

Healthcare as a Metaphor; Moral Leadership during the Opioid Epidemic

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Abstract

This study examines the experiences of P-12 public school superintendents in rural Ohio concerning their perceptions relating to the impact of the opioids on students and schools in their district. A component of a larger study on school leadership, we ask:

“How do rural superintendents make decisions and respond to the needs of their students (and by extension their communities) that have been impacted by the opioid epidemic?”

During the COVID-19 pandemic much attention was diverted understandably to investigate the impact of the virus on schools and students. However, the crisis of opioids and the adverse experiences this crisis has caused for school-aged children continues as a major concern. As a qualitative design, we employ an interpretative phenomenological approach, conducting semi-structured interviews to prompt superintendents to share their perceptions about their lived experiences in responding to the opioid crisis in their districts. Findings reveal insights to several themes, including trauma training for principals, teachers, and additional staff, coordinating with principals to mobilize community services to students suffering from adverse childhood experiences due to opioid-related issues, and community engagement and external leadership (among others). We aim to create a meaning-making space for rural superintendents to voice their insights to gain a better understanding of how they can essentially “cultivate equitable education systems” within these complex situations.

Purpose of the Study & Background

To understand educational leaders (i.e., superintendents and principals) concerning the way in which they perceive, make meaning of, and respond to the effect that the opioid crisis has had on their schools and students.

- In 2019, a reported 1.6 million people in the United States had an opioid use disorder.
- Between June of 2019 and June of 2020, 48,006 individuals died due to overdoses attributed to synthetic opioids other than methadone (US Department of Health and Human Services, 2021). In 2020, more than 10 million people misused prescription opioids (USDHHS, 2021).
- School-age children are facing trauma and significant adverse experiences due to the impact of misuse on the part of parents , caregivers and others (Vasquez-Martinez, 2020; Winstanley & Stover, 2019).
- K12 public school leaders are presented with a moral imperative to make decisions and allocate resources in response to trauma and adverse childhood events experienced by students in their schools, and the stakeholders in their school communities.
- Specifically, the aim is to better understand how practicing district administrators in Rural Ohio schools perceive the dynamics of leadership regarding opioid-related dilemmas that have impacted the educational environment of the schools they lead.

Problem Statement

Few studies expressly focus on *school leaders' and their response* to needs that arise from the impact of opioids on their students, schools, and communities (Burfoot-Rochford, 2020; Hess & Lowery, 2020; Welby, 2019).

In this presentation, we intend to share how educational leaders (i.e., superintendents) perceive and respond to issues relating to the opioid crisis, specifically how the crisis impacts students and school communities.

The concern especially focused on the way in which educational leaders as moral agents construct and respond to the opioid crisis as a phenomenon.

In the schools of this study, high-incident opioid prescription and overdose were apparent not only in the data from the Center for Disease Control and the Ohio Drug Report but throughout the shared narratives in informal interviews with the administrators.

That said, the opioid crisis can be academically seen a milieu for examining how leaders respond to other critical issues that have traumatic effects on students and stakeholders.

Theoretical Framework: *Bricolage*

To speak to these complexities, the team explored the experiences and perceptions of educational leaders as agents making academic, behavioral, and political decisions in the milieu of the opioid crisis. To do so, we drew from research on leadership and crisis, which has examined how leaders respond to chronic and ongoing crises in high-need situations, and data on how abuse and addiction of opiates have impacted rural counties and school communities (Burfoot-Rochford, 2020; Hess & Lowery, 2020).

Superintendents and principals regularly face dilemmas of varying degrees in which conflicting and competing community values within their districts converge. This requires that they make decisions and pursue actions that are morally reasonable, ethically sensitive, and socially efficient. The opioid crisis has presented just these types of ethical dilemmas.

School leaders facing such crises must engage a vast variety of community partnerships and external resources that some districts in other areas and in different zip codes may simply take for granted. This “making do with what is available” is characterized as *bricolage*.

Methods: Purposefully Sampled Participants

Participants were selected through a purposeful sampling (Patton, 2015) of licensed school leaders practicing in public school districts within rural Ohio counties with the highest Death Rates per 100,000 Population in Ohio (Ohio Department of Health, 2019).

