not know why an officer was in our home, but whatever he had done he had better man up! What he had done was turn the corner of our street at a high rate of speed and blown through the all brick mailbox of a neighbor. He admitted that he had done it and the officer told him he would have to accompany him to the home where

the incident occurred and talk to the homeowners. The consequence was that he would pick up all the bricks and put in a temporary mailbox and then assist the bricklayer when they built the new one. And of course pay for it himself. The owner of the home did not press charges. While we were relieved, in hindsight that may not have been in the best interest of our son. Years later, while in a family session at his first treatment center he would tell us that he had taken a handful of drugs that were given him and had no idea what they all were, but some of them were Xanax, OxyContin, hydrocodone, and many more that he did not know. And then he drank, and drank, and drank – and went to the volleyball game – with friends in his car. He managed to get home without killing himself, those in his car, or someone else, but not without thousands of dollars' worth of damage to his car and a destroyed mailbox. Had we known of the copious amounts of drugs and alcohol that he consumed that night, the decision to send him to a treatment facility would have been an easy one and perhaps four more years of pain could have been avoided. But isn't hindsight always 20/20?

With no car and us now aware of his nights out he once again began to conform. I again took him to school, picked him up, took him to athletics, picked him up. And he could go nowhere but school and home. We spent every weekend at our ranch that year where we could monitor his every waking action and who came and went from our home. Things were looking better. Fall was spent applying to colleges but there was only one place that he wanted to go – Texas A & M. The acceptances came in one by one, but no A & M. Finally, in February of his senior year the news came. He was accepted. He was thrilled. His father and I could see the light at the end of the tunnel. He would be out of our town, away from all the bad influences that had

caused him all of his problems and everything would be fine. The rest of his senior year was uneventful. His girlfriend was by his side constantly. He was home by curfew and if he was using any substances we were all unaware of it. Graduation night a family celebration was held. The large extended family was ecstatic. Of course none of them had any knowledge of his “using” life and the many problems that had plagued us during high school so the joy at the graduation ceremony was glorious. Our “perfect” son had graduated.

Summer passed without any issues. We spent long afternoons getting things ready for his dorm. He went to the Dominican Republic with his older cousins for a graduation present and although they said he drank excessively and was quite obnoxious when inebriated, we weren’t too worried – it was legal to drink there and he was just having fun.

Fast forward to freshman year in college. Two weeks into school his new bicycle was “stolen.” Two weeks later his billfold and spending money for the month was “stolen.” Two weeks later he “hurt his back in Archery and needed money for a massage.” And two weeks later the call no parent ever wants to hear came in. He was in jail for possession of marijuana. Our son and two friends were returning from a trip and the young men were pulled over. Our son’s friend was driving our son’s truck and our son was smoking pot. He told the police it was his and he was put in jail and his friends were allowed to take his truck home. The following week we discovered that he already had a Minor in Possession (MIP) charge from the first week of school where a party had been raided and he had been given a citation. The marijuana arrest made an impact and the rest of the semester was incident-free and he ended with a

good grade point average. Spring semester however, ended with an F in all five classes and he was asked not to return to the school that he had spent his childhood dreaming of attending.

Sophomore year started with a new apartment, a promise to disassociate himself from friends who were using and entrance to a junior college. His girlfriend was now in the same city and things were looking up again. He ended the semester with another good grade point average and we all believed that he was on the right track. And then came the second semester. He broke up with his girlfriend. Through tears and gulping sobs she told me that it was because she kept catching him smoking cigarettes and pot and drinking a lot. She said that they fought a lot about it and he was becoming verbally abusive. I worried that without her to keep him at least somewhat under control he would spiral out of it, so I started calling regularly to inquire about his school, his community service hours, his life in general. I called at various times of day. Some days he wouldn't answer, but would text that he was fine, school was fine, everything was fine. But his father and I were troubled. He was starting to not remember our phone calls or our conversations. His former girlfriend was still in touch with me and she told me that they were talking and going out occasionally. She was worried about him but didn't know what to do. His father and I again began the conversation of what we needed to do, did he need to come home. Was it not time for treatment? And while were discussing this over a period of weeks we got another midnight phone call. It was his former girlfriend. Our perfect son was out of control. He had been taking Xanax, cough syrup, and drinking and smoking pot non-stop. He

had dropped out of school and was not leaving his apartment other than to get more drugs or alcohol. NOT MY PERFECT SON! Not My Son.

The Winding Road of Recovery

The road to recovery is long one. It affects not only the person in recovery, but family, extended family, friends, and all those hurt by the actions of the user while under the influence. And they are usually quite ugly. The pain, the guilt, and the constant questioning of “what could we have done differently” weighs heavily on those affected. It interrupts work, sleep, health, and social life. The recovering individual often initially has very few of these emotions, primarily because they are in denial of the depths of their addiction and they also don’t remember many of their actions.

My son’s long road to recovery started at 7:00 the morning after that late night phone call to us. My husband woke from sleep around midnight and was on the road for the five hour drive by 2:00 a.m. for an intervention. He had no plan of action, but we knew one thing – our son would be coming home with him and would be in a treatment program as soon as possible.

Fortunately, because of our concerns we had been researching various treatment facilities and my husband spent the long drive on the phone to a center in Montana that specialized in youth addictions. It was a ranch style setting which we thought would appeal to our son if we could just get him there. But that was not to be an easy process.

Our smart, funny, intelligent son answered the knock from my husband in a disheveled and hungover state. His first words were “I figured you would show up sooner or later.” They talked for a while about school, his withdrawal from the college, and his health, and my husband offered to take him to breakfast. But he started the long drive home instead. It didn’t take long for our son to realize what he was doing and opened the door and hit the pavement at 30 plus miles an hour. He rolled, got up and immediately ran into a field to hide. It took over an hour, but the area was fenced on several sides and this young man, in such mental pain, eventually returned to the road and my husband was waiting. During the wait my husband was able to get in touch with some of our son’s friends and asked, if he was able to find him, if they could meet back at our son’s apartment and help with an intervention. Although all of his friends were also using, they agreed that our son was in need of help. His ramblings and dreams of the future had become incoherent and unrealistic. His days consisted of nothing but devising schemes to get rich quick and ways to find more drugs and alcohol.

By 10:00 that night, my son had his arms wrapped around me at our house, his head on my shoulder with the words “I’m sorry Mom” whispered in my ear. My son was home. He was alive. He was very sick, but the road to recovery had begun. Or had it?

There was a five day wait to get into the treatment facility. We were terrified that even with no vehicle he would contact friends and use during that time period. I stayed by his side the entire time. We had not told his siblings about his situation, a decision we later learned was a poor one as they had been aware of his use for years

despite their age difference of five years younger. He had bullied them and sworn them to silence on many occasions. They were curious as to why he was home in April, but we just explained to them that he had not done well in school and was going to go to Montana for the summer and “work.” Oh the shame of addiction. It affects everyone and surrounds all those involved with lies.

Because of our ignorance about substance abuse, we had no idea, until later in treatment, that we had put our son’s life in jeopardy by keeping him home those five days. Sudden withdrawal from alcohol and drugs, when their use has been daily and habitual, can result in seizures and possible death. But by the time he arrived in Montana he had completely detoxed and did not require any hospitalization.

The program was an intense ten-week program. It combined Alcoholics Anonymous (AA) principles with group therapy, individual counseling, physical labor and a ten-day backpacking trip into the ruggedly beautiful mountains. During that time the young men were completely left on their own to reflect as well as survive in the wilderness. During family week, five weeks into the program, our son pulled us aside and told us that the counselors were probably going to tell us that he needed further treatment, that that is what they tell everybody, but he was fine and was ready to come home and go back to school. We were skeptical. While physically he looked great, we could tell that he was still somewhat delusional about his health and his future. During the family sessions the young men all had to tell their “stories.” It was a gut-wrenching and emotional time for the families. A few, like us, were hearing that the use had been much more severe and going on for much longer than we ever imagined. But most were there with their sons who were in treatment for the second, third, fourth

time. Many had been hospitalized, most had over-dosed more than once, and many had abused heroin and crystal meth. We silently patted ourselves on the back that our son had not gone down that path, while outwardly hugging and supporting the hurting parents and siblings of the other young men.

As expected we were told that our son was nowhere near ready for “the real world” and they recommended two places that they felt were the most appropriate for our son’s needs, one in Washington and one in Colorado. Ironic, I thought because they were the two states that had recently legalized marijuana. We chose Colorado because he was familiar with it and enjoyed many of the physical activities that were popular there such as hiking, fly fishing, rock climbing, and mountain biking. The center’s focus was that an active body was a healthy body and they combined the same principles as the previous facility with daily yoga and exercise, meditation, reflection, journal writing and working on their steps according to AA principles.

Our son spent four months at the facility. At the family session we were told that he was ready to move to the next phase. He was allowed to move into a house with two other men in recovery and get a job. At first his weekly reports were glowing, his employer appreciated his hard work ethic, he was getting along with his roommates and everything was proceeding as we had hoped. He turned twenty-one while in the program. We were told not to worry, that residents often turned twenty one while in their facility and they would keep our son and his friends entertained. He also spent Christmas there as you had to be in the house for three months before you were allowed to leave town. We stayed in contact with the counselors and began getting less than glowing reports. Our son was not following the rules regarding

gaming use and his television was removed. He was not keeping his house clean and received consequences. And he was missing drug tests and not contacting his sponsor on a regular basis. All warning signs to us, but when I mentioned it they simply replied that his tests were clean; he just needed to work on responsibility. I repeatedly told the counselors that all of these behaviors were his behaviors when he was actively using, but they assured me they were monitoring him. Later I would find out that he relapsed shortly after his twenty first birthday, but knew enough tricks to pass his drug tests and keep his counselors happy. His program was to last a minimum of six months. During the fifth month he was allowed to accompany us on a ski trip. He looked fantastic, was his old funny self and we had a wonderful time. About half way through the trip his counselor called and made the suggestion that we just go ahead and take our son home, that he only had a few more weeks and they just thought it would be better for him to exit the program. We worked up a contract. Our son would return home, apply to college to begin in the summer, get a job, and start looking for his own apartment within two weeks. He would also be drug tested for a period of one year and have a counselor assigned to him that would call him regularly. We agreed, but were surprised at how unhappy our son was with the contract. His response was that he was tired of counselors and drug tests. While it was definitely a red flag to us, he eventually agreed to the terms. Looking back now we can see that he was just ready to get out of the structured environment and also ready to return to drug and alcohol use. Within two weeks our biggest fears were confirmed. Once I again I was waiting up for him, a grown twenty-one year, just to see if he was sober. So he started not coming home. He denied drug use, but our radar was up. After a few weeks I told him

that he had to get out. He was ignoring all the rules, not getting drug tests and his room was not fit for habitation. During lunch one day he came home and started carrying things out to his truck. When asked what he was doing he replied that he was getting out like I asked him to. I asked where he was going and he shrugged his shoulders and said, "I've got friends." I later learned that he was sleeping in his truck and taking showers at friend's houses. My perfect son was a homeless addict. This time period was the most devastating and heartbreaking period of our lives. He was verbally abusive, antagonistic, and angry. When I would try to reason with him he would yell and tell me that I was getting what I wanted; he was leaving. I would sob hysterically and say that what I wanted was my son back. On the last day that he took his possessions out of our home, through swollen red eyes and between sobs I asked him to give me his key. I told him that he was not to come in our house again without permission and that we must be at home. He looked at me with hate and disgust and threw the key at me, hitting me in the face. He never even looked back, just slammed the door. My heart had officially broken.

Over the next six weeks I would hear things around town. He had sold or pawned almost everything he owned for money. He was posting on social media that he was able to do odd jobs; of course the extra money was to buy drugs. By this time I had told him that I didn't want to have anything to do with him while he was using. One morning, approximately a month after he moved out, I got a phone call from him. He hadn't called me since the key incident, so I answered. He told me that he had gotten in a fight the night before, and he thought his finger was broken. He asked if I would pay the co-pay at the emergency room as he had no money. I reluctantly agreed.

He later called and said that the doctor said that it was damaged beyond his scope of care and that he would need to see a specialist in another city. My son's next sentence almost knocked me to my knees. He asked me if I would pay for his prescription for pain medicine. I replied that I would bring him Advil, but I would not, ever, pay for something that had started his addiction in the first place. He was very angry and hung up on me. I then called his counselor and asked what we should do as we had told our son that we would not give him any money or assistance of any kind as long he was using. The counselor told us that health was a separate issue and that we should take care of his injury. We took him to the specialist where we were told that he would need surgery to repair the serious damage. After the surgery my husband privately informed the doctor that our son had relapsed from recovery and to please not give a prescription for pain medicine. The doctor replied that he was twenty-one and had requested it and therefore he was required to give it to him. And the winding road of recovery took another sharp turn.

