University of Alberta

Principals' Experiences Working With Teachers Suffering From Alcoholism

by

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Abstract

This dissertation examines Alberta school principals' experiences and perspectives on supervising teachers who have alcoholism. Interview data were gathered from six retired school principals from large urban Alberta public school districts. Retired principals were purposively selected because it was believed that they would be more forthcoming than principals, who might have been apprehensive about discussing this extremely socially sensitive topic while being actively employed.

Themes derived from the data are presented in such a way that they explicate the principals' perceptions of their experiences working with alcoholic teachers. The chapters devoted to this provide insight into the challenges and obstacles faced by these principals. These chapters demonstrate that the principals' personal constructs of the concept of alcoholism significantly affected their interactions with alcoholic teachers. Principals' beliefs about the definition of alcoholism tended to be conflicted, resulting in difficulty in effectively dealing with alcoholic teachers.

The major finding of the study was that principals' work with teachers suffering from alcoholism is affected by a form of negative social stigma that creates a kind of conspiracy of silence characterized by secrecy and shame. As a result, principals and others working in school districts tend to feel discomfort and apprehension about acknowledging the presence of alcoholism among teachers. One consequence of this is that training to recognize and deal with alcoholism in the school workplace is not provided. Having no formal training to call upon, the principals acted somewhat instinctively, in ways that reflected their personal beliefs about alcoholism. Because these beliefs were influenced at least to some extent by the general societal stigma attached to

alcoholism, some of the principals' actions served to subtly perpetuate the stigma. Principals acknowledged that alcoholism among teachers is indeed a serious problem and sincerely wanted to help afflicted teachers. They called for immediate attention and action to develop formal and systematic policy and training initiatives for school principals.

The thesis concludes with recommendations for improvements to policy and practice. Recommendations include increasing awareness of alcoholism in school workplaces, providing training and supervisory support, developing effective Employee Assistance Programs, and suggestions for future research. Finally, I reflect on the effects of the stigma associated with alcoholism in the teaching profession.

This thesis is dedicated to all teachers who suffer in silence from disabilities that threaten their reputations and careers. It is also dedicated to the compassionate principals who endeavor to speak on behalf of and assist all teachers in difficulty.

First they came for the socialists, and I did not speak out because I was not a socialist.

Then they came for the trade unionists, and I did not speak out because I was not a trade unionist.

Then they came for the Jews, and I did not speak out because I was not a Jew.

Then they came for me, . . . and there was no one left to speak for me.

(Pastor Martin Niemöller, ca. 1945; displayed in Washington, DC, in the National Holocaust Museum)

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CHAPTER 1

INTRODUCTION

In this chapter I provide an introduction to the thesis, including an overview of my own related experiences. This chapter also includes the research questions and the significance of the research.

My Experiences Working With Alcoholic Teachers

Having been a teacher for 19 years and an assistant principal for 7 years, I have dealt with many teachers who have suffered from a variety of illnesses. I also have a strong interest and educational background in psychology. I have encountered several teachers, some on leave or some still working, who are suffering from the disease of alcoholism.

I have been a teacher in elementary schools, one rural and the remainder urban. For seven of those years I was an assistant principal. During that time I worked in three different school districts, in a total of six different schools. To protect the identity of the seven alcoholic teachers I know and with whom I have worked, I will present my experiences with them as if they were one person.

I became interested in the topic of alcoholism early in my career, after a family member and two of my personal friends were diagnosed as alcoholic. By knowing, caring for, and trying to help them, I became aware of the disease, its consequences, and treatment options. I saw firsthand the devastating toll that alcoholism took on them, their families, and their occupational situations. Perhaps it was from that experience that I

developed a heightened awareness of others around me who I suspected to be suffering from alcoholism.

As a teacher, I easily befriended many of my colleagues. Over time I learned of colleagues who were afflicted with alcoholism primarily through other teachers who confided in me that they suspected that a colleague of ours had a problem. Through observation, I began noticing patterns of their behavior that included work absenteeism (particularly before and after weekends), frequent last-minute requests for assistance with lesson plans, frequent abandonment of lesson plans to show students videos or to go to the playground, frequent illnesses and injuries explained by a myriad of plausible yet collectively incredible circumstances, chronic fatigue, lack of involvement in extracurricular activity, and general avoidance of other staff.

Rarely did the teacher ever admit to me that there was a problem. However, when I confronted him or her as a friend, I soon learned the truth. I felt comfortable confronting a teacher only if I felt that he or she was my friend and would not be insulted by my inquiries. In retrospect, I seemed hard-wired to feel or believe that alcoholism was a "dirty little secret" that no one wanted known or to talk about. I certainly felt that it would be a betrayal of someone's trust to report this information to school administration and knew nothing of any other recourse within the districts in which we worked. It was not until a friend of mine committed suicide as a result of alcoholism that I began to consider that the secrecy I helped to facilitate may in fact have contributed to the progression of what I had come to understand as a deadly, progressive disease.

Unfortunately, for the most part, discussion about any teacher suspected of being alcoholic was met with negative, judgmental attitudes, if discussed at all. As an ambitious

teacher myself, I feared association with anyone rumored to be alcoholic and feared repercussions, real or imagined, from administration and my peers should I ever openly attempt to support such an individual. My experience taught me that only those considered "the enemy" of an afflicted teacher would divulge his or her secret. I wanted to be liked and successful, and yet at the same time I wanted to help. I therefore learned to help without the assistance of any school district personnel. I sought out information from the community, from AADAC, and from the literature.

Armed with this information, I believe that I was able to encourage two teachers to seek treatment. I do not believe that, to this day, this was ever perceived by school administration. Once I became a school administrator, I felt much less "in the loop" regarding the personal affairs of the teachers I supervised. Other teachers were not at all prone to disclose such information to me. On one occasion, although it was well known to us as school administrators that the teacher had a problem, it was not confronted until the teacher made a grave professional error and felt no other recourse but to admit to the problem. The teacher was astonished to discover that administration and most likely many of his/her colleagues had been aware of the alcoholism for years. It was explained that nothing had been said because the teacher appeared very skilled and did not appear to present any professional jeopardy to the school. We encouraged a temporary leave of absence to attend a month-long treatment program, at the cost of the teacher, and the teacher agreed. This was never reported to senior or central administration and never formally documented.

On one rare occasion when another teacher in a senior position was routinely too impaired to adequately perform his/her responsibilities, we opted to confront the situation

directly. This was met with hostility, denial, and ATA intervention. Eventually, the individual was demoted and transferred, quit the profession, and was eventually hospitalized. The work and documentation needed to prepare for this confrontation were overwhelming and devastating to both the individual and us as administrators. It cost an enormous amount of time and money for the school and the district and, most unfortunately, was ultimately unsuccessful in helping the individual. It is difficult to even discuss the grief and guilt I felt about being involved in this process. This deeply affected the individual's entire family and the lives of all who tried to help. Most tragic to me was the idea that, had this been some other "legitimately perceived" disease, it most likely would have been perceived by the victim himself or herself as one deserving help and compassion. Perhaps the hostility would have instead been replaced with a feeling of being cared about rather than a feeling of having to defend and counterattack.

A study of public attitude toward various disabilities conducted by the *Journal of Human Behavior* (Milam & Ketcham, 1983) found alcoholism and mental illness at the bottom of the list, rated the least acceptable of all human traits. Ex-convicts were considered more acceptable than alcoholics. Personally, having known people destroyed by this disease, I find it deplorable that most of society continues to hold tight to the moralistic notion that alcoholism is a shameful weakness. The alcoholics I have known were anything but weak. They fought, and some continue to fight, a disease that they never "chose" to afflict them.

I wrote this to acknowledge my beliefs about alcoholism and to give the reader insight regarding my background in working with alcoholic teachers and my resulting desire to do something about this very complex problem. Having written this, I feel

hypervigilant in maintaining the anonymity of those discussed. I realize how difficult it may be for my participants to speak about this and also realize that what I hear from some of them may be difficult for me to understand. I do, however, feel it absolutely necessary to learn from the experiences of my participants and to remain open to all perceptions relayed to me, regardless of how they may differ from my own.

For almost a decade alcoholism has been recognized as a legitimate progressive disease by the medical profession. Fearing (2000) estimated that in the United States the financial cost to the economy of untreated alcoholism and addictions was an alarming $102 billion dollars in 1995. This includes loss of company productivity, problems with co-workers, associated health problems, family crisis, child abuse and neglect, social problems, and death, all of which take a devastating toll on teachers, schools, and society.

Mack, Franklin, and Frances (2001) estimated that 15 million Americans are alcoholic. Other estimates indicated that between 10% and 20% of all North Americans are alcoholic. In conducting my literature review, although I was able to find considerable research on alcoholism in other workplaces, I found little information regarding the prevalence or effect of alcoholism among teachers. The disease of alcoholism affects people of all races, genders, socioeconomic strata, and occupations, including teachers.

It is my very strong belief that alcoholism is a disease that affects many teachers, both currently working and on leave. Although school districts do have Employee Assistance Programs (EAPs), many afflicted teachers may be reluctant to come forward for help because of the continued negative social stigma surrounding this disease. Given the social sensitivity of the topic, I doubt that the actual prevalence of alcoholism among

teachers could , at this time, be adequately researched or known. Additionally, as a result, many alcoholic teachers who are no longer in denial of the problem may ignore their illness, or in an attempt to save their reputations, take temporary leaves of absence, a short-term solution to a potentially fatal disease.

I believe that fear and discriminatory attitudes are preventing teachers from accessing the help they need. Milam and Ketcham (1983) stated that society's moral judgment, condescending attitudes, and perceptions that alcoholics are weak willed and immoral rather than ill make alcoholics defensive, scared, and hostile, pushing them away from the desire to seek treatment. I question whether there is a significant difference in what is understood *medically* about alcoholism and how it is perceived by society and the social sciences. I wonder if there is a significant gap between our knowledge of alcoholism and our societal perceptions and mores of it.

Research Question

The primary question guiding the study is:

What can be learned from the experiences of principals who have worked with teachers suffering from alcoholism?

Subsidiary questions include:

1. From the perspective of the principals, what mechanisms (policies, personnel, Employee Assistance Programs [EAPs], and supervisory support) are or are not in place to assist them in dealing with this issue?

2. Do principals perceive these mechanisms, procedures, or policies to be successful, unsuccessful, existent, or impeding?

3. From the perspective of these principals, how might they suggest that these policies be improved, if at all?

4. What are the implications for a school district in terms of changes in practice and theory to better assist teachers with alcoholism? Can these principals offer suggestions for best practices that may assist other principals facing similar situations?

Significance of the Research

Justification for this research is based on the sparseness of research regarding policies to deal specifically with assisting teachers with alcoholism in the workplace. In conducting my review of the literature, I found very few studies directly related to alcoholism among teachers, yet many related to other professions and occupations.

The purpose of this research is to discover principals' perceptions of working with alcoholic teachers and perhaps also to gain information as to how teachers with alcoholism are being assisted in their jobs, if at all, and how this might be improved. Additionally, this research may help to change people's attitudes toward alcoholism in teachers and in general. I hope that this research will provide a springboard for other much-needed research related to my topic. Having stated that alcoholism takes a devastating toll on lives, productivity, and cost to the public in general, I believe that understanding how we can better support and treat alcoholism in the school workplace might help schools to become more productive and cost efficient. I hope that this research will lead to suggestions for improvement of the policies of school boards and teachers' professional associations to benefit teachers, schools, and the students served and will help to reduce the cost of this problem to society in general. I further hope that these

policy changes, if implemented, will result in changes in practice and increased interest in research in this area.

I believe that to a majority of the population, people with alcoholism continue to be misunderstood, shunned, scorned, and viewed as embarrassing and unacceptable, even by the alcoholic herself or himself. Perhaps this research, particularly from the information in the literature review, will help school administrators to understand the reality of the disease in order to better assist their teachers. By positively changing these perceptions to those that might reduce and ultimately eliminate the stigma that prevents teachers from seeking help and prevents administrators from approaching the problem, I hope that theory regarding the prevention and early detection and intervention of alcoholism among teachers, and perhaps others, will change for the better. This research is theoretically significant in that I intend to contribute to the literature, which currently has not adequately included information on alcoholism among teachers.

CHAPTER 2

LITERATURE REVIEW

Research on the topic of alcoholism among teachers in K-12 schools is extremely scarce. In the forward to *The Last Bell Ringing*, one of the very few writings on alcoholism among teachers, author-educator Robert Russell (1976; as cited in Bissell & Haberman, 1984) saw the education profession at that time as unlikely to be open to any such research. Later, in a March 1979 article, he reported that "little still had been done" (p. 163). My literature review revealed that little has changed today.

In the literature review that follows, I examined:

- an overview of the theories of alcoholism,
- the documented effects of alcoholism in the workplace,
- the extent and ways that of EAPs support alcoholic employees,
- the impact of EAPs in schools and the extent and ways they deal with alcoholic teachers, and
- past and current policies and practices that address issues associated alcoholic employees.

Alcoholism

My review of the research, supports the claim that alcoholism affects between 10% and 20% of the population regardless of an individual's situation in his or her personal life or social circumstances (Mack, 2001). As my literature review supports, there is strong evidence that the etiology of alcoholism is, to a large degree, biological and or genetic, not unlike many other diseases. Taking this as a given, I use the term

alcoholism or *alcoholic* as it is defined, medically, in the *Diagnostic and Statistical Manual of Mental Disorders IV-Revised* (*DSM-IV-R*; American Psychiatric Association [APA], 2000; see Appendix A). I make this choice based on the fact that in North America a patient is officially and legally diagnosed as having this disease based strictly on the *DSM-IV-R* criteria. Furthermore, given the above, I came to this research querying that if 10% to 20% of the general population is alcoholic then wouldn't it seem likely that 10% to 20% of all teachers are or will become alcoholic? I do not seek to discover the cause of alcoholism or to establish any link between the teaching profession and the onset or progression of this disease. Perhaps there may be ways to hide, ignore or overlook this disease within the teaching profession perhaps due to some of the characteristics of the profession. Metaphorically, I do not seek to understand why, where, or how many dandelions grow; but I accept that dandelions will grow because the seeds are there. People have different perceptions of dandelions. Given that they exist however, what I do seek to understand is people's perceptions of them and the ways and extent in which people deal with these perceptions and why.

I do appreciate that some writers have disagreed with the theory that alcoholism is a disease and have adhered to the ideological construct that it is a behavioral choice having nothing to do with biological predisposition or medical science. These sources are cited in my literature review. Based on the majority of the research literature, I disagree, and state so openly. This study is important to discover how principals define alcoholism and the terms that they use to describe teachers whom they believe to be experiencing difficulty with alcohol use. The principals' own interpretations of the condition of alcoholism undoubtedly guided them in their practice and influenced their perceptions of

their experiences. It is not my intention to judge their interpretations, but rather to understand them.

In the 1950s Dr. E. M. Jellinek (as cited in Blum, 1991) was the first to profess that alcoholism is a disease in the truest sense of the word. It must be noted that a handful of writers disagreed that alcoholism is a disease or disorder, but rather felt that it is a behavioral choice of the individual (Hurley, 2000). It is not my intention to debate these theories. I have stated my conviction that alcoholism is a disease based on the statistical and medical research I have read. I therefore choose to present information from the literature that supported this framework, acknowledging that some writers, and a vast majority of the population, may well have a very different perception of alcoholism. I wonder if alcoholism is greatly misunderstood and fraught with stereotypical ideas. I see this as a tragedy resulting in ostracism of the alcoholic, similar to the ostracism that epileptics experienced centuries ago and that which Acquired Immune Deficiency Syndrome (AIDS) patients have faced more recently. As with diabetes, for example, alcoholism can be managed with significant lifestyle changes, medical interventions, and medications. I believe that it is important for all administrators of human beings to have a basic understanding of this disease, and I therefore include this information in the literature review.

In Canada a person can be medically certified as alcoholic under the Canadian Mental Health Act, based on the *DSM* diagnostic criteria. In addition to the DSM, there are a number of commonly used medical assessments employed to assist in the diagnostic process, including screens and standardized tests such as the Michigan Alcoholism Screening Test (MAST), the Hopkins Symptom Checklist-90, and the Minnesota

Multiphasic Personality Inventory (MMPI). There are also physiological and medical laboratory tests used in the diagnosis of alcoholism (Mack et al., 2001).

Kenneth Blum (1991) provided a comprehensive overview of the history of the disease concept of alcoholism. Dr. Jellinek was the first to present this concept or theory beginning in the 1940s. He published *The Disease Concept of Alcoholism* in 1960, a very controversial work at the time. It aroused great interest among scientists and the medical profession. Based on his research and the work of his colleagues, he named alcoholism a disease in the truest sense of the word. Like all diseases, it has a predictable course of action with reliable stages of impairment and consistent symptoms among all of those affected. It tends to affect only a certain percentage of the population who appear to have an innate propensity to develop the disease. Alcoholism remains a concern for the medical profession, but produces devastating effects on the entire population.

The Effect of Alcoholism in the Workplace

In this section I focus primarily on alcoholism in workplaces other than schools because literature related to teachers, schools, and alcoholism is extremely scarce.

In addition to the devastating effect on the individual and the family, costs to society and the workplace are enormous. Again, estimates vary that between 10% and 20% of the general population are suffering from alcoholism and that alcohol is the most prevalent of all addictions (Butler, 1993). In 2000 Fearing reported that $250 billion are lost to alcohol and drug abuse and that 500 million work days are lost annually. The skid-row concept of the alcoholic is simply inaccurate. Alcoholism is a reality for workers in every occupation, including all professionals, most of whom are actively employed (Coombs, 1997).

The literature is almost completely void of information on alcoholism among teachers. There are plenty of studies and entire books on alcoholism in many other occupations, including in the areas of utilities, construction, telecommunications, oil and gas, transportation, forestry, mining, wholesale and resale, public administration, finance, the legal field, agriculture, hospitality, professional sports, piloting, the clergy, and all forms of health care such as nursing, medical, dental, and social services, including social work (Coombs, 1997; Doherty, 1991; Sullivan, Bissell, & Williams, 1988; Wiebe, Vinje, & Sawka, 1995).

In addition to research regarding alcoholism among different occupations and professionals, there is a plethora of information on alcoholism among specific populations such as men, women, gay men, lesbians, the unemployed, children, youth and students, the elderly, ethnic groups, religious affiliations, and many others (Canadian Centre on Substance Abuse, 1999; Galanter, 1983; International Labour Organization, 2001; Lowinson, Ruiz, Millman, & Langrod, 1997). I find it perplexing that teachers have so blatantly been left out of the research. Suppositions on why this might be the case will be addressed later in this dissertation.

There is compelling evidence that alcoholism affects a percentage of all people regardless of occupation, wealth, poverty, employment, unemployment, education, or any other external factor (Milam & Ketcham, 1983).

Employee Assistance Programs (EAPs)

A review on the literature of EAPs and their role in dealing with alcoholic employees is included because I suspect that we make an assumption that teachers have all the help they need. Principals also may very well assume that they need not concern themselves with their alcoholic staff because EAPs will take care of it.

Early EAPs were limited in resources or expertise and tended to lack directive policy or scientific measurement of their effectiveness. Dickman, Challenger, Emener, and Hutchinson (1988) described early EAPS as limited in scope (dealing primarily with alcoholism), not distributed through the workplace, reactive rather than preventative and/or educational, and lacking the involvement of significant others in the lives of their clients.

EAPs function within the human resource departments of most organizations that offer them. A school administrator's interaction, if any, with an EAP may assist him or her in recognizing and addressing alcohol-related problems. Questions regarding principals' understanding or awareness of the role of an EAP in their districts were included in interviews with them during the research.