28 superintendents, principals, and asst principals of 12 school districts across 6 southern Ohio counties (i.e., high incident counties) were recruited and interviewed.

Follow up interviews were initially planned, however numerous factors complicated this:

- the restrictions on participant time
- the emotional nature of the topic under investigation
- school closures in the late winter/early spring of 2020 due to COVID-19
- focus on the politics of re-opening at the beginning of fall 2020

All 28 participants were licensed, practicing district leaders in their respective K12 districts—districts deemed by the Ohio Department of Health's 2019 Ohio Drug Overdose Report as having a high rate of Unintentional Drug Overdose Deaths.

Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2014-2019

- Counties identified as having death rates of 34.8-43.7 and 43.8-63.9
- Based on “All Opioids” which includes Fentanyl, Natural and Semi-Synthetic Opioids, and Heroin
- Age demographics of 25-34, 35-44, and 45-54 (age ranges most likely to have school-age children)

Source: Ohio Department of Health. (2019) Ohio Drug Overdose Data.

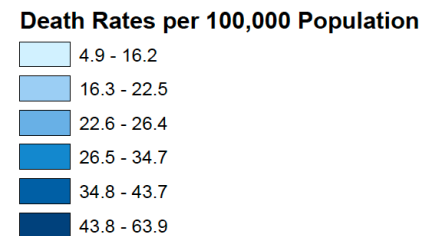
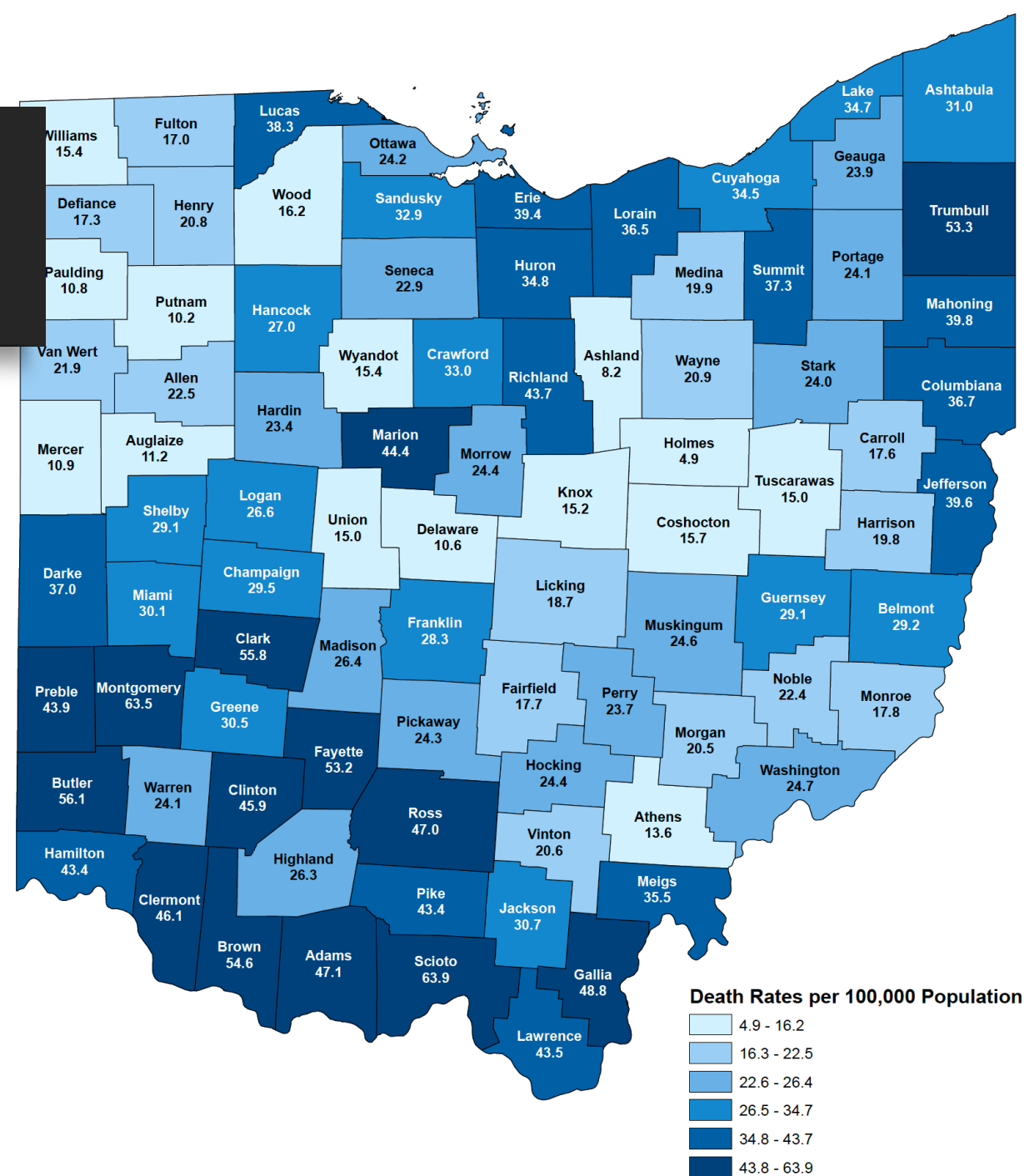
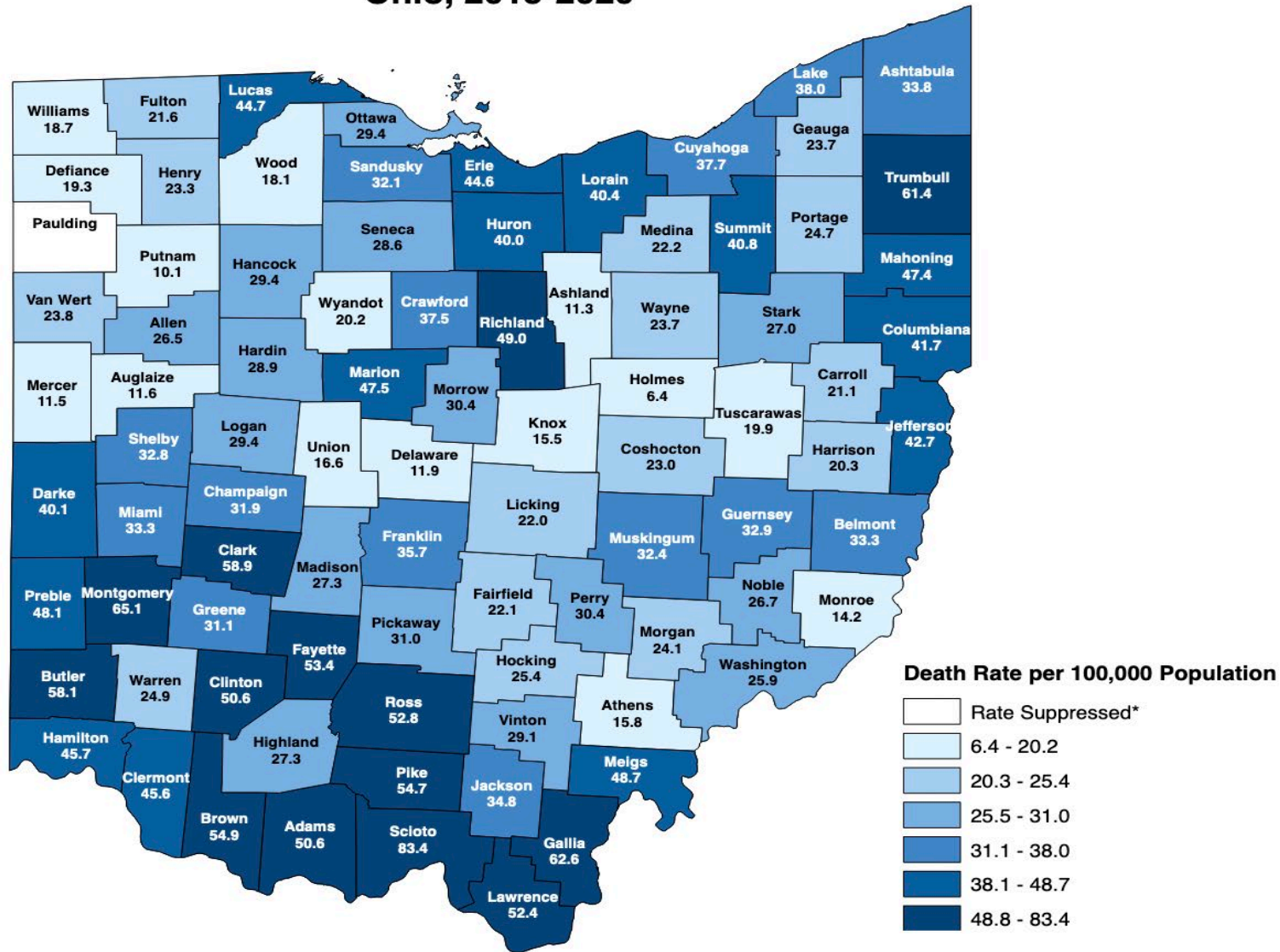