Within two weeks of the surgery our son was fired because he worked in construction and couldn't work with his hand in a cast. And so began the last of his downward spirals. His social media rants were incoherent and even frightening. Friends and family started asking on the sites if he was OK. We were talking to counselors from his last facility to get advice about what we could do to help. Their answer was an intervention and they had specialists that would fly to our city and attempt to convince him to return to rehab. My question was "What if he won't go?" and they replied that there would be nothing else we could do. Late that afternoon someone replied to one of his unintelligible rants that he needed to get to a meeting. I

immediately sent a private message to this stranger and asked if he could help me get my son to a meeting. He responded that he was in the town where our son had been in rehab and that he had been in the same treatment facility. He told me that he didn't know our son extremely well, but his roommate did and he would attempt to contact his roommate. Within five minutes I had a phone call from this young man who had also been in treatment with our son. This stranger said that he knew our son very well and through watching him in treatment was afraid this would happen. The person on the phone explained to me that he was clean and sober and going to school to become an addiction counselor. He also said that he knew of a facility only a few hours from our home that was excellent. The advice was that I should call and see if they had a "bed" available at this facility for our son and if we could pay for his flight he would come down and talk to him. He said that they were good friends and he knew if he walked in unannounced to our son's apartment he could convince him to go. I called my husband and told him that I thought we had a much better shot at this strategy than an interventionist from Minnesota trying to convince our son to leave with him again. My husband agreed. Our son's counselors argued that this friend of our son's was not licensed or trained in interventions, but we went with our gut feeling and bought this stranger a plane ticket. Less than twenty four hours later he was sitting in our living room. In calm tones he told us his story of addiction and recovery, then spent over an hour asking questions about our son's behavior since he had come home. We told him everything we knew and he said that he was ready to go to talk to him. By this time it was extremely late at night, and we knew that our son would probably be impaired. His friend told us this would not be a problem and might be a bonus. He said that he

wanted my husband to drop him off at the place where our son was living and he would go in alone. My son later told me that the moment he opened the door and saw his friend from treatment in front of him, he knew why he was there. Within thirty minutes my husband received a call telling us that our son had agreed to go to in-patient treatment again. A little over an hour later my son was in my living room, with his arms wrapped around me once again sobbing the words, "I'm so sorry Mom, I'm so sorry mom, I'm so sorry." I held him and told him it would all be OK now.

Our son and his friend, who we now call his guardian angel, drove the long three-hour drive to the small town where the next treatment facility was located. They would spend the night in a hotel and arrive at rehab sometime the next day. We had gotten this far; now I could only pray that he wouldn't change his mind.

It has now been over a year. A short time in the world of recovery, but our son has completed five months in the treatment facility and eight months in a sober living apartment complex with other men from the program. He has a job that he loves and received a promotion to manager within three months of being hired. He has bought his first car completely on his own, enrolled in college and is living in his own apartment with a roommate who is also in recovery. He attends meetings several times a week, spreads the word of recovery at the homeless shelter every Friday night, keeps regular contact with his sponsor and also has a sponsee that he enjoys supporting and assisting on the young man's new path of sobriety.

Is it over? Is he fixed? What I have learned is that it will never be over. He will never be healed. He has a disease. His drug use is not a moral failing. It is not

something that we did. It is not something that he chose for his life. But one day at a time he gets stronger and stronger.

Am I “healed?” Is my pain erased? It is a little bit every day. Do I have nightmares of panic – waking in a sweat to dreams of not knowing where my son is, finding him in a drug induced stupor? Of course. But every day we all get a little better. And we all heal a little more. Is there a chance for relapse? Absolutely. Do we worry about the possibility? Absolutely. But we know that our son has the tools he needs to stay sober, the support and love that he needs to stay sober, and the communication with friends and family needed to stay sober, and with the help of his higher power of his understanding he will do just that!

Why Recovery Schools?

While our son was in treatment the second time, I read the facility’s website daily. It was a way of staying connected to our son because he could only call once a week for ten minutes. One of the stories on the website was about a place in South Texas called a recovery school. It was a high school for students who were in recovery from substance use. I was fascinated by the concept and all that I could do was wonder if such a place could have helped save my son, and our entire family, from so much pain. It was also at this time that I was in the final summer phase of my doctoral work. By the end of our final summer semester I was to have a topic for my dissertation. I knew that I had found it. I called the recovery school, not really expecting anyone to answer – it was July, after all – but the Executive Director answered. I briefly explained who I was, my history with recovery through my son, and my thoughts of writing my dissertation about recovery schools. I explained to her that I would have to

be there for several weeks and my study would involve multiple observations and interviews of her and her staff. To my joy and delight she welcomed me with open arms and told me that she couldn't wait to share the beauty of recovery schools with me. Little did I know the journey that was ahead for me.

What the Literature Led Me to Believe I Would See

As a former teacher and principal I was fully immersed in what a school “should” look like, and what behaviors in those schools should look like. I was aware of what staff members and students should look like. I knew that I was entering a school housed within another facility. I knew that I would see students in grades 9 through 12. And I knew that the majority of these students had comorbid disorders and were in varying stages of recovery from substance use and abuse. Because the majority of these students were entering the recovery school from in-patient treatment, I did not expect to see a lot of laughter. While I knew it was in a non-traditional setting, I still expected to see offices, classrooms, a cafeteria of some sort and the sort of decorum commonly associated with schools. Quiet voices, pleasant exchanges, structures in place regarding arrivals and departures, and conversational activity during breaks were all things that I expected to see. After all, these young men and women were in recovery. They all had a history of substance use. Many had experience with anxiety, depression, cutting, and bi-polar disorder among many. So certainly structure, order, and close monitoring would be among the first things that I would see.

What I Saw

“What the fuck do you want?” How can those crude words from the mouth of a student, directed at a recovery coach, make me smile today, an early morning at Johnsonville High School in a room filled with teens in recovery from substance use, when just a few short (and very long) years ago they filled me with such pain, angst and fear when coming from the mouth of my son? What did I see in this magical place? What could make me laugh at this seeming act of defiance? What was I observing here? What I saw was spontaneity, laughter, and physical affection. I saw students in varying styles of dress from classic button-down sweaters on young women, beautiful enough to grace the cover of magazines, to punk attire of ripped leggings, combat boots and t-shirts. I saw students and staff with varying hair styles from shades of pink and blue to mohawks and dreadlocks. I saw tattoos and students who were expectant mothers. I saw laughter and tears. But most of all I saw passion, respect, and trust. And I knew at that moment my story and the story of this school would forever be intertwined.

Findings

How Does it Work?

The remainder of this chapter contains the findings that were obtained from fourteen interviews, twenty-nine observations in classrooms of participants, the office of the Executive Director and support staff, morning Check-In, afternoon Check-Out, Lunch Support, and staff meetings. It also contains information generated from documents used to support the school structure of accountability, as well as information obtained on the school website, and autoethnographical data from my

personal experience with recovery and reflexive journaling. The codes from the participants' statements during interviews and casual conversations, notes from observations, and notes from reflexive journaling were sorted and grouped for similarities and meanings in order to build meaningful connections. This process of coding the data from the information identified two overarching themes and five subthemes. The identified themes and subthemes were 1) a strong organizational structure that consisted of partnerships, leadership, academic instructors, and recovery coaches, and 2) a safe and caring environment that provided recognition, and a sense of belonging.

Background and Philosophy of Johnsonville High School

In order to understand how and why Johnsonville High School works, it is important to understand the history of the school. The mission of Johnsonville High School (JHS) was “to provide a supportive and sober learning environment to meet the needs of adolescents in recovery” (Johnsonville website). Johnsonville High School opened in 2003 when parents and adolescent addiction recovery experts recognized that there was need for a school that would support high school youth in recovery from substance abuse and dependency. Johnsonville High School was housed within the campus of Holy Cross Episcopal Church. It was an independent, non-profit 501(c) (3) organization. The goal of Johnsonville High School was to “create a community of diversity, compassion, and mutual respect” (Johnsonville website). The school was not affiliated with any religious organization, but it did follow the 12-step program of recovery and was spiritual in nature. An important aspect of Johnsonville High School was its partnership with Unity Schools which will be explained in more detail later in

this chapter. Unity Schools was a State Charter School and was governed by the Texas Education Agency (TEA). The philosophy of Johnsonville High School was to provide an environment where students could attend school while “choosing a life of abstinence” (Hope, RJ, p. 1, L1). Students arrived at Johnsonville High School from multiple venues. Most had been in in-patient treatment, some out-patient, some had come from referrals, and some had come from parents who were frightened, scared, and looking for a chance for their child to survive and succeed. While Johnsonville High School was a school for those recovering from alcohol and substance use and abuse, the Executive Director said that she chose to not label a student as an alcoholic or drug addict because some of them may or may not be. She went on to say that some of them may just be heavy users. During our first meeting she explained that she would not be the one to label a student as such because she cannot determine that at some time in their life they may not even have a glass of wine with dinner. She says that some of them may. The Director further explained to me that there was a huge difference between a thirty-year-old who decided to get sober and a 15-16-year-old whose parents told them they were going to get sober. So her philosophy, and that of the staff, both teachers and support, was to provide a safe nurturing environment where they choose, one day at a time to live a healthy lifestyle (RJ, p.1 L7-16). Crystal, a recovery coach participant reiterated that same philosophy:

So here in this school, as a recovery staff, it is just really important to just let them know what could happen. I can't tell you that you are an addict, but what I try to do is ask them you might not be an addict, but are you happy with where you are right now with not having used substances and a lot of times

they will say yeah and I will say well, you might not be an addict, you are just living a healthy lifestyle you know and our job here is just to be here to support them. (Crystal, I, L65-69)

The Organizational Structure

Organizational structure was the first theme that emerged. Johnsonville High School worked because of its unique organizational structure. There were four critical components, which included partnerships, leadership, academic instructors, and support staff. This organizational structure falls into the “how it works” component of the recovery school.

Partnerships

Johnsonville High School first opened its doors twelve years ago when a group of parents and recovery specialists realized the need for a school that could support adolescents in recovery from substance use and dependence. Johnsonville employees are the Executive Director, the Corridors Site Director, the Director of Administration, Program Director, Director of Advancement, and the four recovery coaches. It has its own board of directors. The school has been in the same physical location since its beginning, but it has gone through several changes since its inception. Hope explained to me that:

It first opened its doors as a private school in partnership with High Plains University’s on-line curriculum. The school operated as both the physical space and the recovery support. It was located in the church that it is currently in, but it had one room in the basement. (Hope, I, L39-40, 47, 49)

The initial program worked well, but it was expensive; there were no scholarships available, and the community was starting to grow. The next partnership was with a local independent school district, but it was short-lived as it quickly became a site to place teachers who weren't doing well in other schools and were sent to JHS or one of the other alternative schools. According to Hope "that partnership didn't last very long, but it was that partnership that led us to meeting the founder of Unity Schools and that is how we had our first meeting with Unity Schools and that partnership began" (Hope, I, L54-57). Unity Schools was approved to operate by the State Board of Education as a state-approved charter school in 1998 (Johnsonville website). It is governed by the state education agency, funded through state and federal programs and has the same accountability as the other schools in the local districts (Johnsonville website). Unity Schools consists of five schools: two elementary, a middle school, a high school, and the Eagle School. The Eagle School, of which Johnsonville is one, actually consists of multiple campuses across the city and surrounding areas. All campuses in the Eagle School provide therapeutic services as well as educational services. John, a teacher-participant describes the partnership as:

Our district, Unity Schools, that's the overall state recognized where the funding comes from the state, our campus is new, like most districts have a high school, we have six different sites within our one campus. I know that is confusing, but our campus is called Eagle. Johnsonville High School is one

site: the other recovery school in our city is another site. (John, I, p. 4, L168-173)

John went on to describe the other sites within the Eagle campus. I asked him if Unity Schools was basically like a charter school of alternative schools and he laughed and replied:

Yeah. Eagle is like weird schools. It is weird and I love the district for it – we take the kids no one else wants. I mean you ask them. All these kids have been kicked out, not all literally, but a lot of them. A lot of them especially in the other sites have been to jail...no one wants those kids so we take the kids no one wants. (John, I. p. 4, L181-185)

Hope also described how the partnership was unique:

Unity Schools has always had a mission for serving a pocket of students that don't fit into the mold of public schools. That is really their mission, they call them the underserved students and so a partnership with Unity Schools is a perfect fit for Johnsonville because we are a very unique subset of kids that are struggling to fit into schools. And the reason that our kids don't fit into traditional schools doesn't have anything to do with academic ability. It has more to do with the drug and alcohol elements of the school. Whereas a lot of other charter schools exist more for academic reasons, kids don't do well academically in traditional schools. Of course our kids don't do well in

traditional schools because they are high <laughter>, but it's not the aptitude and ability of the kids; it's the social aspect of the kids that prevent them from learning. (Hope, I. pp. 5, 6, L108-117)

The contractual collaborative partnership with Unity Schools meant that the teachers had their retirement plans and their professional development through Unity. The principal at Unity worked in tandem with Hope. She explained how it worked by describing it:

The beautiful part of our partnership with Unity Schools, one of the beautiful things is because we work so closely in partnership and we have developed so much trust over the last several years like Unity Schools does the first round of interviews with the teachers and they kind of narrow the group down based on whether they think the teachers know the content, do they fit the creative goals of the district, and that kind of stuff, so when Unity Schools does the first part of the interviews they are really looking more for the school district type qualifications. Then I get the top three of that selection and the teachers come and do a final interview with me. The purpose of the interview with me is fit, do they have compassion, do they understand the recovery process or are they willing to learn, do they have an open mind, how are they going to gel with the rest of the team, so it's more like that emotional, spiritual fit, then I recommend who I think Unity Schools should hire. So it's a mutual green light, but Unity Schools really allows me the opportunity to pick the teachers from the selection of candidates that they will provide me. (Hope, I, p. 4, L72-84)

Johnsonville High School also had a similar partnership with Holy Cross Church:

I call it the trinity...of the organizations that come together to make this school so special. It's the physical space of the Holy Cross Church that allows our business model to have a lot of financial flexibility, the partnership of Unity Schools where the education comes from and then Johnsonville kind of carries the vision and takes care of all the recovery. (Hope, p. 5, L97-101)

Leadership

As an educator I understand the importance of leadership. It was obvious to me the first time I met Hope that she was a leader. She was upbeat, positive, articulate, and decisive. Her spirit captivated me immediately. Our first conversation was

in her car. Hope arrived early to pick me up at my hotel and take me with her to observe her presentation on Teens and the Media. Because our few phone conversations had been limited to my study and "housekeeping" as far as my trips to her school, we knew very little about each other. She immediately began our conversation by telling me of her recovery and her use of alcohol to self-medicate for anxiety while in college and beyond. Her openness disarmed me and immediately made me feel comfortable. The wall of shame surrounding my son's substance use cracked just a little. I was in a place where it was not only okay, but expected to talk about drug and alcohol use, abuse and dependence.