Employee Assistance Programs (EAPs) in the Schools

A 1991 study of teacher health in Alberta, a joint project of the Alberta School Employee Benefit Plan (ASEBP) and the University of Alberta (Jevne & Zingle, 1991), examined the reasons that teachers eventually go on extended disability benefits (EDBs). Of teachers reporting the nature of their illness as either psychological or physiological, or both, 30% reported that their personal lives were extremely stressful because of psychological factors. Twenty-three percent of those teachers classified by the insurance

company as having a physical disability reported that they believed that they were suffering both physically and psychologically. Nowhere in the report are exact conditions or diagnoses disclosed. Given that alcoholism is primarily a physiological disease that leads to secondary physiological and psychological complications (Blum, 1991; Milam & Ketcham, 1983), it is very likely that some percentage of these teachers were diagnosed as, or met the criteria for being, alcoholic.

Taking the most modest estimate of the prevalence of alcoholism among the population as a whole (5%-10%), Alberta, a province of approximately 35,000 teachers, should include at least between 1,750 and 3,500 teachers with alcoholism. In a district such as Edmonton Public Schools, with 4,800 teachers, that suggests between 240 and 480 are alcoholic, the equivalent on average of 1.2 to 2.4 teachers in each school. Substance abuse in Canada is one of the major causes of workplace impairment. Addicted employees cost Canada two to three times more than any other ill employees in terms of health problems, accidents, and absenteeism (Minister of Supply and Services Canada, 1994).

Research on EAPs in schools relates primarily to stress and burnout. Although these are terms well recognized in our society, they are not medical diagnoses but, rather, a catchall for a large body of medical conditions, rarely specifically identified. A review of the *DSM-IV-R* (APA, 2000) reveals dozens of legitimate medical disorders, including alcoholism, that are often lumped into the layperson's definition of stress and burnout. Dickman et al. (1988) found that increased public demands on teachers and lack of sufficient training and subsequent support in the classroom have led to ever-increasing teacher burnout. They also identified teacher isolation as a major cause of stress and

burnout. Teachers are generally very autonomous, working alone in their classrooms without the support of others and without time to access such support. Is isolation a breeding ground for hidden alcoholism? Low visibility and isolation make it very difficult to recognize impaired teachers and facilitate the denial of an alcohol problem by the teachers themselves (Trice & Roman, 1978).

Watts et al. (1991) studied the correlates of alcoholism and higher-education faculty and staff. They found that the prevalence and frequency of use is not known. They offered as explanation for this the fact that the culture of higher education is stressful but allows for a significant amount of autonomy and isolation. They emphasized a dire need for alcoholism among university faculty staff to be adequately assessed and treated through EAPs.

Schramm (1977) identified nine barriers to the *detection* of alcoholism in the workplace. Several of these barriers related to isolation, including lack of visibility, nebulous production goals, remoteness from supervisors, overcommitment to work, lack of social controls, and flexible and autonomous roles. In my school district teachers are currently less supervised than ever before. Teachers write self-evaluations and list personal professional goals once every four years. Although this decreases the burden on already overworked administrators, it insulates teachers, even those aware of their personal or medical problems, from addressing them. I would go as far as saying that it sends a message to teachers that their supervisors are not interested in their problems and, like themselves, have little or no time to deal with them.

In 1988 Dickman et al. surveyed superintendents and principals and found that 60% of the respondents knew of colleagues who abused alcohol or drugs while on the

job. Emphasizing a lack of research in this area, the authors stated, "The fact that teachers play an extremely important role in the development of our children, our future generations, we should feel more energized to proactively attend to this matter" (p. 446). As the literature on teachers and alcoholism has indicated to date, we still have not done so.

Policies of Other Employers With Regard to EAPs and Alcoholism in the Workplace

Sonnenstuhl (1996), in his book, *Working Sober: The Transformation of an Occupational Drinking Culture*, offered a historical overview of drinking, particularly in blue-collar workplaces, with primarily tunnel workers, railroad workers, and construction workers. He suggested that the culture of certain workplaces either condones or condemns drinking at or outside of the workplace. He examined how, over time, occupational cultures have moved from intemperate to temperate drinking cultures and found that some cultures remain intemperate today. Sonnenstuhl stated that because alcoholism is termed a disease, EAPs have sought to treat rather than to punish alcoholic workers. His work indicated that as opinions and values about drinking on the job change to more temperate beliefs, rates of reported alcoholism decline. I do not doubt that a temperate ideology of drinking at or outside of the workplace would affect the number of reported cases of impaired workers. In fact, I would suggest that given the shame, guilt, and self-hatred that accompanies this disease (Sandmaier, 1980), the more temperate the work environment, the more invisible the employee becomes. Additionally, too often the employers also become more comfortable in trying to be blind to the problem.

Middleton-Fillmore (1984) offered a very comprehensive overview of the relationship of intemperance to temperance movements and to extant theories of

alcoholism in the workplace, dating back to the turn of the century in several countries around the world. She disputed Sonnenstuhl's (1996) theory that occupational culture correlates with intemperance and temperance movements. She gave evidence that flawed and manipulated research skewed Sonnenstuhl's findings. Middleton-Fillmore examined how each social movement's ideology dictated what scholars researched. Essentially, the policy makers of industry formulated the questions and answers found by the researchers. Effectively, scholars were paid by industry to give credence to the information that the industry wanted to hear.

Despite the fact that the cost of alcoholism continues to rise dramatically, Middleton-Fillmore (1984) stated that government and policy makers underemphasize research on alcoholism in the workplace. The sale of alcohol is "big money." It generates hundreds of millions of dollars annually, more than tobacco or any other legal drug such as caffeine or prescription medication. Its revenue supports and sponsors professional sports, entertainment, medical research, political campaigns, and dozens of other heavily funded groups (Powter, 1997).

Much of the research on alcoholism in the workplace addressed actual drinking while working. The truck driver, machinist, or doctor who is legally impaired at the time of driving, operating equipment, or performing surgery, respectively, obviously seems cause for concern. However, the alcoholic in withdrawal is actually as sick or impaired as one actively drinking (Milam & Ketcham, 1983). The Minister of Supply and Services Canada (1994) found that after as many as 36 hours after stopping drinking, professional pilots still showed marked impairment in their judgments and reactions.

A popular topic related to action on alcoholism and addiction in the workplace is drug and alcohol testing. Alcohol has a very short half-life in the body. It takes approximately one hour for the human body to completely eliminate one-half ounce of alcohol from its system (Milam & Ketcham, 1983). Imperial Oil's study (Butler, 1997) on random alcohol testing found that breathalyzer and urinalysis tests could not detect alcohol even among late-stage alcoholics who drank heavily before or after being at work. What they did find was that the negative effects on work performance were more related to hangovers than to actual use of alcohol during working hours. Movement, coordination, and thinking ability were significantly impaired even several hours after workers' blood alcohol counts (BACs) had returned to 0% and they were legally sober. The Imperial Oil study found the use of EAPs to be much more successful in dealing with alcoholism than is drug testing. Dale (1998) supported this position and outlined legal implications and roadblocks for drug testing in Canada in connection with the Charter of Rights and the Human Rights Commission.

In the United States, however, Orr (2000) emphasized the important role that teachers play in the lives of students. She argued that because of this complex role, it is imperative that they be in top physical and mental condition to adequately educate and supervise their students. She proposed the implementation of drug and alcohol testing for educators to ensure that teachers are in top-notch condition. Orr analyzed a recent Sixth Circuit Court of Appeals decision (Knox v. Knox). In 1989 the Tennessee Board of Education adopted the Drug Free Policy Workplace, calling for all teacher applicants and all currently employed teachers under suspicion of using drugs or alcohol to be tested. Despite many legal appeals by the Knox County Educational Association to seek an

injunction against its enforcement, in 1994 the court found in favor of the board. The court permitted the board to drug- and alcohol-test all school staff deemed to be in safety-sensitive positions, such as principals, vice principals, teachers, traveling teachers, teacher aides, and secretaries. This was justified by the assertion that any risk or lapse in judgment could place students in danger of serious harm. Superintendents, assistant superintendents, and clerks were deemed not to occupy safety-sensitive positions and therefore would not be tested. The board could also use positive test results to immediately terminate an employee.

Orr (2000) did not indicate whether or not the Knox Board of Education conducted any research on the effectiveness of testing. The extensive research of Imperial Oil and other companies (Butler, 1982) found repeatedly that drug and alcohol testing is inefficient and ineffective. The policy also completely ignores the problem of the hungover teacher who is significantly impaired with a BAC of 0%. However, Orr predicted that this unprecedented case will lead to the establishment of such testing in school boards across the country.

Matano, Futa, Wanat, Mussman, and Leung (2000) researched a recently developed, innovative approach to alcoholism detection and early intervention for employees using the computer and the Internet. The computer-based program, referred to as the Employee Stress and Alcohol Project (ESAP), developed by Stanford University, is meant to be a cost-effective tool for detection and treatment within a workplace EAP.

Other research is examining workplace-managed care by utilizing best practices in health promotion to include the treatment and prevention of alcoholism among its staff. The Workplace Managed Care (WMC; Galvin, 2000) study sponsored by the Substance

Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP), suggested that a multidisciplinary approach to workers' wellness is demonstrating a decrease in substance abuse including alcoholism and an improvement in substance-abuse attitudes. The study integrated internal and external EAPs, human resources, education, health care organizations, providers of behavioral health care, and the family. Although the approach is expensive and requires funding support from private providers, Galvin maintained that the short-term cost would outweigh the long-term cost of untreated alcoholism in the workplace. Galvin's work is research in progress. His outcomes may be very encouraging for alcoholic employees, their employers, and society in general.

Whether in a school or any other organization, barriers to effective management of alcoholism intervention exist. Bell, Mangione, Howland, Levine, and Amick (1996) surveyed 7,255 supervisors in 114 worksites. They found 12 perceived barriers among the supervisors that prevented them from confronting an employee with a suspected alcohol problem. These were divided into three categories, including (a) organizational barriers, (b) interpersonal barriers, and (c) individual barriers. Organizational barriers include the following: (a) The company is tougher on illicit drugs but softer on alcohol, (b) senior management conveys the message that a hard stand on alcohol is not important, and (c) confrontation interferes with efficiency and productivity goals. Interpersonal barriers included the following: (a) The supervisor will have to pay a price for confronting an alcoholic worker, (b) unions protect problem drinkers, (c) the co-workers of the alcoholic will make life difficult for the supervisor, and (d) new "team-management" structures leave no one in charge. Individual barriers included the

following: (a) supervisors do not have enough training or confidence to confront employee performance problems, (b) employees who are abusing alcohol are often seen to be doing a good job at work, (c) employees are free to refuse referral to the company-sponsored treatment program, (d) alcohol treatment is believed to be not very effective, and (e) supervisors' assignments are so transient that they are not able to know their staff before being moved to another position. These perceptions all lead to serious impediments to alcoholics receiving the help they desperately need. Bell et al. did not go on to make suggestions on how to overcome these, but urged that more research is necessary.

Use of Policy to Improve Practice and Theory on Teachers With Alcoholism in Schools

In this section I review the literature on various approaches to managing alcoholism in schools.

In 1986 the Alcohol and Pharmacy Action Groups of the West Midlands Regional Health Authority's (RHA) Advisory Group on Health Promotion joined forces with 21 pharmacies in London to assess the best ways that pharmacies could provide information on alcoholism to their clients (Robinson, Tether, & Teller, 1989). This was not intended to be a counseling service, but rather was an information and referral forum. Pharmacies were chosen because clients tend to ask pharmacists for advice, yet can maintain their anonymity because one does not need to be a doctor's patient to visit a pharmacist. Information on alcoholism was provided to 286 customers who agreed to be interviewed regarding their drinking habits. Ten thousand customers took free, available leaflets on alcoholism, its consequences, and its treatment. As a result of the success of the program,

a Health Education Authority's booklet was produced by the Teachers' Advisory Council on Alcohol and Drug Education. How might the substantial availability of such information in school staff rooms, for example, assist the alcoholic teacher?

Ryan and Jevne (1993) offered a comprehensive EAP specifically for educators in Alberta that emphasizes a preventative and remedial approach to the needs of educators at different points of their careers and at different stages of their diseases. Although alcoholism itself is not specifically addressed, they called for a systems-based program that is confidential and respectful and administered by nonevaluative personnel who do not have a vested interest in the educational system but, rather, have a vested interest in the individual's well-being. EAP personnel must be cognizant of health in all of its forms, including physiological and psychological disability.

> The mission of any comprehensive EAP for educators would be to respond to the systematic nature of teacher wellness in a cost effective manner by assisting in the prevention of health disabling conditions, enhancing the recovery process, lessening the fears of returning to work and educating both the public and the educational profession of the plight of the teacher. (p. 81)

Ryan and Jevne (1993) delineated a three-dimensional model for an ideal EAP for educators that includes prevention and education, rehabilitation services, and strategic planning and development through ongoing research to clearly understand the needs of all staff to secure constant systemic professional accountability. This proposed EAP expands the function of traditional EAPs currently in place for teachers. The research suggested that a strong EAP is needed to adequately care for the health needs of all teachers and other employees.

CHAPTER 3

METHODOLOGY

The methodology I selected for this study is grounded in an interpretivist paradigm. Wellington (2000) defined the interpretive approach as research wherein reality is observed and understood as a human construct. Knowledge is individually constructed by people within a social context. Wellington explained that the interpretive approach "argues that human behavior can only be explained by referring to the subjective states of the people in a social situation" (p. 198). "The researcher's aim is to explore perspectives and shared meanings and to develop insights into situations. Data will generally be qualitative and based on fieldwork, notes, and transcripts of conversations and interviews" (p. 16). Wellington stated that aligned with the interpretive paradigm is the naturalistic research approach. Summarizing Lincoln and Guba (1985) and Robson (1993), Wellington elaborated on naturalistic research by describing its key features:

> Research is carried out in a natural setting or context. The primary data gathering instrument is the researcher. Personal, tactic and intuitive knowledge is valuable background knowledge. Qualitative methods are usually used and purposive sampling is likely to be preferred over representative or random sampling. The research design tends to unfold or emerge as the study progresses and data is collected. Theory tends to emerge from, or be grounded in, the data. (p. 19)

I believe that naturalistic research as defined by Wellington (2000) best suits the needs of this study because I explored an issue in depth from the perceptions of principals with vast experience and knowledge on the topic. Naturalistic research also coincides with my own personal ontological view that knowledge of social reality, or the theory of "what is," is personally constructed by each of us within our own social circumstances.

My thoughts and beliefs are best reflected in the interpretive paradigm and the naturalistic research approach. This approach is also aligned with the epistemological perspective that human knowledge is best understood by exploring the human constructs of others individually. Regardless of similarities or differences, each person's perception is a valid "truth."

Method

The methods that I used are based on a qualitative, interpretive methodological paradigm outlined previously. What follows includes a description of the selection of the participants, my data collection procedures, and my methods of data analysis. Prior to conducting the interviews, I pilot-tested my interview questions with nine colleagues. From this I received confirmation that my questions were well thought out and thorough. I also received and included some suggestions for new questions, such as how a possible friendship between the principal and the teacher may have made a difference in how the principal handled or felt about the situation. Additionally, I included a question on the time span from the principal's awareness or suspicion of a problem to his or her decision to address it. I also included questions about the age of the teacher at the time of disclosure or discovery of the problem in order to explore whether the principals recognized the problem earlier or later in the teacher's career. The process of piloting the questions was very helpful, and I believe that it enhanced the quality of my questions.

The Participants

I initially grappled with how to find knowledgeable participants. At first I considered approaching school districts for permission to interview four or five principals who had the experiences that I sought. Because the large urban districts limit the number of researchers allowed in, creating time delays and the possibility of rejection, I approached a smaller district. Although the superintendent was very helpful in disseminating my proposal and requests for interviews from principals, I received no response from the principals, even after several follow-up attempts. I then considered the possibility of interviewing retired principals. I realized that there are many advantages to interviewing retired principals. Given the social sensitivity of this topic, I believe that retired principals were more comfortable in being candid and forthcoming than incumbent principals would have been; they may have been apprehensive about discussing their own board's policies and procedures. This view aligns with that of Hammond (1978), who observed that policy makers perceived the process of policy making and implementation as significantly different while employed than they did after they retired. Although not my first choice, I believe the decision to interview retired principals actually strengthened my study. I believe that in the comfort of retirement, the information they shared with me was remarkably honest, candid, and very descriptive.

I telephoned a selection of retired principals, some of whom I knew and some of whom I located through a "snowball" effect. In addition to locating participants in this manner, I also contacted the Society for Retired Teachers and Administrators through the Alberta Teachers' Association. During each phone call, I identified myself, gave information about the nature of my research, and asked them if they had any experience

regarding the topic. After telephoning them, I purposively selected principals who I believed had the most knowledge in the area of my research and were willing to be interviewed. I requested an initial 1.5-hour individual interview with those selected. I also invited those involved in a first interview to participate in one or more follow-up interviews to provide more information or clarification as needed. I mailed or e-mailed them further information on the study, a consent form, and a sample of the interview questions (Appendices B, C, and D, respectively).

I contacted 26 retired principals. Those who readily recalled working with alcoholic teachers and appeared to be eager to discuss the matter with me were scheduled for interviews. During telephone conversations and the interviews, some of the principals suggested other potential participants for me to interview. In this way the snowball effect assisted me in locating more participants. I contacted these potential participants and once again selected those with the most experience in working with alcoholic teachers and the most enthusiasm to discuss their experiences. After interviewing six participants, I believed that I had reached saturation and stopped scheduling interviews.

The six participants included four males and two females. All of the participants had been employed by large public urban Alberta school boards. Three of the principals also worked in central office toward the end of their careers, supervising other principals. Two were principals of elementary schools. Four were principals of junior and senior high schools. Five of the participants had retired within the past five years; one had retired within the past 10 years. The number of alcoholic teachers the principals encountered during their careers ranged from 2 to 10, with an average of 3. A total of 23 alcoholics were discussed during the interviews.

Data Collection

Individual in-depth interviews consisting of primarily open-ended questions, with some closed questions, were conducted with each of the selected principals. The questions were directly related to my research questions. A sample interview guide is included in Appendix D. The interviews were conducted like conversations, with the path and structure partly determined by the participants. The participants always gave more information than specifically asked for. All of the participants came to the interviews having already reflected on their memories of working with alcoholic teachers and were very enthusiastic to talk about their experiences. All interviews were tape recorded (with the participants' permission). I also made written notes during each interview. I personally transcribed each tape recording immediately after the interview, shared the transcript with the participants, and invited them to make changes, if required, to reflect their intended meaning. Three of the participants submitted some changes, additions, or deletions to me. These changes were made, returned to, and approved by the participants. I conducted one brief follow-up telephone interview with one of the participants for clarification on some information given during the first interview.

Data Analysis

Data analysis began during the interviews themselves. As I conducted the interviews, categories of information became apparent. I recorded these observations and ideas in a research journal. After completing and transcribing all of the interviews, I content-analyzed the data to examine differences and similarities among the participants' perceptions of policies, procedures, concerns, obstacles, successes, and recommendations

for improvement. Categories of data were analyzed into broader themes based on the categories. Forty-three coding categories were identified and synthesized into 11 themes.

The process of analyzing the data was based on the research of Wellington (2000), who outlined three stages of qualitative data analysis proposed by Miles and Huberman (1994). First, data were condensed by collating, summarizing, and coding information into certain categories. Second, I used "data display" to assist me to conceptualize the data, in a visual format, in order to begin to make interpretations and draw conclusions. I did this by numbering and color-coding categories. The third stage involved conclusion drawing by interpreting and giving meaning to the data. This involved comparing and contrasting units of data and searching for patterns within the categories to establish themes.