Figure 8. Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2015-2020



Scioto County had the highest unintentional drug overdose death rate at 83.4 deaths per 100,000 population, followed by Montgomery County and Gallia County (65.1 and 62.6 deaths per 100,000 population, respectively).

Data Collection

This interpretative qualitative study utilized a semi-structured, researcher-developed interview protocol as the primary data collection method.

By using semi-structured interviewing, our intent was to allow educational leader the freedom to share their narratives on lived experiences and provide a space for them to make meaning of (i.e, to express how they perceive and understand) the impact of opioids on their schools and students (Denzin & Lincoln, 2011; Patton, 2015).

Seeking depth and detail, follow-up questions and probes were used during the interview to invite school leaders to share intimate insights and keep the conversation going while also clarifying ambiguities (Rubin & Rubin, 2012, p. 96).

Interviews were conducted in face-to-face settings selected by the participant; each interview lasted between 50 and 90 minutes.

Data Analysis

All semi-structured interviews were audio-recorded, transcribed verbatim, and coded (Saldaña, 2016).

Coding was the primary vehicle for interpretation and analysis, borrowing coding techniques from both grounded theory and IPA.

MAXQDA was used to assist with data organization and the entire analysis process.

Codes (open/in vivo coding, axial, and selective/explanatory) were employed to identify emergent ideas and patterns and to organize data into categorical units, which are presented as themes. First cycle coding identified codes that were emergent and often used participants' own wording (in vivo); second cycle coding was done to organize codes into code families (axial), and a tertiary coding process was selective and used "explanatory" or "interpretative" coding (borrowed from Interpretative Phenomenological Analysis: IPA).

Themes were identified by examining and re-examining and "explaining" the coded data and patterns (as a post-coding analysis) in participant narratives that provide evidence of common themes and issues via coding (Patton, 2015; Saldaña, 2016).

Methods of validation and trustworthiness were used for triangulation and to improve the quality of results, such as peer-debriefing, inter-rater reliability, and follow-up communication as needed for clarification (Patton, 2015).

Findings

- Fostering and Sustaining Community Partnerships and External Leadership
- Prioritizing Student (and Staff) Wellness and Mental Health
- Responding to the Immediate Impact of Opioids on the Stakeholders and System
- Leveraging Awareness and Support from State and Local Officials and Policymakers

Fostering and Sustaining Community Partnerships and External Leadership

- I recommended when I spoke in “an Ohio” county, I said, “Guys, we all have to have a community partner. I told them they need to meet with their County superintendent from the ESCs and that's where the planning starts. That's where you bring all the agencies together. This is with the county board of education. Then you bring in your school districts, then you bring in your mental health and you bring in your physical health and they're all their planning and brainstorming. Now some agencies will say, “We've done our feasibility study and it's not worth it for us to be there.” But others will say, “Yes, we'll take on this opportunity.” I think there's a lot of marketing and promoting to be done with it, but I don't have time to do that either. But yeah, just getting the word out.

Fostering and Sustaining Community Partnerships and External Leadership

- ...we are having Trauma Informed Care Waiver Day, a two-and-a-half-hour session with a couple of curriculum people from the South Central Ohio Educational Service Center. They are coming to give us **trauma informed care** [training] because we have dealt with the kids [impacted by opioids] so long, and now the teachers and the principals are ... [begins to weep] ... especially, I'm worried about my two principals.