Over the next several months I waited anxiously for my next trip to Johnsonville High School. Watching the manner in which the organization functioned

was a daily dose of joy. My field notes showed words such as “Excellent Day! Can’t wait to return” scribbled in the margin (RJ, p. 11, L113). The term respect often came up in my reflective notes as well. My background in education made me fully aware that the exciting school that modeled respect for all did not happen automatically or on its own. This energy was a result of leadership.

Johnsonville High School had a principal. His office was located in the Unity School’s main office away from the Johnsonville. Hope was the Executive Director of the school. Hope and her staff served as the therapeutic component of the school, but Hope also served as the unofficial coach, mentor, and supervisor to the academic instructors at the school.

Hope had a bachelor’s degree in Human and Family Development and a master’s degree in Family Therapy. There was no sign on the door leading to the office that she shared with the other support staff. Her dress was mostly casual, consisting of jeans and various t-shirts with Johnsonville High School on them. She spent her days trouble shooting, listening to concerns from recovery coaches, teachers, students, and parents, when she was not off campus presenting or attending meetings. She also gave tours, often many a week, to potential students and parents, people curious about the school and those interested in starting similar schools. Many were people like me who were doing research. But no matter how busy Hope was, every encounter with a student or staff member was met with hugs and I Love You’s. Every one!

The organizational structure of Johnsonville made the leadership collaboration between the campus principal and the Executive Director important. Hope explained that:

There is a lot of cross partnership. The campus principal and I, we talk about this all the time and it is important that everyone knows what they are an expert in and what they are not and so I use the terminology that it's really important that everyone stay in their lane. So if I come in and try to take over testing or insert my beliefs on the teachers about curriculum when that is not my expertise, it's not where my training is. So it is really important that we mind your own business, stay in your lane, do what you are good at, do it in partnership, but remember that Unity Schools is the expert on schools and curriculum and testing strategies and I need to empower them and support them and possibly point out some things that might be helpful, but it's not my job to run it, we are the recovery experts and the therapeutic experts and I expect that the teachers and the campus principals will defer to me and my expertise and the expertise of my staff when it comes to handling the needs of the students, for instance when the students need to be suspended for non-academic reasons, who comes into the school and exits the school, and how that happens. (Hope, I. pp. 8,9 L173-185)

Regardless of her official title or her roles on the campus, it was obvious that students, recovery coaches, and teachers all hold Hope in the highest esteem. Sonya, a focus group participant explained her feelings about her as:

She just makes everything OK like I have a lot of shit going on in my life, like there is so much dysfunction in my family life and trauma probably consistently probably once a month and every time that something is going on no matter what it is, when I am around Hope I just feel like everything is okay and everything is going to be okay, just like being around her and her being here is just like she is just a light in the universe. (Sonya, FGA3, p. 12, L288-292)

And James, a teacher participant, ended our interview by asking to let me know a little more about her:

Regarding Hope, I would just like to say that her ability to be an advocate not only nationally but locally, to be able to go speak to all different types of people in all different types of forums, but then to be able to turn around and wrangle up a group of a hundred kids is amazing. I mean to have that skill set is unique. I hope she stays here a long time. (James, I. p. 7, L256-259)

My many hours spent in leadership training during my years in education have made me keenly aware of the qualities of a good leader. Whether it is coaching, mentoring, counseling, communicating, or working as a team, a leader wears many hats and serves many roles. Hope is the epitome of a leader and is an important piece of the organizational structure that makes Johnsonville High School work.

Academics

Adolescents in active substance use often spend their time doing two things, looking for drugs and/or alcohol or using them. Academic achievement is not a priority and consequently many young men and women arrive at Johnsonville lagging

behind where they should be academically and have significant gaps in their education. In addition to gaps from substance use, those gaps may be due to time spent in treatment, in jail, or being homeless. Unity Schools provided a flexible on-line curriculum that allowed students to catch up with their peers and it was utilized at Johnsonville. Dennis and Scott(2007) write that evidence shows that recovery outcomes are improved when self-help participation is occurring within peer groups focused on issues unique to adolescents. Social learning theory has as much to do with developing an addiction as it does in overcoming one. Whether it is getting substances such as drugs and alcohol from other people or partaking in their use with other people socially, it involves others. Social learning theory can work positively in recovery schools as well. The more time an adolescent spends in healthy activities with other students in recovery the more time he is seeing recovery modeled. “Social learning theory supports the idea that the chemical-free environment at a recovery school will lead to fewer relapses and continuing sobriety” (Lanham, 2010, p. 37). In addition, success academically adds to the self-efficacy of the recovering student, increasing the chances of continuing recovery. Therefore, the third critical component of the organizational structure of Johnsonville High School is the academic one. This component of the structure creates great challenges for the teachers. Pressure is placed on all teachers, not just those at Johnsonville, to pass state standardized tests. As I talked to the teachers I thought back to staff meeting discussions that I had while working – discussions about how to “differentiate” so that all students can succeed. When you are working with students in recovery, with gaps in their knowledge, and most often with a co-occurring disorder, the difficulty of differentiating is increased

exponentially. The teachers at Johnsonville expressed frustration at the gaps that students had. Shelly, a teacher participant states that “I know a lot of them have gaps so I try to go back and fill in the gaps, like we were supposed to do a lesson in Chemistry, but they didn’t have the background to understand so we had to go back” (Shelly, I. p.3, L79-81). John also expressed frustration at student gaps and on differentiating instruction: “But what I do struggle with though is, and no one can figure it out, people can throw words at me in trainings, but until you are in the classroom six hours a day with nonstop students flowing in, is the whole differentiation thing” (John, I. p. 6, L255-257). And James also adds “one of the most difficult things to do as a teacher and I am still learning how to do it, how to differentiate as you know” (James, I. p. 3, L101-103).

While the teachers felt a sense of struggle to meet the variety of academic needs of the students, the students in the focus groups themselves were quick to point out their respect and appreciation for what the teachers did for them. While they disagreed on the rigor and pace of the course work, they all had positive comments on the academic aspect of the school and understood the philosophy behind the teaching at Johnsonville and felt that it was in their best interests. Donny explained it as:

I have always gone to schools that are really good academically, really nice schools and whenever I first got here it was really frustrating that it wasn’t challenging for me. But after I got over that I realized that not having to spend so much time doing homework, not that I did my homework<laughter>...but you know having essays, and thesis papers and having so much to do outside of school, if it was on that same level here I wouldn’t have grown as much as I

have grown. I wouldn't have developed as many friends as I have developed and I know that we don't do homework here because kids are so preoccupied with alternative peer groups and things, going to meetings and doing their step work and bettering themselves, which I think is an interesting trade off. I know like for me education has been ingrained as like the most important thing and bettering yourself and finding yourself came second. Doing all that, developing spiritually, anything else was second. It was grades first and then college and then after you are out of college you can do all that. But we got here and we haven't had enough time to find ourselves or develop properly because we were so preoccupied with drugs and stuff and our own problems that we couldn't do that so I feel like the lack of school, well not the lack of school, but just school is less intense here, it gives us more time to do all that. It's good.

(Donny, FGB2, p. 2, L70-84)

As I listened to the discourse in the focus group, my mother's lens turned back to our son's childhood. He was perfect, he was gifted, he was charming and of course education came first. Grades were first, test scores were important, AP classes were crucial to college acceptance and extracurricular activities were a necessary prerequisite for those all-important college acceptance letters. When were we helping him develop, as Donny said? Weren't all of those things developing him for the future? Apparently not. Not according to the young men in the focus group. Oh the sting of memory.

An important note on the component of academics at Johnsonville is that only one teacher, the teacher of Corridors, is in recovery. According to Hope on the subject of recovery and its relation to academics:

It is important to me that teachers who are not in recovery have some understanding of it, they don't have to be an expert, but honestly they just have to understand, the more teachers know about it the more they get out of their lane with it so it's kind of refreshing that they are not in recovery and their job is to teach. And their job is to focus on the academics. (Hope, I. p. 18, L400-404)

Hope went on to explain that it is important that students in recovery do not use their circumstances as a way to do less work in the classroom. She wanted the teachers to have respect for their choice of recovery, but also hold them to high standards. "I tell the teachers they are not any different than any other student, have high expectations for them, they are smart kids" (Hope, I. p. 19, L413-414).

Academics were an obvious priority at Johnsonville. Five-year comparative metrics from the school show that in 2013-2014 Johnsonville and Corridors combined served 178 students. There were 146 in Johnsonville and 89 in Corridors, with some crossover. The sobriety rate for Johnsonville was 83 percent and 71 percent for Corridors where students are in early recovery. According to Winters et al., 2000, almost 80 percent of adolescents relapse in the first year following treatment. Thirty eight students graduated from the high school that year and 92 percent went on to college with 8 percent joining the military or traveling.

Support

The last piece of the organizational structure was support. Support provided a way for students to remain focused, engaged, and accountable. The recovery coaches, or support as they are referred to, were responsible for the therapeutic aspect of the campus, ensuring that the students were on track emotionally so that they could be present in class and thereby successful. The support staff wore many hats. They were responsible for Check-In. Check-In was the first period of the day. Check-In consisted of a moment of silence, a reading, and then a period of time when students could discuss things that were of concern to them. Support was also responsible for Check-Out at the end of the day when students turned in their point sheets. They were responsible for Lunch Support, a consequence for behavioral infractions, and most importantly they were responsible for one-on-one support any time a student needed it.

While support's role was to provide emotional assistance to the students at Johnsonville, they also provided accountability. By holding students accountable for their actions, the teachers were able to maintain classroom order and teach to their fullest abilities. Accountability is critical to those in recovery. In order to hold the students accountable in a consistent manner, the Executive Director and the recovery coaches devised a Point Sheet to track classroom and campus behaviors and a system of contracts for failure to follow the expectations on the Point Sheet. By using the Point Sheet consistently, the teachers were removed from any form of discipline. When discussing the accountability provided by support, Jack explained why the tracking system on the Point Sheet was critical to the operation of the campus:

The main thing, you know we are trying to instill integrity, honesty and self-discipline and consequences of your behavior and accountability. Those things we really try hard to instill because in most cases, I would say all cases, the kids don't have a lot of that when they get here. Some more than others, but most do not. So we immediately insist that they conform and comply with the guidelines of the program with regard to honesty, with regard to where you are when you say where you are going to be somewhere, regard to whatever the issue may be. Everybody has a point sheet and those things are listed on there and everybody gets a point sheet and initialed every period that they go to for every teacher so there is across the board pretty good consistency because everybody knows what is expected of them. The data from the point sheets is collected and looked at daily. (Jack, I. p. 13, L282-294)

Point sheets were given to the students each morning. The students gave them to their teachers at the beginning of each class period and picked them up at the end of class. At the end of the day the students turned in their point sheets to the recovery coaches at Check-Out. Occasionally there were expressions of disappointment, occasionally there were high fives and congratulations, but Check-Out was generally a positive end to the day. The recovery coaches then went over each point sheet at their desks, filled out contracts if needed, and sent emails or made phone calls to parents if necessary. This method of taking discipline out of the hands of teachers and placing it with support was greatly appreciated by the teachers. As James told me:

Our support staff is amazing, and as a teacher it makes it so much easier to have them support me and provide consistent consequences for specific

behaviors. This point sheet is...it just works wonders, it is brilliant. It provides consistency and structure in a framework and then you have a whole support staff to support and to communicate with parents and it is just amazing. I know. I have friends who are teachers who don't get that kind of support and spend so much time arguing with parents and doing that. (James, I. p. 2, L64-69)

In addition to providing behavioral support, the recovery coaches also provided emotional support. On any given day at Johnsonville I observed students raising their hands to ask for support. Any time a student asked for support the teacher must use the class phone to call the support staff. At times the student went to the support staff's office and at other times a recovery coach came to the classroom to get them. While appearing to be disruptive to the flow of the classroom, Shelly, a teacher participant said that it was "more beneficial" than detrimental to the flow of the classroom.

