

SECONDARY SCHOOL EXPERIENCES OF MALE
RECOVERING SUBSTANCE ABUSERS

by

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Problem: Adolescents who begin abusing substances, including alcohol, prescription drugs, and illegal drugs often fail in school suffering life-altering consequences (Cox, Zhang, Johnson, & Bender, 2007). While plentiful research exists on substance abuse, there is a dearth of research on the school experiences of recovering substance abusers. There is a lack of awareness of ways for families, schools, and agencies to recognize potential roadblocks to guide every student toward a successful learning environment.

Methods: Using a phenomenological approach (Creswell, 2007) the lived experiences (Van Manen, 1990) of recovering substance abusers' secondary school experiences were explored. Using semi-structured interviews (Kvale, 1996), six adult males were interviewed 3 times (Seidman, 2006). Data collection consisted of verbatim transcriptions, my reflexive journaling and field notes, and member checks during and after the interview process. Open coding strategies (Strauss & Corbin, 1998) were used to determine emerging themes and commonalities.

Findings: Participants' accounts revealed seven key themes of their secondary school experiences. 1. Importance of parental, sibling, and child relationships on child wellbeing. 2. Impact of parental practices on development of the child academically and emotionally. 3. Importance of peer influence and peer relationships on student behavior. 4. Human need for connectedness and purpose. 5. Relationship between participation in extra-curricular activities and school success. 6. Link between student-school relationships, school success, and avoidance of substance abuse. 7. Initiation and progression of substance abuse.

Conclusions: Participants experienced a lack of a sense of belonging in different phases of their lives, and within the different groups to which they belonged. Consequently, participants sought acceptance through negative peers groups and substance use, progressing to increasingly self-destructive behaviors. They favored small school environments. The onset of substance abuse paralleled secondary school years resulting in academic decline, and failure to complete high school or post secondary education.

Recommendations: Teachers may benefit from professional development on the emotional needs of all students using district resources to support programs at the elementary, middle school, and high school. Districts should collaborate and pool resources to provide services such as alternative programs. Importantly, individuals and families must have knowledge of and access to support available through programs that assist with family and parenting dysfunction, development of coping mechanisms, and early identification and treatment for substance abuse.

Dedication

To my husband, Shannon, whose integrity and wisdom are an inspiration to his family and to me.
With his unwavering love, encouragement, and counsel, I have had the opportunity to
pursue my academic work.

To those children who enter school and are disadvantaged in some aspect of their lives, and to
the dedicated educators who lift them up.

“One learns people through the heart, not the eyes or the intellect.”

-Mark Twain

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Chapter 1

INTRODUCTION

School District Observances

During my 30 years as a school nurse, teacher, and now as a middle school administrator, I have observed first hand life-altering consequences for adolescents who have begun abusing substances, including alcohol, prescription drugs, and illegal drugs. These students have sometimes been identified and labeled as at-risk with an intervention plan specific to that student. However, in most instances, the substance abuse only surfaced after the adolescents had been involved in problematic situations, such as physical health concerns, depression, suicide attempts, automobile accidents, declining academic performance, absenteeism, or a variety of violations that situate the students in the criminal justice system.

Since my educational career has unfolded in the same small Midwest school district, my experiences with adolescents abusing substances seems to serve as a microcosm of the very serious problem among our country's youth. In 2010, 22.6 million Americans reported using illicit drugs, and 23.1 percent (roughly 58.6 million people) of Americans age 12 and older participated in binge drinking (National Survey on Drug Use and Health, 2010). Across the nation, 8.9% of persons 12 or older were identified as current drug users (NSDUH, 2010). In the most current comprehensive Iowa Youth Survey, 37% of surveyed adolescents have used alcohol and 20% have used drugs (Iowa Youth Survey, 2008). The connection between drug and alcohol abuse and school experiences will be explored in this study.

Substance Abuse and School Performance

Research (Cox, Zhang, Johnson, & Bender, 2007) has suggested a significant relationship exists between adolescent substance abuse and decreased academic performance resulting in student failure. In a cross-site analysis of seven epidemiologic field surveys, onset of substance abuse occurred while participants attended grades 7-12. This finding was consistent worldwide (Vega et al., 2002) indicating that age of onset was similar in countries such as Brazil, Canada, Germany, Mexico, the Netherlands, and the United States. A body of research (Arthur, Brown, & Briney, 2006; Benard, 1991; Bergen, Martin, Roeger, & Allison, 2005; Brandon, Tran, Bence, & Lee, 2000; Fan & Chen, 1999; Kohn, 1999; Molina & Pelham, 2003; Rudatsikira, Maposa, Mukandavire, Muula, & Siziya 2009; Snow, Barnes, Chandler, Goodman, & Hemphill, 1999; and Wills, Vaccaro, & McNamara, 1992) concluded that adolescent academic failure and adolescent substance abuse share the same predictors, such as lack of parental involvement, poor self-esteem, negative peer groups, and low socioeconomic status. When adolescents engaged in illicit drug use, poor academic performance was the outcome. The National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2003) found that students who had positive attitudes toward school, believed schoolwork was meaningful, and recognized information learned would be important later in life, were less likely to have abused drugs or alcohol in the past year compared to students who had a negative perception of school.

At-risk students are defined as students who are not experiencing success in school and are potential dropouts (Iowa Administrative Code, 2011). At-risk students do not participate in school programs and generally have low self-esteem. These students may associate with a negative peer group and may not experience social or academic success in school. They are not motivated to learn and are disinterested in school (Legault, Green-Demers, & Pelletier, 2006;

McMillan & Reed, 1994). A 2000 report with 10,000 seventh graders found those whose peers had a near-zero report of substance use scored 18 points higher on the reading test and 44 points higher on the math test on the Washington Assessment of Student Learning, compared to students whose peers averaged at least moderate levels of substance use (Brandon et al., 2000). Adolescent substance abuse serves as the gateway to poor school performance, juvenile detention, low paying jobs, and other problems associated with substance abuse and addiction (National Survey on Drug Use and Health, 2009). Substance abuse that begins during the school years affects not only the individual, but also the family and ultimately our society.

Substance Abuse and the Individual

Difficulties such as unemployment, health concerns, and placement in the criminal justice system can be problematic in the lives of substance abusers. For example, the individual who abuses substances is more likely not only to be unemployed but also to have a low-paying job (National Survey on Drug Use and Health, 2009). The highest rates of substance abuse among full-time workers are in the fields of domestic and food services. This is because many substance abusers do not finish high school or attend and complete college (Substance Abuse and Mental Health Services Administration, 2001).

Substance abuse damages health and claims lives. In the first half of 2002, drugs were the presenting problem in 292,098 emergency room visits and a secondary problem in another 535,646 emergency room visits (Substance Abuse and Mental Health Services Administration, 2001), while in 1999, 139 medical examiners participating in a study reported 11,651 drug and alcohol abuse deaths (Drug Abuse Warning Network, 1999).

Over the last 20 years, there has been a substantial increase in the number of adults, many with dependent children, in the criminal justice system (Substance Abuse and Mental Health

Services Administration, 2010). These adults use tobacco at twice the rate of those not in the criminal justice system, have a 13.5 % higher rate of binge alcohol use, and report using illicit drugs at a rate three times greater than those not in the criminal justice system (Substance Abuse and Mental Health Services Administration, 2010). In the United States and other countries, onset of serious substance abuse most often occurs during adolescence (Vega et al., 2002). A connection exists between violence among youth and substance abuse, with substance abusers twice as likely to engage in violent behavior (Substance Abuse and Mental Health Services Administration, 2002). Juveniles in custody are more likely to have been under the influence of drugs at the time of their criminal offense (DeFrancesco, 1996).

Substance Abuse and Parents and Family

Substance abuse that begins during the school years affects not only the individual, but also the family and ultimately our society. Parent abuse of alcohol or drugs is not always seen by the child as destructive, but instead the norm for behavior (Dube et al., 2001). Parents who are abusing drugs and alcohol may not have the emotional and physical health to be the ideal parent, to form healthy bonds, and to be both supportive and vigilant. In a research study addressing predictive factors for negative behaviors in children involving parental monitoring, Richardson, Radziszewska, Dent, and Flay (1993) surveyed 3,993 ninth grade students in southern California. They found associations among lack of parental supervision after school and the following negative behaviors: cigarette, alcohol, and marijuana use; depression; low academic performance; and risk taking. Ineffective parenting practices were among the strongest predictors of alcohol use in eighth and ninth graders. When parents failed to discourage underage drinking, initial use among young adolescents was more likely to exist (Sieving, Maruyama, Williams, &

Perry, 2000). Conversely, when parents were good role models, this modeling served as a protective factor against substance abuse (Louisiana Office of Addictive Disorders, 2004).

Purpose of the Study

This phenomenological study can contribute to the discourse of the school experiences of substance abusers. In the state of Iowa, the most recent comprehensive Iowa Youth Survey revealed that of the 78 percent of students who completed the survey, 16 percent of eighth graders and 36 percent of eleventh graders reported using alcohol (Iowa Youth Survey 2008). Many students will have their life path altered negatively because of progressive abuse of alcohol and drugs. This study resulted from my desire to gain information and understanding, by listening to recovering substance abusers reflect on their school experiences. Greater understanding may inform those who work in schools, as they assist students to avoid abuse of drugs and alcohol and to impede the concurrent academic decline and failure.

The purpose of this study was to condense and interpret what the participants described, to hear the stories and to give voice to substance abusers (six males ranging in age from 20-33) as they spoke retrospectively about their experiences while in school. Individual accounts of recovering (currently in treatment and non-users) substance abusers focused on descriptions of their experiences while attending grades 7-12 of secondary school. I conducted interviews to learn about their educational experiences during their adolescent school aged years.

When first hand accounts are obtained, most researchers seek out school age students (Brandon et al., 2000; Cox et al., 2007; Iowa Youth Risk Behavior Survey, 2007), or college students. A review of research involving college students revealed many gender-related first hand substance abuse studies (Murphy, Barnett, Goldstein, & Colby, 2007; Parks, Hsieh, Bradizza, & Romosz, 2008). In other studies college students were asked about their spiritual life

(Hebert, 2005), what their college living arrangements were and how that affected substance abuse (Boyd et al., 2008). None of these studies took a retrospective approach. Most studies involving substance abuse and the relationship to school and academics did not use a retrospective approach (Benard, 1991; Bergen et al., 2005; Molina & Pelham, 2003).

Since poor performance in school and substance abuse are directly proportional, (Arthur et al., 2006), participants in this study offered insights on how the educational system could have better assisted them during their school experience. By listening to their opinions and accounts, I afforded them the opportunity of, “giving voice to those not heard before” (Ambert, Adler, Adler, & Detzner, 1995). A search of studies found none giving voice to the actual substance abuser looking back with a personal analysis of their school years.

After searching databases such as EBSCO, HERDSA, and Google Scholar, I have located minimal information on drug users’ perspectives and opinions while in treatment, and pertaining to their school experiences, in particular. Part of the procedure in treatment centers is to administer questionnaires to persons entering the program for substance abuse, and the individuals are asked about their experiences in home and school. These assessments generate valuable quantitative data. This phenomenological study was thus beneficial because it complemented other studies and contributed information from new perspectives.

Rationale and Significance

Substance abuse is often a reason for underperformance in school. The problem of substance abuse is compounded by poverty and also by other disruptive life events occurring to the student (Brook et al., 2003; Dupe’re’, Lacourse, Leventhal, Willms, & Tremblay, 2008; Newcomb, Maddahian, & Bentler, 1996). When students do not have friends and actively participate in school activities, they are more likely to use drugs (Napoli et al., 2003). This

research study provided further insight into the complex problems of substance abuse and the accompanying poor academic performance.

My research report was informed by a constructivist worldview (Creswell, 2007). This is because I was seeking further understanding of the problem of substance abuse during the school years through the accounts of former substance abusers who related their secondary school experiences. Creswell described social constructivism as when “individuals seek understanding of the world in which they live and work” (p. 21). I gained this understanding through the participants’ perceptions. This is consistent with Creswell’s (2007) further explanation of social constructivism, “The goal of research, then, is to rely as much as possible on the participants’ views of the situation” (p.20). My study was a phenomenological study, in which the participants described their lived experiences. Creswell stated, “We will see the constructivist worldview manifest in phenomenological studies” (p.21). I did not begin my research with a theory, but meaning was constructed and induced from the interviews I conducted with the participants. I believed it was important for the voices of substance abusers to be heard, and my research project afforded some of them the opportunity to tell their stories.

Research Questions

In *Qualitative Analysis on Stage: Making the Research Process More Public*, the authors state, “Research questions provide the scaffolding for the investigation and the cornerstone for the analysis of the data” (Anfara, Brown, & Mangione, 2002, p.31). This study researched substance abuse from the perspective of recovering substance abusers and what their individual experiences were while they attended secondary school. Creswell (2007) recommended that a researcher “reduce her or his entire study to a single, overarching question, and several sub-questions. To reach the overarching question, I ask the qualitative researcher to state the broadest

question they could possibly pose about the research problem” (p.108). The overarching research question for this study is, “What were secondary school experiences of male recovering drug and alcohol abusers?”

Interview questions are formulated “on the basis of what truly needs to be known” (Anfara, Brown, & Mangione, p.31). Interview questions (Appendix A) have been formulated so that the unique experiences of the participants during school can be related. Interviewees were asked to discuss family life; school experiences and academics; peer groups; and attitudes, behaviors, and beliefs (Kandel, Kessler, & Marguiles, 1978; Branstrom, Sjostrom, & Andreasson, 2007). It should be noted that the purpose of the question categories was to attempt to adhere to a consistent interview framework, without attempting to force the subjects to “conform” to any preconceived ideas or stereotypes of the interviewer.

Definition of Terms

- *Addiction* is defined as the persistent and repetitive enactment of a behavioral pattern in which one or more of the following four criterion clusters is observed: progression, preoccupation, perceived loss of control, and negative long-term consequences (Walters, 1999).
- *Antecedent* is defined as a preceding circumstance, event, or phenomenon.
- *At-risk students* are defined as a student identified by education or medical professionals for being “at-risk” for failure in school, due to a variety of factors. Criteria for identifying students “at-risk” are set by local school districts and, in some instances, by the state. Routine criteria used in schools to identify students as at-risk are attendance, grades, behavior, and high school credits (Iowa Administrative Code, 2011).

- *Drug addiction* is defined as the behavior of persistently or compulsively using drugs or alcohol. It is important to note that the category of drugs includes alcohol. The definition of drug addiction has evolved over the last fifty years to be considered a disease. The disease evolves over time from the beginning stage when the use is still optional (Leshner, 1999).
- *Protective factors* are those factors that impart a positive influence or protection against the negative influence of risk, thus lowering the likelihood of engagement in problematic behaviors (Louisiana Office of Addictive Behaviors, 2004).
- *Recovering substance abusers* refers to those individuals presently in a drug treatment program, or individuals who have successfully completed a treatment program and are no longer users of drugs (including alcohol).
- *Risk factors* are components of the school, family and community environments that predict heightened likelihood of problematic behaviors such as violence, substance abuse, and school dropout (Louisiana Office of Addictive Behaviors, 2004).
- *Substance abuse* is a comprehensive term to include alcohol consumption, marijuana, hard drugs such as methamphetamine, cocaine, and heroin, and abused prescription drugs. Abuse of the above substances will refer to any pattern of substance use that results in repeated adverse consequences related to the drug taking. Examples are failure to meet work, family, or school obligations, and physical hazard (drunk driving) to self and others (American Psychiatric Association, 2000).

- *Substance dependence* is a term that is interchangeable with *addiction*, as defined above (American Psychiatric Association 2000).

Adolescence is a time of dramatic change in an individual's life. When adolescents turn to substance abuse, they experience individual problems surrounding academic success, employment, health, and incidence of crime. Their peer, family, and school interactions are affected. Continued study of students with substance abuse may inform those working with adolescents about the complexity of substance abuse.

Chapter 2

LITERATURE REVIEW

Many research studies (Arthur et al., 2006; Bergen et al., 2005; Brandon et al., 2000; Cox et al., 2007; Kandel et al., 1978; Vega et al., 2002) have been conducted surrounding the complex problem of drug and alcohol abuse. Protective factors, which lessen the possibility of substance abuse, have been identified (Branstrom et al., 2007). Antecedents, or predictive factors have also been identified (Guo, Hawkins, Hill, & Abbott, 2007). These general sociological factors typically surround parental and familial history and influence, peer group involvement during and outside of school time, and individual beliefs (Farrell & White, 1998; Iowa Youth Survey, 2008; Weiss & Schwarz, 1996). However, there is still a need to research the “lived experiences” (Van Manen, 1990) of former substance abusers while they were in school.

Since this research study will interview substance abusers, it is necessary to have a broad knowledge of information about substance abuse contained in research. This background knowledge will help to understand the depth of information that can be contributed by this present qualitative study. This literature review will explore comprehensive studies of multiple protective and predictive factors for substance abuse, and then will present information under specific headings. These four headings will be a) parental and familial history and influence; b) peer influence and involvement; c) school, academics, and community; and d) individual attitudes, beliefs, and behaviors. These topics have been chosen to use as a framework because of the many reviews of literature (Dewey, 1999) and studies conducted relative to the above named categories (Hamdan-Mansour, Puskar, & Sereika, 2005; Kramer et al., 2008; Sieving, Maruyama, Williams, & Perry, 2000; Weiss & Schwarz, 1996). These studies have long ago

established the key predictor variables for entry into sequential stages of substance use (Jessor, 1991, and Kandel et al., 1978). The problem of substance abuse spans continents, and thus the scope of research on substance abuse predictors and protective factors is global (with the results being similar), as evidenced by studies conducted around the world: Thailand, (Rosati, 2003); Australia, (Spooner, Hall, & Lynskey, 2001; Ward & Snow, 2009); United Kingdom (Bellis et al., 2007); Nigeria (Adeyemo, 2007), Brazil (Sanchez, Oliveria, & Nappo, 2005); Finland (Riala et al., 2003); Mekong sub region (World Health Organization, 2003); and, India (Chopra, Dhawan, Sethi, & Mohan, 2008).

Comprehensive Studies

For this review, comprehensive means that a study encompasses several risk factors or protective factors. For example, a survey studying variables such as socio-economic status, parental involvement, religious practice, physiology, peer substance use, community, and school participation is considered comprehensive, or multivariate. The almost universal conclusion in these types of studies is that the magnitude of risk increases as the risk factor number increases (Branstrom, Sjostrom, & Andreasson, 2007; Hawkins, Catalano & Miller, 1992; Lane, Gerstein, Huang, & Wright, 1998; Office of Applied Studies, 2001). No singular path to drug addiction has been identified; however, different paths are dependent on the interplay of partial predictors (Newcomb, Maddahian, & Bentler, 1996).

Iowa Youth Survey

Schools are involved in data driven decision-making, and the state of Iowa aggregates information to plan drug prevention programs and anti-substance abuse curricula. As an example, the most recent comprehensive Iowa Youth Survey (2008) was designed to provide information for state agencies and schools to assist with planning to meet the needs of the state's

school-age children; 99,568 online surveys were completed by sixth, eighth, and eleventh graders from across the state of Iowa. The survey contained 198 questions, divided into seven categories beginning with demographic information, and addressing beliefs, attitudes, peer relations, school, community, and family.

Questions on the Iowa Youth Survey were arranged into 34 topics under nine general categories. For instance, under the general category of “Socially Competent Youth” there were listed five topics: empathy, self-confidence, self-esteem, acceptance of diversity, positive values, and peer pressure resistance. Although 95% of Iowa youth reported their parents believed it was wrong for their children to use beer, wine, hard liquor, and marijuana, only 66% of the youths reported their parents were involved, supportive, and supervising them (Iowa Youth Survey 2008). This suggested that it may not be enough for parents to talk about expectations with their children; they must also model the appropriate behavior.

Newcomb Study

In many studies involving multiple risk factors, peer use among middle and high school students has been found to be one of the strongest correlates (Brandon et al., 2000; Dawkins, Williams, & Guilbault, 2006; Donohew et al., 1997; Heck & Voliter, 1998; Oetting & Beauvais, 1987). Newcomb et al. (1996) surveyed 994 adolescents and found the connection between substance use and a list of 14 risk factors such as low grade point average, lack of religiosity, early alcohol use, low self-esteem, psychopathology, poor relationships with parents, perceived peer drug use, perceived adult drug use, lack of social conformity (deviance), and sensation seeking. This study determined the risk factor with the highest correlation to drug use was peer drug use (1996). A significant limitation, however, was that almost twice as many females (66%) than males (34%) participated in the study. Not only is the rate of use of substances higher

among males, there are also gender differences in the impact of peer influences (Taylor & Wong, 1996). The implication for those who work with adolescents is still important. By understanding the strength of peer influence, some of which is negative, educators can work to counteract with positive influence of their own (Napoli, Marsiglia, & Kulis, 2003).

Kandel Study

A classic study identifying protective and predictive variables for stages of drug use initiation and progression was completed over 30 years ago but is still recognized and cited today (Kandel et al., 1978). With a sample of 5,423 students and 5,574 parents four predictor variables were identified: parental influences, peer influences, adolescent involvement in various behaviors, and adolescent beliefs. These same predictor variables have been studied in numerous contemporary studies (Branstrom et al., 2007; Guo et al., 2007; Newcomb et al., 1996; Office of Applied Studies, 2001).