Wellington (2000) also provided a model for data analysis adapted from Lincoln and Guba's (1985), Glaser and Strauss' (1967), and Goetz and LeCompte's (1981; as cited in Wellington, 2000) methods of qualitative data analysis; namely, the *constant comparative method* and the *continuous refinement method.* I realize that there are different perspectives on interpretative methodology and that some of these earlier references are more positivist than that proposed by Wellington. However, I prefer Wellington's approach and believe that it best met the purposes of this research. A description of Wellington's approach is as follows:

> Data are divided into units of meaning. Units are then grouped or classified into categories. Units of data which might not fit provisional categories may result in the development of new categories. Similar categories should be searched for, with the possibility of merging one or more. Single large amorphous categories need to be examined and perhaps split into two or more. The categories need to be checked; i.e., do they cover all the data and are they different and not overlapping? Lastly, integration involves looking for connections, contrasts and comparisons between categories. (p. 137)

I meticulously completed this process to identify categories and then establish themes.

I also adhered to Wellington's (2000) suggestion for a more cyclical, less linear approach to analysis that involved (a) immersing myself in the data to become very familiar with it by engaging in multiple readings of the transcripts, (b) standing back and reflecting on the data, (c) taking apart the data to place it into manageable units (coding/categorizing), and (d) recombining and synthesizing data to put it back together within themes. In my discussion and interpretation chapter I related the data to existing research by returning to my literature review, as Wellington also recommended.

Trustworthiness

Lincoln and Guba (1985) suggested trustworthiness as a qualitative research alternative to reliability and validity referred to in quantitative research. They offered a set of criteria for judging quality in qualitative research: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. The first two parallel internal and external validity, and the other two parallel reliability (Wellington, 2000).

Credibility

Mertens (1998) defined *credibility* as "a test that asks if there is a correspondence between the way the respondents actually perceive social constructs and the way the researcher portrays their viewpoints" (p. 180). She encouraged the use of multiple strategies to ensure that research is credible. Strategies described by Mertens that I used to ensure credibility are described below.

Prolonged and substantial engagement refers to how long I decided to conduct the research and with how many respondents. Once I was confident that themes or

categories were repeating rather than extending, I ended the interviews by ceasing to locate more participants. In order to ensure substantial data, I selected respondents with significant experience related to my topic and gathered in-depth data.

Peer debriefing involved discussions with a peer disinterested in the topic of the study to challenge me regarding my interpretations and analysis to help me confront my own values and biases. This assisted me in ensuring that my interpretations were more likely consistent with the interpretations of those who read the study.

Progressive subjectivity requires that the researcher monitor his or her own developing constructions and document the process of change from start to finish. I used a peer debriefer to challenge my biases. I acknowledge that my own beliefs and previous experiences influenced this research. In the introduction I have provided, as a frame of reference, my own experiences in working with alcoholic teachers. I also kept a research journal in order to keep track of my own developing constructs and the data that I analyzed and interpreted.

Mertens (1998) stated that the most important procedures for enhancing credibility are member checks. I verified with each participant that the information shared with me was an accurate reflection of what they meant to say. I did this by promptly sharing transcripts and asking for clarification and confirmation of their viewpoints. This also enhanced my ability to present an authentic and balanced view of all perspectives, values, and beliefs. Four of the six participants responded with minor revisions. Two asked for certain names to be more disguised to ensure confidentiality. In addition, one requested that his language be changed slightly; the change was not semantic. I suspect that he requested this change to have his ideas flow better in written versus verbal form.

For example, "Well, let's see here, not sure but, you know" was changed to "To the best of my recollection." Two participants thought of additional comments and suggested that I add them to their transcripts, which I did. None of the participants requested major changes or deletions.

Transferability

Based on Guba and Lincoln's (1985) work, Mertens (1998) stated:

> In qualitative research, the burden of transferability is on the reader to determine the degree of similarity between the situation of the study and the receiving context. The researcher's responsibility is to provide sufficient detail to enable the reader to make such a judgment. Extensive and careful description of the time, place, context and culture is known as thick description. (p. 183)

That my participants were all very knowledgeable of and experienced with my topic and that I ensured that the situation in which each principal worked was clearly described facilitated transferability.

Dependability

As stated earlier, *dependability* parallels reliability, which refers to stability over time. Mertens (1998) said, "In the constructivist paradigm, change is expected, but should be tracked and publicly inspectable" (p. 184). I documented my thoughts and changes in my own viewpoints in my research journal as the research unfolded. I made no substantial changes to the method during the research.

Confirmability

Mertens (1998) explained *confirmability* as objectivity, meaning that the researcher's judgment or bias is minimized. She stated that

> qualitative data can be tracked to its source, and the logic that is used to interpret the data should be made explicit. Guba and Lincoln recommend a confirmability audit to attest that the data can be traced to original sources and that the process of synthesizing data to reach conclusions can be confirmed. (p. 184)

Mertens reported that the confirmability and dependability audits can be conducted together. I kept an audit trail within my research journal. Although I did not conduct a formal audit, I constantly consulted with my advisor and colleagues while conducting and presenting the research.

As an administrator, I have worked with teachers suffering from alcoholism and have taken it upon myself to gain insight and information regarding resources available in the community to treat it. These experiences have made me aware of and passionate about the need for systematic research in the area of teachers suffering from alcoholism. I am also keenly aware of my own presuppositions that affected my analysis and interpretation of this study. However, by acknowledging this and carefully listening to and presenting the information and beliefs expressed by the participants, I believe that my own biases were explicated and made transparent to readers. I realize that, without having done so, my perceptions could have blinded me to different possibilities. Again, I used peer debriefers to assist me with this and member checks to ensure that I correctly interpreted the participants' perceptions. I believe that I presented in the most authentic way I could my participants' experiences and perceptions, understanding that, as an

interpretive researcher, a certain amount of subjectivity is inevitable, and in fact desirable.

Limitations of the Study

The results of this study were limited to the people interviewed. The information gained from this study is dependent on the participants' knowledge, memories, and willingness to share their perceptions. Because the topic is socially sensitive, the truthfulness of participants' input may have been affected. However, I believe that all of my participants were extremely candid and truthful. By interviewing principals who were not necessarily alcoholic themselves and by allowing the respondents to choose whether or not to participate, I believe that my data collection method made the study less socially sensitive. I also diligently ensured my participants' confidentiality and asked them to use pseudonyms when talking about their staff. As previously stated, I believe that interviewing retired principals had many advantages, including less reluctance to speak candidly about their experiences in a district to which they no longer had an obligation.

Delimitations

My research question and the subsequent questions address specifically what was researched in this study. The topic of addictions in general is huge. I decided to delimit my study to alcoholism rather than include all or other addictions such as various substance abuse, gambling, workaholism, and others. Although the exclusion of other addictions is a delimitation to this study, I hope that some of the findings will be transferable to those concerned with the effects of other addictions in schools.

Although alcoholism may be prevalent in all workplaces, my concern is educational policy studies; hence my focus on alcoholism and teachers. Additionally, schools include many other categories of staff besides teachers. Although I have not included school support, custodial, and exempt staff, this research may yield findings that would also assist these groups of staff.

I did not attempt to determine the prevalence of alcoholism among teachers as part of this study. I do not think this is researchable to any degree of accuracy, mainly because of the social sensitivity of the topic and also because of the strong sense of denial among many practicing alcoholics. Additionally, the cause of alcoholism is not researched here. There is a large body of medical literature on the subject, and although it is very important to explore and explain, I did not address the topic in this study, except to examine principals' perceptions of their own personal definitions of alcoholism.

Ethical Considerations

This study has been approved by the Ethics Review Committee of the Faculty of Education. The ethical guidelines are outlined below.

I detailed the purpose and nature of my research to participants by initially explaining, over the telephone, the purpose and nature of the research; then I sent a more detailed written overview of the study to all interested participants (Appendix B). I invited them to ask questions regarding the research and their participation at any time.

I obtained an informed consent from the participants by having each read and sign an Informed Consent form (Appendix C). At our first meeting I asked that the participants sign the form, gave them a copy, and retained a copy for myself.

The informed consent form clearly stated that a participant could withdraw from the study at any time. I also verbally reinforced this with the participants to provide opportunities for them to exercise the right to opt out at their discretion.

To assure anonymity and confidentiality, the informed consent form clearly stated that all names, schools, and any other identifying information would not be disclosed to anyone other than myself and my supervisor. All information, including interview data and written and recorded transcripts, would be kept in a securely locked location. This also provided for the security of the data.

To avoid threat or harm to the participants or the teachers to whom they referred, I reinforced compliance with the informed consent criteria. Working with voluntary participants and allowing each of them to withdraw from the study at any time resulted in potential threat or harm being inherently avoided. The participants were asked to use pseudonyms when discussing particular teachers to ensure that no teacher was identifiable. If a participant accidentally did not use a pseudonym, I assigned one as I transcribed the interview.

I did my own transcribing and did not involve any assistance with transcribing. I made use of peer or expert reviewers and an external auditor and ensured that these people were aware of the ethical guidelines by reviewing those guidelines with them and having them assure me in writing that these guidelines would be followed.

CHAPTER 4

FINDINGS

In this chapter I present the findings based on the analysis of the data collected. Six retired principals were interviewed with the previously established set of interview questions. I audiotape-recorded the interviews and then transcribed them myself. I conducted multiple readings of the transcripts, and, as noted in the methodology chapter, I then coded the transcripts as part of the formal data analysis process. This led to the identification of 43 categories. The 11 themes that are the subject of this chapter capture the ideas embedded in those categories.

Themes related to the research questions include principals' perspectives on policies related to dealing with alcoholic teachers, perspectives on unsuccessful policies and policies that impeded their ability to deal with alcoholic teachers, perspectives on successful policies or their own strategies that assisted them in dealing with alcoholic teachers, perspectives on unsuccessful policies, and suggestions for improvement and future implications for school districts. Other themes that emerged relate to lack of professional training to deal with alcoholic teachers; perceived indicators helpful in identifying alcoholic teachers; perceived common characteristics of alcoholic teachers; perspectives on the definition of alcoholism; the perceived necessity for secrecy surrounding alcoholism; descriptions of the progression of alcoholism; perceived prevalence of alcoholism among teachers; stress, fear, and emotional reactions of the principal in dealing with alcoholic teachers; perspectives on the financial and social costs of dealing with alcoholic teachers; and perspectives on limited support for the principal in dealing with alcoholic teachers. Several of these themes are discussed as subsections of

the themes that align with the research questions. For example, I discuss the principals' belief that they lack training in dealing with alcoholic staff under the heading of "Principals' Perspectives on Policies Related to Dealing With Alcoholic Teachers."

I begin by presenting summary information about the principals. Only summary information is provided to protect the identity of the participants. I then present a discussion of common experiences, attitudes, concerns, and recommendations made by the participants as related to the themes previously mentioned. Direct quotations from the interviews are included to support the findings. Again, to assist in protecting the identities of the participants, I present the findings through a discussion of themes rather than through a series of individual accounts.

The Participants

The six participants were all retired school principals. Four were male and two were female. All of the participants had been employed by large urban Alberta school boards. Three of the principals also worked in central office toward the end of their careers, supervising other principals. On average they had worked for approximately 30 years before retiring. The participants had experience in being principals in elementary, junior high, and high schools. Five of the participants had retired within the past 5 years; one had retired within the past 10 years. All of the participants indicated that they had had significant experience in dealing with teachers with alcoholism. The number of alcoholic teachers that the principals encountered during their careers who required considerable intervention ranged from 2 to 10, with an average of 3. A total of 23 alcoholics were discussed during the interviews. Although not every participant gave an estimate of the prevalence of alcoholism among teachers, the majority indicated that they

believed that alcoholism affects a considerable percentage of the general population and suspected that any school would probably have at least one, if not more alcoholic teachers on staff at any given time.

Principals' Perspectives on Policies Related to Dealing With Alcoholic Teachers

The majority of the participants expressed considerable frustration about having received no training in dealing with alcoholic teachers. None of the participants had ever received training that would have assisted them in identifying alcoholic teachers or intervening with these teachers once the problem became apparent. Additionally, not one of the participants was aware of any written professional policy within their boards or professional association to address this problem. There was also a common perception that if a policy existed, it was not shared with principals. One principal, for example, observed:

> I received absolutely no training on how to deal with alcoholic staff. So basically what I was doing was looking for problems. I believe if you look for problems you are going to find them, wherever you look, and I feel that that is setting up a really unfair situation. And the other part that I kind of resented about my relationship with my district, or the personnel department and the policy in the present place, because they were following some policy and procedure, was that it wasn't discussed openly with me.

Another participant, when asked if he knew of related board policy, telephoned the board lawyer during our interview. The lawyer informed us that there was no board policy related to dealing with alcoholic teachers. When asked if this participant had received any training, he responded as follows.

> My training came from the bar. I'm not averse to going for a drink after school with the teachers, on a Friday night in particular, and that's where you really get a handle on the whole situation, because all the people there might enjoy a drink. There's some that enjoy it more than others, so you don't have to be Sherlock

> Holmes to find this out. It just jumps out at you. So I just use my first-hand experience.

Another principal who answered "Absolutely not" to the question, "Have you ever received training to deal with a teacher within an alcohol problem?" stated:

> Since when in the principalship program at this university does it ever address what to look for in practical terms, in terms of how to supervise teachers? I really don't feel that there's enough participatory help out there. Not enough practical. I might be wrong, but I sure think there needs to be more practical training. Even in [school district] and their principalship training, it's based on the budget, understanding budget and board policy and that sort of stuff, not really practical things. I got more out of some of the courses that I took myself on things like assertiveness training and interpersonal skills, things like that and how to be a good listener and those kinds of things. I think they were more helpful to me as a principal than some of the other stuff, but I've never seen anything on how to deal with an alcoholic teacher. I don't remember ever hearing anything about specific signs of alcoholism.

Yet another principal, indicating that he never received training from his district on alcoholism, stated, "The only training we [himself and the district] ever had was a couple of hours with some individuals from Alcoholics Anonymous when we were proposing to reinstate an alcoholic." He went on to say that he hoped that there was a more sophisticated training process in place today and thought that that certainly would be an important component of principal training. Another participant felt that he needed to rely on his own common sense:

> I had no training on that [recognizing alcoholism]. If you're asking if anyone gave me advice on it, no. I had no prior training, experience, or preparation on it at all. I'll tell you straight out that for my first principalship I just went from consultant to open a brand-new school. I didn't find out about it until June, and it opened in September. Anyway, how is that for an inservice!

Principals' Perspectives on Impediments to Their Ability to Deal With Alcoholic Teachers

The participants consistently described a variety of policies related to the profession that they felt seriously impeded their ability to deal with the alcoholic teachers they supervised. These perceived impediments involved ATA contractual clauses, the reluctance on the part of the alcoholics' family and colleagues, denial of the alcoholic himself or herself, apprehension of becoming involved in the teacher's personal life, and the informal policy of transferring alcoholic teachers from one school to another.

Perceived Impediments From the ATA

One participant who had been informed about an alcoholic teacher on his staff by a former colleague found it frustrating that this colleague refused to assist him in confronting the alcoholic teacher with the information that the colleague had. This participant noted:

> We then approached several other teachers, and they were also most reluctant because of the stringent regulations of the Alberta Teachers' Association, which state that you must write to the individual and inform them that you will be giving evidence. Although staff continued to be concerned, they refused to give evidence in the ethical manner. It's a tough decision for individuals who have struck up a relationship with [an alcoholic], and also the trauma of having to go through and give evidence, and following the ritual, ATA conduct. I think all of those things combined into a great reluctance to give evidence.

Following are other comments made by participants also frustrated by ATA policy that they perceived to impede their ability to work with alcoholic teachers:

> You know, when I think about this whole process, I really question my role as a principal; and I felt that I wasn't trusted. I was only trusted with a little bit of information, just that this teacher has a problem and now she's coming to me. It could be ATA policy, but I don't know where the policy comes from. It was obvious that the people that were implementing the policy were doing a good job

> of the job they were doing, but I felt like I had no voice. And no one was coaching me on how to help these people.

Another principal stated:

> Oh, sure, the ATA knows about a lot of issues that teachers have; that's what they're there for. But they're sworn to secrecy, so I guess that is sort of a stumbling block. It is very incestuous in the sense that it's all within the organization. They're not willing to share with people like you who are researchers. They might have inservices for their own staff, but with regard to how much they go outside, I think there's some resistance there. And if there's no research out there, where are the ATA going for their help? I guess they think they're doing what's best for the profession, but not necessarily for the individual teacher or the school. The only help I got from the ATA was in what I needed to do to protect myself to make sure I wasn't stepping on any professional conduct issues. The ATA is legalistic; legalistic help wasn't the kind of help I wanted. In terms of help for assistance regarding the alcoholic teacher's situation for how to deal with somebody like her, I got no help. [The alcoholic teacher had poor attendance], but to the ATA that means nothing. People are allowed to be sick and don't have to give a reason except for after two days, when they need a doctor's note. But they still don't need to tell the reason.

Another principal speculated on the reason that principals do not receive inservices on dealing with alcoholism:

> Maybe because of ATA contractual clauses, I was led to believe that illnesses were a private issue between the teacher and his doctor. I didn't feel I was allowed to become involved. I remember I did have a teacher who was missing a lot of work, and I wondered if there was a medical problem, so I contacted the ATA. I was told it was none of my concern and that I could not ask about it. I think the message is quite clear from the profession that we don't deal with alcoholism because it's none of our business.

For a number of reasons the participants perceived that ATA policy presented impediments in dealing with alcoholic teachers. They also expressed a limited understanding of the exact nature of ATA policy and frustration about the lack of collaboration between themselves and the ATA.

The Alcoholic's Denial

As stated in the majority of the literature, it is common for an alcoholic person to be in denial of his or her problem (Mack et al., 2001). Certainly the majority of participants interviewed experienced this denial firsthand. Even when the principals tried to confront a teacher whom they suspected of having a problem with alcoholism, they were often met with resistance from the teacher regardless of how much evidence they had or how much they might have genuinely wanted to help. Four principals observed blatant denial by the alcoholic. One principal simply said, "He denied it." Three others reported:

> I decided I would approach the alcoholic individual on the day that it was reported that he had been drinking. It was the school custodian who phoned me and said there was liquor on his breath. And so we confronted him at that time. He denied that he was in the state of inebriation. We then told him that we were concerned about his use of alcohol and that staff members had indicated that it had impaired his judgment, and we suggested that he obtain treatment. He denied this, denied that this was the case.

> A problem of course, is a lot of denial, trying to get them to realize that they do have a problem and that it does impair their judgment and their work. The person will deny it; they simply don't have a problem, and it's all under their control.

> You know what they should be doing, you know how they have acted in the past, you expect the same action to happen, and you watch the deterioration. They don't realize it. And not many do. It's an insidious type of thing.

In addition to principals' perceptions that the alcoholics themselves were in a state of denial, some also believed that other principals were in denial regarding alcoholic teachers on their staff. When asked about their perception of principals who claimed never to have encountered an alcoholic teacher during a lengthy career as a principal, one

of the participants exclaimed, "That's impossible! That's bullshit!" In response to the same question, another principal said:

> I would say that the principals are not being truthful. I don't think that it is possible. Even going back to when I was a teacher, there were alcoholics in the schools that I worked in. In fact, in one of my schools it was the principal. So over the years I would say I have worked with more than 300 teachers, and I don't know what the odds are of being an alcoholic, but my guess is that it would be five to ten percent of the population, so I don't see how there couldn't be an alcoholic teacher in most schools and at some time.

Most of the participants observed that alcoholic teachers were often in denial of their own alcoholism. Additionally, the participants also suspected that other principals may have been, or may continue to be, in denial of the existence of alcoholic teachers on their staff.

Principals' Apprehension About Becoming Involved in a Teacher's Personal Life

Almost all of the participants expressed some degree of apprehension, discomfort, or fear of either confronting alcoholic teachers or referring them for help. In several cases the principal felt that what teachers did on their own time was none of the principal's business. In other cases principals feared that informing central office of a teacher's alcohol problem would destroy their career. It was also common for principals to fear repercussions to themselves as a result of dealing with an alcoholic teacher. In many instances the principal was not only the supervisor of a teacher, but also his or her friend. This made it even more difficult for the principal to confront the alcoholic individual. Further complicating these issues was the common concern that there simply was not enough support for them, as principals, within their district.