Adolescents in recovery often have periods of anxiety and depression that require them taking these "time outs." But the ability to call for support and help that is received there is not lost on the students. In our first focus group Trevor spoke passionately about support:

It's like if I am having a bad day at my old school I was like out of control everywhere I went, I would just go to class and there isn't a better way to say it I would just fuck off. And here it's like if I am like feeling down there are people that I can talk to. They are down to listen. They will go out of their way to sit there and listen. There have been times that I got close to crying in there because I trust them so much. They understand all about fears and insecurities

and they are someone that I can trust. Whenever I go back to class I don't feel like I have to act a certain way to make people think there is nothing going on. You know I feel okay. I feel cared for. I just feel calm. (Trevor, FGB1, p. 5, L185-193)

The support staff, all of whom are in recovery themselves, provided support for both teachers and students. The accountability component that they provided allowed the teachers to teach and the students to gain responsibility by acknowledging their emotions and managing their behavior.

A Safe Environment

A second theme that emerged was the importance of a safe environment where the students felt they could be themselves. Ekendahl (2007) defines treatment as initial interventions aimed at promoting lifestyle changes and living a life without substance abuse. Aftercare is seen as following primary treatment and its purpose is to maintain the lifestyle changes that have already been accomplished.

While in treatment, those individuals recovering from substance use and abuse live a very structured day. They have a regular routine of activities, responsibilities, exercise, and recreation. Following treatment there can often be a sense of loss and need. Through recovery schools students can continue what they learned in treatment to remain sober, make new friends living a similar lifestyle, and also achieve their educational goals, but the environment is critical. Donny, a focus group participant stated that "If you look at the mission statement of the school, it is not to reach a sobriety of a year or eighteen months, or a goal, but it is to provide a safe environment where you can get sober" (FGB2, P. 4, L159-160).

The serenity of the physical environment contributed to the feeling of safety that the students experienced. As I approached the Spanish-style building the first time, I was struck by the sharp contrast of its 1900's architecture of white stucco walls and red tile roofs nestled at the base of a booming medical district of towering skyscrapers. A metro train ran next to the building and honking horns often disrupted the serenity of the setting (RJ. p. 8, L1-12). There was nothing about the church building that would let visitors or passers-by know that a school was housed within its walls. The structure was square in shape and designed around a large courtyard filled with beautiful old trees, large pots of exotic plants and bougainvillea, benches, and small tables and fountains. Religious statues adorned the tile floor. There were large space heaters around the perimeter of the courtyard and beautiful arches separated the courtyard from walkways leading to the various parts of the church. Wrought iron gates separated the parking lot from the main building. One gate was locked during school hours and the gate at the entrance to the courtyard, main office, and classrooms of Johnsonville High School was protected at all times by one or more security guards.

Recognition

Johnsonville was a beautiful campus. Walking in the doors you heard laughter and saw smiles and physical affection. You heard "I love you's" coming from staff to staff, staff to students, and students to students. Support staff was addressed by their first names and teachers were often addressed by their last names only. Everyone was recognized and validated.

The role of recognition in defining identities is critical. In *The Politics of Recognition* Charles Taylor writes:

...Our identity is partly shaped by recognition or its absence, often by the misrecognition of others, and so a person or group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves. Non recognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being. (Taylor, p. 25, 1992)

When talking to students about what made Johnsonville a place that kept them wanting to come back to every day, there was one message that came up over and over again: they were recognized. And not only were they recognized, but that they had NOT been at their previous schools. At Johnsonville teachers knew their names. They cared. Support staff listened. They had friends who were walking the same path. They had a face and a voice. Crystal, a recovery coach, talked about her role in working with the students and why it was important to recognize them. She told me:

Me personally, I just try to be there to support them and listen. A lot of time what I have found out is that adolescents just want to be heard. And for me as an adolescent that is all that I wanted and just listening to them and validating them is so powerful. I didn't get that experience in high school so I think it is really awesome that we get to do that. (Crystal, I. p. 2, L76-80)

Time and again students echoed each other's sentiments that they were just a number at their previous schools. Amanda (FGA1, p. 7, L257) said that "I only had

one teacher who like actually cared when I was in public school.” Mia (FGA1, p. 4 L152-154) when talking about Johnsonville explained that “I love it because I had teachers in my old school, and we had classes of like 1000 graduating class and some of my teachers I know didn’t even know my name, much less say hello to me every day.” And Annie was particularly vocal about the pain that a lack of recognition at her previous school caused her:

We had the highest amount of students in the state – the biggest middle school. We had 1700. My eighth grade class was 600 plus students and it was awful. The classes were really big and like focusing on one specific person wasn’t possible. They had to address the needs of the whole. It was kind of like a commune. So it was basically you will all learn the same things, you will all understand the same things, and you will go and do the same things because this is as far as we can reach out to help you. My middle school was like you have no choice, you have no voice. (Annie, FGA2, p. 4, L153-162)

Students at Johnsonville High School felt a sense of belonging. They were recognized, they were validated. The environment of a school that knows each of its students by name is an environment that works.

Family

From the first moment that I entered Johnsonville, I felt a myriad of emotions not commonly associated with schools, particularly public schools. Smiles and openness abounded. Students at the school were accustomed to guests on the campus so I was not viewed with suspicion or distrust by them, but with “hi’s” and “hello’s”. Students often stopped me in the hall and asked how my work was going. And this

sense of belonging that I felt immediately was spoken of time and time again by everyone at the school.

My first interview with Jack, the Corridors teacher, set the stage for the passion that the staff and students felt toward Johnsonville. All four teacher participants believed that they had been called to teach at the school. They believed that their experience at the school had caused them to grow and that they were doing more than just teaching. As my son told me during his recovery, recovery is about doing for others and while only one of the four teacher participants was actually in recovery, all felt a special sense of pride at being able to work with the students at the school. They worked as a family to provide an environment where everyone came together to lift each other up, one day at a time.

As stated earlier, a safe, caring, and supportive environment is critical to positive outcomes. High quality social support is associated with resilience to stress and positive physical and mental health (Southwick & Charney, 2012). In a recovery school, that sense of oneness, that sense of a family and support is even more critical. Adolescents working a program of abstinence and simultaneously trying to complete an academic program in which there are often gaps, are in a fragile state emotionally. That ability to have a safe place to fall, a supportive family of outstretched arms was a key factor in the school.

Young men and women in recovery often have fractured relationships with their actual families due to lost trust and codependence issues on the part of parents. Students also often have distanced themselves from family members during substance

use and are trying to resolve problems stemming from that loss. The sense of belonging at Johnsonville provided a place where the young men and women could discuss issues that arose outside of the school environment, but nevertheless hindered their abilities to focus in the classroom. And it was done in a supportive group setting where others could identify and see that problems can be universal.

Johnsonville was a family. In the classrooms there was consistency, respect, communication, and acknowledgement of everyone's roles. Jack explained the familial atmosphere in this way:

God had a plan. I have such a good time here. I so enjoy the kids. They are funny. They are hard headed sometimes. The relationships that I have with them, the relationships I have with the staff, there is nothing else like it. I have never in all my years, and I am not a young fella, in all my work that I have done I have never worked at a place where you could be so open, you could be so vulnerable, you can say I am having a shitty day and not worry about someone saying oh my God somethings wrong with him. You know what I mean? It is accepting, it is wholesome, it is healthy. (Jack, I. p. 18, L402, L406-412)

John and Shelly, teacher participants, spoke often about the close relationships at Johnsonville and James summed it up by saying:

The reason why I love Johnsonville and want to stay at Johnsonville and in the recovery community is because there is a connection between the bigger

picture of their lives and education and so it helps you as a teacher when the kids can make the connection that what I am doing here is bigger than Greek and Latin roots. It's bigger than just learning how to write a thesis statement. It's learning how to be a better person and being held accountable to the values that they have in recovery and it's also a really tight knit group of kids, they are so wonderfully supportive of each other. The kids stick up for each other, they give each other hugs when they need them, they give each other one on one when they need it, counseling when they need it and it's just beautiful to see. (James, I. p. 2, L53-59, L62-64)

There was a sense of unity at Johnsonville High School, a sense of oneness and a sense that the students would succeed. Those ideals were modeled by the support team, the educational team, and the students themselves. Two important factors come into play in a recovery school: resilience and self-efficacy. Through their own abilities to overcome past traumas and addictions, the support staff provided a day-by-day example of resilience. The teachers who stayed at Johnsonville showed high levels of self-efficacy by their determination and grit in working with students who could be “a tough population” (James, I. p.2, L 52). Albert Bandura, in his book *Self- Efficacy: The Exercise of Control* (1997) defined it as: “Perceived self-efficacy refers to beliefs in one’s capabilities to organize and execute behaviors necessary to produce specific performance attainments” (p.3). The teachers believed that they possessed the ability to ensure the students in their school succeeded in their class. The students also showed both resilience and self-efficacy.

Resilience is doing well even in the face of difficulties. The students at Johnsonville have all faced difficulties. “We have kids who were shooting up heroin and living on the streets you know, turning tricks on Farm Street, or stealing money for drugs” (Hope, I. p. 11, L233-235). She goes on to say, “We also have students who have issues with marijuana and prescription drugs, self-harm and they are only fifteen years” (Hope, I. p. 11, L236-237). Clearly the students at Johnsonville High School have seen and lived lives many of us can only imagine. Or we can imagine, but turn our heads. Yet these students have risen above these traumatic events and are succeeding. In order for students to develop resilience in educational settings they must be provided with multiple opportunities. According to Katz (as cited in Condly, 2006), opportunities to rest from resisting a hostile environment, opportunities to explore in safety and security, opportunities to believe and dream (p. 228) are necessary ingredients in fostering resilience. All of those factors were present at Johnsonville. Jean Clinton (2008) explains that “the characteristics of resilience, then, are ordinary capacities people have internally (within the child) and externally (within the family and community).” Johnsonville High School provided a family and community that were unified to provide students with a place to connect and grow, a place that promoted resilience in all.

According to Bandura (1977), performance accomplishments provide the most dependable source of efficacy expectations because they are based on one’s personal experiences. Successes raise mastery expectations (p. 81). The unified expectations of the support staff and the teachers combined to create the expectation that the students at Johnsonville would succeed. The teachers were able to teach because the recovery

coaches were there to support the students, thereby enabling the students to succeed academically. The students were able to use the support staff to get through tough days one day at a time. Self-efficacy refers to the belief that a person can successfully regulate his own behavior. This concept is important to relapse. The stronger a student's sense of self-efficacy, the lower the chance of relapse. Just as a family provides support for its family members, Johnsonville created a system of support for its students. By celebrating successes and heading off potential relapses, the students grow stronger in their self-efficacy every day. According to Torrecillas, et al. (2015), "As self efficacy increases the probability of consuming diminishes" (p. 6).

Johnsonville High School was a unique community. It was a culture of a group of people who came together because of a common bond, the bond of recovery. Some had traveled the road; some wanted to help those who were on it. Through that bond there existed an environment of affection, both physical and verbal, an environment of shared beliefs and passions, and an environment with a sense of family where trust, communication and cooperation coexisted to form a school that worked.

Why Did it Work?

Johnsonville High School worked and worked well. How did it work? It worked because of an organizational structure that combined collaborative partnerships that respected each other's roles and boundaries. It worked because it had a team of educators committed to helping the students succeed academically. And it had a therapeutic component whose combination of accountability and availability allowed teachers to teach and students to learn and maintain a healthy lifestyle in a safe environment.

In the above paragraphs I have described the organizational structure and the environmental structure. I have woven analysis of my findings with my reflections. The experience of spending weeks in a recovery school triggered many thoughts and emotions. Some buried very deep, as in the story of my son's journey into substance abuse and dependence. Some still fresh, as in the joy of watching teachers teach, the delight of seeing a true leader lead. The amazement of watching the patience of a team of people in recovery reach out to others and help them along their journey. From the multiple lenses of a teacher, a principal, and the mother of a son in recovery I asked the question **why** did it work?

On that early day of observation when I wrote in my journal "Because It Works!," I wasn't sure yet how it worked or why it worked; I just knew that it worked. It was very early in the morning, before 8:00 to be exact, and I was standing at the back of a large Fellowship Hall watching recovery coaches doing the jitterbug to 50's Motown music. I saw the teacher of Corridors, a man in recovery, smiling with obvious love and affection in his eyes as he took roll of the students entering the room. I saw students drinking coffee and engaging in deep conversation. I saw an expectant teen mother laughing with friends. And I saw the Executive Director walk into the room with a smile on her face and her arms outstretched as she moved from student to student, and to me, passing out hugs to us all. The atmosphere was positive and electric. And at that moment I wrote those words: "Because It Works!"

As I read and reread my field notes and journal I found themes. I found how it worked because "how" meant the method that caused something to work. That method was a unique and successful organizational structure and an environment conducive to

academic success. I found answers to my original questions, but I still wanted to know “why.” Why meant the reason that something works. What was the reason that Johnsonville worked? Many recovery schools had not survived. Why was this one surviving, thriving and growing?