Parental and Familial History and Influence

Parental involvement and its relationship to academic achievement has been studied extensively and holds widespread appeal and support as the key factor in improving education (Baker & Soden, 1997; Fan, Xitao, & Chen, 1999). Parental influence on substance abuse is more complex, as the concomitant variable of peer influence comes into play (Wills, Resko, Ainette, & Mendoza, 2004). The significance of parental influence on human growth and development cannot be overstated. From the importance of strong parental bonds to the choice of one's parents over peers, positive parental influence has been a key predictor variable for future behavior, including avoidance of adolescent drug use. (Weiss & Schwarz, 1996). Strong relationships between parents and adolescents can mitigate the influence of peers on drug and alcohol use. This was the finding in a questionnaire study of 630 predominantly African-

American tenth graders (Farrell & White, 1998). Farrell and White emphasized the importance of strong mother-adolescent relationships and strong father-adolescent relationships as a reducer of peer influence.

When families are disrupted because of lack of income and housing concerns, adolescents are many times physically and emotionally neglected, and turn to substance abuse (Spooner, Hall, & Lynskey, 2001). Children who are living in a home with parents who are working two jobs, in a home with a parent in an abusive spousal relationship, in a home with a parent abusing substance abuse, or in a single parent home are said to be experiencing “environmental risk factors” (Chassin, Pitts, & Prost, 2002) and are more likely to turn to drinking as a stress reducer (Wills, Vaccaro, & McNamara, 1992). Adolescents experiencing environmental risk factors may also turn to substance abuse because the opportunity may be provided in an accepting climate (Hawkins, Catalano, & Miller, 1992). This was one of the findings in an eight-year longitudinal study of households with dependent children (Dupe're et al., 2008).

Educators have long recognized the value of good parenting skills as they apply to student performance (Fan & Chen, 1999). Schools have added parenting classes to high school curricula in the hope of breaking the cycle of poor parenting (Sasso & Williams, 2002). In one in-depth study, parenting types were identified and then examined as attributive factors in the late-adolescents' substance abuse, as well as academic achievement, adjustment, and personality (Weiss & Schwarz, 1996). Seven different parenting types were identified and described: authoritative, democratic, nondirective, authoritarian-directive, non authoritarian-directive, unengaged, and good enough. The results showed that supportive parenting was effective and produced the most positive outcomes; supportiveness was the common characteristic of three

parenting types, authoritative, nondirective, and democratic homes. Predictably, the extremes of a nondirective parent and an overly authoritarian home were both associated with negative outcomes, including poor academic achievement and increased substance use.

As a limitation of the Weiss & Schwarz study, parents were categorized generally, and consequently individual combinations of parenting styles could not be the focus. One study validated commonly held notions that having curfew and a good attitude toward parental and school restrictions were protective factors. The same Swedish study concluded that parents providing alcohol to their students were a strong predictor of subsequent heavy student alcohol use, a fact that most Americans would not think needed to be validated by research (Branstrom, Sjostrom, & Andreasso, 2007).

Lack of parental supervision is a significant factor in adolescent substance abuse (Barnes & Farrell, 1992). The importance of parental supervision has been underscored because of the problems that have arisen since the increase of latchkey kids, which has resulted from parents working outside the home, and from the increase of single parent households (Gray, 1987). The need for before and after school programs was born of the cultural shift away from the stay-at-home mom of previous generations (James, 1994), and also because of findings linking lack of supervision to deviant behaviors such as substance abuse (Barnes & Farrell, 1992). A study of parental awareness of youth use of alcohol, cigarettes, and marijuana combined data from five years, 2002-2006 (Substance Abuse and Mental Health Administration, 2008). Parents and their offspring were paired, meaning that they were asked the same questions, whether the child had used alcohol, marijuana, or cigarettes within the past year. A stipulation was that the pair needed to be living in the same household, whether a biological, adoptive, step,

or foster situation. The study found that substance use was higher in single parent homes; this is consistent with the environmental risk theory (Chassin et al., 2002).

Chassin (2002) identified environmental risk factors as family conflict, parental discipline (supervision), and parental support. These factors were then studied and identified as potential predictors of substance abuse (p.68). Of particular interest to educators was the subgroup identified as adolescents with conduct problems in and out of school who engaged in binge drinking and progressed quickly to the problematic stage of substance abuse.

In their classic study, Kandel et al. (1978) presented significant findings concerning parenting and the stages of drug use. A distinguishing feature of this study was that protective factors and risk factors of substance use were differentiated among three stages of use, which the researchers found progresses from hard liquor, to marijuana, and then to other illicit drugs. This was an early example of studies that tagged marijuana as a “gateway” drug. Parental influence was most evident surrounding the use of illicit drugs. Those adolescents who were closest to their parents also reported the least use of illicit drugs (this excluded marijuana). The study also confirmed the consequences of parental control as it pertained to their children’s friends, and unilateral parental decisions. A salient finding was that even if parents reported discouraging or forbidding the use of liquor by their children (68%), when parents reported personal use of alcohol, their children were more likely to use liquor themselves, again underscoring the importance of modeling proper behavior. Chassin (2002) explained this concept:

The drug behaviors of parents and peers are consistently more important than their drug-related beliefs and values as predictors of transition in adolescent drug use. This suggests that adolescent socialization may take place more through a modeling effect than through social reinforcement (p.36).

Contemporary studies have reached similar conclusions (Substance Abuse and Mental Health Services Administration, 2009). Children of alcoholics are more likely to drink as a stress reliever and because they associate with peers who use alcohol (Chassin et al.2002).

A study directed toward Hispanic youth and concerned with academic success (Reyes & Jason, 1993) cited strong parental support as a reason for academic success, and also as a protective factor against dropping out of school and at-risk involvement in gangs. Another study confirmed that family closeness and a strong connection to parents was important to avoid risky behaviors among Black, Hispanic, and Caucasian girls and boys (Borowsky, Ireland, & Resnick 2001).

Peer Involvement and Influence

Peer influence is powerful among adolescents. A common trait among middle school and high school students is the desire to be accepted by peers and to belong to peer groups. Studies have pointed to the peer influence factor as a key indicator of substance use or resistance (Bearden, Randall, & Jessee, 1994; Brandon et al., 2000; Dawkins, Williams, & Guilbault, 2006; Donohew et al., 1997; Heck & Voliter, 1998; Perkins, 1997).

A 1997 study at Iowa State University identified how young rural adolescents develop a prototype of substance abuse. The study confirmed that kids cared strongly about what other kids thought about them. Researchers identified the relative influence of three primary paths to early adolescent alcohol use. The three pathways were a path from parent to child drinking; a path from peer drinking to adolescent drinking; and an indirect path from negative parent relationship to affiliation with drinking peers. In a replicated study examining development of smoking prototypes adolescents identified with peers, and that association with peers was the strongest path to both drinking and smoking among adolescents (Blanton, Gibbons, Gerrard, Conger, &

Smith, 1997). This study contradicted other studies because it suggested that parents who modeled using substances could turn their adolescents against abuse, especially smoking.

Peer cluster theory attributed to Oetting and Beauvais (1987) supports what parents, grandparents, and educators have espoused for generations: those with whom you associate, influence you, either positively or negatively. In a study involving 415 eleventh and twelfth graders in a mid-sized Western town, Oetting and Beauvais found correlations between both alcohol and drug abuse with a person's association with peers. This study's path analysis identified socialization variables such as family strength, school adjustment, religious identification, and family sanctions as protective. An important aspect of this study was that it provided justification for prevention programs attempting to correct problems such as family disruption and inadequate school adjustment. Furthermore, this study diminished the value of conventional drug programs that emphasized teaching facts about drugs, abuse, and addiction (Oetting & Beauvais, 1987).

Peer influence can be moderated by many exogenous variables. In a study of predominantly black urban adolescents, family makeup and degree of distress were identified as factors affecting peer influence of adolescent drug use (Farrell & White, 1998). Rose (1999) identified exogenous variables such as importance of religion to the family, success in school as measured by grade point average, and number of family members with drug-related problems. Parental attitudes about alcohol use directly influenced student alcohol use. Rose (1999) and others have recognized that these exogenous variables influenced the degree of importance of peers to the individual, and in the case of low grade point average, predicted a choice of peers who were frequent users of alcohol.

In a longitudinal study by Donohew et al. (1997), sensation seeking was the focal behavior examined as a characteristic of peers who cluster in groups. Peers were also asked about positivity of their family relations, personal beliefs and opinions about marijuana and alcohol use, and perceptions of their friends' alcohol and marijuana use. The findings confirmed that sensation seeking was a factor in adolescent abuse of substances. An interesting and useful finding for parents and educators alike suggests there was a discrepancy between perception of friends' use and actual friends' use of alcohol and drugs. Findings raise concerns with adolescents' ability to accurately describe friends' drug use and how this variable influences one's own use. Perkins recognized and wrote about this subjective component among college students in 1997 and continued to study alcohol and drug abuse among college students. Perkins (1997) found that students confound an existing problem of substance abuse by overestimating the substance use of peers, and following an incorrect standard concerning peer expectation of substance abuse.

Another reality of substance abuse recognized that males are more likely to be abusers than females and more likely to have had a conduct disorder in school (Iowa Youth Survey, 2008, Wills, et al., 2004). Conduct disorder in school is a strong predictor of substance abuse (Disney, Elkins, McGue, & Iacono, 1999). In a related study of 126 Mexican American college students, two acculturation factors, namely global acculturation and ethnic identity, were associated with greater frequency of heavy alcohol use among the men in the study, but not with the women (Horton, Raffaelli, & Zamboanga, 2006). These data enjoin schools to recognize gender differences concerning physiological development, socialization, and successful teaching and counseling practices.

Academics, School, and Community

Substantial research effort described academic prowess and substance abuse as indirectly proportionate (Arthur, Brown, & Briney, 2006; Henry, Smith, & Caldwell, 2007). States and countries monitor the occurrence of behaviors that put children at risk for current and future health and social problems (Adeyemo, 2007; Bellis et al., 2007; Brandon et al., 2000; Branstrom et al., 2007; Chopra et al., 2008; Hayes, Smart, Toumbourou, & Sanson, 2004; Iowa Youth Risk and Behavior Survey, 2007; Rose, 1999). They then make recommendations to schools about how to remedy the situation through programs in the schools. After research involving 1500 ninth through twelfth graders, Mississippi recommended programs to promote academic achievement in concert with strategies to discourage at-risk behaviors and to encourage healthy lifestyles (Cox et al., 2007). An Australian study presented its findings: “Interventions to maintain or improve academic self-esteem in early adolescence may reduce risks for accelerating substance use in mid-adolescence” (Bergen et al., 2005, p.1569). Though substance abuse trends are higher for adolescents between ages 13 and 15, perceptions of maintaining or improving academic performance lowers risks for substance abuse (Bergen).

Another study (Henry et al., 2007) drew similar conclusions and recognized the reciprocal effect of academic achievement and resistance to substance abuse. Conducted in Pennsylvania, Promoting Alternative Thinking Strategies (PATHS) is an effort to increase student engagement (Henry, Smith, & Caldwell, 2007). Promoting neurological cognitive functioning and development as components of social-emotional prevention programs, empirical data have demonstrated the effectiveness of this program, when implemented in second and third grade classrooms. Since this is a period of high neurological cognitive development, the PATHS program has been proven successful in a number of trials of lower elementary students.

Improvements were seen in the students' ability to understand, to talk about, and to control their emotions. When begun with a group of first graders in the fall, data after six months showed decreased aggression and disruption in the classroom. Improving social-emotional wellbeing is the focus of the PATHS program because social-emotional wellbeing serves as a protective factor for substance abuse, while emotional and behavioral problems increase the likelihood (Riggs, Greenberg, Kusche, & Pentz 2006).

According to one study, a sense of belonging in school is a protective factor against drug use (Napoli et al., 2003). The definition for sense of belonging comes from Williams and Downing (1998), described as "having friends in class, having quality peer interactions, actively participating in class activities, obtaining good grades, and feeling like part of the class when the teacher is firm, active, interesting, and the material is meaningful" (p.1). Results were presented as predictions of the degree to which students used drugs. The correlations indicated that a stronger sense of belonging had a "resiliency effect" against drug use. The correlations also were used to predict a lower lifetime use of alcohol and cigarettes.

In a survey completed by 2,371 high school seniors in Michigan, greater participation in school and community activities was associated with lower reported alcohol and drug use. Participants in the study were part of a project first begun in 1974 to address student issues surrounding the topics of personal lifestyles and attitudes, ecology, and aspirations for higher education and work (Heck & Voliter, 1998). A recommendation from this study advocated school personnel, for example, counselors, be aware of the increased probability of substance abuse for those students who were isolated, and to find ways to involve the students in meaningful social activities with the goal of improving self esteem and decreasing substance abuse (1998).

In the interest of balanced budgets, many schools have cut extracurricular programs such as cheerleading, track, or science club, yet extra-curriculars are frequently the reason students stay in school (Thorlindsson & Bernburg, 2006). Extra-curricular activities promote responsibility, social skills, self-discipline, and task completion. In the 2007 National Survey on Drug Use and Health, (Substance Abuse and Mental Health Services Administration, 2007), adolescents from age 12 to 17 were questioned concerning their participation in a range of activities, categorized as community-based, church-based, and school-based. This included activities such as cheerleading, choir, band, team sports, volunteering, student government, prayer groups, youth trips, and faith-based groups and clubs. The more activities the youths were involved in during the past year, the lower the incidence of cigarette and illicit drug use over the past month (SAMHSA, 2007).

Youths from households with higher incomes also participated in more activities. Regardless of family income, however, those students who did not participate in any youth activities showed much higher rates of substance and cigarette use than those participating in four or more activities. This validates the practice of local school districts encouraging participation in out-of-classroom organized activities. Other studies have shown that when students are involved in extracurricular activities, they learn to take initiative, to set and to achieve goals, to control emotions, and they gain leadership skills (Hedstrom & Gould, 2004). In another study of participation in extracurricular activities, adolescents said that they gained in the areas of leadership, wisdom, and social intelligence (Steen, Kachorek, & Peterson, 2003), contra-indicators of substance abuse.

A survey sample of over 25,000 youths from the year 2000 focused on substance abuse activity and participation in team sports, and arrived at similar results. Use of illicit drugs,

cigarettes, or tobacco was lower than non-team sports participants, and the youths who were participating in team sports disapproved of their peers' substance use more than did nonparticipants. One substance, smokeless tobacco, was used at a higher rate per the team participants' reports, which could be attributed to the acceptance and use of smokeless tobacco among adults in certain team sports (Office of Applied Studies, 2001).

Dawkins et al. (2006) studied whether team sports participation was a risk or protective factor among Black and White adolescents. The results of the correlation analysis supported the view that involvement in team sports was a protective factor; greater protection is afforded to Black youths. There was a strong negative association between sports participation and marijuana and cigarette use with authors concluding, "The results show, that with few exceptions, the effect of participation in sports tends to persist as a protective factor after other variables are included in the analysis" (Dawkins et al., p.30).

A study of 808 ethnically diverse urban children found substance use began when the children were ten and continued until they were 21. Various predictors were measured at ages 10, 14, and 16. Changes in patterns for prediction were measured over time, and the authors reported, "Of these, strong bonding to school consistently predicted lower alcohol abuse and dependence at age 21" (Guo et al., 2007 p.2). This finding, along with the above studies citing extracurricular participation as protective, has significance for those working with adolescents in the school setting.

Over the last few years there has been an increased emphasis on the student deemed "at risk" (Cox et al., 2007; Galaif, Sussman, Chou, & Wills, 2003). With schools being held increasingly accountable for graduation rates (No Child Left Behind Act, 2001), high schools have instituted alternative high schools to assist students who are not successful in the traditional

setting (Miao & Haney, 2004). The student who is deemed “at-risk” for substance abuse is also at-risk for academic failure (Arthur et al., 2006). This trend for identifying the at-risk student must happen at an earlier age to better effect positive changes in the at-risk student because the earlier the age of onset of alcohol use, the greater the percentage who become dependent on alcohol (Grant & Dawson, 1997).

In a quantitative report authored by Brandon et al., (2000) “early antisocial behavior” was the category that defined the at-risk student and was identified as a major indicator for substance abuse. A strong correlation was found in this longitudinal study between substance use of the school peer group and standardized test scores. The longitudinal feature of studies supported the fact that use of substances was progressive (Bergen et al., 2005; Dietz, 2007), and the earlier the individual began to use, the greater the possibility for a serious addiction in the late teens and early twenties. Educators can use this information as pieces of a puzzle when dealing with younger aged children (Brandon et al., 2000). These findings also support the benefit of getting retrospective accounts of substance users in their late teens and early twenties.

An attempt was made to locate studies linking adult past experiences in school, and hearing former substance users’ perspectives of what transpired during their school substance abuse. None met these specific criteria of retrospective accounts of former substance users, although some studies shared some similarities with my research study. In Northern Finland, a study was begun in 1966 and was followed up 31 years later. The purpose of the study was to research the relationship between academic achievement in adulthood and drunk driving offenses (Riala et al., 2002). An association between low academic performance and drunk driving was found, with parental social class and single parent homes being confounding variables. A strength of this quantitative study was that the data were derived from official crime registers,

and thus were accurate and non-arbitrary, as they contained drunk driver statistics, not merely information gathered from interviewing or surveying subjects about their driving after drinking history. A pertinent conclusion in this study is that educators and health care providers should be more diligent when addressing the needs of students who are substance abusers, at-risk, or underperforming academically.

Individual Attitudes, Beliefs, and Behaviors

An annual study sponsored by the Substance Abuse and Mental Health Services Administration employed a survey to obtain information from 23,645 youth aged 12-17. The survey was used to compile information on many topics, one of which concerned religious beliefs and substance use among youths. The youths participating in the survey were asked about their frequency of attendance at religious services. They were also asked about the importance they placed on their religious faith and whether their religious convictions were a significant part of their decision making. Findings indicated youth with a high level of religiosity were less likely to have abused substances within the past month before the survey, than those youths who did not have strong religious convictions (Office of Applied Studies, 2003).

A correlation between delinquent behaviors and nonmedical stimulant use was found in a related study examining data from 45,405 youths aged 12 to 17 (Substance Abuse and Mental Health Services Administration, 2008). Young adults aged 12 to 17 who reported using stimulants within the past year were more likely to use other illicit substances than youths who did not use stimulants. Seventy percent of stimulant users reported using marijuana, compared to 12 percent of youths who did not use stimulants. In addition, major depressive episodes were more prevalent among stimulant-using youths (22.8%) than non-users (8.1%). Depressive episodes among the user group were much more significant.

Kandel (1978) studied longitudinal data on friendship formation, current friendships, and dissolutions among adolescents. Her results support the opinion that adolescents choose their friends to conform to their behaviors and beliefs, especially those behaviors considered deviant, such as marijuana use. This research used a panel sample of best-friend school dyads. Since two surveys were administered, it could be determined how many of the original 957 pairs named the same best friend at the time of the second survey, which were 688. The other 289 pairs named a different friend at the time of the second survey. Compelling results of this study suggested that prior similarity was used when adolescents choose their friends; this prior similarity should be taken into account when considering peer influence.

In an effort to simplify the many intrapersonal causes of emerging substance abuse, studies have identified and organized protective and predictive factors into three different categories, including social, cultural, and intrapersonal influences (Petraitis, Flay, & Miller, 1995). Intrapersonal influences deal with the individual. Broad categories include stability of personality, disposition and affective states, and behavioral skills. More specific categories include impaired cognitive functions, pharmacological sensitivity, being temperamental, aggressiveness, and impulsivity. Other predictor variables include having a risk-taking personality, being sociable and extraverted, low self-esteem, and depression and anxiety. Effortful control, another behavior variable, is a term used to describe the ability to inhibit a response (self-regulatory), and has been studied in adolescents and more recently in younger children (Kochanska, Murray, & Harlan, 2000).

Parallel Studies

Most studies dealing with substance abuse are longitudinal studies tracking some aspect of abuse and involving quantitative research methods. For example, Pope, Ionescu-Pioggia, and Pope (2001) looked at trends of substance abuse and the relationship to college lifestyles over a 30-year period. A 40-year longitudinal study identified childhood aggression in children who were 8 years old as a risk factor to problem drinking in adulthood (Dubow, Boxer, & Huesmann, 2008). A similar quantitative study followed fifth graders (age ten or eleven) for the next seven years and determined that early age of initiation was strongly related to increased levels of misuse at age 17 or 18 (Hawkins et al., 1997).

An example of a study from the perspective of the user dealt with female college students' perceptions about alcohol use as predictors for heavy use (Zamboanga, 2006). Another study used large-scale generalizable homeless data to identify predictors of abuse, and to influence prevention and treatment programs (Dietz, 2007). Harm reduction educators in New York sought the viewpoint of drug users involved in treatment because these educators strongly believe in participatory research (Ruefli & Rogers, 2004). Participatory research posits that those individuals who have a voice in the development and implementation of their treatment program are more successful than those who rely on the "perspective of the clinician and researcher" (Ruefli & Rogers, p.2). The researchers have gained some empirical evidence that could challenge the status quo of prevention programs.

Interviews of young people at The International Conference on the Reduction of Drug Related Harm provided information that was collected and analyzed. The resulting studies were examples of asking those directly involved in substance abuse for an assessment of existing drug programs and recommendations for improvement. The seven programs assessed by the young

persons (age was not stated) who experienced them were school-based prevention; communications, media/social order campaigns; faith-based programs; harm reduction; treatment; aftercare; and, supply reduction (Rosati, 2003). When searching existing research, this most closely resembles this present study of gaining the retrospective thoughts of former users on how they think the systems in place that discourage and reduce substance abuse can be improved.

The National Development and Research Institute has been involved in several studies that use quantitative surveys coupled with qualitative interviews to investigate various aspects of substance abuse program effectiveness for residents of treatment facilities, and also those who have been discharged. Effectiveness of programs over time have been evaluated. Questions dealt with reasons for beginning to use substances, type of illicit substance use, reasons for quitting, relapses, and strategies for success at quitting (Laudet, 2002).