It is also interesting that some participants felt that unless a teacher's health was adversely affecting his or her job performance, addressing an alcohol problem was not a

principal's responsibility; in fact, even after the principal noticed indicators of a potential problem, his statement to the alcoholic individual was as follows:

> I pointed out directly that what he does with his personal life is his business. My advice to him was to "watch it" and continue to do the job, but I don't want this other stuff coming into the school.

A participant explained the belief that circumstances regarding a teacher's alcoholism were private: "I know she got some help. I didn't know the exact nature of that help because it was not my place to ask, so I could not ask."

Following are statements by two participants who expressed concern that revealing a teacher's alcohol problem might have harmed the teacher's career.

> I knew what services were available to me, and I also knew of situations where people had been referred to the Employee Assistance Program, and as a result it was really difficult for them to cope afterwards. Again, the district's perception was very negative about alcoholism. They don't see it as a disease, and they would just as soon not have to deal with it and preferred to have it out of sight. And even though Employee Assistance is supposed to be a confidential service, it is not confidential within the district; and once the district knows of the person's problem, the district will make it very difficult for that person to continue teaching. They would rather put pressure on the person to leave than to help them.

> I definitely think that if things had come out into the open, it could've been very devastating to him [the alcoholic]. I mean, there were a lot of other really good things happening. He was a great humanitarian. If it [his alcoholism] was out in the open, it might have affected those kinds of things. But if it had been known how serious things really were, all of the good things he has done may have been tainted.

Following are two examples of participants who feared negative repercussions for their own careers if they had confronted alcoholic teachers on their staff:

> I think as an administrator you want the support from your staff. And especially looking at the school with this alcoholic teacher where I was at, if I would have taken an exception to this person's alcoholism, I would have alienated myself from a third of the staff. I think if I would have tried to deal with it, the staff could have shot my chances of continuing my administrative career. And I think it's

> those things which probably prevent people from admitting that someone on staff is an alcoholic and then trying to deal with it afterwards, where somebody who is maybe the type of individual—like, some people just have a way of working their way through the system from one situation to the next when they don't necessarily have the support of their staff, whereas I believe that I was successful because of the support of my staff. The way that people deal with situations is different.

> [With regard to ATA policy] I felt mainly that if I deal with it, I screw myself and get my knuckles rapped. There needs to be a change in policy so that administrators don't fear getting their knuckles rapped. The policy also needs to be consistent, consistently applied to everyone within the district.

One of the participants described the additional difficulty of confronting an alcoholic teacher whom he had come to know personally: "I knew [the alcoholic] personally. I hunted with him; I fished with him. That makes it considerably tougher, there's no doubt about that, if you're close to the individual." Another participant recalled the response of an alcoholic teacher after being told that he must either seek treatment or face the possibility of losing his job:

> He [the alcoholic] resisted this, and I recall probably the most traumatic experience I had in my years as administrator, with him saying, "That's fine, you fellows go ahead. There's always the High Level Bridge." And he left me with that. This individual was extremely articulate and bright, and to have gone ahead with termination at that point and had this follow me for the rest of my life would have been an inhumane decision.

A number of other respondents indicated that they did believe that part of their responsibility as a principal was to deal with their teachers holistically. They believed that a teacher's welfare was their concern to a certain extent even outside of the school. Two respondents stated:

> By just letting that guy hang in there and giving him a job that is barely a teacher's aide job any more—meanwhile this is killing this person, killing their family. I mean, you're not doing anyone a favor by pretending it's not there.

> She was having emotional problems, and nobody wanted to deal with it. Until she got to a school where the principal had a little empathy and recognized some strengths within that individual, she didn't have much hope. But I think I gave her that, and now she has actually done all right because of the willingness of myself and her subsequent administrator's willingness to help this person out as a human being.

The participants faced a number of personal reasons to resist becoming involved in what they felt was a teacher's private life. Most believed that it was simply none of their business. Most felt that because they had developed a personal relationship with the alcoholic teacher, confronting the teacher was especially awkward. Some participants believed that their own personal careers would be jeopardized by exposing alcoholic teachers. However, at the same time the participants also felt that it was their job, as principals, to somehow deal with teachers holistically as both professionals and human beings.

Principals' Perspectives on the "Unofficial Policy" of Transferring Alcoholic Teachers From One School to Another

Many of the respondents indicated frustration that alcoholic teachers were simply being shuffled from one school to another, rather than being dealt with when the problem was recognized. The participants I interviewed collectively appeared to believe that there was a common practice of shuffling the problem from one place to another, but stated that they themselves did not choose to engage in that sort of behavior. One participant commented:

> The standard practice was not to terminate anyone with alcohol-related problems, but to transfer individuals. That was the ritual that we used with the board. Because of the difficulty in obtaining evidence and having to follow the code of ethics for teachers, the normal ritual is to transfer the person. I think the primary motive was to get rid of the problem in this particular school in the hopes that in the next school there'd be a better start and something would happen.

Another participant indicated frustration that he had received the alcoholic teacher as the result of the transferring or placement procedure:

> Both [alcoholic] individuals came to me in the same way. I did not hire them; they were sent to me through personnel. I have some very strong feelings about how we should be dealing with this problem, and that is that we don't shuffle it under the table.

The participants recognized the practice of transferring but noted that they personally would deal with the alcoholic teacher instead of transferring the problem:

> [As a principal] there is some good stuff to do, and there's also some tough stuff to do. And this [confronting the alcoholic] was one of them. Enough of that sliding it under the rug or transferring it on to other individuals. Sometimes you have to stop and deal with it right there on the spot.

> Here [in the teaching profession] we just sort of push it out of the way because it shouldn't happen in education. But it does happen. I might say there's a certain amount of apprehension. I don't think we face the problem as we should. I've seen so many sleazy deals that it's hard to comprehend.

> Some people will declare problem teachers surplus to pass the problem on to another school. I didn't do that; I'm not that type of an individual. Even if I didn't particularly like a teacher, I wouldn't set them up to be transferred. In fact, over the years as a principal I've actually taken on teachers that have been described as being in difficulty, and some had emotional problems.

> I don't like transferring teachers with problems to another school. I deal with that, and staff knows that. Good or bad. Transferring makes it not ever dealt with. I never have done that, perhaps to my own detriment; but still, I don't believe in that. But I know it happens.

Although all of the participants acknowledged that they were aware that transferring alcoholic teachers seemed to be an unofficial policy, they all claimed not to have engaged in this practice and to have strongly objected to this practice.

Principal's Perspectives on Their Own and Society's Definition of Alcoholism

All of the participants seemed to grapple with whether or not alcoholism is a disease or an individual's choice of behavior. Most of them appeared to prefer to think of alcoholism as a disease, but one fraught with social stigma. They perceived that this stigma seriously interferes with the alcoholic's seeking and accepting help. There was also a common perception that alcoholism is shrouded in secrecy. Interestingly, many of the participants appeared very hesitant to use the words "alcohol," "alcoholic," or "alcoholism" during our discussions. Most frequently the issue was referred to as "it" or "the situation" or similar euphemisms. I have often included in parentheses the words "alcoholic" or "alcoholism" following the respondents' use of the word "it," for example. These participants talked about their own personal definition of alcoholism:

> I never thought it through. I'm just aware that it [alcoholism] is a difficulty for some people, and therefore I think that there are people who are skilled at detecting and knowing how to deal with it. And when you asked me what it is, I have not determined that in my own mind. It's a difficulty. I guess if you are asking me if it is a disease or an illness or whatever, I have not worked that part through. I just know that it is a difficulty in the workplace and needs to be dealt with. I think it's partly the unknown, the unpredictability of it, and part of our nature is that we don't like to deal with unpleasant things.

> People have a difficult time understanding alcoholism. You know they can understand somebody who goes out and has a heart attack or somebody gets cancer or something like that; it's much easier for people to deal with getting their heads around those ideas and deal with the problem than deal with the person who is an alcoholic. Even though we might say that we recognize that alcoholism is a disease, when we actually put things into practice it's a different story. I guess the reality of the situation, on one hand you might say alcoholism is a disease, but I think that deep down you still think that people should have more control over it, like it's a voluntary thing, and I think that's the way people still view it. But I guess it's a matter of public opinion. It is a struggle for me.

> I have no personal experience with alcoholism; no one in my family or in my personal life is alcoholic. But what I like to do is treat it as an illness because that's what I've read. I learned one thing. I knew alcoholics couldn't stop. Alcoholics just can't stop like that; they're like smokers. To me that's how I saw them and how I dealt with it. Could be cured, maybe, but I don't know. But the funny thing is, I knew a principal, but I didn't know he was an alcoholic. I always think the best of everyone, so it never occurs to me. Some people might say like "Chris, wake up!" I'm really naïve, I guess.

> Alcoholism was a cardinal sin. We were the Protestant school board, and there's always that aspect of it. And alcoholism was just not to be tolerated in the past. I think that, traditionally, alcoholism has been a sin; drinking has been sinful. I don't think being sick is sinful. So there is a religious component.

Other participants stated that their understanding of alcoholism came from their personal experiences with it through family members:

> I think I knew it [alcoholism] was an illness because of my personal experiences [within my family]. Just like breaking a leg. For me it's no different, so I would be compassionate about a broken leg. You do whatever it takes to help them be successful. But if alcoholism is not discussed, what can you do?

> I dealt with it within my own family. I don't know why alcoholism is thought about differently than cancer, but I guess the definition of what a disease is comes from the public's perception.

The following quotations highlight the participants' perspectives on society's and the teaching profession's views on alcoholism and the seeming preference to silence it: "It's probably one of the most difficult problems to look at with regards to education, simply because the educational system is not set up to handle it. It is a tragedy"; and

> I think in the education profession teachers are set up as idols, and it has been this way forever. They're supposedly the cream of the crop. They can't do things that other people do. And I think that most people want to shove that shit out of the way: "Let's not get involved. We've got enough other problems with the public that we don't need that one [alcoholism]." And I think that's 100 percent wrong.

Another commented, "Over all these years I know that people have suspected it [a particular teacher's alcoholism], but nobody has ever talked about it for whatever reason." One respondent, when asked how a teacher's alcoholism had come to his attention without his being told officially, responded:

> I think I sort of put two and two together from my observations and from my past experiences and from some of the comments that they [central office] said to me, like "This person has a problem, but we can't tell you what that problem is." So I assumed it was one of a number of things, and obviously it was something like that [alcoholism], because there are so many other things that you could talk about and it would've been okay, like cancer or car accidents or marriage breakdowns or breaking the law in some other kind of way. That was very much shared with me that these alcoholic individuals never shared personally their challenges. . . . And reflecting on that, that whole process, I find that really interesting.

For this participant it was the silence or secrecy itself that led to the suspicion of alcoholism. Other problems would have been socially acceptable to discuss.

With regard to the participants' views on the nature of alcoholism, they often seemed conflicted as to whether alcoholism is a disease or matter of personal choice. Their personal definition of alcoholism often overlapped with what they perceived as society's definition. Those who had experienced alcoholism within their families felt that they had an advantage in recognizing it. All agreed that the teaching profession did not adequately understand or deal with alcoholism.

Principals' Perspectives on Successful Policies or Strategies

Although all of the participants indicated that they had no formal training in recognizing or dealing with alcoholic teachers, they all described strategies that they either created independently or were subsequently advised to implement after they had identified an alcoholic teacher. In this section I outline those strategies found to be helpful, at least in the short term. Six strategies were most commonly reported by

respondents as helpful to them: careful recruitment of teachers, board tolerance of the problem, a "tough" stance on alcoholism, direct confrontation by administration, thorough documentation, and assistance from external agencies.

One principal noted that the problem may be avoided through careful recruiting practices:

> Later, in interviewing candidates, we wanted to make sure that when we recruited individuals they did not have problems with alcohol, and we would ask them, as the very last question, "Is there anything in your background that you would want to reveal that might create problems for you? You may do this in the interviewing committee now, or you may phone me later," hoping to ferret out a problem by having the individual say, "Well, I did have a problem with alcohol, but it is under control." If it surfaced later that the individual did have an alcohol problem, we could say, "You deceived us here." We actually would have that as a matter of record, and we would have the interview form on his file. I don't recall a single instance of someone phoning me later on and saying, "I have a problem with alcohol." But we simply asked the question.

Another pointed out that the attitude of the school board was important to allow an alcoholic time to address the problem:

> I think the board has been very tolerant and has always agreed to recommending treatment and giving the individual another chance. The composition of the board had a lot to do with it too. We also had a trustee on the board who had a problem with alcohol himself, and I think that he helped. He could understand the dilemma that this individual faced. I think that's one of the reasons that the board didn't insist on termination, along with "Give the individual another chance."

One noted that, although it is important to allow alcoholics time to recover, a certain amount of "toughness" is also necessary:

> I think we certainly want to give them a chance to recover. But because of the nature of their responsibility and their effects on youth, we had to be tough with them, saying that "we want you to seek treatment, and we hope this is going to work out." But in the final analysis, I think that being in the field of education, we had to threaten toughness or actually follow through with toughness.

In one case the superintendent got tough, directly confronting the alcoholic:

> I think that's the way it was handled in the past, was to go directly to the superintendent, who used the straightforward approach, "We're going to fire you, and if you want to fight it, you can fight it." But I think that most people just decided that they would quit.

Several referred to the principals' responsibility to document properly: "If the teacher's performance was absolutely terrible, then you would have to document things and handle it from a performance angle, not from a health angle"; "I charted his absences for a period of six months and looked for patterns"; and

> There is a portion in the School Act that says you must be a suitable role model. And if you're a principal, let alone the teacher, increasingly we were questioning whether or not this gentleman was a suitable role model [regardless of his performance in a school while on duty]. Part of my responsibility with that gentleman was to evaluate his performance. Part of that performance evaluation was to let him know about what we were talking about [alcoholism]. As far as what I documented, I documented his absences and his image.

One found help from an agency outside of the school district: "I called AADAC, and they gave me some information about what I could do to help." Some of the strategies created by the participants that they found helpful included "giving the alcoholic another chance," being straightforward and confronting the alcoholic, following through on threats and expectations, documenting teacher performance, charting teacher absences, contacting community agencies that deal with alcoholism, and including the evaluation of interpersonal skills and professional image in performance appraisals. They also found Employee Assistance Programs helpful.

Perceived Assistance From Employee Assistance Programs

Several of the participants indicated that there were one or two extremely helpful people within the district who provided them with valuable assistance. Others stressed the need for awareness of available resources, assistance with strategies to intervene, and access to expert advice.

One principal expressed the importance of awareness of Employee Assistance in the school district:

> The second time around it was helpful to have the resources that were available. They were probably there when I had my first experience, but I didn't know about them. But later on when I became aware of it, that extra resource base was very helpful, because, quite frankly, I was able to delegate that expertise to where it should be rather than me dealing with it.

Several of the participants detailed specific strategies given to them by Employee Assistance staff:

> One of the teachers that I was responsible for, it came under suspicion that this person may be an alcoholic. Being that I worked in a large board, we had a segment in personnel where there was a counseling service. I notified them that I thought we had a bit of a concern here and that we better start monitoring, and the monitoring was done. We started watching the absenteeism, and the gentleman who provided the advice and assistance said, "Watch Fridays and Mondays." And through the monitoring process we came to the conclusion that the gentleman did have a difficulty. I arranged a meeting with him in my office and shared with him what my concern was. I also received advice and assistance from the specialist in the personnel department to watch for the deviousness because it does funny things to the chemical imbalances in the brain, and that he would be willing to sit in with me. I said I would be happy if he sat in with me, just to note what was happening.

> [Under the advice of Employee Assistance] I went to meet with her, and I was very firm. I said she was not to miss any more school for alcohol-related reasons. She was also to get some help and assistance immediately and report when that was and what that was, and that district office was aware of her alcohol problem and that they would support her, as long as she followed all of these things. Also,

> if I smelled alcohol on her breath in the morning, she would be asked to go home and she would have to report to Personnel regarding the alcohol.

Another principal appreciated that the help she received from the Employee Assistance Program was not only for the alcoholic but also for herself:

> I phoned the Employee Assistance Program, and that's what really made the difference. The lady that was there was absolutely fantastic. Actually, there were two people, and one that I dealt with had experience with this sort of thing, and she was fantastic. So I asked her to help me to help the teacher. I needed confidence to approach this. What I liked about that system was that not only did they help the teacher, they also helped me as the administrator to deal with the teacher. That's what I found most helpful.

The perceived "expert advice" of some Employee Assistance personnel was also seen to be very helpful: "As I reflect back on my whole encounter with it, it was so helpful to have a skilled person with me that was also going to provide me with help, and 'Here's what we're going to do.'" One participant explained how help from Employee Assistance also made him feel more comfortable in dealing with the ATA: "I felt fortunate that I had someone to help me that was within the system that had experience with this and also helped me to make sure that I did everything right as far as the ATA." Another participant greatly appreciated the help and advice that the Employee Assistance Program also provided to the friends and family of the alcoholic teacher:

> [With the help of Employee Assistance personnel] we told her that we were worried about her and that she needed to get some help, so I thought she could use some help at the meeting [we had with Employee Assistance], so I invited [a group of her colleagues who are also her friends] to attend. So we met, and I told her that I wanted her to get some help and to do that within the next two days. I was telling her that she needed to make the call, and that if she did not cooperate, I would have to document her performance.

> The other thing was that [the alcoholic's] friends wanted to help her, as did her daughter. Her friends knew the extent of the problem and knew we had to do something about it, so there was not too much she could do about it or that she could say [to Employee Assistance personnel].

This particular respondent went on to explain that a letter was drafted for the alcoholic teacher by Employee Assistance that outlined specific expectations for that teacher's behavior. Although some of these expectations could have been challenged by the ATA, the teacher apparently did not resist compliance with them. Additionally, the participant attributed Employee Assistance's willingness to involve the colleagues who were the alcoholic teacher's friends to the success of their intervention. This group of colleagues had brought the alcohol problem to the principal's attention out of concern for their friend. The participant felt strongly that this social support assisted in facilitating compliance by the alcoholic teacher.

Most of the participants found the personnel of Employee Assistance Programs to be of significant help to them. They expressed feeling supported and less alone in dealing with the problem, and they felt relieved that they were able to delegate part of the responsibility to another party. One participant, however, did not feel that the Employee Assistance Program was confidential enough to protect alcoholic teachers' privacy within the district. This particular participant chose not to involve Employee Assistance for fear that their involvement would jeopardize the teachers' careers.

Principal's Perspectives on the Effect of the Type of Relationship With Staff

The majority of participants believed that the type of relationship that they had with their staff fostered a sense of caring that ultimately may have helped the alcoholic be more receptive to offers of help and assisted the principal in confronting the alcoholic

teacher. Honesty and mutual respect were seen as important in dealing with an alcoholic teacher:

> We had a good relationship. I think it's important to have a mutual respect with the individual. I was being honest with him, and I expected him to be honest with me. And the fact that we weren't coming down hard on him, we are just saying that we were willing to help but he had to acknowledge that he needed that help.

Another participant felt that trust is important: "It depends on the individual person, whether or not you establish relationships with your staff, that they trust in and confide in you." One principal noted that it was important to be a "people person":

> Unfortunately, I think the people [principals] that get the big placements in the district are more concerned with themselves than with helping their individual staff members. They get the promotions over the humanitarians. Maybe the district views [humanitarianism] as a weakness or something. I don't know. Maybe some of it is the person's upbringing, your own morals and values. Some people are just more career oriented, and some people are more people oriented. Some people are more caring, and some are just more selfish.

The participants also commented on the need to get to know their teachers well:

> I think that it is a very vital part of the principalship knowing the teachers he has or she has on the staff. And when you run into a problem like this, you monitor it, and you monitor it closely, because there's too much to lose.

> [The principal] should know these people [the teachers] inside out, from day one. [I make a point of seeing the people I supervise regularly], and that way I can get a better picture of what is happening in this school than if I was to sit on my ass somewhere and don't talk to anyone.