Through my teacher lens I saw classrooms that were atypical and not necessarily optimal configurations for academics. Most were very narrow and long yet the teachers utilized the space perfectly. There were word walls, class expectations, reminders on white boards, and desks and chairs. There was student work on the walls and positive sayings on bulletin boards. Some had podiums; some did not. But it was not the physical aspect of what I saw that intrigued me. It was what I felt. From my mother’s lens, a lens that had been bruised and damaged, I saw respect. I saw respect for students from the teachers. And from my principal’s lens I smiled. Because I knew I was witnessing something profound. Teachers expect respect from their students, sometimes even attempt to demand it. But how often do you get to see respect for a young person in action? I saw it in class after class, day after day. To be truthful I was initially surprised at that respect and I had to question myself. Why was I surprised? The truth was there and it hurt. The truth was that I was profiling. I was profiling the young men and women sitting in front of me. They were teenagers who had been using drugs and alcohol. They had pink hair and tattoos. There were girls that had engaged in prostitution to buy drugs and boys who had only recently been in jail. “Not my son” rang in my head. My son is not like this. But yet he was. He may have worn Polo shirts and cut his hair short, but he was one of them. He had used and abused substances for years. And here sitting in this room of adolescents who were like my

son in so many ways, I saw their teacher showing them respect. I saw it; I felt it. And I recognized it when Shelly said, “Being here is like me being in recovery. It’s like ya’ll [students] are helping me heal some wounds that I forgot about or didn’t know about. How do you put that in words” (Shelly, I. p. 5, L163-165). I heard it when John explained his reason for wanting to teach at Johnsonville. He told me, “I just wanted to see this amazing transformation that happens when kids are real and honest and work on their issues and their families are involved in the programs”(John, I, p. 2, L74-75). And I heard it later in the interview when he said, “I love what happens here. Not just in my room, but in the whole school. I am not teaching anywhere else” (John, I. p. 4, L151-152).

But it wasn’t until that rainy early morning in the Fellowship Hall that I understood. My teacher lens saw a teacher checking attendance, and recovery coaches handing out point sheets and discussing them with students. My principal lens saw organization and students following routines. But my mother lens felt it. My mother lens got it. I didn’t see hair color, or body art, or mohawks or crazy clothes. I saw HOPE.

I saw it in the face of every young man and woman, every teacher and every recovery coach. Within the beautiful walls of this church and school there was hope. A place existed that could give parents and students hope and a chance. A chance to complete that high school degree. And a chance to be healthy one day at a time. Everyone in the school had a chance. Everyone in the school had hope. And through experiencing that hope I knew that I would continue to have hope. My son would too. Yes...my son!

My personal experience with drug abuse in my family was a time of despair. Deep and painful despair. I had no control over my son's choice to use drugs and alcohol. I could arrange all the interventions needed, but the final decision to use or not to use was his. Thankfully, after time he made the choice to stop his substance use, enter treatment, and start his recovery. Recovery is a lifelong process and requires teamwork and support. It was not until my study at a recovery school that I truly understood that. Because I had traveled my own personal road of watching the horrors that drugs cause in individuals and families, I had some knowledge of the barriers that face those in recovery. When I observed and talked to the young men and women at the recovery school, I saw and heard of their struggles, barriers, and hurdles. My personal experience with my son's recovery has had a positive ending. His recovery, one day at a time, is successful. My perception of the recovery school was that it was successful as well. I felt it the first day I walked into its hall. And I knew it, without a doubt, the last day of school as I witnessed the graduation of forty-five young men and women with parents, grandparents, and friends. Through my own tears of joy I knew...IT WORKED!

CHAPTER V

CONCLUSIONS

Introduction

The purpose of this study was to understand the factors that support long term recovery for adolescents in a recovery school and the unique contribution that recovery coaches working alongside teachers in that environment can make in maintaining sobriety and thereby achieving academic success. It also examined how my personal journey through my son's substance use shaped my perception of a recovery school. This study took place in a recovery school in south Texas. While there are currently 35 recovery schools in the United States, little is known about the schools or the work that they do. Through my research I sought to understand what factors were at play in a school where 100 percent of the students enrolled were in recovery from substance use while they were working to fulfill state required graduation expectations. What did a model look like that combined therapeutic help and academics simultaneously? Through my research I came to understand that there were multiple dynamics at play that contributed to a healthy lifestyle of the students in recovery and academic success. In addition to interviewing directors, recovery coaches, teachers, and students in focus groups, I also spent a considerable amount of time observing classrooms, student group meetings (Check-In), and recovery coaches as they interacted with students. The following questions guided my initial research:

1. In transitioning out of substance abuse treatment, what are the factors that support long term recovery for adolescents in a recovery school?

2. What is the process that a recovery school uses to provide a strong academic program?
3. In a recovery school model, what is the relationship between teachers and recovery coaches as they address the physical, emotional, and academic needs of recovering adolescents?

Early in the research I realized that I was seeing a model that was highly successful. I saw a school that worked. And as I read my notes each day I questioned:

4. Exactly **how** does this recovery school work? What is the method that allows this school to succeed?
5. **Why** does this recovery school work? What is the reason?

As my data analysis took an autoethnographical turn I asked:

6. How did my personal experience with my son's substance abuse and recovery affect my perceptions of a recovery school?

Supporting Discussion

Recovery schools are schools designed specifically for young men and women who are recovering from substance abuse or dependence. While most students at the school had had some sort of treatment program, either in-patient or out-patient, it was not a prerequisite for entry into the school. Johnsonville High School had within its physical building the Corridors Program. It was designed by Johnsonville in 2010 to address the educational needs of adolescents who were either exiting treatment or had decided to embrace sobriety and had one or more days of a substance free lifestyle. As Jack, the teacher of Corridors explained:

I think it's a good step down from treatment, Corridors is, because it does give them about half of the day, a little more than half of the day is made up of academics and course work and the other half is made of meetings and going off campus together and there is a lot of discussion about recovery.

Johnsonville is a lot more focused educationally. Corridors is a lot more recovery based and it is a good step down from treatment for kids to still be getting meetings in and still talking about recovery a lot and still getting their bearings after being in a treatment center and gradually...we think it's a good way to get them prepared to enter Johnsonville and the rigor at Johnsonville.

(Jack, O. p. 12, L261-269)

After 60 days of sobriety students were eligible to enter Johnsonville. Having students new to sobriety in a separate classroom on the campus allowed them time to transition into the school and adjust emotionally and academically to a healthy and focused academic environment. A student who had 60 or more days of sobriety could enter directly into Johnsonville without attending the Corridor Program first. They also must have been discharged from treatment for at least 30 days if they were in a treatment program.

Factors That Support Long-Term Recovery

It is important to begin the discussion of factors supporting recovery by stating that my research showed that the recovery school's role was not to support "long-term" recovery, but rather "to provide a supportive and sober learning environment to meet the individual educational needs of adolescents in recovery" (Johnsonville website). The mission statement of the school identified that its goal was to create a

space that was drug free, so that one day at a time adolescents in recovery could attend school in a safe environment. And in that environment they addressed their sobriety daily, not in terms of long-range goals.

Through analysis of the data, two themes became apparent. There was a unique organizational structure in place that allowed Johnsonville to exist at all. And within that organizational structure there existed a drug-free environment where students felt safe, physically and emotionally, and recognized, and valued. While environment is an oft-used word in education, the term “safe environment” and the fact that it was mentioned often by the students, is an important factor in the recovery of the students. A safe environment is one where there is less danger of relapsing, the students were free to talk about what was happening in their lives both in and out of school, they were safe to be themselves – a young person in recovery, and they were accepted by everyone for who they were.

Processes Used in the Academic Program

Teachers at Johnsonville High followed the state-mandated curriculum or TEKS. They received professional training through Unity Schools and attended weekly meetings with other teachers in the district. The process that allowed their academic program to work so successfully was the process of accountability. The Point Sheet system and Behavioral Contracts developed by the Executive Director and the staff provided a clear and consistent method of enforcing classroom expectations. All students knew what was expected behaviorally and what the consequences would be if those expectations were not met. Some consequences called for the students to be sent directly to support and others called for redirection, then to support. It took the

issue of classroom management out of the hands of teachers which in turn allowed them to effectively teach their academic subject. In addition, the point system put the issue of responsibility for behavior in the hands of the students.

Relationship of Teachers and Recovery Coaches

“We work as a team” (Jack, I. p. 15, L336). Those five words summed up the relationship of the men and women as they worked together to address the needs of the students at the school. The Executive Director explained that it is “so important.” According to her there are all kinds of subgroups on the campus, “but the one that is the most significant is the recovery staff and the teaching staff” (Hope, I. p. 20, L444-445). She explained that the key piece to the relationship between the two is mutual respect and that everyone’s job is equally important:

It’s like having two parents who hate each other, if you have two parents who show love and respect and admiration and they both value you, and there is equality in the relationship and good communication, the kid is not going to be able to triangulate you and pit you up against each other. (Hope, I. p. 21, L460-463)

The recovery coaches are all in recovery. They have training in counseling. Their role is to provide the therapeutic support necessary for the students to focus in class. The teachers are not trained in therapy or counseling so it is important that they maintain a good relationship with the support staff. According to the Executive Director communication is the key. The recovery coaches have to feel that the teachers are providing rigorous coursework to the students and the teachers have to feel that

support is respectful of their class time and they must communicate to maintain that balance.

How Does the Recovery School Work?

Johnsonville High School worked because of its organizational structure. Its structure consisted of a partnership between a church that provided the physical building for the school, a charter school that provided the educational component of the school, and the therapeutic staff that provided the counseling needs for the students. The dynamic leadership of the Executive Director provided a stabilizing foundation not only for staff, but for the students. And the teamwork between the recovery coaches and the teachers provided a balance for the students allowing them to address emotional issues that could interfere with their academic success. When looking at five-year comparative metrics for the school, in 2013-2014, 178 students were served at the school, 148 in Johnsonville High School and 89 in Corridors. Johnsonville had a sobriety rate of 83 percent and Corridors of 71 percent. A total of 38 students graduated from the school with 92 percent gaining admittance to college and 8 percent joining the military or traveling.

Johnsonville High School worked because it provided an environment of safety. It provided an environment where students felt that they were recognized. Every teacher knew their name and who they were. Not just as a student in a class, but as a student with a story, a story that involved struggles. They were not just a face; they were a face with a voice. An entire staff was there to listen to them, support them, and help them succeed.

Johnsonville High School was a family. Just like in all families there were good days and bad days, highs and lows, successes and failures. But there was a sense of oneness. A sense of sameness, love, and concern. There were goals at Johnsonville. Some of the goals were short term, like staying sober for the day. Some of the goals were long term, like graduation and college and career goals. But successes were celebrated and concerns were addressed, just like a family.

Why Did the Recovery School Work?

The recovery school that I studied worked. How it worked was the method that made it successful. The method was one that is considered the norm in most schools: a physical building, a curriculum, a leader, teachers, and counselors. What was the reason that this school was so successful? The reason was hope. Every student who entered the doors of Johnsonville, whether starting in the Corridors Program with one day of sobriety or starting in Johnsonville with 60 or more days of sobriety, had a story of substance use and abuse. And that story was always a story of pain, pain that affected not only the young person who was using, but parents, siblings, extended family and friends. When that teen walked into Johnsonville, with its successful structure, its safe and welcoming environment and its familial atmosphere, there was hope that, one day at a time, a healthy future was possible.

I wanted the recovery school to work. Because my son is walking the road of recovery I wanted to find a place that helped other young men and women succeed. I looked for all the signs of success that I could find. In that respect my personal experience affected my perception of the school. I watched with a mother's concern when a student cried with a recovery coach. I watched with a mother's concern when a

student wasn't participating in class. I listened when a teacher or recovery coach looked in the eyes of a student and asked if they were okay. I wondered, just like with my son, if they were. And I listened with a mother's pride when the students told me of their successes academically and with their recovery. I smiled when they spoke proudly of their school. The bias of my personal experience and understanding of recovery allowed me to see the signs of success that others might miss.

Future Research

Although the term success is very subjective, this study did not seek to identify success based on test scores, attendance, graduation rates, sobriety rates, ethnic demographics, or socio-economic status, even though they were made available to me. The intent of the study was to discover why this particular recovery school was successful based on observation of classrooms, groups meetings, and interviews. It could be pertinent in future research to look at the above data combined with turnover, suspensions, and return after suspensions.

All students in recovery schools were required to be working a program outside of the school. At Johnsonville students were required to be enrolled in an Alternative Peer Group (APG). This community held twelve-step meetings for teens and their parents on a weekly basis after school hours. They also provided individual and family counseling and therapy. The APG program provided safe, sober, and fun weekday and weekend activities. Future research could look at that additional partnership and how the combination of the two, Alternative Peer Groups and Johnsonville High School, also contributed to the successful recovery of the students. Surveys could also be administered to all students to provide additional perspectives

of the school from an increased number of students. In addition, another element of this study could be the perspectives of the administrative team of Unity Schools. The campus principal and dean of academics were not interviewed in this study.

Final Thoughts

In Texas and across the nation adolescent drug and alcohol use, abuse, and dependence presents families and educators with real dilemmas. The presence of these substances on junior high school and high school campuses is an unfortunate fact. For students who have made the choice to receive treatment, whether in-patient or out-patient, or have decided to stop using on their own, returning to their regular environment is an invitation to relapse. Recovery schools offer an option to neighborhood schools by providing education and recovery in a sober environment.

Sometimes a research topic arises from a career focus and sometimes it arises from a life occurrence. The painful experience of having a child suffer from substance

abuse and not knowing where to turn is not an uncommon one, but it is one filled with shame and stigma for the person using and those seeking to find help. I felt that pain shame, and stigma at one time. By discovering the existence of recovery schools I was able to witness a place where academics and therapy connected to serve students as they traveled the road of recovery. I was able to watch adolescents who were experiencing a positive educational experience, some for the first time. During my time spent at Johnsonville High School I was able to witness and hear how a unique partnership and exceptional leadership combined to form a place where great things happen. Because the partnership with Unity Schools allowed the Executive

Director the final say in recommending her teaching staff for hire, she was able to create an educational team that had a knowledge of recovery and understood the struggles that prior substance use and loss of academic time caused in the educational process. She was also able to hire her recovery staff based on their educational background as well as their own personal story of recovery and their desire to support young men and women on their path of sobriety and a healthy lifestyle.