Searches through EBSCO, HERDSA, and other websites failed to locate studies dealing with substance abusers' retrospective accounts of their growing up and school years. Therefore, this study can explore questions about what the substance abusers themselves have to say about the complex topic of their school experience and substance abuse. This qualitative work will study recalled information from the subjects concerning their school years; these data will be gained by retrospective accounts collected through interviews of the subjects as they report on past events. This information can move the study of substance abuse from the general to the specific, from the statistics of quantitative studies, to rich description of an individual's life while abusing substances as an adolescent.

Conclusion

This literature review has delineated many of the complexities of predictive factors and protective factors for substance abuse. The majority of the studies are quantitative studies. The qualitative retrospective accounts of former substance abusers can increase the depth of awareness of this complex phenomenon of substance abuse. In turn, this depth of awareness provided by the actual substance abusers has the potential to inform educators and rehabilitation center directors, as well as provide insightful reflection from the data analysis for the participants themselves. This awareness may assist families, schools, and agencies to recognize potential roadblocks as they work to teach the whole child, and strive to move every student toward self-actualization.

Chapter 3

METHODOLOGY

This research project was a qualitative study to gain insight into the phenomenon of substance abusers' school experiences. The grand tour question (Creswell, 2007) for this study was, "What were secondary school experiences of male recovering drug and alcohol abusers?" Quantitative studies, such as the ones delineated in this study's literature review, abound and inform us of drug use statistics and trends. However, the purpose of this study, namely, understanding the participants and hearing their stories, was consistent with a qualitative methodology.

This inquiry did not seek numerical answers; it was an attempt to recognize the residents of the treatment facility as whole persons with individual stories, not as subjects to be quantified. Increased self-awareness or reflexivity (Creswell, 2007, p.11) of the complex problem of substance abuse, as it interplays with a person's education experiences, was the intention in this study.

Creswell (2007) recommended that the researcher "use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes" (p.37). Qualitative research does not preclude the need nor diminish the importance of quantitative research, but enhances it. Ambert, Adler, Adler, and Detzner (1999) described qualitative research as a completion of the picture formed by quantitative work and state that "qualitative work should vividly color in the meanings, motivations, and details of what quantitative research can convey only in broader aggregates" (p.167). Palmer (1993) describes *wholesight* as the need to see

through both eyes, the mind's eye and the heart's eye. This is an apt metaphor of the equal importance of quantitative and qualitative research (Palmer, 1993).

Phenomenology

Understanding the lived experience (Van Manen, 1990), beyond the statistics of quantitative data drove my phenomenological approach in this research project. Understanding the phenomenon of substance abuse as experienced by the participants was the focus. Even though researchers have learned a great deal about substance abuse, my research can still “be used to gain novel and fresh slants on things about which quite a bit is already known” (Strauss and Corbin, 1990, p.19) through the voices of recovering substance abusers. The phenomenon itself, experienced in different ways, was the emphasis.

Phenomenology was an appropriate methodology to be used to complete this study to discover and to describe the meaning of the experiences of the participants surrounding substance abuse. Creswell explained that phenomenology

describes the meaning for several individuals of their lived experiences of a concept or a phenomenon. Phenomenologists focus on describing what all participants have in common as they experience a phenomenon...the inquirer then collects data from persons who have experienced the phenomenon, and develops a composite description of the essence of the experience for all of the individuals. (Creswell, 2007, p.57)

Phenomenologists collect data on a phenomenon and describe the participants' life world using the researcher's derived conceptions. As Van Manen (1990) explains, the researcher gains more experience for the phenomenologist. This phenomenological study has allowed me to observe the reality of substance abuse through the experiences of the subjects and to search interview data for relevant and meaningful information. This information was categorized by common

themes among the subjects used to describe the phenomenon of substance abuse (Fraenkel & Wallen, 2009). The purpose of this study was to find similarities of experience as they related to their experiences, particularly their school experiences.

Participants

Participants in the study were required to meet several general specifications. First, as Creswell (2007) stated, “The participants in the study must be individuals who have all experienced the phenomenon being explored and can articulate their lived experiences” (p.19). Participants had to be 18 years or older, and when I initially met with the dean of students and the director of the treatment facility, I requested an age range of between 18 and 25; I thought participants of this age should have better recall of their secondary experiences than older residents. The actual age range of the participants in the study ranged from 20 to 33. Participants were residents in an addiction recovery program. They needed to be willing to participate in three interviews and have voluntarily entered treatment. Participants could withdraw from the interviews at any time. Participant identity was protected with a pseudonym, and a signed Interview Consent Form approved by the Drake University Institutional Review Board (Appendix C) was required. Six adult male residents at an all male Midwest drug and alcohol treatment center were interviewed.

Each participant was interviewed three times (Seidman, 2006). The first was an introductory meeting to acquaint ourselves with each other, to explain the purpose of the study, to assign pseudonyms, and to assure that the Interview Consent Form was understood (Appendix D). Any questions that the participants had were answered at this time, and then the Interview Consent Form was signed. Six participants yielded enough information to complete an in-depth study and to guard against an over-saturation of the data. However, I was open to adding

participants to interview if during the process it became clear that it would be beneficial to the outcome of the study to do so. When making the argument for a smaller amount of interviews, Kvale stated:

A general impression from current interview studies is that many of them would have profited from having fewer interviews in the study, and from taking more time to prepare the interviews and to analyze them. Perhaps as a defensive overreaction, some qualitative interview studies appear to be designed on a quantitative presupposition—the more interviews, the more scientific. In contrast, the present approach emphasizes the quality rather than the quantity of the interviews. (Kvale, 1996, p.103)

The director of the treatment facility chose the interviewees. He served as the contact person who gave approval of the interviews, and served as the gatekeeper (Creswell, 2007). I assured participant anonymity, and the pseudonyms were used throughout the interview process and in the written findings. The director and the participants received a copy of the questions prior to the interviews. Upon visitation of the treatment facility to request verbal permission to conduct interviews the director granted permission for this study.

Interview Protocol

Responsive interviewing (Rubin & Rubin, 2005) was an appropriate approach to collect data for this study. Rubin and Rubin (2005) identified responsibilities of the interviewer when they said, “The model emphasizes that the interviewer and interviewee are both human beings, not recording machines, and that they form a relationship during the interview that generates ethical obligations for the interviewer” (p.30). My style has always been non-confrontational, described by Rubin and Rubin (2005) as “encouraging others to talk while minimizing their own involvement. They keep their opinions to themselves, not challenging...” (p.31). Because this

qualitative study focused on the interviewees and their experiences, each individual shared a unique account of his particular school circumstances. Participant opinions about how schools can assist students to avoid substance abuse were collected.

Strauss and Corbin (1990) identified the researcher traits needed for effective qualitative research. They stated, “A qualitative researcher requires theoretical and social sensitivity, the ability to maintain analytical distance while at the same time drawing upon past experience and theoretical knowledge to interpret what is seen, astute powers of observation, and good interaction skills” (Strauss and Corbin, p.18). In other words, the integrity of the study results depended on the interviewer’s strong interpersonal, organizational, and analytical abilities. The information sought in this study was solicited through the use of the skills delineated above.

The purpose of my study was to understand how the participants experienced their school years and substance abuse. Polkinghorne (2005) stated, “Qualitative data in their oral form are a product of the interaction between participant and researcher” (p.138). Polkinghorne further indicated that the interviewer must possess integrity in order to obtain an account that is the participant’s description, instead of one matching the interviewer’s expectations (p.143). Another study objective was to achieve a depth of understanding through each participant’s account (Rubin & Rubin, 2005). As Polkinghorne (2005) described, experience has a “vertical depth,” and “the data gathered for study of experience need to consist of first-person or self-reports of participants’ own experiences” (p. 138).

This research study broadly fit the description of a narrative, in that a “narrative is understood as a spoken or written text giving an account of an event/action or series of events/actions, chronologically connected” (Czarniawska, 2004, p. 17). Creswell’s description of a narrative is when, “We let the voices of our participants speak and carry the story through

dialogue” (Creswell, 2007, p. 43). Even though the narrative approach was used to capture the individual lived experiences of the interviewees, the individual experiences of the interviewees are not emphasized in phenomenology. Instead, the phenomenon itself, experienced in different ways, is the emphasis.

Putting the participant at ease, building trust, and listening very purposefully were all needed behaviors for this study. Rubin and Rubin (2005) emphasized the importance of the interviewer when he stated, “The researchers themselves become the data-gathering instrument whose skills in listening, observing, and understanding are crucial” (p.21). Kvale (1996) cautioned that, “The interviewee’s statements are not collected—they are co-authored by the interviewer” (p.183). To insure that the participants were at ease and comfortable, I chose not to record the first interview. I believed it was important to explain the process to the participants during the first meeting, so that the participants understood the reason for the recording process.

It was important to guard against preconceived notions or biases that I might have conveyed to the participant and thus affected the interviewee. Phenomenologists use the term “bracketing” to mean the researchers’ removal of their personal interpretations or concept meanings from the interview process (Groenewald, 2004). Since there have been so many studies generating information about all aspects of substance abuse, this becomes a difficult task. Creswell (2007) emphasized guarding against researcher bias as a means to verify the outcome of qualitative studies:

In the entire qualitative research process, the researchers keep a focus on learning the meaning that the participants hold about the problem or issue not the meaning that the researchers bring to the research or writers from the literature. (p.39)

The interview protocol was open-ended, as described by Bogdan and Biklen (2007) as when the researcher “encourages the subject to talk in the area of interest and then probes more deeply, picking up on the topics and issues the respondent initiates” (p.104). However, it was my responsibility as the interviewer to maintain structure in the interview and to stop digression by the interviewee through redirecting politely to the intended topics. Even though the questions drove the interviews, each interview developed in a unique way, driven by the interviewer’s replies. Ambert et al. (1995) described this approach, “such qualitative researchers may prefer not to be committed in advance to developing the theoretical implications of their work in any particular direction; they believe this should flow from the emergent data” (p.166). This is the essence of inductive research. Emerging data drove the direction of the interview, with the respondents’ information acting as the catalyst for further discussion.

The focus of the interviews was on guiding the interviews so that more information on school experiences related to substance abuse could be uncovered. This approach, though purposeful, was still consistent with a qualitative approach of attempting to gain an understanding, and described by Krefting (1999) as “an approach that emphasizes the uniqueness of the situation” (p.175).

Sound recording ensured accuracy and completeness of the data collection. Interviews were recorded and completely transcribed by a reliable transcriptionist. I listened to each interview within a day of the interview, and made a second copy of the recording as a backup. Recording meant that every word spoken could be preserved and used during data analysis, for meaningful description and transferability. Sound recording freed me as the researcher to devote attention to fully listening to the subject and to make observations of body language and reactions. I was also free to jot down reflective and descriptive field notes of the interview. Two

recording devices both digital recorders, were employed as a precaution to ensure that the data were recorded.

In addition to the interview transcripts, data were triangulated by collecting reflective field notes, and observational data. Field notes were used to enhance the meaning of the interviews; by recording my personal observations, I gained more insight and understanding of the interview. Bogdan and Biklen (2007) described field notes saying, “Field notes contain sentences and paragraphs that reflect a more personal account of the course of the inquiry. Here you record the more subjective side of your journey” (p.122). Observational data were written during and immediately following the interview, as I recorded body language, physical attire, and the interviewee’s reactions. This information increased the meaning of the oral accounts. To ensure the best recall, completion in writing of observational data occurred immediately after the interview was finished.

The requisite human subjects compliance training was completed. Written approval to conduct the research study was received from Drake Institutional Review Board (IRB). Written approval on an informed consent form (Appendix C) was obtained from all participants before the data collection process was begun.

Instrumentation

Interview questions fell under four general categories: family; school; peers; and attitudes, behaviors and beliefs. Through some of the questions, the respondents were asked to relate the various categories to their experiences in school. Furthermore, questions were formulated to contain research-identified protective and predictive factors for drug and alcohol use that might have been imbedded in these particular aspects of the respondents’ lives. All interview questions were designed to generate more information about the overarching question,

“What were secondary school experiences of recovering male drug and alcohol abusers?” (Anfara, Brown, & Mangione, 2002). The same general set of questions was used for all participants (Appendix A). The questions were developed “so as not to restrict or predetermine the responses but at the same time cover the research concerns” (Rubin & Rubin, 2005, p.135). Questions were cross-referenced to the research questions (Table 1) and formulated to solicit a better understanding of the phenomenon, as Anfara et al. (2002) said, “Researchers should form interview questions on the basis of what truly needs to be known” (p.30).

Questioning techniques can assist the researcher to achieve positive results during the interviews. Formulating the interview questions in advance assured that all parts of the research problem were addressed; planning ahead of time assured that as the interviewer, I was thoroughly versed on the interview questions and what needed to be learned. This guarded against “getting carried away with interviews that go everywhere and nowhere” (Van Manen, 1990, p.67). One strategy that the interviewer may use to manage the interview is what Rubin and Rubin (2005) call probes, used to keep the interview on topic. In this study, probes were used to narrow the focus to the story that happened related to school.

The overarching question for this study was related to the interview questions. Anfara et al. (2002) presented a format that displayed the relation between research questions and the interview questions. Appendix B uses this format to depict this study’s overarching or grand tour question in relation to the study’s interview questions. This illustrates how the grand tour question was addressed through various interview questions during the interview process.

Kvale (1996) stressed the importance of follow up inquiry for a quality interview. He described interpreting as when the interviewer “manages throughout the interview to clarify and extend the meanings of the interviewee’s statements, provides interpretations of what is said,

which may then be disconfirmed or confirmed by the interviewee (Kvale, 1996, p.149). Therefore, during the interview it was my responsibility as the questioner to listen to subjects introduced by the participants and to ask follow-up questions that were precipitated by the respondents' answers. These follow-up interview questions assisted me with gaining more information concerning the research questions. Another responsibility of mine as the interviewer was to make sure that my interpretations of what the participant was relaying were correct. Consequently, this was done throughout the interview process.

For the interview process, each participant was interviewed three times. The first meeting served as an "ice breaker" to put the participant at ease (Appendix D). The second and third meetings allowed the participants ample time to explore and reflect upon the topic of school experiences of substance abusers. From past experience I estimated the interviews to fall within a range of between 45 minutes and one hour with time varying because of the unique personalities and communication styles of the interviewees. The interviews were conducted at the treatment facility, the natural setting for the participants.

Data Analysis

The aim of data analysis in this study was to capture the voices and meanings of those interviewed. Bogdan and Biklen (2007) wrote,

In their search for understanding, qualitative researchers do not reduce the pages upon pages of narration and other data to numerical symbols. They try to analyze the data with all of their richness as closely as possible to the form in which they were recorded or transcribed. (Bogdan & Biklen, 2007, p.5)

Furthermore, the analysis was inductive, meaning as the data were grouped, meaning emerged. Bogdan and Biklen said, "You are constructing a picture that takes shape as you collect

and examine the parts” (p.6). By carefully categorizing the information (Creswell, 2007), I was able to watch themes emerge from the third iteration of data that I examined (Table 2). I had first identified significant statements (Appendix E), and then examined the information and reduced it further into a spreadsheet (Appendix F).

Validity, meaning that my findings as a researcher were accurate, was demonstrated by using purposeful strategies during the collection and analysis phase of my project. Member checking and reflexivity throughout the process were two ways that I ensured authenticity, or validity. Member checking involved the participant in the collection and analysis process. Reflexivity means that I consciously tried to understand my biases and how they might impact the study. A third way that I demonstrated validity was through multiple interviews with each participant. I planned on three interviews with each of the six participants. Conducting more than one interview generated more accurate data from the participants. Polkinghorne (2005) made a strong argument for multiple interviews when he stated,

In order to obtain interview data of sufficient quality to produce worthwhile findings, researchers need to engage with participants in more than a one-shot, 1-hour session; they need to attend to establishing a trusting, open relationship with the participant and to focus on the meaning for the participants’ life experiences rather than on the accuracy of his or her recall. (p.142)

The analysis of data for a phenomenology shares some similarities with the open coding method of Strauss and Corbin (1990). This is because both of these methods involve examining data for key themes and then funneling information into a list of significant statements. In this phenomenological study, data analysis began with careful reading of the transcripts, making notes, and arriving at a collection of a broad pool of important narrative information. In this first

collection were all statements about how the participant experienced the phenomenon of secondary school experiences. This first collection was a horizontalization (Moustakis, 1994), or a list of the statements and at this point all statements were considered to have equal worth (Appendix D). Groenewald (2004) described this procedure as delineating units of meaning.

At this point in the process, it was time to consider the large thoughts present in the data, while at the same time to begin categorizing the information (Creswell, 2007). After a list of significant statements (meaning they answer the research questions) from each participant was constructed, any redundant meanings were removed. This is a very crucial phase for a researcher, as described by Groenewald (2004), “The researcher must again bracket her or his presuppositions in order to remain true to the phenomenon” (p.19). Again the significant statements were examined, and I looked to identify categories, and then to compare them to the ones that I had identified. Next the themes were broken down into “what” the subjects experienced; this is known as textural description (Creswell, 2007). An example of textural description is a verbatim account of an experience.

Structural descriptions were also considered. A structural description is a description of how the experience happened, and describes setting and context (Creswell, p.159). Examples of structural description are the various sites around a high school where student smoking occurred.

After units of meaning, textural descriptions, and structural descriptions were identified, I began looking for the common themes. Groenewald (2004) gave excellent advice about hearing every participant voice when he cautioned, “Care must be taken not to cluster common themes if significant differences exist. The unique or minority voices are important counterpoints to bring out regarding the phenomenon researched” (p.21). The last step was to describe the essence, which captured the what and how of the school experience phenomenon of the individual

participants, how (and if) it was affected by substance abuse, and how this information can drive substance abuse prevention in school.

This data analysis was inductive because emergent themes were constructed and because meaning began with the data. Creswell described this as working “from the bottom-up, by organizing the data into increasingly more abstract units of information. This inductive process involves researchers working back and forth between the themes and the database until they establish a comprehensive set of themes” (p.38-39).

Trustworthiness of the Research Design

I achieved interpretive validity by verifying with the respondent that my data recordings were correct, and that the written summary accurately portrayed in print what the respondent intended to convey with his words. Johnson (1997) described it:

Interpretive validity refers to accurately portraying the *meaning* attached by participants to what is being studied by the researcher. More specifically, it refers to the degree to which the research participants’ viewpoints, thoughts, feelings, intentions, and experiences are accurately understood by the qualitative researcher and portrayed in the research report.” (p.162)

Member checks were used to clarify and verify the participants’ words during the interview questioning process. In addition, each participant was given a copy of the transcribed interview and was asked to verify that the data were accurate (Krefting, 1999). They were also able to read the final explication of the data, so they could agree or disagree with my textural and structural synthesis.

Conclusion

This chapter outlined my research methodology, including responsive interviewing, bracketing, data triangulation, systematic inductive data analysis and member checking. These strategies improved the overall quality of my research project, and ensured confirmability, dependability, transferability, and credibility (Anfara et al., 2002).

The many drug studies surrounding predictors, protective factors, and antecedents can be confusing and produce more questions about the causes of drug abuse. Clearly, there are not simple answers to the questions generated by substance abuse. Donohew et al. (1997) acknowledged more than one etiological pathway to alcohol and drug use, and proposed that social factors along with individual factors “mutually influence” each other (p.623). Newcomb et al. (1996) offered the definitive answer:

Conceptually, the findings support a multiple pathway model of drug use, where several different factors may lead to the same result of substance use and abuse. In other words, there is not one particular and specific reason that accounts for all types of drug use and is applicable to all types of drug abusers. (Newcomb et al., 1996, p.529).

This fact of multiple pathways was indeed apparent in the responses of the six participants in this study. Certainly each interviewee told a different story of his particular school and substance abuse experiences. It was anticipated that some clear commonalities would emerge from among the respondents, and that was the case; however, some contradictions to traditional beliefs on the subject of substance abuse also emerged.

Chapter 4

FINDINGS

This qualitative study has afforded me the opportunity to gain increased understanding of an aspect of education that is of particular interest to me, that is, the secondary school experiences of recovering male substance abusers. With an interest in knowing more about how to assist at-risk students, both those who are identified, and others who may not be identified, I am motivated to help them succeed in school. Therefore, I have gained an increased understanding of the secondary school experiences of students, in this case the particular experiences of a group of former male substance abusers recalling their school years. This undertaking has been labor intensive and has involved a very disciplined set of procedures.

First, the topic of substance abuse, especially pertaining to education, was thoroughly researched. This literature review reinforced what I already surmised, but also clarified and outlined the many factors involving substance abuse. Most of the studies that have been conducted have been quantitative, supplying unlimited information about percentages of usage in various categories. Even though these quantitative studies are essential, I found myself interested in a deeper understanding of the individual human nature of the problem of substance abuse, not as a problem to be solved, but “as a question of meaning to be inquired into” (Van Manen, 1990, p.24).

Various possible methodologies for completing the study were examined and considered, before a phenomenological study was begun. Listening to the secondary school experiences of substance abusers, with the unique meaning each one attached to their lived experiences, was accomplished through my phenomenological study. This study, along with affording me the opportunity to increase my awareness about a particular area of interest, has also been the vehicle

for other professional growth, since it has required self-motivation, persistence, and long-term commitment.

Many of the secondary students who perform below their academic potential, or drop out of school, are abusing substances (Dewey, 1999). From this fact my research question was developed, “What are the secondary school experiences of male former substance abusers?” Six recovering young adult males were interviewed, relating their experiences during their secondary school years. Just as in real life, the story of their secondary school years was interwoven with other categories of their life experiences. The goal was to understand the phenomenon of secondary school experiences of former substance abusers through their own accounts and viewpoints of what occurred. I also wanted to better understand the progressive nature of substance abuse and the different stages of use and abuse that most people go through on the road to addiction. Through the data analysis process, I identified 20 textural and structural description statements, from which I identified seven emergent themes.