One participant noted the importance of a close relationship with staff other than the alcoholic teacher: "I had a very close relationship with my assistant principal, and we communicated and shared observations, and we just kind of knew when something was wrong. We were trained to look for these things in our students."

All of the participants believed that getting to know their staff as well as possible placed them in a better position to identify problems. They also seemed to believe that a relationship characterized by mutual respect assisted them in confronting alcoholic teachers. Additionally, a close relationship with other staff members also helped the principals feel more supported when they were faced with dealing with other staff problems.

Principals' Perceptions of Indicators to Identify Alcoholic Teachers

Although the participants identified many indicators on which they relied to identify alcoholic teachers, they believed that they had not been formally trained to look for these indicators. They felt unprepared in initially recognizing the problem and felt more instinctively able to be creative in identifying indicators to support the existence of an alcohol problem, once identified or suspected. All participants agreed that providing supportive documentation of a teacher's alcohol problem was a time-consuming and frustrating task. Following are some comments of the respondents that illustrate these perceptions. One participant explained how an alcoholic teacher came to his attention via other staff members:

> It came under suspicion that this person may be an alcoholic. The suspicions came from the staff members in a staff who used to teach for me at a school that I was principal at before. So that was a tipoff.

Another principal was informed by friends of the alcoholic and by a member of the alcoholic's family:

> With her what happened was that a group of teachers that were her friends [and friends with her daughter], a group of women decided that they felt comfortable coming to me because I was a new principal and I was female. The previous principal had been a male and had also been an alcoholic, so they could not tell him.

The participants recalled being alerted on occasion to the alcoholic's situation by the community, parents, or students:

> Early on there were some rumors starting to go around within the parent group. Then I got a few complaints from students. They complained about delays in getting their papers back and that kind of stuff and about their mark, that they were all kind of getting the same marks. And she would fail to meet some deadlines. She had a fantastic reputation with parents. The only time I did get complaints from the parents was when she was absent for extended periods of time, and they got upset when she was gone.

In only two cases did the alcoholic himself confide in the participants: "One individual came to me and told me that he had had an alcohol problem. He said he'd been to Alcoholics Anonymous and was certain that he could function at school"; and

> The interesting thing is he was one of the better individuals that I supervised. It seemed to me that this went on for another five or six months before some other evidence came to me from within the school that there was a difficulty, and we had a meeting with him, and he finally broke down and did admit that he had this [alcohol] problem.

Each of the participants noted that perceived changes in the teachers' behavior were initial indicators for them. In addition to changes in behavior, two of the participants commented on whether or not they could smell alcohol on the individual teacher:

> I started with observation. I talked with a person, and perhaps sometimes they would be friendly and sometimes they would not. And the other thing was that I could sometimes smell the alcohol. If it's just an incident once in a while, like once a month or something, then I don't worry about it. But if it happens more frequently, like several times a week, then I start to suspect that the person might have a problem.

> Surprisingly I could never smell it. But the performance and the quality of their work and attendance and their behavior, like an unsteadiness and shakiness, were symptoms.

Other principals discussed irrational and unpredictable behavior:

> Sometimes he'd call me at home; he would be totally drunk. Most of the time what he talked about didn't make any sense. He didn't give any reason for phoning. It was like he thought, "Oh, you're nice guy. Let's talk." And he'd go to work the next day and not always remember that he called.
>
> Sometimes they would have a short fuse. Withdrawing from staff functions. They would stop coming, whereas before when they were younger they would've been there.
>
> He was starting to run into difficulties with relationships with staff. He became just a little bit unpredictable.
>
> Some of them start early in the morning if they are true alcoholics, and then they are out of there as quickly as they can after school. They don't get involved in extracurricular. And they are not bad teachers. I've seen two or three who were excellent teachers, and they were very bright. They slowly become an isolationist, by themselves. And then certain people isolate them if they know there's a problem. But they will slowly go away from the crowd and become a loner.

Approximately half of the participants thought that alcoholic teachers demonstrated a relatively predictable pattern of absences, as indicated in the following two statements: "He was a good teacher when he was on the job and sober. There was some evidence starting to come to our attention because of a Friday and Monday absenteeism"; and "I don't think anyone noticed his problem. But in examining his attendance record, it was found that it was very erratic, which is pretty typical, Monday, Tuesday absences kind of thing." Two other participants believed that either there was no pattern of absenteeism or if there was, it was not always predictable: "This person was never late. There were no obvious absence patterns"; and

> I did not hire him. He was placed too, and the community was angry with outplacement, so I was dealing with that as well. He progressively, throughout the year, was not doing a quality job. He was taking a lot of shortcuts and missing a lot of time, leaving early, coming late, lots of absences. His absences were in chunks of time, and then he would come back and he would look like he was appearing to do a good job, and then he would be away for a few days. And that pattern repeated itself.

> With the other individual, her absences were, pretty much every four or five days she'd be missing for a day. And it wasn't always a Friday or a Monday, but most definitely there was a pattern of attendance.

Several participants perceived that the alcoholic teacher became very devious at covering up for absences, late work, changes in behavior, and so on. For example, three respondents stated:

> It's not very difficult, really, to spot a teacher on staff who has a problem, either with drugs or any problem, particularly alcohol. You can see the patterns running, you can chart the absences, this kind of thing. Make sure each day you find a reason to speak to them at the beginning of the school day, you know, to make sure that things are not out of order. But the really sincere alcoholic is very difficult to spot. They have all their bases covered, and they have an excuse for everything. They look like they are functioning perfectly, but they're not functioning perfectly.

> They say if you are not on top of them [alcoholics] all the time, holding them to their word, then they can schmooze you, you know. They say that, and that certainly seemed to have been the case.

> I remember being told by the guy in personnel about patterns to look for. I remember him saying to me to watch for the deviousness, that they [alcoholics] become very clever, almost crazy smart.

Interestingly, all of the participants viewed the alcoholic teachers as generally competent, hardworking, and intelligent. None of the participants described the alcoholic teachers as inept, lazy, or lacking in intelligence. The alcoholics were described positively by comment such as, "This person's performance was generally good, always within the expectation." Following are other samples of statements made by the participants reflecting the perception that the alcoholic teachers were intelligent and capable:

> He was a good teacher, and he also had a very good reputation. He had very good rapport with a lot of the staff and good rapport with the parents. He got along very well with the students. Even though there were a couple of times when he would just give the students work to do and go and sleep it off or whatever, they seemed to tolerate it.

> In the case of alcoholic individuals, I know they are brilliant. I think that teachers who are alcoholic and survive are actually quite smart. Those that are not smart are probably weeded out a long time ago. In order to teach at all and also be alcoholic, I think you have to be quite smart, because you spend years trying to do your job and also trying to cover up a big problem, a disability. And you have to be quite smart to be able to deceive people for as long as you do.
>
> He was a brilliant individual, well on his way to a doctorate. He was very charismatic. He was bright, but he did have this problem. He had potential.
>
> Both of these people were very talented people who were recognized by their peers as having a lot of potential. As I pointed out, one became very prominent in a teachers' organization.
>
> She was a good teacher, that's the whole thing. There was nothing I could do other than fill out an attendance record.

Two principals described the alcoholics as likable and personable: "This person was a good teacher and a good friend; it was just the alcohol thing"; and "This teacher was a very attractive and very personable person. She had some very good qualities. And when she was on as a teacher, she was awesome."

One principal seemed puzzled that although the alcoholic teacher was professionally knowledgeable, he was personally unaware of his own needs: "He was very bright. He was the type of fellow who—which is interesting—could analyze what a school needed and set appropriate goals and that type of thing. I respected that. But it was interesting that he couldn't see what he needed."

Another participant thought that the alcoholic teacher was overcompensating on the job in order to hide the alcohol problem: "The person who is going to give you the least amount of problems will be the practicing alcoholic, because they can't afford to get into trouble."

Because the alcoholic teachers were often seen as doing at least an adequate job in the classroom, detecting performance problems was often perceived to be relatively difficult. However, once the participants became certain that the teacher indeed had an alcohol problem, they focused stringently on evaluating teacher performance. Inadequacies in performance were often felt to be the only indicator with which the participants could professionally confront the alcoholic. Consequently, the participants spent a significant amount of time observing, documenting, and anticipating performance problems. Here three participants commented on the documentation process:

> Another indicator was, the teacher didn't do tons of preparation. The person knew the subject that he was teaching, would basically stay in the past, like, wouldn't update his resources. He was using resources which were outdated, so that showed me that he didn't want to get current on things, and so I figured there had to be a reason for it.

> When I came to observe the class [on a scheduled visit], it was a fantastic lesson. I also did drop-ins and it wasn't quite so fantastic. She went into this little actress mode; it was quite amusing to watch.

> I was on tenterhooks, and maybe I was just watching her too closely, waiting for a problem to occur. And I think that's so unfair, you know, because it's almost like you're looking for a problem.

In this comment the participant expressed frustration that despite noticeable performance problems, they were not sufficient to address the perceived alcoholism:

> This teacher, a young fellow, I heard that he drank a little, but a lot of people drink. But I got hold of this kid and said, "You don't seem to be as sharp as you should at times during the day. You come here in the morning, you're half geared up, ready to start. You do your job. And I know you start slowdown in the afternoon. You might as well go home, because you're not a sharp as you were." It seemed that his system had gotten to a point where he drank it up in the morning like most of them do, and then slowly ran out. So I told him to go to see a school psychologist. But he was a little sharper than the psychologist, and so they sent him back with a piece of paper saying that he was in good health.

As previously stated, some of the participants indicated that they had received support from Employee Assistance personnel or other agencies in order to aid them in watching for indicators to confirm their suspicions that a teacher might be alcoholic. Still other participants were informed of alcoholic teachers by other members of staff, by friends or family members of the alcoholic, by members of the community, and, rarely but occasionally, by the alcoholic himself or herself. Other indicators involved observations of changes in behavior or unusual or inconsistent behavior, and indicators related to performance in the classroom.

The majority of the participants, however, identified their own set of indicators. These indicators also reflect notions of the participants' perceptions regarding the characteristics of alcoholics. In other words, the participants tended to look for indicators that seemed to coincide with the behaviors they expected an alcoholic to demonstrate. Common indicators included patterns of absences from work, elaborate excuses for absences, and pervasive deceptiveness on the part of the alcoholic. Additionally, the respondents consistently described the alcoholics with whom they had worked as particularly intelligent, talented, and competent. They also made comments and responded to questions involving their perceptions regarding the financial and social costs of alcoholism in the workplace. Most felt that alcoholism takes a huge toll on the alcoholic and his or her family. Other than the cost of extended leaves of absence, the participants did not appear to view the financial cost to their districts as substantial.

Principals' Perspectives on the Progression of Alcoholism

The long-term outcome for the majority of alcoholic teachers discussed in this study was not particularly positive. Three teachers' deaths were known to be alcohol related. Two others were suspected of having suffered alcohol-related deaths. At the time of the interviews one was hospitalized with a serious alcohol-related physical illness. Several were continuing to drink and continuing to be employed in schools. Several had resigned early, and others could no longer be accounted for by the respondents. Only one of the participants felt confident that one of the alcoholic teachers, once under his supervision, had fully recovered.

The average age of the alcoholic teachers to whom the principals referred was between the early and late 40s. All participants suspected that their teachers' problems with alcoholism began long before it was ever brought to their attention. Many expressed frustration that these problems had not been dealt with earlier. After the participants' initial identification, the teachers' problems related to their alcoholism typically progressed rapidly, over less than a decade. In each case the alcoholic teacher's performance, behavior, and health deteriorated significantly (even before improving in the one previously mentioned case). Most of the participants expressed sadness and frustration over the tragic outcome of many of their stories. Here, five participants recalled how the alcoholism had progressed from bad to worse:

> The initial contact [regarding his alcoholism] I had with him was in the early '80s, and I think it got severe by the mid-'90s, so probably about twelve to fifteen years until things got so severe that it needed to be dealt with one way or the other.

> In the last few years in discussions with him he told me that the doctor said to him if he didn't quit drinking he would be in big trouble healthwise if he continued to drink, and now he has serious trouble with his health. I don't recall that he had

> ever gone for treatment. And the interesting thing is that, to this day, they [members of the district staff] are still covering up for him.
>
> Oh, yeah, he definitely got worse. He was really getting bad when I left that particular school. I'm sure at some point the next principal would have had to deal with it. And from what I understand after I left, the teacher actually left for a while, went on leave and went outside of the country for treatment. But I don't know the details.

Following are two descriptions of instances in which alcoholism ultimately led to death:

> The sad story here is that he died. He had about three years after all of that happened [when he was confronted with his alcoholism]. Cause [of death] is unknown; I was never told. I have my suspicions that, yes, it had to do with alcoholism. I think it was attributed to that. I think he was a very sad man with a broken marriage, a very lonely man. As I understand it, it not only wrecked his relationship with his wife, but also with his adult kids. And I don't know this for sure, but he may have taken his own life. It is very, very sad.
>
> Reports of his abuse of alcohol continued [after I had first become aware of it], and he was transferred again to another school, where his attendance was very erratic, and I think the principal covered for him until the day that he passed away. He was forty-two or forty-three years old [when I was first aware of the problem]. I think he was well into the sixties [when he died]. . . . In retrospect, in my opinion, I suppose that if somebody in the district had been aware of it earlier, it might have been advisable for someone to have dealt with it earlier. It may have helped with his family relationships.

Other participants expressed anger, frustration, and sadness regarding their perception of the lack of actions by their colleagues:

> There's been one case with a guy who was a principal who had alcoholism as part of his problem. But it amazed me that it took them as long as it did to find it, to do something for him. And nothing could be done for him [by then]. By that time he had created a tremendous amount of [problems]. He lost his home; he lost his family. What the hell are you going to do now? People knew about it before; why didn't they look into it earlier? And nothing was done. It's tragic, and I know there are other potential cases too, right now, where everyone sits back and says, "Isn't that terrible?"

> The other problem in dealing with alcoholics in [school district] was that there was not a historical record, there was never anything on the files of the individual, for fear that the files may be subpoenaed sometime, and that information was included that may bring the individual into some difficulty. So you'd get files of people who may have had alcoholic problems, but no notation of any previous history at all.

> I was not [someone else was] involved in the early discovery of this person's alcoholism.

All of the participants believed that the alcoholic teacher had been known to have a problem prior to its coming to their attention. There was a shared perception that a certain amount of covering up was engaged in to keep the matter hidden.

Principals' Suggestions for Improvement and Future Implications for School Districts

By far the most common observation made by the participants was a desperate need for training to help principals identify and assist teachers with alcoholism. Although several reported receiving assistance once an alcoholism problem was identified, none reported having received professional training to identify such a problem. All participants agreed that there are far more alcoholic teachers in our school systems than most of us realize. They also agreed that this is a serious matter worthy of research and appropriate intervention. Following are examples of statements made by three of the participants that espouse the need for training:

> My recommendation would be that some type of service and training should be available to principals. And secondly, they should know about it. The service should be available within the personnel department, and the principal should be made known about services available to access it, and when to access it. They need to know what are the indicators to watch for. But you know, when you think about it, who else is going to be able to do that other than the immediate supervisor?

> My recommendation would be that principals or anyone in any kind of leadership position in the school system have some kind of inservice or workshop or some kind of training where they can be aware of the nature of the difficulty, the signs to look for; and if so, what are the resources that are available for them to help them with it [alcoholism]? Otherwise they are kind of in limbo. And if that doesn't happen, that is really unfair.

> There needs to be more practical training. I don't ever remember hearing about anything specific about signs of alcoholism, like if you're having five drinks or more every night, you need to look in the mirror, anything like that. Or any specific kinds of problems. Principals need training on this.

At least two of the participants called for a clear policy on how to recognize and deal with alcoholic teachers:

> I think that it is the responsibility of central administration. I don't know if they should go to each principal and have them talk to all the staff, because that gives them ideas that maybe are true. You know, maybe they suspect someone, and, you know, it's not good. So I don't think that the principal should talk to the staff, but I certainly think the principals' supervisor should speak to the principals. There are no board policies, and I think that there should be. There should be something in our policy handbook. I think there needs to be more support for principals from central office.

> I think it should be like we do it for kids. We have these big drug and alcohol awareness programs for kids, and I think that we need that for all people working in schools. And certainly I would now be interested in knowing where policy to deal with this comes from. I believe in protecting the individual, but I also believe we're not protecting individual kids and we're not helping the person by shuffling it under the carpet. I think teaching is very different maybe than being a lawyer. If a lawyer has to shut his door, he can, and a teacher can't. You're interacting fully, physically, emotionally, socially; your help is so important to be an effective teacher in the classroom. And I guess it goes to what we need of teachers, what kind of condition do we need to be in to show up and do our job effectively.

Several other respondents believed that resources to deal with alcoholic teachers exists, but that principals were not sufficiently aware of these resources:

> Later on as an associate superintendent dealing with a large urban board and a lot of principals, I believe there was a service available to me. I'm not saying that a service wasn't available to me before or to all employees, principals, and

> leadership staff; but I sometimes feel for the smaller school districts that may not have had those resources.
>
> In retrospect, in my opinion, I suppose that if somebody in the school district had been aware of it [a teacher's alcoholism] earlier, it might have been advisable for someone to have dealt with it earlier. It may have helped with his family relationships.
>
> I don't think that there's a recipe. Every situation I'm sure is different. I think instead the help I was alerted to by the Employee Assistance staff should be made available to principals; the information from AADAC should also be made available to principals. There are people that are professionals, and they will help you, but you need to know about them. It is not a reflection on you if you don't know the answers. Certainly knowing a few signs and signals would be helpful, but even if you don't know them or forget them and somehow have this intuition that there's a problem with alcohol, you could call and they could tell you what to do or what to look for.

All of the participants expressed concern that alcoholism is shrouded in secrecy. Each of them had his or her own personal view on how this secrecy is facilitated. Many of their views concurred. For example, there was a common concern that alcoholism is a topic that society does not want to talk about. There was a perception that alcoholics actively hide their problem. Furthermore, unless it affects their work directly, it does not or cannot be dealt with. In other words, the best way for an alcoholic to keep his or her job is by keeping any problem with alcohol securely hidden:

> When I reflect back on it, I start thinking that maybe there have been a couple of other people I've worked with in the past that probably kept it [their alcoholism] well hidden, and it really didn't become a problem at work. So if it's not a problem at work, how would it ever be dealt with? Or as some people might say—devil's advocates—is it really a problem?

One principal described the conditions of the classroom as an optimal environment for an alcoholic teacher to keep an alcohol problem secret. Given the potential for isolation from

other staff and the principal, unless the principal is keenly aware of what to look for, alcoholism can more easily remain secret:

> Teachers in the district I left have quite a bit of independence. They have quite a bit of authority, autonomy, and responsibility. But I think that it's important that the immediate supervisor and principals have that kind of expertise and training to make sure that they know how to deal with it [alcoholism].

Colleagues of alcoholic teachers often, perhaps unwittingly, enable the alcoholic by keeping the alcoholism secret:

> [I know of an alcoholic principal.] People knew about it long before; why didn't they look into it earlier? And nothing was done. It's tragic. And I know there are other potential cases too right now where everyone sits back and says, "Isn't this terrible?"

Several of the principals felt that central office had withheld important information from them. Because this information was kept secret from the principals, they did not feel that they could adequately support the alcoholic:

> I have some very strong feelings about how we should be dealing with this problem, and that is that; we don't shuffle it under the table. And I truly do believe that if I could have had an open conversation with these individuals about what was going on with their addiction or whatever their problem was, that maybe I could've been a lot more supportive. If we had sat down, and if I had sat down with the people from central office that were supporting this individual, myself and the person, I could've been involved in the process.

> Because I felt like I didn't have any avenue of support to assist, maybe I don't have the capability to assist. I would be open to work through a whole variety of processes or even work with the person or people who are helping these [alcoholic] individuals. But the line was drawn, and I was not party to that conversation. And I don't know if they were getting any help. What it looked like to me was that they were just being shuffled around from school to school, until it became very serious.