Fostering and Sustaining Community Partnerships and External Leadership

- [Local law enforcement has] helped us. They're involved in just a lot of things. They'll call me if there is a situation that might have happened at home that, say, affects this tomorrow because this happened. I asked our chief of police at the beginning of the school year, I heard of this thing called Handle with Care. I said, "You talked to me about kids and kids and in certain situations." I said, "Is there any way that you could tell me"—which this is only going to come out to be 58% of our kids because the other 42% are out of [our district]. But—"if there is a situation where we have a domestic issue of something that happened the night before, can you just tell me, give us a heads up." He said, "Sure, no problem." He goes in at quarter to seven, seven o'clock in the morning, he won't know anything until about 7:30 because he has to talk to his officers, but he would definitely let me know if there was any incidences.

Fostering and Sustaining Community Partnerships and External Leadership

- **Types of partners mentioned by participants:**
 - Educational Service Centers
 - Sheriff's Department & Law Enforcement
 - Juvenile Courts
 - Family Health Centers and Rehab Centers
 - County Addiction Coalition
 - *Steven Hunter Power Packs
 - Children's Services
 - Foster Care
 - Nationwide Children's Hospital
 - Ohio Department of Rural Health
 - External Counseling Services

Prioritizing Student and Staff Wellness and Mental Health

- We've spent a lot of time talking to our staff about trauma informed care. Trainings around trauma informed care. I have a [full-time] SRO on our campus. We have **six mental health counselors** across the district, and we are doing our best to keep all of our kiddos here. What I mean by that is years ago the model was if you had a student who was misbehaving or a student who just could not manage... You couldn't provide those supports here. You shipped them elsewhere. Well, what I've found, and my team has found is that's not great for kids. There are some instances—special ed related typically-where we can't provide those severe needs. Behaviors are the ones that have become the constant calling card of students who are living within trauma and taking those kiddos and reshaping the lens of the teacher role and giving them resources.

Prioritizing Student and Staff Wellness and Mental Health

- This is my opinion—I think all school districts have to have mental health counselors and I think they have to be mental health counselors. They cannot be social workers—social workers are good. I think social workers are great. I don't think all districts have to have those things[on site] because communities have those. And they can't be guidance counselors. *You have to have trained mental health counselors* that can liaise between a school district, a family, and that student to provide the real need that those kids have.

Prioritizing Student and Staff Wellness and Mental Health

- [We're seeing kids] very hungry, very poor, emotionally disturbed, distraught. My school counselors are saying, "We're school counselors, Mindy, and we can help these kids, but their issues are way deeper than we've ever been trained for." Okay. And they're like, "We need a clinical counselor. We need somebody that can dig down deep." And they talk a lot about having time with those kids to dig deep into their emotional issues and really dealing with what's going on. That became a problem. Heroin needles in a preschool book bag, that was bothering me.

Prioritizing Student and Staff Wellness and Mental Health

- **Established and Needed Wellness and Mental Health Resources Mentioned by Participants**
 - Additional school counselors
 - Licensed specialists in school psychology
 - Embedded mental health counselors\
 - Embedded social workers
 - Suicide prevention training
 - State supported wraparound services including health care; on site general practitioners
 - School resource officers to assist with truancy and school safety*
 - Sustained Social-Emotional Learning and “Wellness” Funding from the State

Responding to the Immediate Impact of Opioids on Stakeholders and System

- I think the most frustrating thing for us is that has (the opioid epidemic) has overwhelm the entire system. And so, what I mean by that is, and you've heard this from foster care, so working with agencies and recognizing that that kiddos either don't have someone else to live with in the family, so they look for foster placements, but there are none. They're just overwhelmed children's services, children services in this County is absolutely crushed with reports and to the point where they're very honest with us about the fact that they can't get to most of this stuff if it's not as a number one critical. And that's heartbreaking for educators. So, I think the system in general—all of the agencies—and then from a school perspective, I'm very blessed in this district because we are funded in a way or traditionally have been where we've been able to gain a couple other, and we're in a city, so I'm able to get those mental health counselors...

Responding to the Immediate Impact of Opioids on Stakeholders and System

- “I mean, my elementary principal, what she's going through right now, I mean, it's almost unimaginable.”
- “It's very hard. It's very hard to balance everything. I don't have an assistant, it's all me. I work a lot of hours. I work weekends...”
- “I’m tearing up. Because it's serious, yeah. It's serious. I mean, I never really thought a lot about dealing with my administrators with this type of stress.”