Participant Interview Process

I had long anticipated the participant interview process and it did not disappoint me. Contact with the participants began on Friday, April 20, 2012, with the Introductory Interviews. It was clear from the beginning that the participants were eager and forthcoming, willing to share their stories, and proud of their journey to sobriety. I had reminded myself that the initial meeting with each participant was very important. I made a point to convey to each participant that I was non-judgmental, and I gave them examples, from my own life, of family members who had struggled with substance abuse. Listening carefully to their stories, I took observational notes on their body language and the emotions they displayed. I also wrote my own reactions to each participant meeting. I decided not to record the first interview. I understood that it was more

important to work on building a relationship with each participant by having a pleasant conversation without being recorded; during the first interview I was able to explain the recording process I would use for subsequent interviews and to make sure that the participants were comfortable with the process.

To make initial contact with the participants I had conversations both by telephone and in person with two gatekeepers. I began by talking to the dean of students, but then spoke to the director of the facility who became my primary contact person and the sole gatekeeper. When they heard my need to interview residents for my research study both were amenable to my request. It was important for me to state the purpose of my study and how the interviews would be designed. The interview questions (Appendix A) and Interview Consent Form (Appendix C) were first shared with the director of the facility, who then chose the participants. After listening to the intent of my study, he suggested that he would choose a purposeful group of residents from diverse backgrounds, and I agreed. I gave him a list of my chosen pseudonyms, and the order in which I wished the pseudonyms to be used: 1. Eddie, 2. Charles, 3. Paul, 4. Dave, 5. Larry, and, 6. Joe. I used both pseudonyms and numbers to help organize the information, and it proved to be an effective method. Table 1. provides an overview of the interview participants.

Table 1.*Description of Participants in Recovery*

Participants	Age	Education	Treatment Time	Interests
Eddie	33	GED	5 months	Cabinet Making, building, ministry
Charles	31	GED	10 yrs. ago for 11 months; now 2 nd Time	See children more; depends on God
Paul	28	Graduated HS	7 months	Global missions
Dave	20	Graduated HS	2 ½ months	Fire fighting
Larry	22	Graduated from Alternative HS (age 19)	6 months	Carpentry; liberal arts; get a house; take care of son
Joe	31	Graduated HS	2 nd time	Wants to be history teacher

I had initially spoken to the gatekeepers at the facility over a year before my research proposal was approved. I had kept in contact with them by e-mail during those ensuing months, assuring them that when I received approval, they would be notified. Consequently, the director of the facility appeared as eager as I was to finally begin the interview process.

Since the residents live and work at the treatment facility, I had easy access to the study participants, even on weekends. The director requested that we conduct the interviews when the residents did not have to miss classes or planned presentations, so he set the interview times. Because of our prior preparations the introductory interviews were begun the day after Institutional Review Board (IRB) approval. I was eager to begin the interview process, and curious about what the interviews would reveal.

I explained that I would be conducting three interviews, an initial one for introductions, to answer any questions that the participants might have, and primarily to put the participants at ease. I composed a format for the first interview, to assure the first interview was consistent and complete, calling it the Introductory Session Script Format (Appendix D). The second interview served as the core interview, with most of the questions being addressed at that meeting. A third follow up interview was to give the participants a chance to add information after they had time to reflect.

All six participants were between the ages of 20 and 33. I wrote in my field notes that five of them appeared vibrant and healthy, an appearance that I did not expect, given their history. Some were in treatment for the first time, while others had gone through unsuccessful treatment, not necessarily in the same facility. They came from large towns and small towns. One was expelled in seventh grade. Another was a high school dropout. Three had graduated from high school and one attended an alternative high school. The two who failed to graduate eventually received their GED.

On occasions when I had personally visited the facility to meet with the gatekeepers, I noticed everyone was very friendly and helpful. Since residents live a very austere life with little or no contact with the outside world, they enthusiastically welcomed me as a visitor. For

example, during one of the interviews I referenced a newspaper article, and the participant told me that residents in treatment were not allowed to read newspapers. This same outgoing friendliness was exhibited in each of the six interviews, within the context of the different personalities. The friendliness continued after the formal interview process was complete. As I visited the center to present transcripts to the participants for approval, I was always greeted with a welcoming attitude. As I exchanged greetings, I addressed participants by their pseudonym. Under the conditions of having a “chance” meeting in the halls or vestibule, they laughed and smiled at the protocol when I addressed them using their pseudonyms.

The second and third interviews were recorded on two digital recorders, as a precaution against technology malfunction. I also wrote a few personal reflections and observations during the process, but the stories shared by the participants were so compelling that I found myself transfixed at times, wanting to give the interviewees my complete attention, instead of adhering to my planned protocol of taking notes. However, as soon as the interviews were over, before leaving the parking lot of the treatment center, I logged my observations. Throughout the course of the study, I made sure to clarify the intended meaning of the participants’ statements, and conducted member checks with the interviewees, ensuring accuracy of the findings of the report.

Participants were comfortable in their familiar facility, a beautiful, and serene pastoral setting, which I addressed in my field notes as the ideal surrounding for reflection and seeking healing from worldly pain. As each participant arrived for the interview, he provided insight into life at the treatment center. One resident came from the kitchen where he was making stuffed pork loin for the night’s dinner. Another came sprinkled with sawdust because he was running a wood chip machine. Still another was doing house repairs. Clearly, fostering self-sufficiency and work ethic were components of the recovery plan.

Each participant was very willing to discuss his individual experiences. They had seen the interview questions and were familiar with the topics, but seemed to speak from the heart. As we worked through the various topics, family life; secondary school experiences; peers; and attitudes, beliefs, and behaviors, participants were able to very clearly and succinctly describe their salient experiences. I believe that the skill with which they responded and related to both the planned questions and the follow up questions was a manifestation of time and effort each had spent soul searching and reflecting on particular circumstances. The director of the facility, as “gatekeeper,” described the process, “It is part of the healing process for the residents to reflect on the past, good and bad, so that they are able to forgive themselves, and others. Forgiveness is necessary for true healing.” As Van Manen (1990) described it, they had spent time “to construct a possible interpretation of the nature of a certain human experience (p.41).

It was also evident from our conversation that they took responsibility for their actions. They spoke in a matter of fact manner about their varied mistakes. Joe described one incident

I stole a guy’s car. I was in a blackout. I stole a guy’s car, flipped end over end. I mean it was one weird story. I remember waking up on the highway. I didn’t even know I was driving. I looked and it said 90 miles per hour and my hands were on the wheel. This guy’s dog was hanging. A little Chihuahua was hanging off my arm while I’m driving...cuz I took this guy’s vehicle.

Although they took responsibility it did not preclude reliving past experiences and gaining some understanding as to why they acted as they did. Eddie explained circumstances that contributed to his poor school record.

Ah, my mother wasn’t really like, I’m not a competitive person. My mom wasn’t a competitive person, it was almost like, ah, lazy. My mom took naps during the

day and I think that had a lot to do with the drugs (his mother used drugs) too, but it wasn't competitive. I don't remember wanting to impress my mom with my school work as opposed to some children wanted to say, "my father wanted to see my report card or not, therefore I worked hard at school and therefore had ambition." I didn't have that so I didn't really care. I didn't take school seriously.

Speaking retrospectively about their behaviors and experiences was not difficult for them; it was part of their recovery process, to forgive themselves and others, and to recognize the sequence of events to addiction, as a healing mechanism and a protection from further abuse.

Participants were positive about the study, and at the initial meeting they expressed satisfaction as I described the interview process. Several of the participants told me they appreciated that I was talking to them and was soliciting their thoughts and suggestions, affirming with such phrases as, "This is neat," or "It's cool that you're doing this." During the initial visit, I elicited smiles when I explained that they were going to give their accounts, and I was seeking their opinions. On the follow-up third visit, many expressed satisfaction at having their opinions sought out. This wasn't the usual routine; instead, in our culture the norm is for experts to diagnose and to prescribe. They thanked me for the opportunity to share, and expressed interest in the final product, my dissertation.

During the third interview, participants had a chance for further reflections, but little new information was added. I think this was due, in large part, to the interviewees answering the questions asked in a complete but succinct manner during Interview two. In addition, I was reminded of the soldier traumatized during battle who avoids talking about war experiences. In fact, one participant remarked that a positive of the treatment center was that they were moving forward and didn't have to talk about or dwell on the past. Before leaving the third interview I let

each participant know that I would be bringing him a copy of the interview transcript to approve. The final conversation I had before finishing with the participants was to congratulate them on their progress and to wish them the best. After hearing such poignant and at times heart wrenching accounts, I was not critical of their behavior; rather, I was humbled and saddened by the emotional trauma they had suffered and the obstacles they were charged with overcoming. I was reassured that each had found true peace, at least for a while. They had also found an empathic and supportive group of peers. One of the interviewees, Charles, expressed how he felt about being at the treatment center, and the peer group at the center to which he belonged, who could relate to each other, “ I have more here in this place than I ever had in my whole life, because they truly care. It’s hard, you just can’t tell something, you can only feel it.”

The interviews with the six recovering substance abusers have re-focused my thinking on the critical importance of the work of assisting at-risk students. Educators must remember that the path a child embarks upon and perhaps a very life could depend on decisions and interactions of adults working in schools.

Findings of my research of recovering substance abusers retrospectively discussing their school experiences produced seven themes. These themes capture the interrelatedness among the four categories of questioning, (a) family life, (b) school experiences, (c) peers, and (d) attitudes, behaviors and beliefs. A comprehensive list of significant statements of the interviewees is found in Appendix E. These statements were compiled under the categories of Family Life Growing Up; School Experiences; Post Secondary Experiences; Peers; and, Attitudes, Beliefs, and Behaviors. The next iteration involved identifying recurring regularities in the statements, but recognizing differences. For instance, I was able to code that three of the six interviewees participated in organized sports activities in high school, while three did not. This further coding

of the significant statements into sub categories can be found in Appendix F. The third iteration of coding is shown below in Figure 1. As the statements were categorized under the question categories, common themes emerged.

Figure 1. Third Iteration Coding Results



Below are the resultant seven themes that emerged:

1. Importance of positive parental, sibling, and child relationships on child wellbeing
2. Impact of parental practices on the development of the child academically and emotionally
3. Importance of peer influence and peer relationships on student behavior
4. Human need for connectedness and purpose
5. Relationship between participation in extra curricular activities and school success

6. Link between student-school relationships, school success, and avoidance of substance abuse
7. Initiation and progression of substance abuse

It should be noted that the theme of student substance abuse during secondary school was not a foregone conclusion before the qualitative interview process. This is because even though I interviewed former substance abusers, I did not assume that the participants began using during secondary school years; two of the participants did not begin until after completing high school. The findings of this study within the framework of each of these seven themes will now be discussed. These themes are areas that have all been exhaustively studied in research, primarily quantitative, but the purpose of this study was to hear the voices of substance abusers describing their secondary school experiences, and to focus on the subjective meaning of the experience of each individual interviewed.

Importance of Positive Parental, Sibling, and Child Relationships on Child Wellbeing

Each interview began by asking the participant to discuss his family life. Makeup of the family was shared, and then a description of the relationship began. Although some participants were more forthcoming than others during the interview process, all spoke very openly and knowledgeably about their family experience. It was as if each one had spent a lot of time reflecting on these experiences. The interviewees introduced painful memories of their family life into their narrative. I inferred that they had worked through the difficult aspects of their family relationships during therapy and counseling sessions and during the classes they have attended while in treatment. Later that assumption was verified by the gatekeeper, who described the treatment program for me.

Eddie, the first interviewee, shared that his dad left shortly after he was born, so Eddie never knew his dad or had a relationship with him while growing up. His mom had a boyfriend whom Eddie called a “horrible person.” This boyfriend was abusive, and Eddie described it, “I remember he was always intoxicated with something, not just alcohol, some other drugs, but alcohol would make him the meanest”. Eddie did not consider him a father figure, saying, “I could tell he didn’t like me and I didn’t really like him very much either”. The boyfriend was in the country illegally, and made money by selling drugs. Eventually Eddie’s mom started using drugs.

Eddie’s relationship with his sister was extremely close and important to him. He described it,

My sister, so we were 16 years apart and she was like the joy of my life. When my mom had her he wasn’t around, the boyfriend, so I went with her to the hospital. I cut the cord. You know, I never had any brothers and sisters so this was important to me. I was old enough that sibling rivalry, we didn’t have that because she was a baby and I was already a teenager. So we were really close and her dad wasn’t around and she grew up and I was there with her.

Eddie stated that while he was growing up the only two people in the world whom he loved were his mom and his sister. When at sixteen he discovered that his mom was a drug user, he believes that is what propelled him into use. “So my mind was like, if my mom’s doing it, the one person in life besides my sister that I love, then it would be o.k. for me to dabble in it.” Eddie’s thought process supports the finding by the Iowa Youth Survey that modeling of proper behavior is more important than a parent telling the child that a behavior is wrong (Iowa Youth Survey 2008).

Charles was the other interviewee who grew up with no father in the home. His mother was living in a drug house when he was born, and he was raised there, with a mother who was actively using drugs, and with a variety, according to him, of “boyfriends and stepdads.”

Charles spoke of a brother who was two years older, “older brother that kinda took care of me, a couple of years older. He did what he could, you know...make sure I had something to eat.” Charles spoke of his grandparents, “I did have a very good grandpa and grandma but I had an aunt that passed away so they took care of her kids.” Even though Charles lived in the same town as his grandparents he did not see his grandparents often, “so when I could be in their lives I would be, but otherwise, he was a big builder in (town of 300,000), so he didn’t, very busy man.” The above explanation served as his account of why his grandparents didn’t have much time for him. Even though Charles voiced that his grandparents had legitimate reasons for not being able to play a bigger part in his life, it was another case of Charles not getting needed attention from any adults in his personal life.

Charles began using at a very young, pre-adolescent age, and he described that he would see drugs on his mom’s dresser, and take them because he saw his mom take them. Then Charles began using more regularly, around sixth or seventh grade.

Both Charles and Eddie spoke of a sibling with whom they were extremely close. Later every participant mentioned their siblings as they described their family lives. The importance of close sibling relationships, and also the significance when participants drifted away from siblings emerged during most of the interviews.

Paul began his description of his family life by stating, “My mom is a good woman, I thought my whole life. My dad was an alcoholic. I had one older sister; she was five years older than I am. We had a close relationship.”

Paul's description of his father illustrated how complex family relationships can be. He described his dad as an alcoholic, yet he shared that his dad made time for his sister and him. However, he also disclosed that when his dad would sit down to do homework with him, he would "be drunk and lose his patience," so Paul learned to tell his dad he understood concepts because he was trying to avoid his dad's anger.

Paul understood his parents as a whole cared about him, even if his dad drank too much and lost his temper with him. Because Paul was born deaf, his parents tried very hard to get the military to transfer his dad to Germany, because that was where the best medical treatment for his hearing impairment was located.

Dave spoke of his parents being very involved and strict, but never abusive. He spoke in positive terms about his mother and related different experiences growing up; it was not until the end of the interview when he said, "I was always close to my mom but never felt like I was close to my dad."

Joe was another interviewee who spoke in very positive terms of his growing up years; however, he also described some extreme father-son dynamics. He described his younger years as "innocent." Since Joe's father was a coach, sports were a primary topic and activity while Joe was growing up.

Larry's father was abusive, and his mother ended up divorcing him when Larry and his twin brother were in 7th grade. Then Larry was traumatized again when a stepfather whom Larry respected and cared about died after a battle with cancer. Larry was in 9th grade at the time. Larry's self concept was related to his twin brother. He stated that his brother was older by a few minutes, and was the boss. He also talked about his brother being an athlete and participating in school, while Larry did not participate in organized sports. It became evident that Larry didn't

think he measured up to his brother, when he stated, “I felt like he (twin brother) achieved more, so I was kind of like, screw it, why even try it.”

To summarize the theme of parent/sibling/child relationships, all six participants experienced some sort of dysfunction in their relationship with their dads, although there was a wide range of degree of dysfunction. Two participants possessed a strong close bond with neither father nor mother, while the other four described a close bond with at least one parent, usually the mother. When considering the research on the importance of strong relationships with family members (Farrell and White 1998) that emphasized the importance of strong mother-adolescent relationships and strong father adolescent relationships to reduce peer influence, it is understandable why most of these six participants sought acceptance among their peers, and from teachers at school.

Impact of Parental Practices on Development of the Child, Academically and Socially

During these interviews, the participants described a variety of flawed parenting practices. The practices will be discussed under three categories: low supervision, lack of follow through, and over controlling parenting.

Lack of supervision and low supervision

Charles and Eddie, both experienced extreme lack of parental supervision. Charles spoke of his home life, saying, a “normal household, we didn’t have, I don’t know what normal was like to have. No bedtime...we just kinda lived...basically mom had a kid and let the kid grow up on his own while she did her thing.” Eddie described his mom as either being in her room or at work. In describing his drug use he theorized, “My mom took naps during the day and I think that had a lot to do with the drugs.” Eddie and Charles also suffered the most severe academic failure, substantiating studies of the importance of parental involvement and its relationship to

academic success (Baker & Soden, 1997; Fan, Xitao, & Chen, 1999). Charles and Eddie also lived in a home with a mother abusing substances, abuse, and no father, several of the environmental risk factors that make an individual more likely to turn to drinking as a stress reducer (Chassin, Pitts, & Prost, 2002).

When Eddie was older, he came to recognize that some of his own parenting practices had been influenced by his experience as a child

I was 25 years old, met my wife...we have been married about 7 years now, I'm 33...and through that seven years we had a son, she got cancer, uh, the pressures just with life in general were hard. I didn't know what it was like. I never had ... an example. An example of what a husband was supposed to be like, because my mom never married. My mom's boyfriend was a terrible person and I never knew what it was like to be a father because I never had a father, so I'm new to all this stuff, and I started, that's when I really started drinking. I used because I was scared of bills, scared of money, scared of everything.

Although Dave described his parents as strict but not abusive, he also related how he ran around with an older peer group who would sneak him out of the house at night. This failure to enforce a curfew is in direct opposition to a study validating having a curfew as a protective factor against substance abuse (Branstrom, Sjostrom, & Andreasso, 2007). When his parents found a pipe in his room at 17, his father notified the school and the school imposed some punishment and some restrictions. Dave said his parents did "a lot of yelling." I concluded that Dave's parents tried to do the right thing but were not always effective.

Lack of follow through

Larry's parents' practices are an illustration of parental lack of follow through. Larry described his parents as "real stern about us getting good grades and stuff," but when I further questioned him on the consequences of non-compliance with rules, Larry replied, "Yeah, we would be off the hook the next day if we got grounded." Another example of poor follow through leading to lack of accountability is that Larry stated that when his mother worked for the Juvenile Detention Center when Larry was in middle school, his consequences seemed less than usual, "because I had run ins with cops and stuff and I didn't get as bad (punishment) as my other friends when they got in trouble for it."

Joe described himself as always rebellious, and how he could get his way with his parents.

If I didn't get my way, I was very strong willed. If I didn't get my way then I tried to, I found a way to do it. I would make everybody else miserable if I didn't get my way. I remember there was this caboose I wanted. Some raccoon cartoon thing I wanted. And I remember they said no, and I wailed...I got it finally.

Joe realized that getting his way was a mistake of his parents and had long term negative consequences for him.

Over-controlling parenting

Joe grew up with an over controlling dad. Joe's dad was also a teacher and coach in his school, and Joe reminisced,

"For me just looking back on it, my dad wanted me to be tough, don't cry, sissy. He kind of motivated me by getting me angry. He really had an idea of what he wanted me to be.

You know, football player. He really had his own idea. I felt that will being imposed on me. You know you gotta let a guy figure out his own identity”.

Joe finally tired of being involved in sports, and understood the overly controlling behavior of his father. After graduating from high school, Joe refused to play college sports, even though he had received a scholarship. Weiss and Schwarz (1996) associated an overly authoritarian home as a predictor for both poor academic achievement and increased substance use. Even though Joe graduated from high school he didn't reach his potential academically because he did not attend college, and instead began abusing substances.

Importance of Peer Influence and Peer Relationships on Student Behavior

Many studies have pointed to the factor of peer influence as a key indicator of substance use or resistance (Bearden, Randall, & Jesse, 1994; Brandon et al., 2000; Donohew et al., 1997; Perkins, 1997), and the participants' interactions with peers were consistent with these findings. Charles recalled that he found a few good friends and described them as being closer to him than his family because they were growing up in the same situation that he was, and they didn't ask questions. Eddie joined a gang. He described it,

“These guys were people that I loved. I did feel protected around them and I felt tough...when I first started selling the drugs I didn't know how to do it so I would give them away cuz sic I wanted people to like me”.

Eddie described the outcomes for his peer group, and how he was different

Yeah, just growing up watching them change, my friends are in prison now. My peers are, some are dead, some are in prison. Some have kids they don't ever see. They have never gotten married. They just have kid after kid because they are impregnating people, women, and they are not following through. Growing up

in that same set as the rest of the guys I'm not saying I'm better, but I didn't want to be like that.

When Paul quit college and began working, he began using substances with a coworker who became his best friend. In his words, "I pretty much did everything with my best friend". Paul's association and substance use with a peer exemplifies the peer cluster theory, attributed to Oetting and Beauvais (1987). Dave talked about dating girls who would get prescription drugs from their parents, and he spoke of the older peers who sneaked him out at night. Dave's two behaviors are examples of the sensation seeking behavior exhibited by peers who cluster in groups (Donohew et al.1997). But when some of his peers tried to get him to stop using, he said that he didn't listen, and instead moved away from those peers and used substances alone.

Larry also distanced himself from his peer group including his best friend, his twin brother, who objected to his substance abuse. Joe described himself after high school when he hit bottom, "I wanted to fit in...I wanted to be cool." The stories of these individuals reminded me of the quantitative studies that I had reviewed, of Farrell and White (1998), who identified family makeup and degree of distress as factors affecting peer influence of drug use, and of Rose (1999) who identified variables such as importance of religion to the family, success in school, and number of family members with drug-related problems that moderated peer influence.