One principal expressed concern that because moderate alcohol consumption is socially acceptable, society chooses not to speak about alcoholism. Social drinking is acceptable; however, alcoholism is associated with significant social stigma:

> We just don't talk about it [alcoholism], and it's so socially expectable. So I think even for the nonalcoholic, social drinker we need to talk about it. It's so accessible. And I'm sure alcohol is going to be available in 7-Elevens before we know it. We need to talk about it.

"We need to talk about it" was a sentiment agreed to by all the participants. I believe that secrecy flourishes in silence.

Most of the participants believed that there are likely more alcoholic teachers in the profession than have been identified. Because of this they felt that training, expertise in alcoholism intervention, and policy development would be important for the future. One respondent, for example, stated:

> I think there are far more latent alcoholics than we ever discovered, and anything that might alert the principals to that type of thing is positive. I think the stresses in education are dramatically more evident than they were in my day, and I think that there are more cases or potential cases than there were in my day. Maybe some education for principals. I guess there might be latent alcoholics out there. I think there needs to be someone who has lots of experience. It doesn't matter about how many degrees they have. People need to feel they have someone experienced they can talk to and relate to and trust.

One participant recommended that teacher evaluation encompass health issues in addition to performance issues. He also advised against acting upon rumors rather than adhering to documented facts:

> Until health enters into a person's performance evaluation, there's not going to be much we can do about it [alcoholism]. But I also know of a person who was having personal difficulties with alcohol and voluntarily left the district, recovered, and taught in another community; and then when she tried to get back into this district, she was never rehired even though there was no documented performance problem. I know that it was rumored that this person had an alcohol problem, but there was never any documented problem. Rumors can be very

> damaging and need to stop, because this person wasn't a bad teacher at all; in fact, she was a very good teacher.

Several participants were encouraged by the fact that this study was being conducted and indicated that they believed that continued research on the topic was greatly needed:

> I believe, the older I get, that alcoholism is something that touches the workplace in many parts of our society, not just in a school or school district. And how these organizations and society handles that I'm sure is a fascinating study for you to do, even going outside of school districts to see how that's done. My encouragement would be, based on my experience, that it should be available in a school district, that people should know that it is there, that help is available and how to access those resources and how to determine whether those resources are needed.

> Well, I think if the ATA or even the CTF are truly interested in helping teachers, they would have researchers to find the data and even to look at what you're doing and see if there's ways to do administration on this kind of thing [alcoholism among teachers].

All of the principals suggested improvements in dealing with alcoholic teachers that involved formal training of principals, strategic development and implementation of policy, increased awareness of resources currently available, elimination of the secrecy that keeps alcoholism hidden, and continued research into the awareness, prevention, and intervention of alcoholism among teachers.

Summary

In this chapter I presented findings based on the analysis of the data. Initially, I provided summary information about the participants. I then presented a discussion of 11 themes.

The first theme involves principals' perspectives on the lack of policies and training provided to them to deal with alcoholic teachers. Included in this theme are the

participants' perceptions that policies are not shared with principals, policies do not exist, there is or has been no training, and there must be better training currently and in the future.

The next theme explores the participants' perceptions that involved impediments to their working with alcoholic teachers; these impediments included ATA policy and contractual clauses, the alcoholic's denial of the problem, and other people's denial of the alcohol problem.

The third theme relates to apprehension about becoming involved with teachers' alcoholism. The participants' reasons for their apprehension included a belief that a teacher's life is private, a belief that revealing an alcoholic teacher will harm that teacher's career and/or will harm the participant's career, and discomfort in confronting an alcoholic teacher whom the participant knew personally. On some level, however, all of the participants felt that it was their responsibility to deal with a person holistically; in other words, to become involved to some degree in the teacher's personal life.

The fourth theme involves principals' perspectives on the unofficial policy of transferring teachers in difficulty from one school to another. All participants believed that this procedure occurred routinely but denied that they engaged in it.

The fifth theme relates to the participants' perspectives on their own definition of alcoholism. The subcategories of this theme included the social stigma associated with alcoholism and the confusion as to whether alcoholism is a disease or a choice. Additionally, the participants' definitions of alcoholism stemmed from a combination of their personal experiences and their perceptions of society's definition of alcoholism.

The sixth theme relates to the participants' perspectives on policies and strategies that they believed helped them to deal with alcoholic teachers. These included the practice of giving teachers "second chances," following through on expectations, documenting teaching performance, charting absenteeism, and contacting community agencies outside of the district for advice on how to deal with alcoholic teachers.

Perspectives on policies and strategies that helped the participants led to two other groups of categories that themselves became themes. The first involves the participants' perspectives on involvement in Employee Assistance Programs. The subcategories of this theme included the perceptions that principals felt that Employee Assistance Programs helped them to deal personally and professionally with the alcoholic teacher, helped the alcoholic teachers themselves, and helped principals to more comfortably deal with the ATA while they dealt with the alcoholic teacher. Whether or not Employee Assistance Programs within districts are completely confidential was also a concern among the participants.

Second, the participants perceived that the type of relationship that they had with the alcoholic teacher either helped or hindered their ability to effectively work with that teacher. Characteristics of effective relationships included mutual respect, getting to know one's staff well, and establishing good relationships with staff other than the alcoholic teacher.

The ninth theme involves principals' perspectives on indicators that they believed assisted them to identify and then to deal with alcoholic teachers. Indicators of alcoholism for which principals looked included changes in the alcoholic's behavior and performance in the classroom. All participants agreed that detecting performance

problems is often difficult and attributed this to the idea that alcoholic teachers are working hard to cover up their deficiencies and are generally intelligent and capable teachers. Information received from other people such as colleagues, students, or parents often served as an initial indicator to identify the existence of an alcohol problem.

The next theme relates to the principals' perspectives on the progression of alcoholism. The participants noticed a consistent progression of the problem over a number of years. They also expressed a common concern that alcoholic teachers who had been identified earlier within the district had not been confronted or helped.

A final theme involves principals' suggestions for improvements to the practice of working with alcoholic teachers. Their recommendations included systematic training and policy development, increased awareness of and access to available resources, elimination of the secrecy that prevents alcoholism from being addressed, and continued research into the awareness, prevention, and intervention of alcoholism among teachers.

CHAPTER 5

REFLECTIONS

The purpose of this chapter is to reflect on the interpretive "findings" as they are presented in chapter IV. First, I do this by returning to the topics in my literature review and relating them to the findings. Second, I reflect on the findings themselves. Third, I reflect on the methodology used in this study. Fourth, I make recommendations based on my findings, including suggestions for future research, and then conclude with reflections on the research question.

Reflections on the Literature

In this section I discuss the findings as they related to current literature. I focus on explaining participants' perceptions that are consistent or inconsistent with views expressed in the literature. My purpose is to demonstrate how the data confirm ideas from other research and how they emphasize new or different ideas. I present this section by examining the following:

- principals' perspectives on the definition of alcoholism in relation to documented theories of alcoholism,
- principals' perspectives on the effect of alcoholism in the workplace,
- principals' perspectives on the function and impact of Employee Assistance Programs in schools, and
- principals' perspectives on current and recommended policies and practices in relation to policies and practices described in the literature.

Principals' Definitions of Alcoholism

The principals articulated specific ideas and beliefs about the definition of alcoholism. They also expressed beliefs about both the prevalence of alcoholism among teachers and the general population and the progression of alcoholism among alcoholics. Without having been professionally trained, the participants surprisingly identified indicators of alcoholism that are, for the most part, consistent with indicators of alcoholism as a disease, to which reference is made in the literature.

Most of the scholarly literature takes the position that alcoholism is a disease (*Diagnostic and Statistical Manual of Mental Disorders [DSM-IV-R]*; APA, 2000). The participants generally espoused this view with some uncertainty. Although they said that they believed alcoholism to be a disease, they often acted as if they believed it to be a behavioral choice of certain individuals. I return to this issue after a brief discussion of the principals' perspectives on indicators of alcoholism.

In addition to diagnosis through the *DSM-IV-R* (APA, 2000), there are a number of standardized medical assessments used to assist in the diagnosis of alcoholism (Mack et al., 2001). The participants who concluded that teachers were alcoholics did not report relying on any of these resources. None of the participants indicated any awareness of standardized measurements or indicators of alcoholism. All of them, however, identified a number of indicators that they believed helped them first to identify the alcoholic and then to monitor the alcoholic's progression. Interestingly, many of the indicators identified by the participants coincide with standardized indicators described in the literature. For example, the participants recognized that alcoholism seemed to occur in stages, becoming progressively worse. They relied on a teacher's failure to fulfill

obligations at work, characterized by repeated absences or poor work performance, to help them identify suspected alcoholic teachers. The participants were also cognizant that despite having persistent or recurrent social, interpersonal, or occupational problems seemingly caused or exacerbated by the effects of alcohol, the alcoholic teacher continued to use alcohol. All three of these indicators are used to clinically diagnose a person suffering from "alcohol abuse" (the first stage of alcoholism), as defined and delineated in the *DSM-IV-R*.

The *DSM-IV-R* (APA, 2000) defined the second stage of alcoholism as "alcohol dependence." The participants did not use or differentiate the terms alcohol abuse and alcohol dependence. However, they did identify their own descriptions of indicators that were consistent with most of the standardized diagnostic symptomatic criteria for both alcohol dependence and abuse. In keeping with *DSM-IV-R* criteria for alcohol dependence, the participants noted the alcoholic teacher's social and occupational withdrawal, memory loss, unsuccessful efforts to control alcohol use, excessive time recovering from the effects of alcohol, reduction or complete abandonment of important social or occupational activities, and continued alcohol use despite the development of persistent or recurrent physical or psychological problems.

DSM-IV-R (APA, 2000) indicators not recognized by the participants included recurrent alcohol-related legal problems, alcohol tolerance (the need for markedly increased amounts of alcohol to achieve intoxication and, eventually, markedly diminished effects with continued use of the same amount of alcohol), or alcohol withdrawal (the development of an alcohol-related syndrome due to the cessation of, or reduction in, alcohol after heavy and prolonged use). The participants did, however,

recognize signs of what they described as "hangover," somewhat related to alcohol withdrawal.

The criteria not recognized by the participants are arguably those that are most hidden in the workplace environment. Unless a principal witnesses, firsthand, or is informed by a family member of the progression of the amount of alcohol that a teacher requires to achieve intoxication or the effects of sudden cessation of alcohol consumption, tolerance and withdrawal would be understandably difficult to detect. Additionally, a principal may not be aware of a teacher's alcohol-related legal problems. Of the 12 *DSM-IV-R* (APA, 2000) symptoms of alcoholism, the participants identified nine. Although they repeatedly stated that they had received no formal training to identify or to assist alcoholic teachers, I find it significant that the indicators for which they looked were consistent with the symptoms for which a physician would look to diagnosis the disease of alcoholism. I have previously discussed the participants' confusion as to whether or not alcoholism should be deemed a disease or a behavioral choice. Almost instinctively the participants knew what to look for. Indicators identified were also consistent across the participants; for example, changes in behavior, alcoholic denial, and progressive deterioration.

The Penguin Concise English Dictionary (Revised) (Garmonsway, 1991) defined the word *disease* as "a specific destructive *process* or disorder in a living organism." Thirty years earlier, in *Funk and Wagnalls Standard Desk Dictionary* (Funk & Wagnalls, 1969), the word disease is defined similarly as "a condition of ill health or malfunctioning in a living organism *especially one having particular symptoms*" (p. 183). Both definitions described disease as a process, particularly one with identifiable and

predictable symptoms. The participants of this study clearly listed a set of observable patterns of malfunctioning when discussing all of the alcoholics with whom they worked. Yet despite this knowledge, they seemed to find themselves influenced by the deep-seated social stigma that portrays alcoholism as a trait of the weak-willed, immoral, and sinful (Milam & Ketchum, 1983). I do not mean to imply that any of my participants expressed agreement with these derogatory descriptions of alcoholics. Instead, I wish to point out that their detailed descriptions of the alcoholic are consistent with a layman's definition of the disease. Although all of the participants leaned toward the belief that alcoholism is a disease; none of them felt completely confident definitively labeling it a disease. I believe that this is significant because the way in which one perceives and defines a certain situation will affect how that situation is approached.

Typically, if we think of a person having a disease, we usually respond compassionately and do not suggest getting "tough" with them. However, several respondents suggested exactly that: "Use the straightforward approach, "We're going to fire you, and if you want to fight it, you can fight it." But I think that most people just decided that they would quit"; and

> Because of the nature of their responsibility and their effects on youth, we had to be tough with them, saying that "We want you to seek treatment, and we hope this is going to work out." But in the final analysis I think that, being in the field of education, we had to threaten toughness or actually follow through with toughness.

When asked why knowledge of a teacher's alcoholism was not shared with other staff, yet a staff member who routinely missed work for dialysis as a result of diabetes readily communicated this with her colleagues, the participant responded:

> She [the alcoholic] is not going to tell them [her colleagues], and I'm not going to tell them, her friends are not going to tell them, because it is an alcohol problem. I don't know why, but I would guess it's because there's a stigma attached to it, wouldn't you?

In another situation in which the alcoholic teacher did not appear at work and did not report her absence, the principal stated that she feared for the teacher's life and decided to phone the police. The police responded and found the woman "wicked looking and hung over and incoherent." The police officer said, "This is one very sick woman." Even so, no one, not the police, not the principal and not the district staff called an ambulance or requested any other form of medical intervention. Although a person so impaired can be medically certified and hospitalized under the Canadian Mental Health Act, this teacher received absolutely no medical attention. Instead, the principal returned to the teacher's home several hours later with a letter of reprimand and direction, written by the personnel department of the school district to the teacher. I do not mean to be critical of the actions of this particular principal; the principal had received absolutely no training as to how to deal with this situation. However, I include this story here to emphasize how differently "one very sick woman" is treated when the *sickness* is alcoholism instead of diabetes, multiple sclerosis, cancer, epilepsy, and so on. One can imagine the grievances that a teacher might file against a district that presented her with a letter of reprimand and direction on the same day that she was found in, for example, a diabetic coma. The underlying belief about the nature of a certain condition or situation clearly seems to influence the actions taken. In the case of alcoholism, social stigma rather than disease theory seems to significantly fuel action.

The Effects of Alcoholism in the Workplace

The participants estimated that a considerable percentage of the population is likely alcoholic, which is consistent with the research (Coombs, 1997). The participants also believed that a similar percentage of teachers might also be alcoholic. They did not believe that teachers were any more or less likely than the general population to be affected by alcoholism. They also spoke of what they saw as indicators of alcoholism. When asked how they became aware of these indicators, the participants gave a variety of answers, ranging from personal involvement with alcoholic family members and friends to informal reading to their own experiences with drinking to advice given to them by others. None of the participants professed to be experts in the area of alcoholism before or after encountering the alcoholic teachers with whom they worked. All, however, believed that they learned a significant amount about alcoholism from their experiences in working with alcoholic teachers.

Milam and Ketcham (1983) described society's attitudes toward alcoholics as judgmental and condescending, stating that most people perceived alcoholics to be weak-willed and immoral rather than ill. The participants' perspectives on alcoholic teachers were not consistent with this. In fact, all participants felt that the teachers with whom they had dealt were bright, hard-working, and generally good people. All of them believed that the teachers were ill, although none expressed a strong conviction as to the etiology of the illness. The participants concurred with Coombs (1997), who stated that alcoholism is a reality for workers in every occupation, including all professionals, most of whom are actively employed.

When asked about their perceptions of the financial cost of alcoholism in the workplace, the participants did not identify this as a major concern. Fearing (2000) reported that $250 billion and 500 million work days are lost to alcohol and drug abuse in the workplace annually. The principals did not perceive this enormous financial toll. They tended instead to recall the cost to their own budget in the school at the time; for example, costs for substitute teachers. None of the participants commented on costs lost to the academic training of alcoholic teachers, costs lost to central office, insurance benefits, long-term disability benefits, loss of family income, or treatment and health costs to society.

All of the respondents believed that alcoholics in general are subjected to significant negative social stigma. They believed that this stigma may force many alcoholic teachers into hiding. Watts et al. (1991) found that alcoholism among higher-education faculty and staff may flourish as a result of the significant amount of autonomy and isolation in the classroom. The participants agreed with Schramm (1977) that isolation, lack of visibility, remoteness from supervisors, and autonomous roles may help alcoholic teachers to remain hidden in the workplace. They did not, however, see overcommitment to work, nebulous production goals, or lack of social controls as contributing factors.

Bell at al. (1996) identified 12 perceived barriers among supervisors that prevented them from confronting an employee with a suspected alcohol problem. The participants reported experiencing six of these barriers. These included the perception that the supervisor will have to pay a price for confronting an alcoholic worker, unions protect alcoholics, the co-workers of the alcoholic will make life difficult for the

supervisor, supervisors do not have enough training or confidence to confront an alcoholic employee, employees who are abusing alcohol are often seen to be doing a good job at work, and employees are free to refuse referral to treatment programs.

The participants did not speak of Bell et al.'s (1996) six other barriers. They did not report a perception that alcohol treatment is ineffective. Most of my participants had little or no experience with alcoholism treatment. Except for two who had dealt with alcoholism in their families, domestically, none of the participants had experience or involvement in the treatment phase of alcoholism in the workplace. I speculate that, given the lack of experience related to treatment, my participants were not in a position to know whether alcohol treatment is effective or not.

The participants also did not indicate that their assignments were too transient to enable them to know their staff adequately. In fact, all of the participants said that they made every effort to get to know their staff as well as possible. The principals of large high schools felt that the size of the school made getting to know each individual staff member more challenging, but not impossible. I do suspect, however, that the larger the school and the more turnover in administrative and teaching staff, the more potential there is for a teacher to isolate him- or herself.

A third barrier not reported by the participants was the idea that senior management conveys the message that a hard stand on alcohol is not important. Two participants, in fact, believed that a hard stand on alcohol was the message given to them by the superintendent's office. The other participants were unaware of any policy related to alcoholism among teachers. In one case, the board's lawyer verified the fact that there was indeed no policy on the matter.

A fourth barrier not mentioned by the participants was that the company is tougher on illicit drugs but softer on alcohol. However, one participant expressed the concern that alcohol consumption is not being properly addressed. She felt that more was being done to prevent and stop students and staff from smoking than anything being done about drinking. The participants did not discuss working with teachers who abused any illicit substance. Given the legality issue, I imagine that addictions to illicit substances are perhaps even more hidden.

Surprisingly, the participants spoke little about confrontation of an alcohol problem interfering with efficiency and productivity goals. In many cases the principals found that the teachers were performing at least adequately most of the time; in fact, many were performing quite well. The effect of alcoholism on efficiency and productivity tended to be focused on the immediate, for example, funds lost to the costs of substitute teachers rather than on long-term costs.

The last barrier not identified by the participants was the idea that team-management structures leave no one in charge. All of the principals saw themselves as in charge and responsible for dealing with the alcoholic teacher. They would, however, have appreciated and benefited from more support from central office. The principals who had alcoholic teachers placed in their schools felt that central office was not working collaboratively with them. In this case the question of who has authority over the alcoholic teacher may appear less obvious.