By creating Corridor, an environment for students new to sobriety, the school was able to include those students in group sessions of Check-In, Check-Out, and Friday Fill-Up, but they were not immediately placed in classes with students with longer periods of recovery. This allowed the students in Johnsonville, those with longer periods of sobriety, to have more freedoms such as off-campus lunch, a luxury most schools in the city were not afforded. Allowing students to call for support at any time of the day created an environment where recovery coaches were able to address any problems that could prevent the students from focusing in class. And, by providing a weekly period of time for communication between the therapeutic staff of the school and the educational staff, any potential conflicts or questions were addressed before they created difficulties. A final important part of the school's success was its system of accountability. The students understood and respected the process, and the teachers are able to attend to academics because there was a consistency of expectations.

The Johnsonville High School is a model that works, and as a school that works it should be one whose structure and model are studied for future replication. More recovery schools are needed across the nation and Johnsonville can provide

those in the educational field as well as those in the field of recovery a model of the path to success. A path of hope. A path that works.

REFERENCES

- American Psychological Association (2011). The Road to resilience. Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>.
- Association of Recovery Schools Website (n.d.). Retrieved from <http://www.recoveryschools.org/>.
- Bandura, A., (1977). *Social learning theory*. New Jersey: Prentice Hall.
- Bandura, A., (1997). *Self-Efficacy: The exercise of control*. New York, NY: W.H. Freeman and Company.
- Becker, S.J. & Curry, J.F. (2008). Outpatient interventions for adolescent substance abuse: A quality of evidence review. *Journal of Counseling and Clinical Psychology, 76*(4), 531-543.doi:10.1037/0022-006x.76.4.531.
- Blum, R., & Nelson-Mmari, K., (2004). The health of young people in a global context. *Adolescent Health, 35*(5), 405-418.
- Brooks, C., & Rice, K., (1997). *Families in recovery: Coming full circle*. Baltimore, MD: Brooks.
- Brown, J., (2001). Youth, drugs, and resilience education. *Journal of Drug Education, 31*(1), 83-122.
- Chang, H., (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press.
- Chang, H., (2013). Individual and collaborative autoethnography as method: A social scientist's perspective. In S. Jones, T. Adams, & C. Ellis (Eds). *Handbook of autoethnography*. (pp. 107-122). Walnut Creek, CA. Left Coast Press.

- Conway, K., Compton, W., Stinson, F., & Grant, B., (2006). Lifetime co-morbidity of DSM-IV mood and anxiety disorders and specific drug use disorders. Results from the national epidemiological survey on alcohol and related conditions. *Journal of Clinical Psychiatry*, 67(2), 247-257.
- Corbin, J., & Strauss, A., (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.
- Cornelius, J., Maisto, S., Pollock, N., Martin, C., Salloum, J., Lynch, K., et al., (2003). Rapid release generally follows treatment for substance use disorders among adolescents. *Addictive Behaviors*, 28(2), 381-386.
- Creswell, J., (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Dennis, M., Babor, T., Roebuck, L., & Donaldson, J., (2002). Changing the focus: the case for recognizing and treating marijuana use disorders. *Addiction*, 97(1). 4–15.
- Dennis, M., Dawud-Noursi, S., Muck, R., & McDermeit, M., (2003). The need for developing and evaluating adolescent treatment models. In S.J. Stevens & A.R. Morral (Eds.), *Adolescent substance abuse treatment in the United States: Exemplary models from a national evaluation study*. 3-34. New York: Haworth Press.
- Dennis, M., Godley, S., Diamond, G., Tims, F., Babor, T., Donaldson, J., Liddle, H., Titus, J., Kaminer, Y., Webb, C., Hamilton, N., & Funk, R., (2004). The

cannabis youth Treatment (CYT) study: Main findings from two randomized trials. *Journal of Substance Abuse Treatment*, 27(3), 197-213.

Denzin, N. (2014). *Interpretive Autoethnography* (2nd ed). Thousand Oaks, CA: Sage.

Dennis, M., & McGeary, K., (1999). Adolescent alcohol and marijuana treatment: Kids need it now. *TIE Communiqué*, 10–12.

Dennis, M., & Scott, C., (2007). Managing addiction as a chronic condition. *Addiction Science & Clinical Practice*, 4(1), 45-55.

Dennis, M., Scott, C., Funk, R., & Foss, M., (2005). The duration and correlates of addiction treatment careers. *Journal of Substance Abuse*, 28(2), 51–62.

Eisenhart, K., (1989). Building theories from case study research. *The Academy of Management Review*, 14(4), 532.

Ekendahl, M., (2007). Aftercare and compulsory substance abuse treatment: A venture with Potential. *Contemporary Drug Problems*, 34, 137-163.

Ellis, C., (2004). *The Ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: Altamira Press.

Finch, A., (2003). A sense of place at recovery high school: Boundary permeability and student recovery support (Unpublished doctoral dissertation). Vanderbilt University, Nashville, TN.

Finch, A., (2005). *Starting a recovery school: A how-to manual*. Center City, MN: Hazeldon Publishing and Educational Services.

- Finch, A., & Karakos, H., (2014). Substance abuse, recovery, and schooling: The role of recovery high schools and collegiate recovery communities. *Peabody Journal of Education*, 89(2), 159-164.
- Godley, M., Kahn, J., Dennis, M., Godley, S., & Funk, R., (2005). The stability and impact of environmental factors on substance use and problems after adolescent outpatient treatment for cannabis abuse and dependence. *Psychology of Addictive Behaviors*, 19(1), 62 – 70.
- Godley, M. et al., (2007). The effect of assertive continuing care (ACC) on continuing care linkage, adherence, and abstinence following residential treatment for adolescents with substance use disorders. *Addiction*, 102(1), 81-93 (PubMed).
- Hays, D., & Singh, A., (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: Guilford Press.
- Hawkins, E. (2009). A tale of two systems: Co-occurring mental health and substance abuse treatment for adolescents. *Annual Review of Psychology*, 60, 197-227.
Retrieved from <http://dx.doi.org/10.1146/annrev.psych.60.110707.163456>
- Johnson, L., O'Malley, P., Bachman, J., & Schulenberg, J., (2005). Trajectories of marijuana use during the transition to adulthood: The big picture based on national panel data. *Journal of Drug Issues*, 35 (2).
- Johnson, L., O'Malley, P., Bachman, J., & Schulenberg, J., (2007). *Monitoring the future national survey results on drug abuse, 1975–2006: Secondary students*. Bethesda, MD: National Institute on Drug Abuse.

Jones, S., Adams, T., & Ellis, C., (Eds.). (2013). *The handbook of autoethnography*.

Walnut Creek, CA: Left Coast Press.

Lanham, C., (2010). *Lessons in sobriety: An exploratory study of a high school and its graduates*. (Unpublished doctoral dissertation), University of Texas, Dallas, TX.

Lincoln, Y., & Guba, E., (1985). *Naturalistic Inquiry*, Newbury Park, CA: Sage.

Luthar, S., (2003). *Resiliency and vulnerability: Adaptation in the context of childhood adversities*. Cambridge, England: Cambridge University Press.

Marshall, C., & Rossman, G., (1989). *Designing qualitative research*. Newbury Park, CA: Sage.

Mays, N., & Pope, C., (2000). Quality in qualitative health research. In N. Mays & C. Pope (Eds.), *Qualitative research in Health Care*, (2nd ed.). London: BMJ Books, 89–102.

Merriam, S., (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Moberg, D., & Finch, A., (2008). Recovery high schools: A descriptive study of school programs and students. *J Groups Addict Recovery*, 2, 128–161.

Moos, R., (2008). Active ingredients of substance use – focused self-help groups. *Addiction*, 103, 387–396. Northshore Education Consortium. Retrieved from <http://www.nsedu.org>.

National Institute on Drug Abuse. Comorbidity: Addiction and other mental disorders.

Retrieved from [http://www.drugabuse.gov/publications/drugfacts/comorbidity-](http://www.drugabuse.gov/publications/drugfacts/comorbidity-Addiction-other-mental-disorders)

[Addiction-other-mental-disorders](http://www.drugabuse.gov/publications/drugfacts/comorbidity-Addiction-other-mental-disorders) on August 31, 2015.

O'Connor, G., (1997). *The psychology of adolescent addiction*, 31, 701 – 720.

Retrieved from [http:// www.scholar.valpo.edu/vulr/vol31/iss2/24](http://www.scholar.valpo.edu/vulr/vol31/iss2/24).

Patterson-Sterling, C., (2004). *Rebuilding relationships in recovery: A guide to healing relationships impacted by addiction*. USA: Xlibris.

Riggs, P., (2003). Treating adolescents for substance abuse and comorbid psychiatric disorders. *Science and Practice Perspectives*, 2(1), 18–28.

Rossmann, G., & Rallis, C., (2006). *Designing Qualitative Research (5th ed.)* Thousand Oaks, CA. Sage.

Roth, J., & Finch, A., (Eds.), (2010). *Approaches to substance abuse and addiction in education communities: A guide to practices that support recovery*. New York, NY: Routledge.

Rubin, B., (2002). *Changing lives through stories: A phenomenological study of adolescents in recovery from addiction* (Unpublished doctoral dissertation). Vanderbilt University, Nashville, TN.

Seidman, T., (2013). *Interviewing as qualitative research (4th ed.)*. New York and London: Teachers College Press.

Sheedy, C., & Whitter, M., (2009). *Guiding principles and elements of recovery – oriented systems of care: What do we know from the research?* Rockville, MD:

Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samsha.gov/shin>.

Southwick, S., & Charney, D., (2012). *Resilience: The science of mastering life's greatest challenges*. Cambridge, UK: Cambridge University Press.

Spradley, J., (1980). *Participant observation*. New York, NY: Holt, Rinehart, & Winston.

Strauss, A., & Corbin, J., (1990). *Basics of qualitative research: Grounded theory procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Strauss, A., & Corbin, J., (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.

Steinberg, L., (2008). A social neuroscience perspective on adolescent risk-taking, *Developmental Review*. 28(1), 78–106.

Substance Abuse and Mental Health Services Administration (SAMSHA). (2007). *The OAS report: Substance use and dependence following initiation of alcohol or illicit drug use*. Rockville, MD: SAMSHA, Office of Applied Studies. Retrieved from <http://www.oas.samsha.gov>

Substance Abuse and Mental Health Services Administration (SAMSHA). (2008). *The NSDUH report: Substance use and dependency following initiation of alcohol or illicit drug use*. Rockville, MD: SAMSHA, Office of Applied Studies. Retrieved from <http://www.oas.samsha.gov>

Substance Abuse and Mental Health Services Administration (SAMSHA). (2013).

Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA). 14-4863. Retrieved from <http://store.samhsa.gov/home>.

Substance Abuse and Mental Health Services Administration (SAMSHA). (2014).

Substance use and mental health estimates from the 2013 national survey on drug use and health: overview of findings. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-SR-Recovery>

Swadi, H., (2000). Substance misuse in adolescents. *Advances in Psychiatric Treatment*, 6, 201-210.

Swendsen, J., Burstein, M., Case, B., Conway, K. P., Dierker, L., He, J., & Merikangas, K. R. (2012). Use and abuse of alcohol and illicit drugs in US adolescents: Results of the National Comorbidity Survey–Adolescent Supplement. *Archives of General Psychiatry*, 69(4), 390–398.
<http://doi.org/10.1001/archgenpsychiatry.2011.1503>

Taylor, C., (1992). (With Gutmann, (Ed.), Rockefeller, S., Walazer, M., & Wolf, S.). *Multiculturalism and “The politics of recognition.”* Princeton, NJ. Princeton University Press.

Thatcher, D., & Clark, D., (2008), Adolescents at risk for substance use disorders: Role of psychological dysregulation, endophenotypes, and environmental influences. *Alcohol Research and Health*, 31(2), 168-176.

- Torrecillas, F., Cobo, M., Delgado, P., & Ucles, I., (2015). Predictive capacity of self-efficacy in drug dependence and substance abuse treatment. *Journal of Psychology and Clinical Psychiatry*, 2(3). 00073, DOI: 10.15406/jpcpy.2015.02.00073
- Tracey, S., (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. West Sussex, UK: Wiley-Blackwell.
- Vygotsky, L., (1962). *Thought and Language*. Cambridge, MA: MIT Press.
- Vygotsky, L., (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- White, W., (2001). Recovery university: The campus as a recovering community. *Student Assistance Journal*, 13(2), 24–26.
- White, W., & Finch, A., (2006). The recovery movement: Its history and future. *Counselor*, 7(2), 54–58.
- Winters, K., (1999). Treating adolescents with substance use disorders: An overview of practice issues and treatment outcomes. *Substance Abuse*, 20, 203-225.
- Winters, K., Botzet, A., Fahnhorst, T., Stinchfield, R., & Koskey, R., (2009). Adolescent substance abuse treatment: A review of evidence-based research. In C. G. Leukefeld (Ed.), *Adolescent Substance Abuse* (Chapter Four). New York, NY: Springer Science and Business Media, LLC.