Link Between Participation in Extra-curricular Activities and School Success

Without exception, the interviewees who were involved in extra curricular activities, primarily sports, graduated from high school. This fact is consistent with a study finding that greater participation in school and community activities was associated with lower reported alcohol and drug use (Heck & Voliter, 1998; Dawkins et al., 2006)). Joe was a four-sport athlete with aspirations to play college football. Paul played soccer, basketball, and bass in the band.

Both Joe and Paul did not begin abusing substances until after high school. When Dave began using substances at 13, he concealed it for a while. He was transferred to a private high school where he was tested for drugs. He played soccer, football, basketball, and wrestled. He graduated from high school.

Conversely, of those who were not involved in extra curricular school activities, the outcome was not as positive. Charles was unable to cite any participation in school or out of school activities. He was expelled at 7th grade, not connecting to his teachers or to any extra curricular activities. Charles never returned to school, and received his GED as an adult.

Eddie mentioned playing baseball from the time he was 6 until he was 12. He also mentioned some minor success and positive experiences in elementary school. However, he sought acceptance and belonging by joining a gang, and dropped out of school after eleventh grade. Both Charles and Eddie experienced little academic success in school, consistent with findings that academic achievement has a reciprocal effect on resistance to substance abuse (Henry et al., 2007).

Larry did not participate in any organized sport or extra curricular activities. He was a skateboarder, and started using drugs in seventh grade. He shared positive memories about experiences with a teacher who taught him in middle school and then became his principal. He attended an alternative school and graduated at 19. Although Larry was not involved in organized school activities, he still experienced a sense of belonging, a protective factor against drug use (Napoli et al., 2003).

Human Need for Connectedness and Purpose

The theme of need for connectedness and purpose emerged as the interviewees spoke about their experiences within their families, within their peer groups, at their school, and even after leaving secondary school. Every interviewee experienced at least one of these areas without being fully connected.

Two interviewees described not being cared for, both physically and emotionally, within their family units. Their family situations as reported were the most severe, and both in turn had school adjustment problems. Neither graduated from high school with their class but later received their GED. These two interviewees, Eddie and Charles, put a face on the countless statistics that correlate lack of academic success and substance abuse to lack of a parental bond (Barnes & Farrel, 1992; Weiss & Schwarz, 1996).

Dave lamented that he never felt close to his dad, and Larry described his dad as having an anger problem that prevented closeness; he then became the victim of a divorce, and the subsequent death of another male role model, his stepdad, with whom he felt close. Joe was close to his dad growing up because he was involved in the many sports activities that his dad had dictated for him. After Joe broke away from his dad's planned agenda for him, he was not prepared for the emptiness and pain he felt as he lost his identity, purpose, and connectedness which had been provided by his participation in sports activities.

Five of the six participants talked about the peace they had found from their Christian faith relationship. This faith connection is a strong predictor for success as they stop substance abuse. This is because many studies have identified religiosity as a protective factor against substance abuse (Newcomb et al. 1996; Office of Applied Studies, 2003; Rose, 1999).

Eddie described how he called out to God when he hit rock bottom. He said, “God can change all that (meaning hitting rock bottom) in your life and ah it took me from death to where I’m at now”. Charles asserted that he understands now how important his Christian faith is, “The only happiness I had was when I got close to God. I mean I’ve never had the happiness before, before then, since then, and until now again.” Larry spoke of how being at the treatment center has helped him because there is not an emphasis on talking about drugs all the time. “It just keeps your mind focused on God and everything works.” Paul confidently asserted, “I know as I stand in religiousness God is going to lead me.” After relating how he had escaped death in reckless car accidents, Joe said, “I know God is there and he is going to restore me.”

Link Between Student-School Relationships, School Success, and Avoidance of Substance Abuse

Many of the interviewees related negative memories concerning their school experiences, not about the academics, but whether they felt like they were cared for and belonged. None of the participants spoke about curricular choices, or rigor, but they all spoke about relationships with teachers or principals. Small school size was spoken of as the ideal environment by four of the interviewees, two of whom had negative experiences in a large school environment where they didn’t feel a connection.

Paul spoke unfavorably about his public school experience, and his frustration at being tagged a resource student (because of his hearing impairment) even though he possessed high academic ability. He contrasted his negative public school experience with a positive private school experience, where he described it, “Teachers accepted me as a human being...teachers had time for me...could ask questions.” When Paul again entered public school at the college level, he described the experience as impersonal, and he recalled feeling the same as when he

attended public school years earlier; he was expelled. In describing public schools, he “wanted to be accepted and loved.” Paul spoke very passionately about a fundamental teaching truth,

I think just knowing that your teachers care is important. Knowing that the school you attend that people care and being in a public school you have so many students you can't get to know them on a one on one basis. My teachers (at the Christian school) knew me on a one on one basis. You know what I mean. They knew if I needed extra help, they knew all these things. In another school you can just slip and slide.

Charles and Eddie, who had experienced the most severe lack of connectedness and purpose within their families, also described severe maladjustment at school. Charles initially anticipated attending school, because it was a way to get away from his tragic home life. Charles regretted that he didn't connect at school

Sixth grade, yeah, by the time I went to middle school I cut off any adult that tell (sic) me anything, you know what I mean, I would go opposite just to make sure I didn't get hurt by somebody or adults weren't like, they were against me almost like, ah, I can't really explain it now. I look back now and I wished I would of reached out to somebody but I didn't, because I didn't trust.

Charles was critical of teachers who didn't appear to care, and a counseling program that exacerbated an already unhappy home life by involving the Department of Human Services. This DHS involvement resulted in negative consequences for Charles from his family. Charles felt lost in a big school, and didn't think the adults got to the root of the problem, “ I wish I would have had somebody that would of pushed a little harder...saying what's wrong instead of

disciplining me so much...I would of I probably would of poured out like a ya know what I mean.”

Eddie, had some short-lived school success in middle school and remembers being proud because he made the honor roll. However, he described himself as not taking school seriously, disliking the large classrooms where he thought nobody cared and where the teachers didn't know the students' names. He also shared that he was bullied, and felt sorry for himself. He dropped out at eleventh grade and eventually received a GED.

By contrast, even though Dave used drugs from age 13 to 20, he expressed a close relationship to almost all the teachers. He felt a particular closeness to a 5th grade teacher who became his 7th grade teacher and then his high school principal. He graduated from high school.

Initiation and Progression of Substance Abuse

Charles began using drugs in 6th grade, relating how he began because he saw his mother using, and she was the person whom he cared the most about, so he thought it was all right to use. Charles also stated that he used within the drug house where he lived so that he could stay in the same room with the users (a need for connectedness).

Eddie began using at 16, stating that since he loved his mom and she used, he used too. He then joined a gang of users, gained acceptance, and his use continued and progressed. Paul never used until he was rejected and expelled from college, and began using with his new “best friend.” Dave began using at 13, and didn't really share a detailed analysis of cause, saying, “I didn't have a reason, it was just something to do.” This could be described as attention seeking, a trait attributed to many adolescents, and also to peer influence. Larry described himself as rebellious after his parents' divorce, and the time of the divorce paralleled his beginning drug

use. Joe began using at 19 when he thrust himself into a devastating identity crisis by dropping out of his sports-centered life.

The progression of substance abuse for the participants reached a desperation or critical point when each came to the realization that assistance was needed to avoid life altering consequences such as prison and life threatening consequences such as chronic illness, accidents, or even death. Paul sought help when he reached the intravenous drug stage. Dave described his physically dangerous drug habit,

I was working at Target overnight...and going to school during the day four days a week... sleep deprivation led me to amphetamines to keep me awake. I couldn't keep up because of missing classes. I would be up two to three weeks at a time. Then I would crash for 4 to 5 days or a week. I had an hour and a half drive time between work and school almost every day and that would be the time I would be getting high to get myself awake.

Eddie received help from his ex-wife in his time of greatest need, and very graphically related his descent,

I stopped showing up for work so money wasn't coming in. I literally talk about rock bottom; I literally was on a mattress. My furniture got taken away. I was in the house six months behind without any payments on the house. I had a mattress on the floor and that's all I had. And I laid there for six months and drank almost myself to death until my wife came over. She was bringing me food...and she took me to the hospital. I had to detox. I had to get a blood transfusion. I had lost blood somewhere and with ulcers in my stomach somewhere I had drank so hard and ah, I mean I was only inches from dying then.

Charles had been in juvenile detention a total of “twenty-some times.” Larry described his progression, “I have been in and out of jail, I had an OWI and two public intoxications...I went there (secular rehab) five times.”

Paul’s description of his journey into treatment reminds us of the anguish caused to family members of abusers. “I mean what really encouraged me to go to (treatment) coming home and hearing my mom and dad cry and telling me things, like we don’t know if you are going to live the next day. So that really bothered me because I don’t want my parents to be like that”.

Conclusion

A recurrent theme that surfaced in the stories of the participants was the need for connectedness, acceptance, and purpose. Whether interviewees were talking about their parents, siblings, peers, or school life, a struggle to belong within the particular group, and to feel accepted and loved was discussed. Lacking that feeling of connectedness and acceptance brought emotional hardship, often leading to abuse of substances. The profundity of the struggle for connectedness and acceptance was demonstrated by the residual emotional trauma and pain still evident in the adult participants as they discussed childhood events. Eddie illustrated this as he remembered the disparity between peers and himself concerning his paternal relationship

I wrote this thing I called it “Fatherless.” I wrote it the last time I was here...But I remember in that essay...being on the bus and all the other kids saying my father, my dad is gonna be mad at my report card, or my dad is gonna do this or my dad is gonna do that. Ya know he is gonna spank me when I get home. Going back I couldn’t say that. I was a part of a group but I didn’t have that. I remember feeling sorry for myself because I

didn't have that, at least somebody I could call Dad. And a yeah, I remember those feelings. I remember that. It bothered me too.

This basic yet critical need to be connected must be considered by educators as they work to help students to self actualize.

Chapter 5

CONCLUSION

By conducting this phenomenological study I wished to better understand the secondary school experiences of recovering substance abusers. I believe the complexities surrounding the at-risk student can be better addressed by attempting to understand the progression of events preceding and during substance abuse. Since secondary students' years in school are parallel to the years that individuals begin drug and alcohol use (Bergen et al., 2005), seeking to better understand the different thoughts and behaviors of individuals, who are either on the path to addiction or already using, can assist schools to better intervene effectively. The individual accounts procured during the interviews provided the type of deep, subjective detail necessary to fully understand the problem from the perspective of each interviewee, filling in the meaning and providing a face to the statistics on substance abuse that we see and hear about.

In reading this research study, readers can make note of the specifics of each interviewee's account, compare them to an environment familiar to them, and transfer the results of this study to their particular context. They then can make the inference that enough similarities exist that the results would be the same. This transferability is dependent on each reader's individual circumstances.

Reflections

During the coding process of pulling common themes from the initial list of significant statements, I began to realize that some form of a "need for belonging" or connectedness theme began to surface, and when the process was complete, every participant mentioned some variation of the theme, usually several times, as they were describing their family life, peers, and school experiences. I realized as I thought about "belonging" that many of the traditional sources

of belonging have declined or disappeared. For example, children whose parents move frequently for employment aren't raised in a familiar neighborhood, and grandparents and other extended family members many times are not accessible.

Any solution to the problem of at-risk students needs to acknowledge the comprehensive nature of the problem. In other words, it cannot be effective to address one facet of being at-risk in isolation. For instance, schools label students at-risk for academic failure and provide assistance with schoolwork. This approach sometimes fails to recognize underlying causes, and to meet the whole child needs. Another problem with this approach is that students like Dave and Larry, who receive acceptable grades, are often not identified as at-risk.

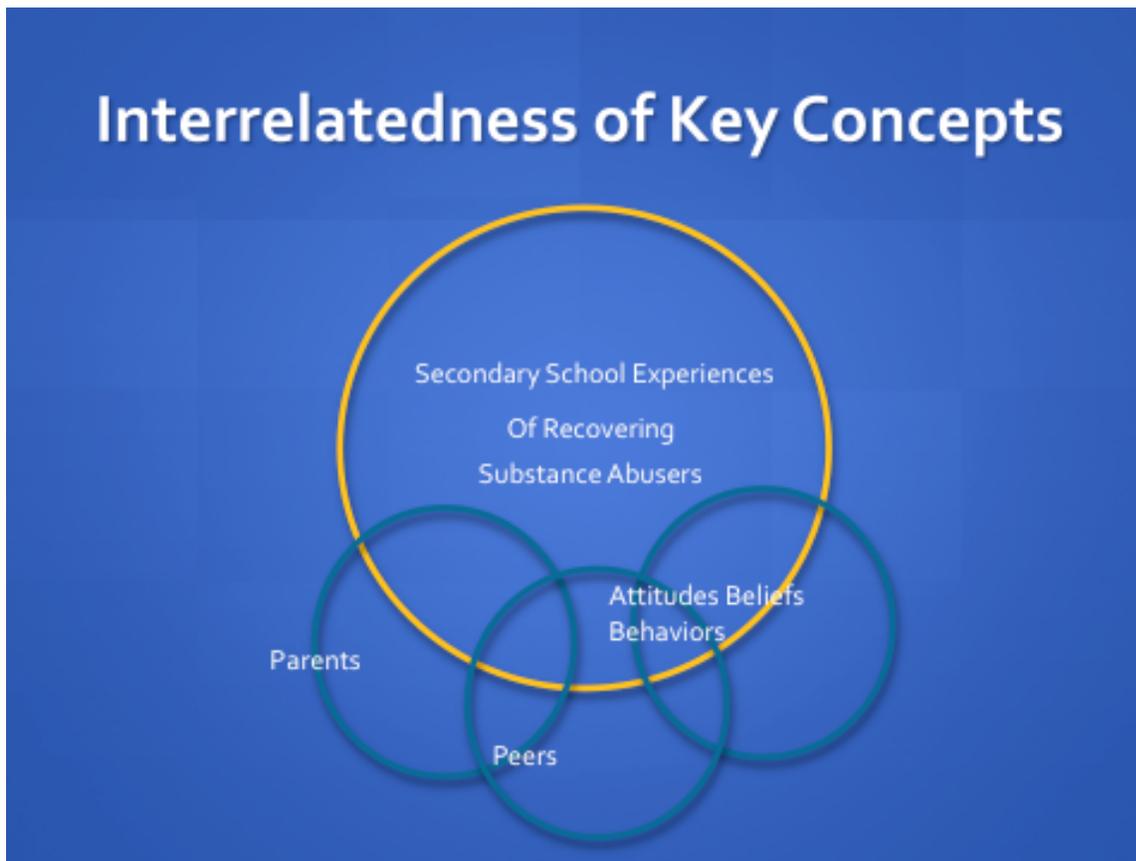
As I have reflected upon my interest in assisting at-risk students, and this research study, I realize that my interest in this topic began many years ago when I began my education career as a school nurse, serving kindergarten through high school students. Students came to the nurse's office claiming a physical ailment, and wanted to go home, or stay in the nurse's office. I oftentimes ruled out a physical problem, but still supported the child, attempting to determine what emotional difficulty the child was dealing with, and attempted to help the child work through their particular problem. At that time I knew by instinct how family or peer issues could affect a child's over-all wellbeing. When I became a teacher I continued the practice of being aware of a child's over-all emotional health, teaching the child, not just the subject. I have witnessed that this is not always the case in education, and the accounts from the interview participants also suggested a lack of awareness of student emotional needs by some teachers. Another of my memories triggered by the interviews is one concerning a student whom I taught early on in my education career. At the time I believed that teaching was a mission, and my job was to help with emotional as well as learning deficits. The student whom I remembered was a

sixth grader who craved my attention. I was more important to her than her peers, and she connected to me often in conversation. I knew that something was wrong in this student's life, but it took months before she finally confided in me about an alcoholic mother. She has remained an inspiration and a reminder to teach the whole child and to recognize the emotional trauma that children hide from teachers.

As an administrator conducting the interviews for this research project, I felt many pangs of guilt and frustration concerning my chosen field of education as I listened to the respondents' school experiences. The respondents' stories underscore the challenges that face schools as they attempt to assist students whose home lives are critically dysfunctional. Charles was expelled during 7th grade, never to return to public k-12 school again, having been failed by a school that had systems in place, but was not able to save him from his admittedly difficult family circumstances. Even more tragic for Charles was that he initially welcomed going to school as a way to escape a horrendous home life. Paul's story was also distressing, as he was needlessly placed in a resource room and for years was denied reaching his academic potential.

Listening to the respondents' stories underscored for me the interrelatedness of the participants' school experiences with other aspects of life. Schools must educate the students in their districts, regardless of the individual's parents, peer influence, and belief system. I created a modified version of a Venn diagram for a visual to depict this connection, shown below in Figure 2.

Figure 2. Interrelatedness of Key Concepts



A student's psyche is concerned with everything the person is experiencing at a given time. Students who are experiencing conflict or neglect in the home bring those experiences with them to the schoolhouse. Students who have been rejected at home don't have the self-confidence or learned coping skills to overcome rejection from unwitting students or teachers. We cannot expect children to learn to compartmentalize and separate what their total reality of life is, to forget their troubles and hurts during the time they are at school. When Charles described growing up in a drug house, relating experiences like relying on a brother two years older for basic needs, it saddened me that he shared no happy memories of his seven years of school.

Literature Review and Findings

Research has long ago revealed the predictor variables and protective factors for substance abuse, and for academic success or failure (Kandel et al., 1978; Branstrom et al., 2007; Guo et al., 2007; Newcomb et al., 1996). Every participant affirmed an aspect of this research, and became an example of the possible outcome for various teaching practices, both good and bad. Participants who had good relations with school staff members had a fairly positive academic outcome, graduating from high school, while those who were alienated did not survive the school experience.

Many of the studies in the literature review listing multiple risk or protective factors included a sense of belonging (Williams & Downing, 1998) as one of the factors. Other studies alluded to the concept of belonging in different arenas. For example, belonging in the family was described as strong parental bonds, parental support, and family closeness (Weiss & Schwarz, 1996). Belonging in school was the focus of a study I reviewed called, "*Sense of Belonging in School as a Protective Factor Against Drug Abuse Among Native American Urban Adolescents*" (Napoli, Marsiglia, & Kulis, 2003). I was brought full circle in my thinking by the concept of "belongingness," because the concept emerged in my literature review, and it became the concept mentioned in some form by all the respondents, and most often. In other words, after the comprehensive and detailed literature review, when I was through with the interviews and the analysis, if I had to reduce the findings to a single concept it would be that people who lack a sense of belonging in different phases of their lives, and within the different groups to which they belong, are at risk for some type of failure or dysfunction.

Recommendations

This study has afforded me the opportunity to reflect on the topic of meeting the needs of students who are at-risk for substance abuse and academic failure. I can make several recommendations, based on the perceptions, lived experiences, and advice I received from the participants of this study. Some of these recommendations describe practices already being implemented in many schools. Schools can best address the problem of substance abuse by utilizing a collaborative approach including the community, parents and family, along with teachers, as they work to implement the recommendations suggested below.

Educators should continue to assist failing students to improve academics, and be aware of various reasons for school failure. Along with cognitive learning disabilities, teachers should be receptive to other factors such as familial or peer problems that may be contributing to poor academic performance. Educators use differentiation as a process to instruct students in a way to meet the particular academic needs of students within the classroom. It should be remembered that this same concept of differentiation can be used by the classroom teachers to attempt to meet the emotional and social needs of students.

Firsthand accounts for anti-drug programs are powerful messages for secondary students. According to the participants of the study, drug awareness programs should not just be teachers reading a list of facts. Participants expressed support for testimonials of those who have abused substances, because their stories make the threat real to the students. I agree with this opinion of the participants of the study, and have witnessed the powerful effect that firsthand accounts can have on adolescents. The National Institute on Drug Abuse recommends that prevention programs must speak to the audience of adolescent age students (National Institute on Drug Abuse, 2007).

Teachers should receive periodic professional development about student emotional health and maladaptive behaviors. One of the participants, Paul, said something simple, yet very profound, “I think just knowing that your teachers care is important.” Administrators and teachers need periodic refresher courses to review student emotional needs and normal and abnormal student behavior. For example, the participants in my study described a variety of behaviors such as not taking school seriously, and joking or being the class clown to cover true feelings. They described rebellious behaviors. One joined a gang while another became a loner. The participants also described physiological conditions, anxiety, depression and panic attacks. So often the teacher is focused on the content instruction, referring emotional concerns to the counselor or the school nurse.

At-risk and counseling programs need to individualize interventions to better address problem behaviors of students. In addition, these programs should be comprehensive, including addressing the root causes of behaviors. Schools have routinely implemented counseling programs in the lower grades, and this is an ideal time to identify student needs, including students who are at-risk. At-risk funds should be distributed to ensure that the lower and middle grades, as well as the high schools, have support for effective programming.

Educators and parents should recognize that the age of onset of substance abuse is often during middle school. The Iowa Administrative Code lists four at-risk criteria, attendance, grades, behavior, and high school credits (Iowa Administrative Code 12.2). These criteria are used for student placement in alternative schools. In a review of local schools, alternative schools for at-risk students are available beginning in high school, but in at least one case, not until 11th grade. Schools, that are battling budget shortfalls, and those that don't have the resources, should consider sharing programs with other districts so as to more effectively meet the needs of at-risk

students at the middle school level, a time when many at-risk students (including the majority of the interviewees in this study) begin declining academically and abusing substances.