In summary, the participants described a range of consequences of alcoholism in the workplace. An overriding issue was the social stigma associated with alcoholism. One participant said, "Teachers are set up as idols, and it has been this way forever. They're

supposedly the cream of the crop. They can't do the things that other people do." If teachers are held to a higher moral standard than others in society, it is difficult to view them as human beings vulnerable to the same illnesses and disorders as all people. If society believes that alcoholism is a behavioral choice, then upstanding citizens such as teachers, who are responsible for the care of our youth, are viewed as having *chosen* very badly if they are alcoholic. This puts the alcoholic teacher in an extremely precarious position. To admit to the problem may result in the wrath of others who believe in the negative social sigma of alcoholism and look to punish the teacher. Keeping the problem hidden and secretive may result in further physical and mental illness, dysfunctional families, depression, loss of livelihood, poverty, and possibly death. Occupations such as teaching that allow people with alcoholism to remain relatively autonomous and isolated, and at that the same time place high moral demands on them, possibly facilitate and provoke the hiding of the disease. As previously discussed, the principals who supervise these teachers also face difficult challenges in deciding whether or not to confront an alcoholic. For these principals, alcoholism in the workplace seemed to play out as a form of vicious cycle. The stigma of alcoholism resulted in people keeping alcoholism hidden, which in turn prevented it from being addressed, which in turn perpetuated out-dated, negative, unrealistic images of alcoholism, which in turn resulted in continued social stigma.

The Function and Impact of Employee Assistance Programs in Schools

All of the participants indicated an awareness of Employee Assistance Programs in their district. All but one worked in a district in which the Employee Assistance Program was administered by that district. The other participant worked in a district that

contracted services with an external Employee Assistance Program. The latter participant felt that the service was extremely confidential and very helpful. The other participants all reported that the advice of the Employee Assistance Program personnel was helpful to either them or the alcoholic teacher. However, one participant was concerned that the services were not confidential and chose not to access them. Another participant was extremely frustrated from the lack of involvement that he was allowed to have with the Employee Assistance Program and the alcoholic teacher.

All of the participants reported receiving reactive assistance in dealing with the alcoholic teacher. None reported receiving preventative measures. Ryan and Jevne (1993) proposed that a comprehensive Employee Assistance Program should include prevention, education, rehabilitation, strategic planning, and development through ongoing research to clearly understand the needs of staff. They called for a systems-based program that is confidential and respectful and administered by nonevaluative personnel who do not have a vested interest in the educational system, but rather an interest in individuals' well-being.

Current and Recommended Policies and Practices

Drug and alcohol testing is a popular topic in the literature related to action on alcoholism in the workplace. The participants did not make any recommendations regarding drug or alcohol testing, aside from one participant who made a point of attempting to smell the teacher's breath each morning. No formal testing was ever suggested. The participants reported that most frequently the teacher was not impaired while at work. Instead, they reported noticing a "sluggishness," often described as a hangover effect. Imperial Oil's study in 1997 on random alcohol testing found that

breathalyzer and urinalysis tests could not detect alcohol even among late-stage alcoholics who drink heavily before or after being at work. They found that the negative effects on work performance were more related to hangover than to actual use of alcohol during work hours. My participants tended to agree. They also agreed with Orr (2000) who emphasized the important role that teachers play in the lives of students, arguing that because of this complex role, it is imperative that teachers be in top physical and mental condition to adequately educate and supervise students. Orr proposed the implementation of drug and alcohol testing for all educators to ensure that teachers are in top-notch condition. The participants of this study had other recommendations.

All of the participants spoke of the unofficial policy of transferring alcoholic teachers from one school to another. None of them recommended this policy. Nowhere in the literature was this policy recommended either. Instead, both the participants and the literature (Galvin, 2000; Ryan & Jevne, 1993) recommended formal and comprehensive training and policy development for all principals. They viewed the Employee Assistance Program as the most appropriate source of this training and policy development. They did not make recommendations for prevention of alcohol problems, but did recommend training principals to learn to identify alcoholics and deal with them. As stated previously, Ryan and Jevne promoted Employee Assistance Programs that include prevention and education. Dickman et al. (1988) described Employee Assistance Programs as generally limited in scope, not distributed through the workplace, and reactive rather than preventative or educational. Galvin (2000) recommended a multidisciplinary approach integrating internal and external Employee Assistance Programs, human resources, education, health care organizations, providers of behavioral

health care, and the family. Although such approaches are expensive, Galvin maintained that the short-term cost would prevent the far greater long-term cost of untreated alcoholism in the workplace. The participants recognized the progressive nature of alcoholism and the need to intervene before it becomes too late. Interestingly, they did not, however, speak of the possibility of preventative measures.

Reflections on the Literature: In Summary

The principals expressed concern that they were required to create their own methods of identification and intervention. This has resulted in negative practices, particularly in the procedure of transferring alcoholic teachers from one school to another. All of the participants called for formal, systematic training of all principals to assist them in properly recognizing and intervening with alcoholic teachers. They believed that this training should come from central office or from district Employee Assistance Programs. One respondent suggested that training begin at the university level. All of the participants spoke of reactive measures to deal with alcoholic staff rather than preventative ones. I speculate that my respondents, who had no formal training on the topic, were probably not aware of the possibility of preventative measures. Additionally, because the alcoholic teachers were generally not identified until the middle or late stages of alcoholism, the principals were obviously most concerned with intervention at the time. The literature, however, recommended preventative approaches in combination with comprehensive Employee Assistance Programs that also address education, awareness, intervention, and research.

The key findings include:

- Principals and school administrators are not systematically trained to deal with alcoholic teachers.
- School board policies for dealing with alcoholic teachers are either nonexistent or not sufficiently understood by principals.
- The principals faced circumstances that impeded them from confronting an alcoholic teacher.
- Although the principals verbally identified alcoholism as a disease (and, remarkably, described its symptoms almost identically to the medical criteria of the disease), they often acted and responded as though it were a behavioral choice.
- Social stigma continues to affect how principals perceive and react to alcoholic teachers.
- Principals care about their staff and want help to better understand alcoholism, its consequences in the workplace, and ways of intervening.

Reflections on the Findings

To a considerable extent, reflections on my findings as presented in Chapter 4 are addressed in the previous section of this chapter. In this section I reflect on findings not already discussed. These findings relate to the inconsistencies of the participants' espoused beliefs and the conflicting beliefs reflected by their actions. These inconsistencies are noticeable in the short-term solutions that the principals tended to employ. I conclude by proposing that a significant social stigma regarding alcoholism keeps it hidden from view.

I believe that the participants were often unexpectedly burdened with having to deal with an alcoholic teacher after having no preparation in doing so. Because there had been no district plan or policy to manage this type of situation, the principals were forced to create their own solutions, which often addressed only short-term remedies. Transferring teachers, excessively documenting their performance, threatening them with termination, or forcing them into voluntary early retirement does not solve the long-term problem of alcoholism.

Several of the principals indicated that they did not believe that it was their business to confront the teacher regarding alcoholism if the alcoholism was not severe enough to seriously interfere with their performance in the classroom. However, at the same time these principals expressed anger, frustration, and even sadness that previous supervisors had not addressed the problem of alcoholic teachers at earlier stages in their careers. Perhaps those previous supervisors did not recognize a progressing alcohol addiction, or they too believed the problem was not serious enough for them to intervene. All of the participants reported that alcoholic teachers deteriorated progressively and profoundly. Knowing this, it seems prudent to reconsider when intervention should first occur. It appears that there is excessive fear regarding confronting a person with an alcohol problem. The experiences of the participants of this study and the literature both suggest that alcoholism does not dissipate without intervention but will, instead, progressively worsen.

I believe that if I as an administrator choose not to concern myself with the health of my staff, eventually somebody else will have to. My experiences have taught me that the longer an alcohol problem is allowed to progress, the more difficult it is to deal with

and the more ill the victim becomes. It appears to me that society has conspired to keep this disease a secret and to villainize its victims. Unfortunately, by that time the alcoholic may have seriously deteriorated personally, socially, and occupationally. Exorbitant funds may have been lost to absences and insurance and health costs. The teaching profession may have lost a well-educated, highly reputable, perhaps exceptional teacher who now struggles merely to perform adequately. We must learn from the literature and from the experience of the participants of this study that if it is not our business now, it will be later. Short-term solutions will not be effective for long-term problems such as alcoholism.

Although I stated this earlier, I feel that it is important to reiterate. The participants tended to recall limited financial loss as a result of having an alcoholic teacher on staff. This is shortsighted, missing the tremendous financial and social burden affecting much more than one school at one time. Principals and all school administrators need to be aware of the devastating toll that alcoholism takes on society as a whole. Perhaps if we change enough of the little pictures, we will find that we have begun to change the big picture.

In addition to the alcoholic's denial, there appears to be a conspiracy of silence among those who live and work with the alcoholic. Short-term solutions and shortsighted thinking exacerbate this silence. Policies are created in a vacuum by administrators who readily recognize that they are not equipped to deal with the problem alone. Years of research on the topic of alcoholism have virtually ignored the alcoholic teacher. Principals have received no training, as if to say that the problem does not exist, or, if it does exist, it should be hidden. Despite all of the research, medical definitions, and

opinions that alcoholism is a disease, there remains a social stigma that is attached to alcoholism that is not attached to most other diseases. I believe that this social stigma drives a massive societal denial, which I think fuels a sort of conspiracy of silence characterized by secrecy and shame. The consequences of this are lack of acknowledgment in the form of lack of training and awareness, the refusal to realistically examine the financial and social toll, the desire to look only at the small picture, and the lack of preventative and long-term plans and policies for intervention. Paradoxically, all of these characteristics reinforce and perpetuate the stigma.

Reflections on the Methodology

The methodology that I selected for this study is grounded in the interpretive paradigm, wherein reality is observed and understood as a human construct and knowledge is understood to be constructed by people within a social context. Aligned with the interpretive paradigm, I also used a naturalistic research approach, because I chose to explore an issue in depth from the perceptions of principals with vast experience and knowledge of the topic. This approach allowed me to conduct purposive sampling to select my participants. I believe that this was very important to my study, especially in relating back to my research question, *What can be learned from the experiences of principals who have worked with teachers suffering from alcoholism?* This research seeks to understand a human construct of a condition referred to in our society as *alcoholism*. The way in which the participants constructed the idea of alcoholism became an important issue for this study, because how they constructed alcoholism determined how they dealt with it. My research sought to hear the voices of a specific group of

educators—namely, retired principals—who believed that they had encountered alcoholic teachers on their staff.

I do not attempt to identify *objective* knowledge or external reality regarding alcoholism; nor do I believe that doing so is possible. One focus of my literature review explained defining alcoholism. Some of the literature I reviewed tried to identify on what alcoholism is based, using more positivist approaches including laboratory findings, biological and genetic testing, and standardized measurements. I acknowledge that this is important research and believe that there is much to be learned about the etiology and treatment of alcoholism from a wide variety of studies from other scientific disciplines and other research designs. However, I emphasize again that this study was concerned not with the causes of alcoholism, but with the way that it was perceived by principals who have worked with teachers who they believe were alcoholic. Regardless of the etiology of alcoholism, I believe that there is much that can be done to manage it and its associated difficulties. I believe that we can learn how to do this by listening to those who have tried.

Using an interpretive approach allowed me to explore what people have done to identify, cope with, and deal with alcoholic employees. It also allowed me to acknowledge my own biases regarding alcoholism and alcoholism intervention and to search for a more informed understanding from my peers. This study has given me a far better understanding of not only how principals have dealt with alcoholic teachers, but also of their beliefs and feelings regarding alcoholism itself. I understand that the analysis of this study is dependent on me, and my previous and newly formed beliefs affect my observations, analysis, and interpretation. I have endeavored to represent accurately the

voices of my participants. However, I realize that my interpretations are my constructions, co-constructed with my participants. Despite my effort to present only the voices of my participants, I must acknowledge that my own beliefs affect my ability to do so. I selected and asked the questions. I was involved in the interviews and possibly involved in ways I am not even consciously aware of. Although I made every attempt to avoid projecting my beliefs onto my participants, I understand that my tone of voice, facial expressions, body language and selection of vocabulary all may have influenced how the participants responded. It is however my belief that I did "hear" and learn from my participants, to the best of my ability as an interpretive researcher. I believe that the information and experiences my participants have shared with me are beneficial not only to me, but also to all educators and school administrators.

I am extremely grateful to my participants for their candid disclosures and rich descriptions of all of their stories. I appreciate that an interpretive approach allowed the path and structure of my interviews to be partly determined by my participants. This allowed them to share information beyond what I probed for. Their experiences have affected and changed my own beliefs not only about working with alcoholic teachers, but also about how administrators actually have worked with these teachers.

I came to the research with value-laden views, particularly about the knowledge and sensitivity or lack of knowledge and sensitivity I anticipated that my participants would demonstrate. I also anticipated that locating willing participants would be more difficult than it actually was. I was surprised to learn that there were many retired principals who were very enthusiastic to meet with me. Only three retired principals whom I contacted declined to be interviewed because they did not believe that they had

ever worked with an alcoholic teacher. The participants I selected appeared to put significant thought into my questions and seemed to genuinely care about the research. It was my impression that they had a story to tell and were relieved to finally have a listener. I was very surprised by the trust that they seemed to have in me, demonstrated by their willingness to be openly honest and candid, rather than politically correct. My participants cared deeply about the subject, knew an extensive amount about alcoholism, and had much to teach me. I believe an interpretive approach facilitated my ability to observe and learn from the participants and present their experiences and concerns accurately.

Having commented on the advantages of using an interpretive approach, I must also acknowledge the challenges I encountered. I was initially very nervous conducting the interviews. During the first interview in particular, I realized after transcribing the interview that I took up far too much "airtime." I remember feeling so appreciative that my interviewee was giving so much of himself that I felt a sense of obligation to share my experiences and views with him. I found this even more challenging to resist when the interviewee appeared emotional recalling difficult memories. I found it extremely helpful that my supervisor pointed out to me that I must ensure that my voice did not drown out the voices of my participants. I realized that in an attempt to secure the trust of my interviewee, I might have tainted his responses. Conducting a member check helped to clarify what he intended to say.

After my first interview I modified my strategy. By the time I conducted the second interview, I had located many interested potential participants. I became more confident that my study was indeed of interest to the people from whom I requested

interviews. I felt less guilty asking them to give their time to me and my study. I asked primarily open-ended questions and tried to remain very cognizant of my verbal and nonverbal responses. I tried not to appear judgmental by refraining from indicating whether or not I agreed with the respondents and by assuring them that this was not a fact-finding study, but rather a study of their perceptions. I did not offer information or my opinion on various issues discussed. I was surprised that the participants continued to be forthcoming, offering a great detail about their experiences with minimal prompting. I understand, of course, that I inevitably continued to shape the interviews in ways that reflect my beliefs. Measurable "objectivity" is not possible in an interpretive study. Objectivity does not exist outside of an individual's construction.

Occasionally, a participant would ask me a question regarding my opinion or my knowledge of a topic discussed. I dealt with this by explaining that I was interested in their personal perspectives on the questions and that I was not seeking factual information. In other words, I assured them that there were no right or wrong answers and that this study sought only to understand their perceptions. I also explained that I would share my views in my completed dissertation, which they would be welcome to read. All of the participants seemed satisfied with this and appeared very comfortable in talking to me. I believe that reassuring the participants that all information would be kept confidential helped them to feel more comfortable in disclosing socially sensitive information. That they would have an opportunity to read and modify the transcripts and that I would personally transcribe the interviews seemed to be reassuring to them.

Finally, I have found myself becoming very concerned about protecting the identity and privacy of my participants and the teachers about whom they talked to me. In

writing about my findings and interpretations, I have had to allow myself to be constructively critical without fearing to offend my participants. I have done so by carefully maintaining their anonymity. Although I respect the opinions of all of the participants, I did not always agree with them but presented all opinions expressed. On these matters as with others, I made every effort to represent the views of the participants as best I could.

Recommendations

In this section I make recommendations meant to assist principals who work with alcoholic teachers. The recommendations are based on a combination of the findings of this study; namely the recommendations of the participants, recommendations from the literature; and my own recommendations. They are organized under six headings, including recommendations for policy, training, Employee Assistance Programs, and current practices. Some additional recommendations not specifically related to the previously mentioned four are included under the heading "Other Recommendations." Last, suggestions for further research are listed and explained.

Policy

There is a dire need for formal and systematic policy development regarding the management of alcoholic teachers in school districts. I recommend that any existing policy be reviewed collaboratively between the school boards, the Alberta Teachers' Association (ATA), and Alberta School Employee Benefit Plan (ASEBP) personnel. This must initially begin by determining whether or not policy exists at all. Where no policies exist, review is obviously not possible; instead, development of policy will be necessary.

Without true collaboration among these three organizations, policy development is likely to be disjointed and disputed.

For example, in one of Alberta's largest urban districts, contractually a teacher must be absent from work for 90 days until the Alberta School Employee Benefit Plan will consider paying for comprehensive alcohol treatment. During these 90 days the teacher's salary is paid by the board. The board has no policy to provide financial support for alcohol-abuse treatment. If a school board is going to demand that alcoholic teachers receive treatment and then report back to the board regarding their rehabilitation, as many of the participants did order the alcoholics to do, then most certainly the ATA must be in agreement with this policy or it will not be enforceable. All three organizations will need to determine how this treatment will be funded. I include this only as an example of the kind of collaboration that the three organizations could endeavor to undertake. It is, of course, possible that a multitude of other solutions could be considered if the three were to work together. One participant recommended that recruitment procedures for teachers include some form of screen for alcoholism during initial interviews. Again, this would have ATA contractual and code-of-ethics ramifications.

As a beginning I recommend a joint meeting to discuss the issues regarding the need for specific policy development on the topic of alcohol treatment. AADAC provides a program specifically for alcoholic professionals that includes involvement of the employer and follow-up resources and education for the teacher, the teacher's family, and the employer. None of the participants of this study were aware of this program. It is my recommendation that all educators be made aware of these resources.

Training Personnel and Supervisory Support

It is my recommendation and the recommendation of all of the participants that all principals be trained in detecting, confronting, and coping with alcoholic teachers on staff. The participants saw this as the responsibility of central office. I recommend approaching the superintendent of a district and encouraging him or her to allocate time during already-scheduled principal meetings to address the subject of alcoholism in the schools. If this were to occur even once each school year, at least some of the silence surrounding alcoholism and teachers could begin to be broken. There are plenty of experts on the topic of alcoholism in the workplace who could provide low-cost inservices to principals, senior administrators, or even individual schools. Alcoholism needs to be talked about. It also needs to be recognized as the serious problem that it is in school districts and the teaching profession.

One of the participants strongly recommended that universities that prepare students to be teachers and principals include alcoholism education in their curricula. Again, there are experts in the community who could provide this service as part of a university course. Any principalship training course offered through or endorsed by a university should ensure that alcoholism education is included in that syllabus. I make the same recommendation for any principalship training provided through the school districts. Preventing alcoholism is far more effective and far less expensive than treating it once it has progressed. The earlier that teachers and potential principals become aware of the issues, the more likely that prevention can occur if systematically planned for. I recommend that at least some time be allotted for this training in undergraduate programs, and this should certainly continue in graduate programs. Again, even the

smallest attempt to foster or facilitate awareness among future educators would be a step in the right direction.

Employee Assistance Programs

Both the literature (Galvin, 2000; Ryan & Jevne, 1993) and the participants strongly recommended comprehensive Employee Assistance Programs specifically for educators. Such programs should emphasize a preventative, educational, and remedial approach to the needs of all educators at different points in their careers and at different stages in their diseases. The recommendation is for a program that is completely confidential, respectful, and administered by nonevaluative personnel who do not have a vested interest in the educational system. Three of the participants indicated a definite preference for external Employee Assistance Programs versus internal, district-run programs. They expressed great concern for confidentiality, which they worried do not exist within internal programs. Another recommendation may be that the ATA provide an Employee Assistance Program because it is seen as providing more confidentiality than the districts. However, if resources are not available to the principals as well as the teachers, the conspiracy of silence will continue, and principals will once again be left to create their own interventions.

Current Practices

All participants agreed that transferring alcoholic teachers from one school to another was unsuccessful in dealing with the problem of alcoholism and recommended that this practice cease. Many factors impede principals from choosing to deal with alcoholic teachers. These factors should be addressed through formal training and consistent policy implementation. The consensus among the participants was that

successful current practice was largely left for them to invent rather than systematically provided for them.