Winters, K., Stinchfield, R., Opland, E., Weller, C., & Latimer, W., (2000). The effectiveness of the Minnesota model approach in the treatment of adolescent drug abusers. *Addiction*, 95, 601-612.

Zunz, S., Ferguson, N., & Senter, M., (2005). Post-identification support for substance dependent students in school-based programs: The weakest link. *Journal of Child and Adolescent Substance Abuse*, 14(4), 77 – 92.

APPENDIX A

REQUEST TO EXECUTIVE DIRECTOR TO CONDUCT RESEARCH AND INTERVIEW

Smith, Hope
Executive Director, Johnsonville High School

Dear Ms. Smith,

My name is Patricia Cleere and I am a doctoral candidate at Texas Tech University. I am conducting research through Texas Tech as a part of my dissertation process. My topic is the role of recovery high schools in helping adolescent students maintain sobriety and achieve academic success.

As a part of my study I would like to observe classes at Johnsonville. I would also like to interview four instructors, two recovery coaches, and conduct a focus group with a maximum of ten students currently enrolled at Johnsonville. In addition, I would like to interview you and the Site Director. Interviews with all persons, including the focus group, will be audio recorded for the purpose of transcription.

If you allow me to do this research in your school I will need your assistance in the recruitment of the instructors and recovery coaches. In order to maintain confidentiality I would ask that you identify four teachers and two recovery coaches who might be willing to participate. In addition, I would ask that you send an email to these teachers and recovery coaches inviting them to respond to me at patsyr.cleere@ttu.edu if they are willing to be a part of this study. Data gathered will be maintained in the researcher's locked office. Once consent is obtained from the instructors and recovery coaches, letters will be sent to parents/guardians of the students in the four classrooms informing them of the study and requesting consent for student participation. This study will begin during the first semester of 2015.

If you have any questions you can contact me at 324-656-9916, Dr. Trenia Walker from the Department of Curriculum and Instruction at Texas Tech University, 806-834-0666 or the Human Research Protection Program, Texas Tech University, 806-742-2064.

Thank you for your consideration of your school's participation in this study. If you allow me to conduct my research in your school, please sign both copies and retain one for your records.

Sincerely,

Patricia Cleere
Doctoral Candidate Texas Tech University

APPENDIX B

TEACHER PARTICIPANT RECRUITMENT EMAIL

Date

Dear _____

My name is Patricia Cleere. I am a doctoral candidate in the College of Education at Texas Tech University pursuing my PhD in Curriculum and Instruction. I am emailing you with your permission because I know that you are an instructor at Johnsonville High School and you have indicated your willingness to participate in a study by emailing me and providing me with your email address. I am doing a study involving the factors that support long term recovery for adolescents in recovery high schools, the process that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. I am very interested in your perspective on this. If you agree to take part in this study, you will be asked to participate in one face-to face- interview that will take approximately 45 minutes and will be conducted at a time and place of your convenience. This interview will be audio recorded for the purpose of transcription. In addition, by agreeing to participate you would allow me to observe your classroom a minimum of five times during the first semester of 2015. I will observe one class per day five times. I will observe the same class period at the same time on each visit. There will be no interruption of your regular schedule, nor will I ask that you adjust your lessons in any way. This study has been cleared by the Texas Tech University Institutional Review Board for the Protection of Human Subjects.

If you would be interested in helping me in my research study, please reply to this email. I will be at your school for approximately 20 days during the first semester of 2015. During the first week I will schedule observation dates and times and schedule a date, time, and location for the interview.

If you have any questions, please do not hesitate to call me at 325-656-9916 or Dr. Trenia Walker at 806-834-0666.

Sincerely,

Patricia Cleere
Doctoral Candidate
Texas Tech University

APPENDIX C

RECOVERY COACH PARTICIPANT RECRUITMENT EMAIL

Date _____

Dear _____

My name is Patricia Cleere. I am a doctoral candidate in the College of Education at Texas Tech University pursuing my PhD in Curriculum and Instruction. I am emailing you with your permission because I know that you are a recovery coach at Johnsonville High School and you have indicated your willingness to participate in a study by emailing me and providing me your email address. I understand that you work with adolescents who are enrolled in a recovery school and are working toward academic success and sobriety. I am doing a study involving the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. I am very interested in your perspective on this matter. If you agree to take part in this study, you will be asked to participate in one face-to-face interview conducted at a time, date, and place of your convenience. The interview will last approximately 45 minutes and will be audio recorded for the purpose of transcription. This study has been cleared by the Texas Tech University Institutional Review Board for the Protection of Human Subjects.

If you would be interested in helping me in my research study, please reply to this email. I will be at your school for approximately 20 days during the first semester of 2015. During the first week I will schedule observation dates and times and schedule date, time, and location for the interview.

If you have any questions, please do not hesitate to call me at 325-656-9916 or Dr. Trena Walker at 806-834-0666.

Thank you for your willingness to participate.

Sincerely,

Patricia Cleere
Doctoral Candidate
Texas Tech University

APPENDIX D
PARTICIPANT RECRUITMENT EMAIL

Date _____

Dear _____

My name is Patricia Cleere. I am a doctoral candidate in the College of Education at Texas Tech University pursuing my PhD in Curriculum and Instruction. I am emailing you with your permission because I know that you are the Site Director for Corridors at Johnsonville High School and you have indicated your willingness to participate in a study by emailing me and providing me your email address. I understand that you work with adolescents who are enrolled in a recovery school and are working toward academic success and sobriety. I am doing a study involving the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. I am very interested in your perspective on this matter. If you agree to take part in this study, you will be asked to participate in one face-to-face interview conducted at a time, date, and place of your convenience. The interview will last approximately 45 minutes and will be audio recorded for the purpose of transcription. This study has been cleared by the Texas Tech University Institutional Review Board for the Protection of Human Subjects.

If you would be interested in helping me in my research study, please reply to this email. I will be at your school for approximately 20 days during the first semester of 2015. During the first week I will schedule observation dates and times and schedule date, time, and location for the interview.

If you have any questions, please do not hesitate to call me at 325-656-9916 or Dr. Trena Walker at 806-834-0666.

Thank you for your willingness to participate.

Sincerely,

Patricia Cleere
Doctoral Candidate
Texas Tech University

APPENDIX E

LETTER TO PARENTS/GUARDIANS INFORMING OF STUDY/CONSENT FORM

Date

Dear Parent/Guardian

My name is Patricia Cleere. I am a doctoral candidate in the College of Education at Texas Tech University pursuing my PhD in Curriculum and Instruction. I am doing a study involving the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. This study involves observing classrooms and creating a focus group of ten students that will meet two times during the first semester of 2015.

If you are willing to allow your child to participate in this study, please complete the enclosed consent form, keep one for your records and return a signed copy in the envelope provided to your child's instructor. A maximum of ten students will be selected for the focus group from the students whose consent forms are returned.

Observations will be conducted during regular class times. The focus group will take place at the school. The times and dates will be determined by the instructors, Executive Director, and the researcher. You will be notified of the date, time, and location of the meeting and you may be in attendance if you wish. The focus group will be audio recorded for the purpose of transcription. No identifying information will be used. Pseudonyms will be given to all participants.

Please note that if your child is chosen to participate in the focus group he/she will not miss academic work to attend the sessions, participants will remain anonymous, and participation is voluntary.

I would like you to keep a copy of the consent form for your records and future reference.

For questions you may call me at 325-656-9916 or Dr. Trenia Walker at 806-834-0666.

Thank you,

Sincerely,

Patricia Cleere

Doctoral Candidate
Texas Tech University

Parent/Guardian Consent Form

Thank you for your interest in allowing your child to participate in my research project. This form describes the project and what will be asked of your child. Please read it over carefully and let me know if you have any questions.

What is the purpose of this research?

I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents.

What would my child do if he/she participates?

I will be observing classrooms at your child's school. I will form a focus group consisting of a maximum of ten students. The ten students will be chosen from among the consent forms returned by parents. I will meet with the focus group two times during the spring semester of 2015 for about an hour each time. The focus group will be semi-structured. I will pose questions to the group about the school, the school structure, their perception of the interaction between teachers and recovery coaches and their opinions about the academic program at the school. The group sessions will be recorded on an audio recorder for the purpose of transcription.

Are there any risks to participating?

There are no risks involved in this study other than the risks of daily life. Your child can refuse to answer any questions. He/she can leave the study at any time. Participation is completely voluntary. The questions have been reviewed by Dr. Trenia Walker, Texas Tech University, and the Protection Board.

Will privacy be protected?

Participants' names will not be used to protect their privacy. Pseudonyms will be used in transcribing and reporting the data. All data will be stored in a locked office and I will be the only person with access to it. Written analysis will be done on a password protected computer. Identifiable data will be destroyed once data collection is completed. All audio recording will be deleted at the end of the study.

How will I benefit from participating?

Your child will not receive compensation for participating in this study. However, the results of the study will help teachers, counselors, and others in the field of substance abuse.

Who should I contact if I have more questions?

This study is being run by Dr. Trena Walker from the Department of Curriculum and Instruction at Texas Tech University. If you have any questions, you can call Dr. Walker at 806-834-0666. I will also answer questions you have about the study. You may call me at 325-656-9916. For additional questions about your child’s rights as a participant in this study, contact the Texas Tech University Human Research Protection Program, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409. Or you can call them at 806-742-2064. Or you may email them at hrpp@ttu.edu.

If you would be willing to allow your child to participate in this study, please sign both copies and retain one for your records. Please return one signed copy to your child’s instructor in the enclosed envelope or you may email it to me at patsyr.cleere@ttu.edu.

_____	_____
Printed Name of Parent/Guardian	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Name of Child	

This consent form is not valid after January 26, 2016.

(Remember, even if you do say “YES” now, you can change your mind later).

APPENDIX F

CONSENT FORM FOR EXECUTIVE DIRECTOR

Thank you for your interest in participating in my research. This form describes the research and what will be asked of you. Please read it carefully and let me know if you have any questions.

What is the purpose of this research?

I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents.

What would I do if I participate?

In this study you will be asked to be interviewed for approximately 30-45 minutes about your insights into recovery schools and their role in adolescent addiction and academic success. The interview will be recorded for the purpose of transcription.

How will the study affect my daily schedule and how long will it take?

There will be no changes in your daily schedule. I will interview you during your preferred free time at your work site or after school hours.

Can I quit if I become uncomfortable?

You absolutely can. Dr. Trena Walker and Human Research Protection Program have reviewed the questions and think you can easily and comfortably answer them. However you can stop answering at any time and you may leave at any time. Participation is completely voluntary.

Will my privacy be protected?

No participant's name will be used in this study. Pseudonyms will be used in all reporting of findings. Written analysis will be made on a password protected computer and all collected data will be kept in the researcher's locked office. Any identifiable data, including audio recordings will be deleted after the study is complete.

Who should I contact if I have a question?

This study is being run by Dr. Trena Walker from the Department of Curriculum and Instruction at Texas Tech University. If you have any questions, you can call Dr. Walker at 806-834-0666. I will also answer questions you have about the study. You

may call me at 325-656-9916. In addition, Texas Tech has a board that protects the rights of participants in research studies. You can ask them questions by mail to Texas Tech University Human Research Protection Program, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409. Or you can call them at 806-742-2064. Or you can email them at hrpp@ttu.edu.

How will I benefit from participating?

You will not receive compensation for participating, but results of the study will help both educators and those in the field of substance abuse.

If you would be willing to participate in this study, please sign one copy and return to me. Retain one copy for your records. Please email a signed copy to patsyr.cleere@ttu.edu.

Print Name:

Signature: _____

Date: _____

This consent form is not valid after January 26, 2016.

APPENDIX G

CONSENT FORM FOR SITE DIRECTOR

Thank you for your interest in participating in my research. This form describes the research and what will be asked of you. Please read it carefully and let me know if you have any questions.

What is the purpose of this research?

I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents.

What would I do if I participate?

In this study you will be asked to be interviewed for approximately 30-45 minutes about your insights into recovery schools and their role in adolescent addiction and academic success. The interview will be recorded for the purpose of transcription.

How will the study affect my daily schedule and how long will it take?

There will be no changes in your daily schedule. I will interview you during your preferred free time at your work site or after school hours.

Can I quit if I become uncomfortable?

You absolutely can. Dr. Trenia Walker and Human Research Protection Program have reviewed the questions and think you can easily and comfortably answer them. However you can stop answering at any time and you may leave at any time. Participation is completely voluntary.

Will my privacy be protected?

No participant's name will be used in this study. Pseudonyms will be used in all reporting of findings. Written analysis will be made on a password protected computer and all collected data will be kept in the researcher's locked office. Any identifiable data, including audio recordings will be deleted after the study is complete.

Who should I contact if I have a question?

This study is being run by Dr. Trenia Walker from the Department of Curriculum and Instruction at Texas Tech University. If you have any questions, you can call Dr. Walker at 806-834-0666. I will also answer questions you have about the study. You

may call me at 325-656-9916. In addition, Texas Tech has a board that protects the rights of participants in research studies. You can ask them questions by mail to Texas Tech University Human Research Protection Program, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409. Or you can call them at 806-742-2064. Or you can email them at hrpp@ttu.edu.

How will I benefit from participating?