Educators should maintain a balance between meeting the academic and emotional needs of students. Because of the emphasis on academic performance precipitated by the No Child Left Behind Act (2002), schools have faced increased challenges and pressure to be accountable for student test scores. It is recommended that schools examine their procedures to ensure that the emotional needs of the students are not being compromised because of the increased emphasis on achievement. Cutting programs in counseling, the fine arts and sports diminishes the opportunities for student interaction, support, expression and involvement.

Schools should initiate work with the community, teachers, parents, and families to best address the problem of adolescent substance abuse and academic failure. Hence families and individuals must have knowledge of and access to support available through programs, some implemented by schools, that assist with family and parenting dysfunction, development of coping mechanisms, and early identification and treatment for substance abuse. Other programs, such as the Iowa Sustaining Parent Involvement Network (iSPIN), funded by federal grants, promote learning opportunities about effective family engagement in education for teachers and parents, emphasizing face-to-face associations (Office of Innovation and Improvement, 2010). Educators should remember that oftentimes these valuable face-to-face associations can only happen when the teachers initiate contact with the parents by visiting the home.

Implications for Future Study

This study was limited, in that it sought the secondary school experiences of six former substance abusers. The purpose was to put a human face on a subject that has been heavily researched, and to delve deeper into the meaning for those who experienced the phenomenon of

secondary schools related to substance abuse. There is no generalization for the larger population of former substance abusers who have attended secondary school. A study limited to six participants, all male, cannot address the wide range of variables within the general population. However, educators should take note of the preference for small schools expressed by the participants in this study, and consider the pros and cons of small schools as a possible topic for future study.

Although my recommendations emphasize the role of the school in meeting and understanding the emotional needs of students, this does not preclude the need to meet the academic needs of the students. The challenge for schools is to effectively do both. This emphasis on the schools does not replace the critical need and responsibility of parents to foster the academic and emotional well being of their children.

Final Thoughts

The six participants who so generously and sincerely shared the stories of their secondary school experiences afforded me the opportunity to reflect on how schools can better address the problem of at-risk students. Although schools work to ensure the success of every student, there is a need to continue to improve the at-risk curricula in schools and the outcomes for these students.

My personal understanding of the problems faced by at-risk students has been heightened. Listening to the stories of the participants helped me to realize that even though I consider myself sensitive and aware of others, a periodic refresher course on the emotional needs of our students, and the part poor emotional health plays in academic failure, is helpful and necessary. In addition, just because we are inundated with messages about substance abuse, it

does not mean that we collectively have grasped the full scope of the substance abuse journey travelled by those who abuse substances and by those who eventually become addicted.

When I listened to the school experiences of the participants of this study, one fact resonated with me, and that is the impact either negative or positive, that teachers had on their students, not only on academic performance, but on their overall school experience. Teachers became needed surrogates for parents who were absent or ineffective. As professionals, teachers should always be cognizant of the challenge and responsibility their chosen profession requires.

References

- Adeyemo, D.A. (2007). Interpersonal factors as correlates of alcohol use among secondary school adolescents in Oyo State, Nigeria. *Anthropologist*, 9(4) 321-326.
- Anfara, V.A., Brown, K.M., & Mangione, T.L. (2002). Qualitative analysis on stage: Making the research process more public. *Educational Researcher*, 31(7), 28-38.
- Ambert, A., Adler, P.A., Adler, P., & Detzner, D.F. (1995). Understanding and evaluating qualitative research. In A.K. Milinki, *Cases in qualitative research: Research reports for discussion and evaluation* (pp. 166-172). Los Angeles, CA: Pyrczak. (Reprinted from *Journal of Marriage and the Family*, 57, 879-893 by the National Council on Family Relations, 1995).
- American Psychiatric Association, (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Publishing.
- Arthur, M.W., Brown, E.C., & Briney, J.S. (2006). *Relationships between student substance use, risk, and protection in Kansas schools and students' academic test scores*. Social Development Research Group, School of Social Work, University of Washington.
- Baker, A.J.L., & Soden, L.M. (1997). *Parent involvement in children's education: A critical assessment of the knowledge base*. Paper presented at the annual meeting of the American Education Research Association (Chicago, IL, March 1997).
- Barnes, G.M. & Farrell, M.P. (1992). Parental support and control as predictors of adolescent drinking, delinquency, and related problem behaviors. *Journal of Marriage and Family*, 54(4) 763-776. Retrieved from <http://www.jstor.org/pss/353159>
- Bearden, W.O., Randall, L.R., & Jesse, E.T. (1994). Correlates of conformity in the consumption

- of illicit drugs and alcohol. *Journal of Business Research* 30, 25-31. Retrieved from <http://www.drugtext.org/library/articles/bearden01.htm>
- Bellis, M.A., Hughes, K., Morleo, M., Tocque, K., Hughes, S., Allen, T., Harrison, D., & Rodriguez, E.F. (2007). Predictors of risky alcohol consumption in school children and their implications for preventing alcohol-related harm. *Substance Abuse Treatment, Prevention, and Policy* 2(15). doi:10.1186/1747-597X-2-15
- Benard, B. (1991). Fostering resiliency in kids: Protective factors in the family, school, and community. Retrieved from <http://googlescholar.com>
- Bennett, W.J., Finn, C.E. jr., & Cribb, J.T.E. (1999). *The Educated Child*, New York, NY: Simon & Schuster, Inc.
- Bergen, H.A., Martin, G., Roeger, L., & Allison, S. (2005). Perceived academic performance and alcohol, tobacco and marijuana use: Longitudinal relationships in young community adolescents. *Addictive Behaviors*, 30(8), 1563-1573.
- Blanton, H., Gibbons, F.X., Gerrard, M., Conger, K.J., & Smith, G.E. (1997). Role of family and peers in the development of prototypes associated with substance use. *Journal of Family Psychology* 11(3), 271-288.
- Bogdan, R.C. and Biklen, S.K. (2007). *Qualitative research for education: An introduction to theory and methods*. (5th ed.). Boston, MA: Pearson.
- Borowsky, I.W., Ireland, M., & Resnick, M.D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics* 107(3), 485-493.
- Boyd, C.J., McCabe, S.E., Cranford, J.A., Morales, M., Lange, J.E., Reed, M.B., Ketchie, J.M., Scott, M.S. (2008). Heavy episodic drinking and its consequences: The protective effects of same-sex, residential living-learning communities for undergraduate women. *Addictive*

Behaviors 33, 987-993.

Brandon, R.N., Tran, H., Bence, M., & Lee, I. (2000). *Impact of peer substance use on middle school performance in Washington*. Interim report to the Division of Alcohol and Substance Abuse, State of Washington.

Branstrom, R., Sjostrom, E., & Andreasson, S. (2007). Individual, group and community risk and protective factors for alcohol and drug use among Swedish adolescents. *The European Journal of Public Health*, doi:10.1093. Oxford University Press.

Brook, D.W., Brook, J.S., Rubenstone, E., Zhang, C., Singer, M., Duke, M.R. (2003). Alcohol use in adolescents whose fathers abuse drugs. *Journal of Addictive Diseases*, 22(1), 11-34.

Chassin, L., Pitts, S.C., & Prost, J. (2002). Binge drinking trajectories from adolescence to emerging adulthood in a high-risk sample: Predictors and substance abuse outcomes. *Journal of Consulting and Clinical Psychology* 70(1), 67-78.

Chopra, A., Dhawan, A., Sethi, H., & Mohan, D. (2008). Association between parental and offspring's alcohol use-population data from India. *J. Indian Association Child Adolescence and Mental Health* 4(2), 38-43.

Clark, R. (2004). *The excellent 11. Qualities teachers and parents use to motivate, inspire, and educate children*. New York, NY: Hyperion.

Cox, R.G., Zhang, L., Johnson, W.D., & Bender, D.R. (2007). Academic performance and substance use: Findings from a State Survey of Public High School Students. *Journal of School Health*, 77(3). Bethesda, MD: American School Health Association.

Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

- Czarniawska, B.(2004). *Narratives in social science research*. Thousand Oaks, CA: Sage.
- Dawkins, M.P., Williams, M.M., & Guilbault, M. (2006). Participation in school sports: Risk or protective factor for drug use among black and white students? *The Journal of Negro Education, 2006, 75(1), 25-33*.
- DeFrancesco, J.J. (1996). Delinquency and substance abuse: A brief analysis. *Journal for Juvenile Justice and Detention Services 11(2), 77-78*.
- Dewey, J.D. (1999). Reviewing the relationship between school factors and substance use for elementary, middle, and high school students. *Journal of Primary Prevention, 1999, 19(3)*.
- Dietz, T.L. (2007). Predictors of reported current and lifetime substance abuse problems among a national sample of U.S. homeless. *Substance Use & Misuse, 42, pp.1745-1766*.
- Disney, E.R., Elkins, I.J., McGue, M., & Iacono, W.G. (1999). Effects of ADHD, conduct disorder, and gender on substance use and abuse in adolescence. *American Journal of Psychiatry, 156, pp.1515-1521*.
- Donohew, R.L., Hoyle, R.H., Clayton, R.R., Skinner, W.F., Colon, S.E., & Rice, R.E. (1997). Sensation seeking and drug use by adolescents and their friends: Models for marijuana and alcohol. Center for Prevention Research, University of Kentucky.
- Drug Abuse Warning Network (1999). Retrieved from <http://www.enotes.com/drug-abuse-warning-network-dawn-reference/drug-abuse-warning-network-dawn>
- Dube, S.R., Anda, R.F., Felitti, V.J., Croft, J.B., Edwards, V.J., & Giles, W.H. (2001). Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect 25, 1627-1640*.
- Dubow, E.F., Boxer, P., & Huesmann, L.R. (2008). Childhood and adolescent predictors of early

- and middle adulthood alcohol use and problem drinking: the Columbia County longitudinal study. *Society for the Study of Addiction* 103(1), 36-47. Doi:10.1111/j.1360-0443.2008.02175.x
- Dupe're', V., Lacourse, E., Leventhal, T., Willms, J.D., & Tremblay, R.E. (2008). Neighborhood poverty and early transition to sexual activity in young adolescents: A developmental ecological approach. *Child Development*, 79(5), 1463-1476.
- Fan, Xitao, & Chen, Michael (1999). Parental Involvement and students' academic achievement. Paper presented at the annual meeting of the American Educational Research Association (Montreal, Quebec, Canada, April 19-23, 1999). 35 pages.
- Farrell, A.D., & White, K.S. (1998). Peer influences and drug use among urban adolescents: Family structure and parent-adolescent relationship as protective factors. *Journal of Consulting and Clinical Psychology*, 66(2), 248-258.
- Fraenkel, J.R., & Wallen, N.E. (2009). *How to design and evaluate research in education* (7th ed.). Boston, MA: McGraw-Hill.
- Galaif, E.R., Sussman, S., Chou, C.P., & Wills, T.A. (2003). Longitudinal relations among depression, stress, and coping in high risk youth. *Journal of Youth and Adolescence*. 32(4) 243-258.
- Goodenow, C. (1993). Classroom belonging among early adolescent students. Relationships to motivation and achievement. *Journal of Early Adolescence* 13(1), 21-43.
- Grant, B.F., & Dawson, D.A. (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 9, 103-110.
- Gray, E.B. (1987). Latchkey children. *Eric Digest* ED290575

- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1). Article 4. Retrieved 11-1-11 from http://www.ualberta.ca/iiqm/backissues/3_1/pdf/groenewald/pdf
- Guo, J., Hawkins, J.D., Hill, K.G., & Abbott, R.D. (2007). *Childhood and adolescent predictors of alcohol abuse and dependence in young adulthood*. National Institutes of Health public access author manuscript. NIH publication no.1868672
- Gutman,L.M. & Midgley, C. The role of protective factors in supporting the academic achievement of poor African American students during the middle school transition. *Journal of Youth and Adolescence*, 29(2), 2000.
- Haase, T., & Pratschke, J. (2010). Risk and protective factors for substance use among young people. ISBN# 978-1-4064-2313-6 retrieved from www.nacd.ie/publications/Risk/YoungPeopleSchool.pdf
- Hamdan-Mansour, Puskar, & Sereika (2005). Perceived social support, coping strategies and alcohol use among rural adolescents/USA sample. *International Journal of Mental Health Addiction*, 5, 53-64.
- Hawkins, J., Catalano, R., & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood. Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), pp.64-105.
- Hawkins, J.D, Graham, J.W., Maguin, E., Abbott, R., Hill, K.G, & Catalano, R.F. (1997). Exploring the effects of age of alcohol use initiation and psychosocial risk factors on subsequent alcohol misuse. *Journal of Study of Alcohol* 58(3). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1894758/>

- Hayes, L., Smart, D., Toumbourou, J.W., & Sanson, A. (2004). Parenting influences on alcohol use. *Australian Institute of Family Studies 10*. Retrieved from <http://www.aifs.gov.au/institute/pubs/resreport10/parentpeer.html>
- Heck, R.H., & Voliter, R.C. (1998). Background, psycho-social factors and substance use: Their effects on high school seniors' perceptions of their education. *The International Journal of Educational Management, 12*(3), 120-133.
- Hebert, E. (2005). The relationship between spiritual meaning and purpose and drug and alcohol use among college students. Retrieved from <http://www.thefreelibrary.com>
- Hedstrom, R., & Gould, D. Research in youth sports: Critical issues status (2004). East Lansing, MI: Michigan State University.
- Henry, K.L., Smith, E.A., & Caldwell, L.L. (2007). Deterioration of academic achievement and marijuana use onset among rural adolescents. *Health Education Research, 22*(3), 372-384.
- Horton, N.J., Rafaelli, M., & Zamboanga, B.L. (2006). *Acculturation status and heavy alcohol use among Mexican American college students: Investigating the moderating role of gender*. Lincoln, NE: University of Nebraska, Department of Psychology Faculty Publications.
- Iowa Administrative Code 12.2(256) Definition of At-Risk. Retrieved from http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=418&Itemid=1389 Bloomington, IN: National Education Service.
- Iowa Department of Education (2009). Dropouts as a percent of public school students in grades 7-12 by gender, 1998-2009. Retrieved January 11, 2011, from <http://www.iowa.gov/educate/>

Iowa Youth Survey (2008). Iowa Consortium for Substance Abuse Research and Evaluation.
Iowa City, IA: University of Iowa Press.

Iowa Youth Risk Behavior Survey (2007). Iowa Department of Education and United States Centers for Disease Control and Prevention. Available by request from Project Director, HIV/AIDS Education, Nutrition, Health and Transportation Services, Iowa Department of Education.

James, W.H. (1994). *Program evaluation of Growin' to Win: A latchkey and summer program for at-risk youth*(S233A10082-91A). Washington, DC: Office of Elementary and Secondary Education.

Jessor, R., (1991). Risk behavior in adolescence: A psychosocial framework for understanding and action. *Society for Adolescent Medicine* 12 (8). Retrieved from http://www.colorado.edu/ibs/jessor/pubs/1991_Jessor_JAH_Risk_BehaviorinAdolescence.pdf

Johnson, R.B. (1997). Examining the validity structure of qualitative research. In A.K. Milinki, *Cases in qualitative research: Research reports for discussion and evaluation* (pp.160-165). Los Angeles: Pyrczak. (Reprinted from *Education*, 118, 282-292, by Project Innovation, 1997)

Kandel, D.B. (September,1978). Homophily, selection, and socialization in adolescent friendships. *American Journal of Sociology* 84 (2). 427-436. University of Chicago Press.

Kandel, D.B., Kessler, R.C., and Marguiles, R.Z. (1978). Antecedents of adolescent initiation into stages of drug use: A developmental analysis. *Journal of Youth and Adolescence*,7(1), 13-40.

- Kennedy, B.L. (2011). The importance of student and teacher interactions for disaffected middle school students. A grounded theory study of community day schools. *Urban Education*, 46, pp.4-33.
- Kochanska, G., Murray, K., & Harlan, E.T. (2000). Effortful control in early childhood continuity and change, antecedents, and implications for social development. *Developmental Psychology* 36(2), 220-232.
- Kohn, A. (1999). *The schools our children deserve*. New York, NY: Houghton Mifflin.
- Kramer, J.R., Chan, G., Dick, D.M., Kuperman, S., Bucholz, K.K., Edenberg, H.J., Polgreen, L.A., Bierut, L.J. (2008). University of Iowa School of Medicine, Iowa City, Iowa. Research supported by National Institute on Alcohol Abuse and Alcoholism grant UIOAA008401.
- Krefting, L.(1999). Rigor in qualitative research: The assessment of trustworthiness. In A.K. Milinki, *Cases in qualitative research: Research reports for discussion and evaluation* (pp. 173-181). Los Angeles, CA: Pyrczak. (Reprinted from *Journal of Occupational Therapy*, 45, pp. 214-222, by American Occupational Therapy Association, 1991).
- Kvale, S. (1996). *An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Lane, J., Gerstein, D.R., Huang, L., & Wright, D.A. (1997). Findings from the 1997 National Household Survey on Drug Abuse. Retrieved from <http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=188432>
- Laudet, A. (2002). *Reasons for initiation and maintenance of drug use and alcohol use among dually-diagnosed individuals*. National Development and Research Institute, Inc. Retrieved from: <http://www.ndri.org/fml/xsl/rfind.xsl?-db=projects&-lay=webform&->

- so...ndriprojno&category=R&activeStatus=Ended&include=yes&-max=25&find
- Legault, L., Green-Demers, I., & Pelletier, L. (2006). Why do high school students lack motivation in the classroom? Toward an understanding of academic amotivation and the role of social support. *Journal of Educational Psychology* 98 (3). 567-582.
- Leshner, A.I. (1999). Science-Based views of drug addiction and its treatment. *Journal of the American Medical Association* 282(1999): 1314-1316.
- Louisiana Office of Addictive Disorders (2004). *The risk and protective factor model of prevention*. Retrieved from: http://icare.ebrschools.org/eduWEB2/1000011/docs/risk_and_protective_factors.pdf
- McMillan, J.H., & Reed, D.F.(1994). At-risk students and resiliency: Factors contributing to academic success. *Clearing House* 67, (3), 137-140.
- Miao, J., & Haney, W. (2004) *High school graduation rates: alternative methods and implications*. A dissertation study presented to Boston College, Version 2, October 2004.
- Molina, B.S.G., & Pelham, W.E.Jr.(2003). Childhood predictors of adolescent substance abuse in a longitudinal study of children with ADHD. *Journal of Abnormal Psychology* 112(3), pp.497-507.
- Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, CA: Sage.
- Murphy, J.G., Barnett, N.P., Goldstein, A.L., & Colby, S.M. (2007). Gender moderates the relationship between substance-free activity enjoyment and alcohol use. *Psychology of Addictive Behaviors*, 21(2), 261-265.
- National Survey on Drug Use and Health (2010). *Results from the 2010 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. Research Triangle Park, NC.

- National Survey on Drug Use and Health (2009). *Results from the 2009 National Survey on Drug Use and Health: Volume 1. Summary of National Findings*. Research Triangle Park, NC.
- Napoli, M., Marsiglia, F., Kulis, S. (2003). Sense of belonging in school as a protective factor against drug abuse among native American urban adolescents. *Journal of Social Work Practice in the Addictions* 3(2).
- National Institute on Drug Abuse (2007). *Research Update from the National Institute on Drug Abuse-Drug Abuse is a Preventable Behavior*. Bethesda: MD. Retrieved from:
<http://www.drugabuse.gov/tib/prevention/html>
- Newcomb, M.D., Maddahian, E., & Bentler, P.M. (1996). Risk factors for drug use among adolescents: Concurrent and longitudinal analyses. *American Journal of Public Health*, 76(5). 525-531.
- No Child Left Behind Act of 2001, Pub. L. No. 107-110, & 9101(2002). Retrieved from
<http://www.2.gov/policy/elsec/leg/esea02/pg107.html#sec901>
- Oetting, E.R., & Beauvais, F. (1987). Peer cluster theory, socialization, characteristics, and adolescent drug use: A path analysis. *Journal of Counseling Psychology*, 34(2). 205-213.
- Office of Applied Studies (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (DHHS Publication No. SMA 01-3549). Rockville, MD.
- Office of Applied Studies (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 030836, NHSDA Series H-22). Rockville, MD.
- Office of Innovation and Improvement , The Education Innovator (2010). *A New Era of Family Engagement* (US Department of Education Publication No. 5). Washington, DC.

- Palmer, P.J. (1993). *To know as we are known: Education as a spiritual journey* (2nd ed.). San Francisco, CA: Harper & Row
- Parks, K.A., Hsieh, Y., Bradizza, C.M., & Romosz, A.M. (2008). Factors influencing the temporal relationship between alcohol consumption and experiences with aggression among college women. *Psychology of Addictive Behaviors* 22 (2)210-218
- Perkins, H.W. (1997). College student misperceptions of alcohol and other drug norms among peers: Exploring causes , consequences, and implications for prevention programs. pp. 177-206 in *Designing alcohol and other drug prevention programs in higher education*. Newton, MA: The Higher Education Center for Alcohol and other Drug Prevention, U.S. Department of Education.
- Petratis, J., Flay B.R., & Miller, T.Q. Reviewing theories of adolescent substance use: Organizing pieces in the puzzle (1995). *Psychological Bulletin*, 117(1), 67-86.
- Polkinghorne, D.E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52(2),137-145.
- Pope, H.G., Ionescu-Pioggia, M., Pope, K.W., (2001). Drug use and life style among college undergraduates: A 30-year longitudinal study. *American Journal of Psychiatry* 158,1519-1521.
- Reyes, O., & Jason, L.A., (1993). Pilot study examining factors associated with academic success for Hispanic high school students. *Journal of Youth and Adolescence*, 22(1), 57-71.
- Riala,K., Isohanni,I., Jokelainen, J., Taanila, A., Isohanni, M., & Rasanen, P. (2002). Low educational performance is associated with drunk driving: A 31-year follow-up of the Northern Finland 1966 birth cohort. *Alcohol and Alcoholism* 38 (3) 219-223.