Other Recommendations

In 1986 the Alcohol and Pharmacy Action Groups of the West Midlands Regional Health Authority's (RHA) Advisory Group on Health Promotion joined forces with 21 pharmacies in London to assess the best ways that pharmacies could provide information on alcoholism to their clients (Robinson et al., 1989). This was not intended to be a counseling service, but rather an information and referral forum. Pharmacies were chosen because it was believed that clients would feel that they could visit them and maintain some anonymity. Ten thousand customers took free, available leaflets on alcoholism, its consequences, and its treatment. As a result of the success of the program, a Health Education Authority's booklet was produced by the Teachers' Advisory Council on Alcohol and Drug Education. When I asked my participants what they thought about providing such information in school staff rooms, for example, most responded enthusiastically.

Interestingly, I recently attended a repertory theatre in Edmonton to watch a movie about gambling addiction. In the foyer of the theatre was a small display table with an assortment of free brochures related to gambling addiction in Alberta. Among the brochures were a checklist to determine whether an individual him- or herself had a gambling problem, a brochure on gambling treatment facilities in Alberta, a brochure on preventing gambling addiction, a brochure on how to recognize a co-worker's gambling addiction, and an information sheet on public information sessions to create awareness of gambling addiction in the workplace. I think that this is an inexpensive and innovative

method of disseminating information on all or any addictions. I recommend providing information in this format to all schools. Simple brochures could be provided free to anyone who wished to take them. By doing so, people could privately screen themselves for symptoms of alcoholism; learn about community resources and treatment available for alcoholism; learn how to recognize alcoholism in co-workers, friends, and family members; and familiarize themselves with resources available for dealing with alcoholism in the workplace. This information would benefit the principal by providing him or her easy access to alcoholism information and would also benefit potential alcoholic teachers and other staff. Given the extreme social sensitivity of the issue, this may be a "quiet" way to begin breaking the conspiracy of silence and to erode the stigma of alcoholism. I recommend at least piloting this idea in a small number of schools.

Another recommendation made by two of the participants was to modify the way in which performance appraisals are conducted. One participant recommended that teachers be evaluated on "their suitable role model status." The other participant suggested that health and well-being become part of teachers' evaluations. Again, I would caution challenges related to the ATA code of ethics and potential ATA contractual ramifications (for example, changes in contractual language related to extended disability and teacher absences). This would require considerable collaboration among the board, the ATA and the ASEBP.

Yet another respondent recommended that researchers like myself work with school districts, the ATA, and the CTF to determine best practices for preventing and dealing with alcoholism in the schools. She further suggested that researchers in all three

of these organizations come together to share information to help the teaching profession as a whole.

Suggestions for Further Research

Most of the suggestions for further research address the limitations and delimitations of this study. They include conducting similar research to examine other addictions among teachers in schools. The topic of addictions in general is vast; therefore this study was delimited to alcoholism among teachers. There are many other addictions involving both legal and illegal substances or activities that the literature indicated also affect teachers. These include gambling, sex, workaholism, prescription drug abuse, and all forms of illicit drug addiction. Principals' perceptions of working with teachers suffering from these forms of addictions should also be researched, or they too, and perhaps even more so, given their severe legal repercussions, will remain shrouded in secrecy.

Research into the degree to which stigma is or is not associated with other diseases would also be beneficial. I suspect that significant stigma is associated with other addictions, also considered diseases. Additionally, diseases such as depression, mania, bipolar disorders, personality disorders, and other forms of mental disorders in general may also be seriously affected by stigma. I would be interested in knowing the difference between the perceived stigma of mental disorders compared to physiological disorders. It may be that the stigma related to alcoholism is only part of a larger stigma related to all mental disabilities. On the other hand, stigma may also exist for all diseases and disabilities, regardless of classification. Future research might consider whether

teachers, given society's expectation of their being exemplary citizens, are more ostracized than other professionals when stricken with any disease.

Research on the perspectives of other stakeholders such as the ATA, family members, colleagues, and students of alcoholic teachers, would also help to educate the teaching profession on the effects of alcoholism among teachers in our schools. I acknowledge that this study provides a voice for only some of the people affected by alcoholism among teachers. There remain many silent voices that must be heard. In this study the participants found that the beliefs and actions of other people involved in the alcoholic's life affected their ability, or at least their comfort in, dealing with alcoholic teachers. They also reported that these people often enabled a teacher to continue to be alcoholic in the workplace by helping to keep the problem a secret. Research could be conducted to understand how other people working and living with alcoholic teachers perceive and deal with the situation. This research might also assist principals to better cope with alcoholic teachers whom they encounter.

Research on how principals perceive working with other groups of school district employees who suffer from alcoholism would also be beneficial. Besides teachers, schools employ administrative, support, custodial, and staff exempt from unions or professional associations. Would, for example, an occupational therapist employed by a school district without a contract or a term-specific employee suffering from alcoholism be dealt with differently than the teachers under continuous contracts in my study? Would principals perceive working with alcoholic secretaries, business managers, associate superintendents, or other district staff the same or differently from working with alcoholic teachers? This research could explore whether there is more stigma associated

with alcoholism among teachers than among other school board employees who work in varying degrees of proximity to children.

Research into the effectiveness of different forms of Employee Assistance Programs (for example, those offered by the school district versus those offered by an external agency) is also necessary to determine which is most effective in assisting principals to deal with alcoholic teachers. All but one of the participants found some form of Employee Assistance Program to be beneficial to them. The form of Employee Assistance Program that each of the participants discussed varied from one district to another and from the specific Employee Assistance personnel involved. Most often it was a specific person within the Employee Assistance Program who was credited with helping the principal. None of the participants reported receiving preventative education on detecting alcoholism from the Employee Assistance departments. I think Employee Assistance departments must be more than reactive and must be highly visible within the district. School districts would benefit from research that looks into programs that most effectively assist alcoholic teachers and their supervisors.

Perhaps repeating this study with participants who are practicing rather than retired principals would result in interesting information. Would practicing principals be as willing to discuss the issue? Would they admit to identifying as many alcoholic teachers as retired principals had? Would practicing principles express more anxiety about even participating in such as study? As stated earlier, despite great efforts to locate incumbent principals for this study, I was not successful. I think that this would be a very worthwhile study to conduct with actively employed principals.

Another suggestion for future research is to examine how alcoholism may manifest itself differently or similarly in the field of education versus other professions or occupations. Does the classroom facilitate a sort of hiding place for alcoholism as a result of the kind of relationships teachers have with colleagues, parents and students? Most of these teachers are, for example, well liked by their students who also may become complicit in enabling the alcoholic to progress in his or her disease. Does the nature of the relationships teachers have with those they work, have an impact on whether or not alcoholism is dealt with?

Probably the most challenging research that I could recommend would be with alcoholic teachers themselves as participants. I believe, given the significant social sensitivity of the topic, that locating participants would be extremely difficult. However, if successful, the alcoholic or recovered alcoholic teacher could provide perspectives on alcoholism in the school workplace as no other employee could. I would be very interested in their perspectives on their own experiences and their recommendations for principals and school districts.

A final personal recommendation is for the Department of Educational Policy Studies to reinstate their "Field Experience Model," which provided opportunities for students to extend their knowledge base as it pertains to their dissertation topics. It was designed to provide opportunities for experiential learning and reflective practice guided by university and field-based administrators. Its purpose was to benefit the students, the collaborating organization, and the University of Alberta. I would be very interested in completing a field-experience placement in a school district where I could provide

awareness and preventative and educational information and inservices to assist principals who currently or may one day have an alcoholic teacher on their staff.

Reflections on the Research Question

It seems appropriate to conclude with summary reflections on the research question that guided this study.

What can be learned from the experiences of principals who have worked with teachers suffering from alcoholism?

I believe that this study has shown that much can be learned from the experiences of principals who have worked with teachers suffering from alcoholism. Of course, much of the answer to the research question and to the subsidiary questions posed in Chapter I exist in Chapter IV and all previous sections of this chapter. Here I present my key personal reflections on the findings related to the main research question. In doing so, I retreat into the language of generalization. I do so because I believe that many other principals are confronted by experiences similar to those described by the participants in my study.

Principals who find themselves supervising teachers whom they suspect to be suffering from alcoholism are faced with many difficulties. The first of these difficulties is determining how to know if, in fact, a teacher actually has an alcohol problem. Because of significant social stigma surrounding alcoholism, this is very difficult to establish. The stigma related to alcoholism results in a conspiracy of silence sustained by secrecy and shame. Even once it is established that a teacher is alcoholic, the principal continues to be forced to work within this almost overwhelming social stigma.

The alcoholic teacher is often in psychological denial of the problem. People who live and work with the teacher tend to either deny or hide the problem from others, enabling the alcoholic to continue to be sick and preventing others from intervening. Often the principal also behaves this way. The thought of dealing with alcoholism can be so uncomfortable that there seems to be a preference not to deal with it at all. Those who decide to deal with it encounter many problems. They find that information and support are lacking. They are left on their own to devise strategies to cope with the problem, and they are forced to devise these strategies based on their own ideas of what alcoholism is. Their own ideas have been shaped by the society within which they live, and this same society shuns alcoholics. Principals do their work within a society that would prefer to deny the existence of alcoholism.

Principals find themselves in two vicious circles. First, no matter how much they may wish to believe that alcoholism is a disease, they feel compelled to react to it as society prompts them to do so. As a result, principals experience significant conflict between what they know intellectually and what they believe instinctively. Because of this conflict, it is difficult for them to deal with the problem consistently. The way in which a principal defines alcoholism determines the way in which the principal will handle alcoholism. When there are two conflicting definitions of a problem, it is very difficult to find effective solutions.

The second vicious circle, related to the first, begins with the principals' seeking help from a district that has behaved as though alcoholism does not exist. The principals have received no training and lack awareness of any potential resources that may be of help to them. The conspiracy of silence is tightened. There is a refusal to acknowledge

that alcoholism exists among teachers in schools. The unspoken message is to hide or get rid of the problem if it ever manages to creep into sight. The principals' instinctive thoughts on the definition of alcoholism are reinforced and the principal contributes to the conspiracy of silence.

I feel strongly that our culture greatly influences how alcoholism is perceived. There is a kind of generalized perception of alcoholism within our culture that broadly affects schools and the constructions of individual educators. Given this, alcoholism is experienced in similar ways by different people. To me, this suggests that the applicability of the findings of this study can not be adequately understood by considering only matters of "rich description" and "transferability." I believe that the cultural influence to which I refer above leads to a sort of general applicability. Knowledge is an individual construct, but also a cultural one. Individual constructs are significantly influenced by cultural ones. As long as our culture projects strong attitudes and prejudices about alcoholism, individual people will be affected by these projections. Despite empirical evidence that alcoholism is a physiological illness (Blum & Payne, 1991) the general public perception is that it is otherwise.

Learning cannot occur in silence. Learning cannot occur when there does not appear to be anything to learn. My participants have loudly stated that alcoholism among teachers in our schools exists and must be spoken of. Learning how to effectively deal with alcoholic teachers can happen only when everyone involved acknowledges the existence of the stigma and refuses to act in accord with it. This can happen only if the voices of those who are knowledgeable about the falseness of this stigma become more salient than the projections of those entrapped in the conspiracy of silence.

At the beginning of this research I had very definite views about the topic influenced by my own experiences working with alcoholic teachers. The research has fortified and reinforced what I believed but has also significantly changed me. I now feel a strong obligation to be an advocate for educating the teaching profession about alcoholism. I have a much more profound understanding of the secretiveness of the disease and the dire need to speak out about it.

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APPENDIX A

ALCOHOLISM DEFINED

Appendix A

Alcoholism Defined

For the purposes of this research, I have relied on the most medically respected definition of *alcoholism* as described in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV-R*; APA, 2000).

Generally, alcoholism progresses in two stages; the first, alcohol abuse, is defined in the *DSM-IV-R* (APA, 2000) as:

A. A maladaptive pattern of alcohol use leading to clinically significant impairment or distress as manifested by one (or more) occurring within at least a 12-month period:
    1. recurrent alcohol use resulting in failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsion; neglect of children or household)
    2. recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine while impaired)
    3. recurrent alcohol-related legal problems
    4. continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (e.g., arguments with family/spouse about consequences of intoxication, physical fights; APA, 2000)

If untreated at the alcohol-abuse stage, the next stage of alcoholism is alcohol dependence, characterized by the *DSM-IV-R* (APA, 2000) as the following:

B. A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month (or longer) period:

1. Tolerance as defined by either of the following:
   (a) a need for markedly increased amounts of alcohol to achieve intoxication or the desired effect
   (b) markedly diminished effect with continued use of the same amount of alcohol
2. Withdrawal as manifested by either of the following:
   (a) the development of an alcohol-related syndrome due to the cessation of, or reduction in, alcohol use that has been heavy and prolonged
   (b) clinically significant distress or impairment in social, occupational, or other important areas of functioning
   (c) These symptoms are not due to any other medical condition or disorder.
3. Alcohol is often taken in larger amounts or over longer periods of time than was intended [often "blackouts" or partial or complete loss of memory occurs at this time].
4. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
5. A great deal of time is spent thinking about accessing alcohol or recovering from its effects.
6. Important social, occupational, or recreational activities are reduced or completely given up because of alcohol use.

7. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem due to alcohol use (e.g., continued drinking despite recognition that an ulcer was caused by alcohol consumption; APA, 2000).

Alcoholism progresses in stages. The *DSM-IV-R* (APA, 2000) used the terms *alcohol abuse* and *alcohol dependence*. It is not expected that a school administrator would diagnose specifically in which stage a teacher may be classified. This is left to a qualified medical practitioner. However, I believe that knowing all of the symptoms of the disease will help administrators to better identify a teacher in any stage. The word *alcoholism* was used in this study and included both abuse and dependence.

APPENDIX B

LETTER TO RETIRED PRINCIPALS

Appendix B

Letter to Retired Principals

August 30, 2001

Dear [Principal's name],

My name is Jannette McIntosh. I am a teacher and an administrator with Edmonton Public Schools. I am also a doctoral student with the University of Alberta in Educational Policy Studies. I am studying retired school administrators' perceptions on their experiences having worked with teachers they either have suspected to be or knew to be suffering from a drinking problem (alcoholism). The severity of the drinking problem is not relevant for this study. I would like to spend about one to 1.5 hours personally interviewing principals who have, at any time throughout their careers, worked with at least one teacher whom they have thought or known to have had a drinking problem. I have chosen this topic because, to date, there has been very little research in the area, and there is almost no literature addressing ways in which school administrators might deal effectively with teachers suffering from alcoholism.

My supervisor at the University is Dr. Bill Maynes. His telephone number is 492-3691. His email address is bill.maynes@ualberta.ca Confidentiality will be maintained throughout the study. You will be guaranteed anonymity in writing by way of a Consent Form, attached. The name of yourself, your title, school, your district, and any mentioned teachers will not be disclosed. In fact, I encourage you to use pseudonyms when discussing teachers in order to protect their identities. *I am only interested in your individual perceptions on the topic.* You will be given the opportunity to confirm my interpretations of your experiences to ensure I have accurately captured your true perceptions. You will be free to opt out of the study at any time by requesting that any information you have given to me not be included in my data analysis for my thesis. Your participation will initially take approximately one to 1.5 hours of interview time at your convenience. Follow-up conversations, with me, may be requested in person, via email or over the telephone. All contacts will occur at your convenience.

Information will be disseminated only in my completed thesis and in no other form. For further in formation, I can be contacted directly by telephone at 439-5993 or by email jMcIntosh@shaw.ca.

I greatly appreciate this opportunity to work with you. You will be provided with a copy of the completed thesis once it is available. Hopefully, this information will be of interest or assistance to you presently or in the future.

Thank you for your willingness to assist the University of Alberta and me with this important thesis research. I look forward to meeting with you.

Sincerely,

Jannette McIntosh, MEd, Doctoral Student, Educational Policy Studies

APPENDIX C

INFORMED CONSENT

Appendix C

Informed Consent

Thesis Title: Principals' Experiences Working With Teachers Suffering From Alcoholism

Researcher: Jannette McIntosh
Doctor of Education Candidate
Telephone: 439-5993 E-mail:jMcIntosh@shaw.ca

Thesis Supervisor: Dr. Bill Maynes Telephone: 492-3691

I agree to participate in the above mentioned research study, and understand that:

(1) The purpose of this research is to gain insight into principals' experiences dealing with teachers suffering from alcoholism or a suspected alcohol problem.

(2) I will voluntarily participate in an individual, in-person, private interview with the researcher, lasting approximately 1 to 1.5 hours, which will be audiotape recorded only with my permission. I will participate in follow-up interviews or conversations with the researcher as needed to clarify or expand on information discussed. All audiotapes and transcripts will be kept in a secured and locked location to ensure confidentiality.

(3) I will be asked to share my experiences regarding my work with teachers I have known to be, or suspected to be, suffering from alcoholism.

(4) I will be offered the opportunity to review a transcription of the interview and verify that it represents an accurate reflection of what I said. I will also have an opportunity to clarify any aspects of the interview at a later date, should I wish to.

(5) At my request, I will be granted any additional interview(s) to ask questions, make clarifications, etc. I understand that additional interviews will not be imposed on me.

(6) I understand that I will not be mentioned by name, title, school, jurisdiction, or any other identifying characteristics in the research. Only the researcher and her Thesis Supervisor will know my identity.

(7) I understand that any identifying comments that I make regarding teachers or myself will be stricken from the transcription to protect my and their confidentiality and anonymity.

(8) I understand that participation in this study is voluntary and that I may withdraw from the study at any time.

This is to certify that I, _____, hereby agree to participate as a volunteer in the above-named thesis research.

_____ _____

Participant Witness

_____ _____

Researcher Date

APPENDIX D

SAMPLE INTERVIEW QUESTIONS

Appendix D

Sample Interview Questions

I will first introduce myself and then ask the retired principals about their backgrounds as principal; for example, how long they were a principal and the general context in which they worked. I will again give a brief overview of what my research is about and what I hope to learn. This will have already been given to them in writing prior to the meeting. I will also review the consent form, reassure them of complete confidentiality, and have them sign the form. I will ask them if they have any initial questions and thank them for agreeing to participate.

QUESTIONS

1. Tell me about any past or present experiences you have had working with teachers you have known, or suspected, to be suffering from alcoholism.

2. How did you become aware there was a problem? For example, did the teacher confide in you, did another staff member confide in you, or did you suspect a problem and confront the teacher yourself?

3. How did you know how to approach the situation?

4. Was this a new situation for you, or had you had previous similar situations?

5. Were you aware of support or resources from the district or the community to assist you with this problem? If so, what were those supports or resources?

6. If aware of supports or resources, how did you or did you not access them?

7. What, if any, barriers did you experience or feel that affected how you dealt with this or these situations?

8. Were there any board policies or ATA contractual clauses that helped or hindered you to respond?

9. How do you feel dealing with such a situation or situations affects you personally, emotionally and professionally?

10. What was the most difficult part of the process of working with the teacher suffering from alcoholism?

11. Did you feel adequately supported or that you needed more support?

12. Were fiscal limitations a consideration; for example, the cost of a district consultant?

13. Did you have any fears in confronting the issue?

14. What prompted you to address the teacher with your concern that he/she may have an alcohol problem?

15. Did you see your role in dealing with this person as a disciplinarian or a helping supervisor?

16. Was dealing with a teacher with alcoholism more, less, or the same as dealing with any other teacher suffering from an illness?

17. What are your thoughts on alcoholism? Do you see it as a disease or as a behavioral choice of the individual?

18. How do you think your personal thoughts on alcoholism affected your judgment of the situation and your interactions with the teacher?

19. Have you ever had any inservice or training based on dealing with alcoholic employees? If so, in what form?

20. What do you think a principal's role should be in dealing with a teacher with alcoholism?

21. How did you feel about the outcome of the situation and your role in the process?

22. Is there anything further that you would like to add or clarify or any questions you have of me?

Thank you very much for participating. Your input has been valuable. I greatly appreciate your time.