Leveraging Awareness and Support from State and Local Officials & Policymakers

- I ended up with the Department of Education has been down here several times. Paolo [DeMaria] has been down several times. I ended up with the governor's office here several times in the spring. It was probably a three-hour conference and they wanted to talk to counselors, principals, they wanted to talk to the children. They wanted to talk to parents. "What is so unique? Why are you doing this? And is it really making a change in the children's lives?" And I think when your policy makers come and they see it at ground level, because Paolo called me on the 23rd, he went to W C Schools and he talked to kids and he said, "Mindy, I was just so torn up," because they looked at him and said, "You've left us behind. You're doing nothing for us. You want the state tests. What about us? We're living on our friend's couches. My Dad's in jail, my Mom's died of a drug overdose...."

Leveraging Awareness and Support from State and Local Officials & Policymakers

“I've talked to our local or state legislators and even federal, I've talked to Steve Huffman about this. I do think that the state, and I appreciate the wellness dollars that they've allocated this year because technically because they've done that, they've started this conversation that are pushed it further down the road. I think they've got to step out and change school. The school funding conversation's huge every year. But it's all circles around equality and how much the rich district gets versus the poor district or whatever. I really feel they need to change the conversation and make it like this: You've got to have mental health counselors, and this is how many we can help you fund, and you need a resource officer and recognize there are big districts and small districts...”

Study Discussion

- Some considerations based on our findings
 - While most participants noted that opioid abuse is not only a socioeconomic concern, for example, one shared knowing that a local judge had a son overdose from opioids. However, the conversation around every participant would eventually link opioids and poverty (and often hunger)
 - Superintendents, more so than principals, discussed the importance of new and/or innovative programs and actions for students to counter or curtail the impact of opioids—“reshaping the entire model” as one superintendent put it, and others cited working to “eliminate barriers” and focusing on “experience and culture for our kids”
 - The way in which many of the superintendents spoke about behavioral concerns could be at time a bit dated and even at times disheartening—but in every case, they expressed dilemmas about the available methods in dealing with disruption and maintaining safe and orderly schools
 - The role of the superintendent as political leader and moral leader amid the opioid crisis was highly emotional and stressful—half of the superintendents interviewed (6 of 12) wept at some point during the interview
 - Currently, we are conducting a quantitative study on the impact the ongoing Opioid Epidemic and COVID Pandemic has had on decision making for under resourced, high need Appalachian school leaders

Publications on Educational Leadership and the Opioid Crisis

Hess, M. E., & Lowery, C. L. (Under review). Health and wellness as a metaphor for school leaders: A moral response to the opioid crisis.

Lowery, C. L., Hess, M. E., *Ramsey, C. G., & *Fewell, C. (2022). *Educational leaders' perception of the impact of opioids on schools and students in Appalachian Ohio* [Roundtable session]. Rural Education SIG at the American Educational Research Association 2022 Annual Meeting, San Diego, CA, United States.

Lowery, C. L., & Hess, M. E. (2022). One school leader's storied response to the opioid crisis: A narrative on moral literacy. In L. M. Harter & B. L. Peterson (Eds.), *Imagining new normals...Brave space-making through storytelling* (pp. 581-598). Kendall-Hunt.

Hess, M. E., & Lowery, C. L. (2020). Crisis leadership and the impact of opioids on schools and students: Perspectives of school leaders in rural Appalachia. *Educational Leadership Review*, 20(1), 126-141.

Mentored Research Projects on Educational Leaders and the Opioid Crisis

**Camp, B., **Wise, C., **Anderson, L., **Hoff, L., & Lowery, C. (in progress). The effect of the opioid crisis on students and staff in Southeast Ohio.

***Harter, E., ***Carstensen, K., *Fewell, C., Hess, M., & Lowery, C. (2022, March 17-20). *Rural educational leaders' perceptions on mental health programs for adolescent students impacted by opioid misuse* [Paper presentation]. Appalachian Studies Association 45th Annual Meeting, Morgantown, WV, United States.

*** Undergraduate Honors, ** Masters/PPP, * Doctoral

Questions

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