- Richardson, J., Radziszewska, B., Dent, C., & Flay, B. (1993). Relationship between after-school care of adolescents and substance use, risk taking, depressed mood, and academic achievement. *Pediatrics*, 92(1). 32-38.
- Riggs, N.R., Greenberg, M.T., Kusche, C.A., & Pentz, M.A. (2006). The meditational role of neurocognition in the behavioral outcomes of a social-emotional prevention program in elementary school students: Effects of the PATHS curriculum. *Prevention Science* 7(1), March, 2006. DOI:10.1007/s11121-005-0022-1
- Robb, D. (2001). *Crossing the water: Eighteen months on an island working with troubled boys—A teacher's memoir*. New York, NY: Simon & Schuster.
- Rosati, M. (2003). *UNICEF Regional consultation on young people and drugs: Summary document for presentation to the international conference on the reduction of drug related harm*. Chiang Mai, Thailand, (Bangkok, Thailand, UNICEF).
- Rose, C.D. (1999). Peer cluster theory and adolescent alcohol use: An explanation of alcohol use and a comparative analysis between two causal models. *Journal of Drug Education*, 29(3). 205-215.
- Rubin, H & Rubin, I. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks, CA: Sage.
- Rudatsikira, D., Maposa, D., Mukandavire, Z., Muula, A.S., & Siziya, S. (2009). Prevalence and predictors of illicit drug use among school-going adolescents in Harare, Zimbabwe. *Annals of African Medicine* 8(4), 215-220.
- Ruefli, T., & Rogers, S.J. (2004). How do drug users define their progress in harm reduction programs? Qualitative research to develop user-generated outcomes. *Harm Reduction Journal* 1(8). Doi: 10.1186/1477-7517-1-8

- Sanchez, Z., Oliveria, L., & Nappo, S. (2005). Main reasons for non-use of illicit drugs by young population exposed to risk situations. *Rev Saude Publica* 39 (4).
- Sasso, T.K., & Williams, S.K. (2002). The effectiveness of the parenting curriculum: An evaluation of high school students' questionnaire responses. *Journal of Family and Consumer Sciences Education*, 20(2), Fall/Winter, 2002.
- Seidman, I. (2006). *Interviewing as Qualitative Research: A guide for researchers in Education and the social sciences* (3rd ed.). New York, New York: Teachers College Press.
- Sieving, Maruyams, Williams, & Perry (2000). Pathways to adolescent alcohol use: Potential mechanisms of parent influence. *Journal of Research on Adolescence*, 10 (4), 489-514.
- Snow, C.E., Barnes, W.S., Chandler, I.F., Goodman, & Hemphill, L. (1991). *Unfulfilled expectations: Home and school influences on literacy*. Cambridge, MA: Harvard University Press.
- Spooner, C., Hall, W., & Lynskey, M. (2001). *The structural determinants of drug use*. University of New South Wales: Australian National Council on Drugs.
- Steen, T.A., Kachorek, L.V., & Peterson, C. (2003). Character strengths among youth. *Journal of Youth and Adolescence*, 32 (1), 5-16.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies(2001). *Mid-year 2000 preliminary emergency department data from the Drug Abuse Warning Network*. Washington, DC: Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (November 8, 2002). *The NHSDA report: Youth Violence and Substance Use: 2001*

Update. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (July 4, 2003). *The NHSDA Report: School Experiences and Substance Use Among Youths*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (April 19, 2007). *The NSDUH Report: Youth Activities, Substance Use, and Family Income*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (August 23, 2007). *The NSDUH Report: Worker Substance Use, by Industry Category*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (February 28 2008). *The NSDUH Report: Nonmedical Stimulant Use, Other Drug Use, Delinquent Behaviors, and Depression among Adolescents*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (April 24, 2008). *The NSDUH Report: Parent Awareness of Youth Use of Cigarettes, Alcohol, and Marijuana*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (May 28, 2009). *The NSDUH Report: Parental Involvement in Preventing Youth Substance Use*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (March 11, 2010). *The NSDUH Report: Parents on Probation or Parole*. Rockville, MD.

Taylor, E.D., & Wong, C.A. (1996). *Gender differences in the impact of peer influences and peer orientation on African-American Adolescents' school value and academic*

- achievement*. Ann Arbor, MI: University of Michigan Press.
- Thorlindsson, T., & Bernburg, J.G.(2006). Peer groups and substance use: Examining the direct and interactive effect of leisure activity. *Adolescence* 41(162).
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, NY: The State University.
- Vega, W.A., Aguilar-Gaxiola, S., Andrade, L., Bijl, R., Borges, G., Anduaga, J.J., Dewit, D.J., Heeringa, S., Kessler, R.C., Kolody, B., Merikangas, K.R., Molnar, B.E., Walters, E.E., Warner, L.A., & Wittchen, H.U. (2002). Prevalence and age of onset for drug use in seven international sites: Results from the international consortium of psychiatric epidemiology. *Drug and Alcohol Dependence*,68: 285-297.
- Walters, G.D. (1999). *The addiction concept . Working hypothesis or self-fulfilling prophecy*. Needham Heights, MA: Allyn & Bacon.
- Ward, B., & Snow, P. (2009). *Parents, parties, and adolescent alcohol use*. Report prepared for Australian Department of Education and Early Childhood Development. Monash University
- Weiss, L.H., & Schwarz, J.C., (Oct.,1996). The Relationship between parenting types and older adolescents' personality, academic achievement, adjustment, and substance use. *Child Development*, 67(5) 2101-2114.
- Williams, L.J., & Downing, J.E., (1998). Membership and belonging in inclusive classrooms: What do middle school students have to say? *Journal of the Association for Persons with Severe Handicaps*, 23(2) 98-110.
- Wills, T.A., Resko, J.A., Ainette, M.G., & Mendoza, D. (2004). Role of parent support in adolescent substance use: A test of mediated effects. *Psychology of Addictive Behaviors*,

18(2), 122-134.

Wills, T.A., Vaccaro, D., & McNamara, G. (1992). The role of life events, family support, and competence in adolescent substance use: a test of vulnerability and protective factors.

American Journal of Community Psychology 20(3), 349-374.

World Health Organization (2003). *Adolescent substance use: Risk and protection. Reducing drug abuse and delinquency among youth in the greater Mekong sub region*. United Nations publication.

Zamboanga, B.L. (2006). From the eyes of the beholder: Alcohol expectancies and valuations as predictors of hazardous drinking behaviors among female college students. *The American Journal of Drug and Alcohol Abuse*, 32, 599-605

Appendix A

Interview Questions

We will begin the first interview with a conversation to introduce ourselves to each other. The interviewees' pseudonyms will be used during the interview. There is one main question to answer during this interview:

What were secondary school experiences of male recovering substance and alcohol abusers?

Interview Questions

- I. Please tell me about your family life growing up.
 - A. Tell me about yourself.
 - B. Describe your experiences growing up.
 - C. Tell me about your parents' parenting.
 - D. Tell about parents' involvement and support in your education.

- II. What were your secondary (grades 7-12) school experiences?
 - A. What was your relationship and interaction with your teachers?
 - B. In what subjects were you interested?
 - C. In what activities did you participate?
 - D. Discuss your level of motivation when you were a student.
 - E. Discuss your conduct while you were in school.

- III. Talk about your peer groups at different stages of your growing up.
 - A. How important were peers to you while you were growing up?
 - B. Did your peer group change over time?

Appendix B

Research Questions in Relation to Interview Questions

Research Question	Interview Question
What were secondary school experiences of male recovering drug and alcohol abusers?	I.D II., II.A, II.B, II.C, II.D

Interview Questions

- *I. Please tell me about your family life growing up.
 - A. Tell me about yourself
 - B. Describe your experiences growing up.
 - C. Tell me about your parents' parenting
 - D. Tell about parents' involvement and support in your education

- II. What were your secondary (grades 7-12) school experiences?
 - A. What was your relationship and interaction with your teachers?
 - B. In what subjects were you interested?
 - C. In what activities did you participate?
 - D. Discuss your level of motivation when you were a student.
 - E. Discuss your conduct while you were in school.

- III. Talk about your peer groups at different stages of your growing up.
 - A. How important were peers to you while you were growing up?
 - B. Did your peer group change over time?

Appendix C



INTERVIEW CONSENT FORM Research-Based Study

I am conducting a research project through the Drake University Doctoral Program. Thank you for agreeing to participate in this project by being interviewed. The purpose of this project is to gain an understanding of the secondary school experiences of people who have abused substances.

You will be interviewed three times for approximately forty-five minutes to one hour each time, using an audio recording device. The overarching question that I am investigating is, *“What were the secondary school experiences of recovering drug and alcohol abusers?”* The procedure for the interviews is:

Interview 1: Introductory Session and Interview Session

The participant will meet with the researcher to receive a pseudonym, to review and sign the Informed Consent Document, to receive the list of potential research questions, and to be allowed to ask any questions that the participant might have about the interview process. After these have been completed, the questioning will begin.

Interview 2: Interview Session

The majority of the planned research questions will be addressed during this session.

Interview 3: Concluding and Reflective Interview Session

Any of the planned interview format questions still remaining will be asked, and the participants will have the opportunity to add any information regarding previous questioning, or to summarize reflections that they might like to add.

Information collected from the three-part interview process will be reported within the findings of my report study. If at any time during the research process you need to contact me, please do so at 641-363-4282, or via e-mail at rebecca.maher@drake.edu

Information regarding this research study has been filed with the Drake University Review Board. Should you have questions or concerns about this study, you may contact the Drake University Institutional Review Board (IRB) at (515) 271-3472 or via e-mail at irb@drake.edu.

The following are the terms for participating in the study:

- Information gathered during this project will be reported as findings in my research study. The findings will be reported after an analysis process of the information. Six persons will be interviewed for this study.
- All study data will be kept in a locked file cabinet at my home or on my password protected hard drive, and will not be accessible to anyone except myself as the researcher. Any data sent to a transcriber will contain only pseudonyms, so that participant identity is protected. Data stored in the investigator's home will be destroyed after three years.
- Risks that could occur as a result of participating in this study are that you could experience some minor discomfort if unpleasant memories are reflected upon or discussed, and the time commitment required for the interviews could cause mild inconvenience if it is disruptive to your normal routine. Total time for the interviews is estimated at 145 to 155 minutes.
- A benefit for participating in this study will be that you will have an opportunity for a retrospective personal reflection of your secondary school experiences. Another benefit is that your experiences may assist other individuals who seek to understand the phenomenon of secondary school experiences of former substance abusers.
- Pseudonyms will be used at all times. This includes throughout the entire research study process and also during possible publication of the study.
- Your participation in this study is voluntary. Refusal to participate in this project will result in no penalty or loss of benefits to which you are entitled at the treatment facility. You have the right to withdraw at any time. Should you choose to withdraw during the study, any data collected from you will not be used in the study and will be returned to you upon request. If you discontinue participation, the treatment facility will impose no penalty, or withdraw any entitled benefits.
- You will receive a copy of the interview transcript.
- You will receive no monetary compensation for participating in this study.

If you agree to participate in this interview, please sign and date.

Respondent _____ Date _____

Printed Name _____

I (do/do not) grant permission to be directly quoted with anonymity during this

study _____ Date _____

Researcher Rebecca Maher _____ Date _____

rebecca.maher@drake.edu work phone 641-363-4282

Drake University Doctoral Chairperson, Sally Beisser, Ph.D.

sally.beisser@drake.edu

Appendix D

Interview 1: Introductory Session Script Format

The purpose of this script is to assist the researcher with conducting the beginning step of the interview process. During this session, the intent is to accomplish the following: general introductions, and introduction to the purpose of the study, presentation and signing of the Informed Consent Form, and introductory questions.

Interviewer: I want to thank you for agreeing to participate in this research study. I wish to take some time to ensure that you fully understand the purpose of this study, your important role in this study, and the protective measures that are in place. Today and throughout this process you will be known by the pseudonym of..... (interviewer gives the participant his pseudonym).

Participant: I am eager to participate.

Interviewer: I understand that you have met with the director of the facility, and that you are aware that I am a graduate student at Drake University, completing a doctoral degree in educational leadership. The topic I have chosen for my dissertation research is "Secondary school experiences of former substance abusers". The purpose of my study is to gain an understanding of the phenomenon of secondary school experiences of substance abusers. Any increased understanding of students during their school years can assist educators as they try to assist their students to achieve. Do you have any questions for me about the purpose of the study?

Participant: Any questions will vary, and the interviewer will answer them all.

Interviewer: You have reviewed the Interview Consent Form with your director, but I would also like to review it with you further so that there is complete understanding of the measures in place to protect you as a participant. Have you read the Interview Consent Form, and do you need any questions concerning this document answered?

Participant: Reviews Interview Consent Form. Interviewer answers any questions.

Interviewer: Please sign the form, indicating you consent to participate in the interview process and to be directly quoted. I want to state again that your participation is always voluntary, you may discontinue participation at any time, and there is no penalty for non-participation. Thank you for agreeing to participate. I will file the form for the remainder of the research process. Are there any other questions?

Interviewer: Before we begin the interview process, please know that I am very appreciative of the time that you are taking to speak to me. I understand that the problem of substance abuse is very widespread, and is pervasive in our culture. Some of the answers you give may prompt me to ask other follow-up questions related to my research study. It is time to begin the interview process (interviewer gives participant the set of research questions, Appendix A).

Participant: Answers the first few introductory questions.

Interviewer: Your director has set up Interview #2 for ____ and I'll see you then. Thank you.

Appendix E Significant Statements

Family Life Growing Up

Eddie:

Single mother, my father left like right after I was born so he wasn't in the picture
Grandfather died when I was probably about three.

...my mom and I inherited the house in Florida so my mom and I moved there and the rest
of the family lived in Indiana.

..growing up there wasn't a lot of supervision

Mom met a boyfriend; he was a pretty big drug dealer...my mom was I guess starting doing
drugs then with him.

He sold drugs and that is what he did. So I was exposed to that at a young age.

He was like a horrible person.

He wasn't like a father.

I could tell he didn't like me and I didn't really like him very much either.

Probably by the age of sixteen that's when I started, that's when I really found out my mom
was doing drugs.

She never really did them around me. She was always in her room or gone at work.

So I pretty much raised myself up.

My sister, we were 16 years apart and she was like the joy of my life...she grew up and I
was there for her.

Mom's boyfriend was always intoxicated with something.

I remember the first time I took some (alcohol) under the sink. I think I was probably 17 or
18.

So my mind, was like, if my mom's doing it the one person in life besides my sister that I
love then I guess it would be ok for me to dabble in it too so that's when I started selling
drugs.

I got into gangs in Florida. I sold em (drugs) at 16 and I smoked marijuana and did coke
every once in a while.

My mom had some sort of guilt of what was going on. The drugs and stuff...She was calling
her sisters they were all saved and Christians....So she took me, my sister and she left the
boyfriend and moved to Indiana.

I never knew what it was like to be a father cuz I never had a father

My mother wasn't really like, I'm not a competitive person my mom wasn't a competitive
person it was almost like a lazy.

My mom took naps during the day and I think that had a lot to do with the drugs too but it
wasn't competitive.

I don't remember wanting to impress my mom with my school work as opposed to some
children wanted to say my father wanted to see my report card.. therefore I worked hard at
school and therefore had ambition.

I didn't really have that (a parent interested in grades) so I didn't really care.

Parenting for my mother...she was kinda like rapped up in her own thing.

I can't remember her, (promoting education)

I wrote this thing called "Fatherless". In that essay I remember being on the bus and all the other kids saying "my father, my dad is gonna be mad at my report card, or my dad is gonna do this or my dad is gonna do that. You know he is gonna spank me when I get home". Going back I couldn't say that. I remember feeling sorry for myself cuz I didn't have that.

Charles

Mom had a kid and let the kid grow up on his own while she did her thing (methamphetamine).

Not a lot of family

No structure; older brother that kinda took care of me; make sure I had something to eat

Not sure if mom is still using; cut myself off

Didn't know my dad; I know him now kinda; had boyfriends and step dads

Didn't have a normal household; didn't know what normal was like to have

No bedtime, we just kinda lived

Did have a very good grandpa and grandma but (didn't get to see them much)

A lot of times I think I was home just to make sure mom was all right too

I just seen my mom use it (speed) off her dresser so I did the same thing when I was a little kid

Marijuana kicked in there it was pretty routinely but that was when our mom would leave it out.

Yeah, we (brother) don't talk anymore either. I just went through a ten year marriage, and ...I had a wife that acted like my mother so then my brother no has taken, they're friends, so I had to cut another cycle in life, I cut everything off again.

I have three kids, 7, 5, and 3

Yeah, a little bit. Yes Mam (got bullied).

School Drug Programs: You don't want to teach too much. You know they need to be aware. The DARE program is already in place. Keep that stuff going but you don't want to push something too hard for the other kids who don't have that problem.

Paul

My mom is a good woman, I thought my whole life. My dad was an alcoholic.

He stopped being an alcoholic when I was in 9th grade.

I had one older sister. She was 5 years older than I am. We had a close relationship. That's as big as my family was.

Mom works for the government; my dad was in the military

Dad stopped (drinking) when he went to church with my mom and he accepted Christ.

My dad still made time for us but like when I would sit down and do homework with him he would be drunk and lose his patience with me and so if I didn't understand something he would take it out on me so I learned quickly not to ask questions and just to lie too, that I understood something.

With being in the military a lot he would always get sent away to the field of war.

My folks wanted to get to Germany (in the service) because they had the best hearing center, because I was born deaf.

Dave

Growing up I am the second oldest...I have three brothers
 My dad he was an investigator..both of my parents graduated from Michigan State...my mom was an overnight nurse at the hospital and then became a stay at ho mom
 I grew up in the church..Lutheran was Missouri Synod
 (Parents) very strict but never abusive. No spanking or anything
 Both parents were very involved
 Me and my mom have always been very close
 Around 13 my grades started to fall; 13 is when I started using drugs

Larry

I had a pretty good childhood. I have a twin brother.
 My mom and dad got along for the most part. My dad had kind of an anger problem. He was gone a lot. He didn't do much with us. He was a coach for baseball 7-10 years old. We didn't like it that much but he kind of pushed it on us.
 My mom was always real nice and she worked at our school.
 Grandma moved to Iowa just to be close to us
 My dad he argued a lot more with my mom junior high that's when we kind seen a lot more. Him kinda pushing me and my brother around
 And then she finally did it in 7th grade (divorced his dad)
 I never saw him (physically abuse) but he was verbally abusive to her I know
 We kinda made things up recently (made up with his dad)
 7th grade is right during the divorce is when I started messing around with marijuana
 He (twin) did it a couple of times before me...he stopped and I kind of found a group of kids.
 He (twin) was the jock and I was the skateboarder, yeah he (twin) was the bossy one. I was more of a momma's boy I guess
 My dad found out we were doing it (drugs) and I think my mom took the blame for it. I started doing that a lot that first summer (of divorce). Kinda quit after school started and then in high school I started getting Ecstasy and all the harder drugs.
 They (parents) were real stern about us getting good grades and stuff ...we would be grounded or they would try to ground us...yeah we would be off the hook the next day if we got grounded
 In middle school my mom ended up working for the juvenile detention center and I think that had something to do with us not getting in trouble because I had run-ins with cops and stuff and I didn't get as bad as my other friends when they got in trouble for it
 In seventh grade my mom did remarry and she had a son and a daughter....I ended up changing my last name ...and he ended up getting cancer...passed away there...I was in 9th grade.
 Mom suffers from depression
 No bullying or being bullied

Joe

My dad he was a coach so sports, I mean, it was kind of a big thing in our family.

(My sister) Like she did everything Dad would want me to do. She learned a lot from me. I always picked on her.

My dad was the football coach and I managed a lot of the teams. I heard a lot of that stuff at a young age. He (dad) taught physical education and health.

Yeah (mom works outside the home).

Dad wanted me to be tough. Don't cry, sissy. He kinda motivated me by getting me angry. He really had an idea of what he wanted me to be...Football player. He really had his own idea. I felt that will was being imposed on me... I knew something was, didn't feel right when he said no, you're going to go here, right? I knew that didn't feel right. In my soul, you know. I just like, I didn't like that at all. I was kind of rebellious.

I know that now. It really killed me (talking about the fact that he could get his way). Both (gave him his way) and maybe they would argue.

I had all the support that I could have had.

I mean you knew you were supposed to like it so you did. College football coach now (dad).

And my mom (when he was out of school and using), was like are you trying to kill yourself?

School Experiences

Eddie: I remember teachers really pushing me. I remember being told I had gotten on honor roll and I had gotten good grades and it made me proud (middle school).

I do remember my first grade teacher. She was a great teacher

I didn't really take school seriously

I went to a high school that was like I didn't really participate but at the high school was in...and I know there was like 800 to 1000 people over what they were supposed to have....teachers didn't know your name and the classrooms were packed.

I dropped out in 11th grade cuz I knew I didn't have enough credits in the 12th grade to graduate.

I remember going back and I did try to go back to high school after I had dropped out and ya know I am in 11th grade and I only needed a few credits I needed to catch up. I remember talking to a coach. I don't remember his name but he said just go and get your GED it would be easier to do that. I remember that and thinking about it now that probably isn't a good thing to say to a child for ya know building them up cuz nobody cares obviously so I will just go get my GED.

It is correct that the (school isn't very personable because it was so big)

I like Science; My shop teacher was cool. I do remember him. I don't remember his name but I do remember the guy. He knew a lot about building and I like to build...

I went and got my GED. That's all I thought I needed to do so that's all I did

Played baseball from 6 to 12 years old.

Yeah I got into stuff (behavior trouble). I always wanted to joke around and I just couldn't sit still. I remember a teacher saying sit still. I constantly was wanting to do something or wanting to make someone laugh.

Charles

Grade school was kind of a blessing. A way to get away from family, to get out of the house, although I didn't participate very much.