You will not receive compensation for participating, but results of the study will help both educators and those in the field of substance abuse.

If you would be willing to participate in this study, please sign one copy and return to me. Retain one copy for your records. Please email a signed copy to patsyr.cleere@ttu.edu.

Print

Name: _____

Signature: _____

Date: _____

This consent form is not valid after January 26, 2016.

APPENDIX H

CONSENT FORM FOR INSTRUCTOR

Thank you for your interest in participating in my research. This form describes the research and what will be asked of you. Please read it carefully and let me know if you have any questions.

What is the purpose of this research?

I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents.

What would I do if I participate?

In this study you will be asked to be interviewed for approximately 30-45 minutes about your insights into recovery schools and their role in adolescent addiction and academic success. The interview will be recorded for the purpose of transcription.

How will the study affect my daily schedule and how long will it take?

There will be no changes in your daily schedule. I will interview you during your preferred free time at your work site or after school hours.

Can I quit if I become uncomfortable?

You absolutely can. Dr. Trenia Walker and Human Research Protection Program have reviewed the questions and think you can easily and comfortably answer them. However you can stop answering at any time and you may leave at any time. Participation is completely voluntary.

Will my privacy be protected?

No participant's name will be used in this study. Pseudonyms will be used in all reporting of findings. Written analysis will be made on a password protected computer and all collected data will be kept in the researcher's locked office. Any identifiable data, including audio recordings will be deleted after the study is complete.

Who should I contact if I have a question?

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may call me at 325-656-9916. In addition, Texas Tech has a board that protects the rights of participants in research studies. You can ask them questions by mail to Texas Tech University Human Research Protection Program, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409. Or you can call them at 806-742-2064. Or you can email them at hrpp@ttu.edu.

How will I benefit from participating?

You will not receive compensation for participating, but results of the study will help both educators and those in the field of substance abuse.

If you would be willing to participate in this study, please sign one copy and return to me. Retain one copy for your records. Please email a signed copy to patsyr.cleere@ttu.edu.

Print Name:

Signature: _____

Date: _____

This consent form is not valid after January 26, 2016.

APPENDIX I

CONSENT FORM FOR RECOVERY COACH

Thank you for your interest in participating in my research. This form describes the research and what will be asked of you. Please read it carefully and let me know if you have any questions.

What is the purpose of this research?

I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents.

What would I do if I participate?

In this study you will be asked to be interviewed for approximately 30-45 minutes about your insights into recovery schools and their role in adolescent addiction and academic success. The interview will be recorded for the purpose of transcription.

How will the study affect my daily schedule and how long will it take?

There will be no changes in your daily schedule. I will interview you during your preferred free time at your work site or after school hours.

Can I quit if I become uncomfortable?

You absolutely can. Dr. Trenia Walker and Human Research Protection Program have reviewed the questions and think you can easily and comfortably answer them. However you can stop answering at any time and you may leave at any time. Participation is completely voluntary.

Will my privacy be protected?

No participant's name will be used in this study. Pseudonyms will be used in all reporting of findings. Written analysis will be made on a password protected computer and all collected data will be kept in the researcher's locked office. Any identifiable data, including audio recordings will be deleted after the study is complete.

Who should I contact if I have a question?

This study is being run by Dr. Trenia Walker from the Department of Curriculum and Instruction at Texas Tech University. If you have any questions, you can call Dr. Walker at 806-834-0666. I will also answer questions you have about the study. You

may call me at 325-656-9916. In addition, Texas Tech has a board that protects the rights of participants in research studies. You can ask them questions by mail to Texas Tech University Human Research Protection Program, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409. Or you can call them at 806-742-2064. Or you can email them at hrpp@ttu.edu.

How will I benefit from participating?

You will not receive compensation for participating, but results of the study will help both educators and those in the field of substance abuse.

If you would be willing to participate in this study, please sign one copy and return to me. Retain one copy for your records. Please email a signed copy to patsyr.cleere@ttu.edu.

Print Name:

Signature: _____

Date: _____

This consent form is not valid after January 26, 2016.

APPENDIX J

STUDENT ASSENT FORM

Participant _____

Title of Project: The Role of Recovery High Schools in Adolescent Addiction Treatment and Academic Success

I am a doctoral candidate at Texas Tech University. I am researching the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program, and the relationship between teachers and recovery coaches as they address the individual needs of recovering students. I have informed your parents of my research and they have given me permission to contact you. I would like to have you participate in my study by taking part in a focus group.

If you participate you will agree to be a part of a group of your peers. The group will have a maximum of ten participants and will meet two times for about an hour each time. It will be located on campus at a time that is convenient for you and your teachers and the focus group sessions will be audio recorded. Your parent/guardian is welcome to attend. There will be no change in your daily schedule. In addition, there will be no risks involved in this study other than the risks of daily life. You may refuse to answer any question and you may leave the study at any time. Your participation is completely voluntary. Your name will not be used in this study to protect your privacy and audio recordings will be deleted at the end of the study. You will not receive any money or gifts for participating in this study, but the research could help teachers, counselors, men and women in the field of substance abuse.

You will receive two copies of this assent form. One is to be signed and returned to the researcher and the other is to be kept for your records.

This study is being run by Dr. Trena Walker from the Department of Curriculum and Instruction at Texas Tech University. If you have any questions, you may call Dr. Walker at 806-834-0666. I will also answer questions you have about the study. You may call me at 325-656-9916. In addition, Texas Tech has a board that protects the rights of participants in research studies. You can ask them questions by mail to Texas Tech University Human Research Protection Program, Office of the Vice President for Research, Texas Tech University, Lubbock, Texas 79409. Or you can call them at 806-742-2064. Or you can email them at hrpp@ttu.edu.

Print Name:

Signature:

Date: _____ This form is not valid after January 26, 2016.

APPENDIX K

INTERVIEW PROTOCOL QUESTIONS – EXECUTIVE DIRECTOR

Interview Script and Protocol:

My name is Patricia Cleere and I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. I will follow the semi-structured protocol below. I may ask follow up questions after I hear the Director's answers. Because this is a qualitative study I cannot anticipate every question in advance. New questions may develop during the interview. I will not ask sensitive questions. If there are any questions the Director does not want to answer she/he does not have to.

The interview will be taped using an audio recorder. Do I have permission to record this interview?

1. Please tell me about your background in recovery schools.
2. How does your school fit under the charter school umbrella?
3. How does the therapeutic aspect of your school fit into the charter school component?
4. How many students are enrolled in your recovery school?
5. What are the barriers that recovery schools face?
6. How do you assess dependence in your students?
7. How do you get services to students who have not received formal treatment?
8. Many students recovering from substance abuse have co-occurring disorders. How does your school address them?
9. How are you involved in the hiring of staff?
10. If you have staff members who are not in recovery, how do they go about understanding the process of recovery and how it relates to academics?
11. What type of scheduling do you provide for your students?
12. In regards to curriculum, how do you determine the courses of study that students follow?
13. What role does distance or online learning play in your school?
14. How do you address the needs of students with learning disabilities?
15. What do you see as the relationship between instructors and recovery coaches as they address the varying needs of the students?
16. What do you see as your biggest challenge as the ED of a recovery school?
17. What do you see as your greatest reward in your position of working with recovering adolescents?

APPENDIX L

INTERVIEW PROTOCOL QUESTIONS – CORRIDORS SITE DIRECTOR

Interview Script and Protocol:

My name is Patricia Cleere and I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. I will follow the semi-structured protocol below. I may ask follow up questions after I hear the Director's answers. Because this is a qualitative study I cannot anticipate every question in advance. New questions may develop during the interview. I will not ask sensitive questions. If there are any questions the Director does not want to answer she/he does not have to.

The interview will be taped using an audio recorder. Do I have permission to record this interview?

1. Tell me about your background.
2. Because most models of recovery are based on a Twelve Step model, how do you incorporate a model of recovery into your school?
3. How does the Corridors program dovetail with the academic portion of your school?
4. Is community service a part of your program and if so, how does it fit into the academic and therapeutic portion of the school?
5. How do you include parents and family in your program?
6. Is alcohol and drug treatment a requirement for admission to your program?
7. What percentage of your students comes directly from treatment?
8. Not all students are successful in a recovery school. What is your process for removing a student who is not meeting the schools goals?
9. How do you ensure that the academic staff is knowledgeable about substance abuse and chemical recovery?
10. Are some of your activities gender specific and if so which ones?
11. What do you see as the relationship between instructors and recovery coaches as they address the varying needs of the students?
12. What are your biggest challenges in working with recovering adolescents in a sober environment?
13. What is your greatest reward in working at this school?

APPENDIX M

INTERVIEW PROTOCOL QUESTIONS – INSTRUCTOR

Interview Script and Protocol:

My name is Patricia Cleere and I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. I will follow the semi-structured protocol below. I may ask follow up questions after I hear the Instructor's answers. Because this is a qualitative study I cannot anticipate every question in advance. New questions may develop during the interview. I will not ask sensitive questions. If there are any questions the Instructor does not want to answer she/he does not have to.

The interview will be taped using an audio recorder. Do I have permission to record this interview?

1. Please tell me a little about your teaching background.
2. How long have you been teaching in a recovery school?
3. What interested you to teach in an environment with recovering adolescents?
4. What class(es) do you currently teach?
5. How many students are enrolled in your classes?
6. How do you determine the curriculum that you use?
7. How do you adjust your teaching to meet the varied needs of the students in your class – academic, emotional, and recovery?
8. Is there a set percent master of coursework designated to determine passage of a course?
9. How are distance and on-line courses incorporated in your class?
10. How do you handle the needs of students with learning disabilities?
11. What type of out of school assignments do you assign?
12. Do you have entrance exams for placement use and school-wide baseline data and if so how are they developed?
13. How do you align your assessments with state standards?
14. Describe any other forms of assessment that you may give students such as learning and personality inventories.
15. What is done in your class to prepare students for life after high school, both in recovery and in college and career?
16. How would you describe the issue of discipline at your school and how is it handled?
17. How would you describe the relationship between instructors and recovery coaches as they address the varying needs of the students?
18. What would you say is your greatest challenge at your recovery school?
19. What would you say is your greatest reward?

APPENDIX N

INTERVIEW PROTOCOL QUESTIONS – RECOVERY COACHES

My name is Patricia Cleere and I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. I will follow the semi-structured protocol below. I may ask follow up questions after I hear the Recovery Coach's answers. Because this is a qualitative study I cannot anticipate every question in advance. New questions may develop during the interview. I will not ask sensitive questions. If there are any questions the Recovery Coach does not want to answer she/he does not have to.

The interview will be taped using an audio recorder. Do I have permission to record this interview?

1. Tell me about your educational background.
2. Do you have formal training in drug and alcohol addiction?
3. What brought you to this recovery school?
4. What is your role in the continuing recovery of the adolescents at this school?
5. What is your role in working with parents?
6. How do you and classroom instructor's work together to address the varying needs of the students, both academically and therapeutically?
7. What is your biggest challenge in working with recovering adolescents?
8. What is your greatest reward in working with these students?
9. Do you think there are misperceptions about students in a recovery school and if so, can you identify them?
10. Can you identify misperceptions about the school itself?

APPENDIX O

INTERVIEW PROTOCOL QUESTIONS – FOCUS GROUP

Interview Script and Protocol

My name is Patricia Cleere and I am interested in understanding the factors that support long term recovery for adolescents in recovery high schools, the processes that recovery schools use to provide a strong academic program and the relationship between teachers and recovery coaches as they address the needs of recovering adolescents. The purpose of this focus group is to hear from the students in the recovery school what their ideas and perceptions of the school, its academics, its recovery model, and the instructors and recovery coaches. There will be a minimum of two group sessions. Each one will have approximately six questions. I will follow a semi-structured protocol. I may ask follow up questions after I hear the answers. Because this is a qualitative study I cannot anticipate every question in advance. New questions may develop during the groups. I will not ask sensitive questions. If there are any questions any member of the group does not want to answer they do not have to. No one is required to answer a question and any member of the group may leave at any time if she or he becomes uncomfortable.

The interview will be taped using an audio recorder. Do I have permission to record this interview?

Focus Group: Meeting 1

1. Tell me about a typical day at this school. For instance, what are you likely to do first thing in the morning?
2. Suppose it was my first day as a student here. What would my academic work look like?
3. How do you see your teacher's role in helping you achieve academically?
4. How do you see your recovery coach's role in helping you achieve academically?
5. How do you see the academic work and expectations at this school as compared to your previous school(s)?
6. How do the teachers and recovery coaches help you in reaching your academic goals?
7. How do the teachers and recovery coaches help you in reaching your goals of sobriety?
8. What would you tell a friend or peer struggling with substance use about recovery schools?

Focus Group: Meeting 2

1. Before I start asking questions, does anyone have anything to say or any questions to ask me since our last group?
2. In this school you have students at varying academic levels in the same class and students with varying lengths of sobriety in the same class. How does this affect you?
3. The field of recovery has an emphasis on accountability. How do your teachers and recovery coaches hold you accountable for your academic work?
4. How do they hold you accountable for your sobriety?
5. Community Service is a large component of recovery schools. What are some examples of community service that you are engaged in?
6. Many schools think that drug and alcohol use are not their problem. At this recovery school it is not an issue that is swept under the rug, but actively embraced. How does this philosophy help you stay focused academically and in your sobriety?