Parent support in school there was none

I think mom had us go to school just to get us out of the house for awhile

Basically she was trying. I think she might of loved us; she didn't know what to do so, she just would push us out because I think she would have gotten in trouble if she didn't. The state would have stepped in; almost embarrassed—I would have rather not have her involved you know

I could hear the other kids talking about theirs and mine was nothing like what they were talking about

(Teachers), they kinda turned me away; so I blocked everything out then, I mean I didn't want any help no more. So I really kept stuff from them too, you know

I didn't really (have subjects you were interested in?).

A lot of times at school I would sleep or I would rest, I really wouldn't be in class ya know I was actually in special education at a young age

I couldn't I had no trust in adults so I wouldn't listen to anything they tried to tell me what to do you know; the more they told me the I went against them

Yeah they called said ADHD; the state was forcing me to take medicine or trying to but I wouldn't just because they told me to I wouldn't

I didn't trust; I would go opposite just to make sure I didn't get hurt by somebody

I look back now and I wish I would have reached out to somebody but I didn't because I didn't trust

I wish I would have had somebody pushed a little harder you know; pushed a little harder saying what's wrong instead of disciplining me so much; somebody saying hey what's wrong instead of you're doing that

In 6th grade I went to the counselor in school and told her that I needed help, had been up a couple of days not trusting my family, so they sent the DHS to my house and that just in turn made it worse; as soon as DHS walks out the door your parents are mad at you for you know what I mean, so it was really the worse thing they could have did; it just confirmed my beliefs of not trusting ya know, now I couldn't trust the school at all. It was the biggest school in the city (of 300,000)

No, not anything (what did you participate in during school?) I never experienced none of that; yeah I just didn't want to be around people ya know at that point. I didn't play any sports

I really started 6th, 7th, 8th grade I started getting into drugs more and more often so then that became my feel good

I've never been to one school function

Parents didn't go to parent teacher conferences

I learned a lot of different ways. Life is what really taught me the things I needed to survive, rather than reading. I had to read sometimes to survive or I had to read to understand how to survive not really because I was getting a report card; I think rebellion kicked in , it was cool at that point to make it a joke

I was trying to cut myself off society or give people a reason why to quit focusing on me; it was just he's a mad kid let him -quit looking into why he is mad

The more you had that problem they would leave you alone at that point

(acted out a lot) finally to the point the school just expelled me that was in 7th grade. I never went to school again
 The state finally picked me up and sent me to a boys home. It lasted 3 ½ years.
 I got my GED here, until I was 19, here
 I know they do (teachers need to take the role of the parent)
 (Wasn't a bully in school or bullied by others)
School Drug Programs: Programs like DARE and just kinda emphasizing that more.

Paul

When I was younger I did just get picked on all the time (hearing impaired). Just to learn how to speak (was a challenge) and just deal with being picked on all the time
 One, it didn't help that they put me in a resource room because all the kids assume if you are in resource room you are automatically retarded. So I was reminded daily that I was retarded and stuff like that. Yeah, but it was because kids simply didn't understand. Back then I just thought kids were being brutal. I didn't really like being separate, you know I wanted to be with the class. I didn't like when other classrooms got to go to their classrooms and I had to go to the resource room.
 It did (change?) when I was in 9th grade I asked my mom and dad if I could go to a Christian school. I was just not happy at other school. So they were like are you sure this is something you want to do because its gonna be different. And it was smaller and teachers had more time for me if I had questions. I was able to talk to them after class. I told my parents I can do this.
 My parents encouraged me to do well, I always had good grades. I won the president's award and I have when I was in college I got a scholarship for good grades and they retired my high school jersey for basketball.
 I never got picked on there (Christian school) I actually looked forward to going to school and the teachers were awesome. Teachers accepted me as a human being and that was awesome. I had teachers even go beyond...than just studies. I graduated there. Participated in soccer, basketball, played bass for the worship team. Liked math and pe class. A small school maybe 150 total, graduated with 10 people.
 I think the smaller classrooms are good because you get less distractions and you're not overwhelmed. Like when I went to college and all those lectures. Yeah I was overwhelmed, I couldn't hear nothing.
 A lot of mean people in college and it just reminded me again of public schools. Everybody gots their clicks, you gotta fit into certain groups, and not to be alone. I just felt alone in college. I didn't like that feeling. It brought back the memories of how it was in public school and how I felt like an outsider, like I was in a foreign country. I went 2 semesters. I ended up missing all my finals on the 2nd semester, well they flunked me out and expelled me.
 I just felt like in (high) school I was used to having all that support. I knew I had it...rather than went to college world, didn't know anybody didn't have new friends with anybody. It just felt like I didn't have no support. And every time I went to get help at the college they just gave me the run around. I just felt like they didn't care about me or get me the help I needed. I had to fight them to get a note taker, and once I got the note taker I couldn't read their handwriting.
 (Bullied as a kid but didn't bully others)

School Drug Programs: I notice because I went to public and Christian schools, public schools it was just all over the place. And being at Christian school and God being in place there was just never that came through that school. It was a small school like I told you it only had 150 kids in that building. So I think God plays a role in that picture.

I have given a couple of testimonies but, when I go back to New York I have been asked to go back to my school and talk about it.

Dave

I was in public school up until 6th grade then to private Lutheran high school 7th grade thru graduation.

I went to college to be a firefighter. I studied fire science. Dropped out a semester before graduation

Around 13 my grades started to fall; 13 is when I started using drugs

Parents had expectations of education, I had to get B's or above

I was getting D's and F's...take away my car, take away privileges

I was a constant drug user from 13 to 20

I was very gifted; I didn't have to study very much to pass a class

Class clown; close relationship with my principal

Huge differences (between public and private schools). We went from little or no rules...to having to wear uniforms and having very strict rules along with putting the religious side to it

I hid it (drug use) until I was 17; mom found a pipe in my room

Our graduating class was only 30 some people so we were close to almost all the teachers. My English and science teacher were very influential on me.

In high school I played in, growing up I played soccer my whole life. In high school I played soccer, football, basketball, I wrestled for a couple of years

I got suspended from school for a week I think and for sports I got suspended for 30 days. I had drug tests the rest of high school.

I was extremely rebellious about it.

Both the teacher and the subject (whether I did well or not depended on both)

I got a lot of D's

In the earlier years, yeah (would classify himself as someone who was bullied)

Drug Programs in Schools: Not with how easily drugs are made in the house now.

Larry

Got all A's and B's all the way through school...sophomore year I dropped out

I skipped a lot; (friends) no they finished too...they went back... and after a couple of years

I remember a 5th grade teacher; she was awesome. When we left 5th grade she ended up going to 7th grade and then from 7th grade she left and ended up principal of my high school so she was always there and seen my progression of addictions in school and stuff too. But she was always there for me.

I ended up going to an alternative school...so I was 19 and I graduated

(School) average size I guess

Gym I guess(favorite subject) I like science

I remember crying when I got a D; yeah that was the only D I got

I was a pretty good kid in school, til I got in to the drugs and stuff and kinda trying rebelling with the whole divorce and everything
No bullying or being bullied.

School Drug Programs: This program has helped me a lot and secular rehabs and that's the only one that has worked for me. (Thinks it would be effective to have people who went through substance abuse to talk to students)

Joe

You know I think I was (a bully) up until 3rd grade. (Then) I started feeling sorry ...started thinking how those kids felt.

I remember coming home with a D. I was scared to death to say anything. Not really (didn't continue to get bad grades), I never put in a lot of effort. I put in just what I had to. I knew I was smart. I knew what I knew. History (subject he was interested in)

I was more worried about sports. I just needed to please everyone a little bit more than anything else honestly.

I mean the grades were you could get a C pretty easily and get away with whatever. It wasn't hard to do.

Baseball, football, golf, four sports in high school. I guess some science stuff was cool, biology.

Yeah definitely (felt pressure from the football angle)

I didn't use in high school really

Very little, certain times (anxiety).

This thing (drug ed in schools) has taken God out of the equations. I think it's pretty sad...Everything was founded on in America was that.

I don't think just educating someone about a drug makes them not want to do it.

I thought it was great (talking to public school students about drugs three weeks ago).

Post Secondary Experiences

Eddie:

Yeah, just growing up watching them change, my friends are in prison now. My peers are some dead, some are in prison. Some have kids they don't ever see. They have never gotten married. We had a son, my wife got cancer, the pressures just in life in general were hard
Went through counseling

Charles

I had my own business doing room additions, house additions. I work, the Lord gave me my hands, I work, I can build.

The state has taken them (my children) away from me. Being here they have just granted me visiting right so what my hope is now to learn to be a father.

I served in Iraq twice

Paul

I told my sister I really need help; since 20 years old, drinking and drugs every day. She said alright so if I find a program for you you gonna go? I said yeah but it has to be a Christian program

Dave I would be up two or three weeks at a time (working and going to college). Then I would crash.

Larry

I have a son. He will be a year next month

After I graduated I didn't have to go to school anymore so I kind of hit the party a lot more. I felt like he (twin brother) achieved more so I was kind of like screw it why even try it I have been in the wood shop a lot here and I really like that a lot so I'm gonna... do something like that (make furniture)

There is an attitudes class, there's like a how to deal with your feelings (classes at the treatment center)

Joe

Yeah but my whole identity was wrapped up in this one thing. ..I didn't play anymore. I didn't realize how much it was feeling me.

I was scared to leave this comfort zone in my home town.

I ended up having a kid

I didn't know (what college major to work toward)

A friend introduced me...to pain pills...his parents were druggies...age 19 or 20...I like didn't know about this stuff, right? These are good ...I have never used any drugs...it took away my anxiety...I had no clue. I was like, I'm not gonna get addicted. Two years down and I was pushing the needle.

It (anxiety) just felt consumed, consuming...the only release valve was a pill.

I was like went from a sports star to this.

I just thought people were thinking down on me continually, If I got around people (talking about after high school when he didn't play college sports)

Peers

Eddie:

I was in a gang, a it was Irish. It was just four white kids; it was in Florida. Once I started selling drugs I had a got in with them. It was like I said before the same four, fatherless, we had a lot in common. We talked about my father wasn't around and my father around so you felt closer to that person. Not having any brothers or type of influence, good influence. These guys were people that I loved. I did feel protected around them and I felt tough and I felt strong and I selling the drugs to me was when I first started selling the drugs I didn't know how to do it so I would give them away cuz I wanted people to like me. That was I know a big issue. I really wanted people to like me. My father not being there my mother not really caring enough to do anything I had a root of rejection. And I didn't want people to reject me so I did everything I could do to be a man pleaser, please people.

Peers were important to me at that time cuz they were you know the people I did run around with, the most important thing. My family life you know it sucked. I didn't want to be home. School was a bummer. So hanging out with my friends I remember I attracted being older now being attracted to people like me who didn't have fathers looking around out there ran around in gangs and they showed you a lot of love and a they protect you if

you get hurt and there's the feel good factor with the drugs that are involved and the alcohol and anything to cover up any kinds of problems you have.

They (friends) were important to me at the time.

Everybody drank so I started drinking beer then eventually just the typical thing, beer didn't do it for you so you started getting alcohol.

Everybody knows Irish drink and everybody in the town knew.

I got that reputation (of being from an Irish drinking family) right off so you know I drank and got into trouble and in and out of jail for stupid things

I figured I was like any other kid trying alcohol you know, smoked pot every once in a while

Charles

I pretty much stayed to myself; I just don't know how to explain it, I just did my own thing.

Between the grade school 5th and 6th grade I had already started using drugs just to fit in.

I didn't know what it was or what it was called, you know I just knew that if I did it I could be in the same room I wouldn't get kicked out of the room if people came over or something

It was accepted; the adults were doing it

Every once in a while I would want to be like the other kids, you know; there would be one kid who really did good with grades if there was something to the end of it. Which let me know that I could do it

Yeah, I found a few good friends that were closer to me than family because they were growing up in the same situation I was. The only kids that wouldn't ask me questions. I think I found them my 6th grade year. I found a couple of kids in the same situation. (Together we would) get in trouble, smoke cigarettes.

They didn't want to know what happened they already knew we left home, we didn't have any curfews...we just ran the streets together

Many times, yeah, (land in jail), I was in juvenile detention a total of 20 some times

When I look back I know that I was just reaching out for help every time

I'm pretty good about getting friends and dropping them. I just keep myself separate.

I have more here in this place than I ever had in my whole life. Because they truly care. It's hard, you just can't tell something, you can only feel it

There are friends in the past I wish I would have stuck closer so I could feel that now, that was a true friend, I mean I can see now but you block out so much you don't want that in you know

Paul

When I was a student there (small Christian school) I

knew every student from preschool to 12th grade. I liked everybody.

College world, didn't know anybody, didn't have new friends with anybody

By the time they had implants, I was in high school. They asked if I wanted it. I didn't like the idea because this was exposed bad enough when I was younger I did just get picked on all the time. But to have something on my head and ear (I would get made fun of)

So my best friend worked there (at his job after he was expelled from college) so we became friends and that's where the substance came in drugs and alcohol

I pretty much did everything with my best friend

Dave

I had dated girls who would get them (prescription drugs) from their parents
 Growing up (6th grade) I had friends older than me and high school were the ones that supplied the drugs. They would sneak me out of my parent's house at night and they were the ones that supplied the drugs
 Some of them did (know he used), kids tried to get you to stop and you didn't listen
 Once I got into high school or age I was getting older I started driving and could get the drugs myself I became more of a loner and I would do it on my own and that's how I pretty much hid it from everyone

Larry

We kinda met and 7th grade we started
 Once I got into high school I guess pretty much everyone in high school tries it
 Yeah I partied a lot with them(the jocks)
 I liked having friends. Especially my brother you know. Yeah (I consider him my best friend) we were always together. I started drinking a lot and he stayed back away because I get pretty violent ...he didn't like it. He didn't like me hurting my mom
 I bullied....the nerds

Joe

Me and the neighbor kids we were all real close to the same age. We all messed around, got into trouble together....We just had a blast.
 Yeah, they liked me (saying that he is likeable).
 He is dead now. He overdosed (a pee wee baseball team member who became a friend)..at the age of 27.
 I have had four guys die that I have been around.
 There were two brands of friends I had. One was the losers of the town....then there were the higher ups too, they were the guys that went to college. But they did stuff too; they were doing steroids.
 I wanted to fit in..I wanted to e cool (after high school)
 Yeah, they went off to college, a lot of my good friends..I felt hurt too.
 They fed him drugs when he was young (his friend's parents).

Attitudes Beliefs, Behaviors

Eddie: I always felt like God had a plan for my life and that's what I needed to do
 I thought as long as I was making enough money I was all right
 Developed panic attacks
 Felt worse about (what kind of father I was) so drank harder; hid my feelings
 Suffered depression
 Called out to God when I hit rock bottom; God's plan to go into treatment
 Growing up in that same set as the rest of the guys I'm not saying I'm better but I didn't want to be like that; ya know even though I kinda went that way bit I still I always knew I want to be married, I wanted to be a father

It wasn't a good time in my life. We treated women not well it just it was just a bad time in my life and a ya know I've went back there in my mind before and I have forgave myself for a lot of the stuff I was a part of and I know that that's not me.

I always had feelings in my heart; I wasn't gonna be like those other guys

I did feel sorry for myself (when I was growing up)

Yeah, I did (go to church when younger)

I figured I could do it all by myself and it was not til I had nothing and I was down and out and literally inches away from dying that I cried out and God can work with that

Future: I would like to be part of the ministry. I have a heart for the guys that are coming in here.

Charles

The only happiness I had was when I got close to God. I mean I 've never had the happiness before. Before then, since then and until now again

Future: You know it's in God's hands right now. I am not really sure. I'm gonna start seeing my kids before long. The Lord will lead me. I'm done making plans.

Paul

She said all right so if I find a program for you you gonna go? I said yeah, but it has to be a Christian program because if things weren't going the ways I wanted it I got mad at God for it. So then I just stopped completely. Reading the Bible I just stopped having a relationship with Him.

I've had self-pity before. A little pity party for myself but when I was at Christian School I never had a pity party for myself. I was confident of who I was...I snow as I stand in religionness God is going to lead me.

I had been through some relationships. I just wanted to be loved. Comes along with I just wanted to be accepted and loved

Before I had a relationship with Christ that I never experienced like until I had a relationship with him.

Future: I'm going to pay off my bills and hopefully head out to the missions field.

Dave

I got arrested on my 18th birthday...distributing to minors and disturbing the peace and minor in possession

Sleep deprivation led me to methamphetamines. I would be up two-three weeks at a time then I would crash (working and attending college)

If I could have known back then that I was going to end up in jails and treatment centers I would have hopefully not done it. But the biggest influence on me hopefully someone in the 20's that's been thru or done the practically anything or been a counselor or lead some groups in class to explain the consequences of actually living it not these video tapes of DARE don't do drugs. Or just teachers reading it off of papers the consequences of it will happen to you

Once I started using drugs I wasn't a kid anymore it was a full time job.

But I never felt like I was close to my dad

Larry

Probably like 16 or 17 (developed anxiety)...never feel it before I used
 I just wanted to prove to my mom that I could finish high school
 I have a lot of anger issues from my dad probably
 Yeah a little more probably (had poor me feelings more than other kids). We could never
 leave the house or have friends come over

Joe

My whole identity was definitely through sports to a tee.
 I think I always had it in me (being rebellious).
 I would make everybody else miserable if I didn't get my way....and I remember they said
 no, and I wailed...I got it finally
 I didn't wanna do anything that he wanted me to do. He thought I was a little better than I
 was....No I see the potential now that he was seeing.
 I never handled a real life problem in my life
 (Suffered) Ice cold anxiety. I felt like that for ten years unless I had something to take for it.
 Until I just realized in the last few years a lot about me more than I ever knew.
 It's like everybody fell around me. And God left me standing.
 I was seriously on a mission. Deadly car wrecks...
 (Felt there is a reason I'm still here). Of course I have. I believe in God deeply.
 People would expect a lot out of me so it became a performance. Like I had to be this
 person or they were gonna get down on me.
 I think back when I was a little kid I would come home nobody taught me to get on my
 knees and pray. And I did. I always prayed, and God answered my prayer.
 You know you hear about Jesus, but not having a relationship with him. We started going to
 church. I am pretty excited about that.
 Something caught on like the fourth month. I see the error of my way. I see that I'm not
 living right at all, just rebellious to every authority. I'm just thinking I have a way, I'm
 always right...Just living like a wild ass. And you know I kept this anger and bitterness of
 the way I used to be.
 Like you can't explain to somebody how bad you are hurting.
 But it is always the minor things that are the big things.
 Future: I'm thinking I'm wanting to do an internship. I feel like God is leading me that way.
 Definitely want to get back in school...history....teacher

**Appendix F
Coding Table**

Statements about Participants under each Category		Paul	Dave	Larry	Joe
EDDIE	CHARLES	PAUL	DAVE	LARRY	JOE
PARENTS & FAMILY →	→→	→→	→→	→→	→→
No dad	No dad	Alcoholic dad	Never felt close to dad	Dad anger problem	Controlling dad
Horrible boyfriend	Had boyfriends and stepdads		mom was awesome	Divorce 7 th grade	
mom a drug user	mom on meth	good mom	close to mom mom was awesome	Step dad died 9 th grade	
mom lazy			parents strict	Good mom	parents gave him his way
ONSET →→	→→	→→	→→	→→	→→
		since 20		started 7th grade	19
Started at 16; sold at 16	started 6th grade	dropped out of college bad public school memories back	Started at 13; hung with older kids sneaked out of house at night;	parents divorced 7th grade	lost sports identity
loved mom, mom was using so he did	saw mom use so started as a little kid		house. Caught in HS had drug tests rest of HS	Skipped a lot	rebellious
Low supervision	Low supervision				
SCHOOL→→	→→	→→	→→	→→	→→
Elem teachers pushed me I felt proud didn't take school seriously	elem a way to get away from family	resource but high ability public school	Had drug tests during HS	got As and Bs all the way through school	
	sped at early age	public school bad experience;		skipped a lot	
proud ms honor roll	teachers turned me away	didn't meet needs	grades fell in 7th grade	5th, 7th and principal same person	
	Counseling problem	Christian school teachers		person; always there for him	

HS teachers didn't know your name	Had no trust in adults		Christian school 7-12		
HS classrooms were packed	adults didn't care	teachers accepted him as human being	gifted didn't have to study		not a lot of effort
thought nobody cares	biggest school in city	small schools teachers had time for me	close to almost all teachers		knew I was smart
Didn't take school seriously	learned in diferent ways	for me could ask questions	English and Science teachers were		liked history
Dropped out in 11 th grade	expelled in 7th grade	always good grades	very influential on him		
Got Ged	Got GED	graduated HS; expelled college; impersonal	graduated HS	graduated 19 alternative school	graduated Hs
got bullied	not bullied	severely bullied	bullied	not bullied	was a bully til 3rd grade
Big School	Big School	small school	small school	average size school	small school
baseball 6-12	no activities	soccer basketball bass	soccer, football, basketball, wrestled	no organized, skateboarding	four sports in HS
INTRAPERSONAL	→→	→→	→→	→→	→→
depression, panic attacks	ADHD	born deaf		anxiety 16 or 17	anxiety
	joke to cover		class clown	rebelled after divorce	rebellious
felt sorry for self	no family like other kids	felt pity		had poor me feelings	
hid my feelings	blocked everything out	wanted to be accepted and loved	never close to dad		
gang were people that I loved	if I did it I wouldn't get kicked out	did everything with best friend	loner; never felt close to my dad	liked having friends esp. my brother	wanted to be cool
RELIGIOSITY	→→	→→	→→	→→	→→
Called out God when hit bottom	Only happiness was when close to God	Relationship with Him	grew up Christian but didn't offer	Focused on God and everything works	A relationship with God

