Schools as a Collection of Groups and Communities

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ABSTRACT. When viewed as social systems, schools are a collection of groups and communities. An effective way to understand schools is from the vantage point of social systems theory. The concepts of boundaries, boundary managers, roles, authority, splitting, projection, and projective identification are particularly useful in understanding schools as dynamic systems. From this perspective, the school board defines policies and procedures, which set forth the boundaries that govern behavior by students, parents, and community members. Administrators set forth the procedures that regulate these boundaries and provide authority and leadership for the academic, social-emotional and behavioral growth of students. Where school personnel model healthy behaviors and effective, rational problem solving, schools have the capacity to be embracing and inclusive. Where school personnel model addictive behavior, students learn addictive behavior through the hidden curriculum, which covertly teaches the values, beliefs, and defense mechanisms associated with addictive behavior. Within each school community are behavioral expectations, and when these expectations are violated, systems split off the violating behavior into alternative structures. Some students who violate these norms may require specialized settings in which to address such complicated and complex behaviors. This is particularly the case with students with social-emotional and behavioral problems

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and addiction, which cannot be addressed within the traditional school setting. For these youth alternative schools are required. Effective alternative schools function as benevolent holding environments, which are structured enough to contain problems and flexible enough to facilitate growth and recovery through relationship-based intervention models. These programs are effective if they are operationalized from a systems and organizational perspective and linked to partnerships within a broader system of care within the larger community.

KEYWORDS. Addiction, recovery, schools, social systems, groups, communities, boundaries, roles, tasks, authority, adhocracy

INTRODUCTION

In this chapter we set forth five arguments about schools and addiction. First, we contend that schools can be understood from a psychoanalytic social systems approach, the Tavistock group relations model. From this perspective, schools are open systems and are a collection of groups and communities. Second, we maintain that addiction is "any substance or process that has taken over our lives and over which we are powerless" (Schaef & Fassel, 1988). From this vantage point, almost anything can be addictive and may be practiced by individuals, groups, or organizations. Third, we hold that it is a myth that youth learn about drugs, alcohol, and addiction primarily from their peers. It is our position that schools caught up in the addictive process model addictive thinking and behavior. Fourth, schools systems are like family systems when dealing with addiction. Where families enforced covert family rules to further denial and the addictive process, schools do similarly through a hidden curriculum that covertly teaches the values, beliefs, and behavior necessary for addiction to thrive but go unnoticed. Lastly, we hold that alternative schools offer hope for schools and communities and that if recovery is to be effective, it must occur organizationally.

Schools as Complex Social Systems

Educational systems are a collection of groups and communities that can be described as having defined inputs and outputs accomplished by individuals with designated boundaries, roles, authority, and tasks. The explicit input of an educational system is its student population; the output

consists of its graduated students. The boundaries of the system are defined in terms of time (duration of the educational process) and space (the physical campus of the educational environment). The roles within an educational system include student, teacher, administrator, and support personnel. Authority generally flows from administration to teachers and to support personnel, with students occupying the role of followers. The explicit task of the educational system is learning for the students, and professional employment for the teachers, administrators and support personnel.

However, as in any complex system, implicit tasks may enhance or interfere with the primary task, which is learning. The major implicit task in an educational system is socialization, and this task affects all members of the system from the top down. We suggest that addiction in its various forms represents the most important obstacle to functional socialization in the educational system, and that recovery from addiction is a powerful support to this process of socialization. Ironically, popular culture supports the myth that the culture of addiction is learned by the student in the educational system from the peer group, rather than imported into the educational system through the families in the educational community, including those in authority (administrators, teachers and support personnel). This mythology leads to the assumption that the student population consists of two groups, winners and losers, and that the strategy of optimal socialization involves joining the winners and shunning the losers, who are the unsuccessful addicts. Powell, Farrar, and Cohen (1985) conceptualized schools as a shopping mall in which there were winners and losers in the educational marketplace. The shopping mall metaphor suggests that school policy, curriculum, and instructional practices involve appealing to competing producers and consumers of knowledge. The producers involve the board of education, administrators, faculty, and nonprofessional staff. The consumers involve students, parents, and community groups. Products important to these producers and consumers involve policies, curriculum, instruction, and cocurricular activities relating to a wide range of students, including mainstream students, talented and gifted students, vocational technical students, special-education students, athletes, band and orchestra students, fine arts students, world language students, and others. These authors do not mention one implicit product of the educational system, which is the system's support for the practice of addiction. Indeed, the assumption that producers' and consumers' competing, rather than mutually supportive interests, may underlie the justification for the continued practices of addictive behavior.

To understand schools as a marketplace, it is important to understand schools as a collection of groups and communities from the vantage points of systems and organizational theory. Social systems theorists (Berttalanfy, 1969; Miller & Rice, 1978; Stapley, 2006) maintain that all systems are dynamic and interactive in which change in any part of the organism or organization results in change to some degree or another in other parts of the system. According to this theory, the whole is greater than the sum of the parts, and human growth and development is viewed from an ecological perspective, integrating psychological and sociological dimensions of reality. Note this theory provides the basis for an interdependent model of functioning, where the entire system needs to be involved in problem solving if dysfunctional dynamics are to be successfully addressed.

Central to systems theory is the notion that systems and subsystems are bounded entities, operating along a continuum of open to closed. Open systems are said to be permeable, while closed systems are nonpermeable. Boundaries between systems and subsystems do two things. First, they provide definition and identity, and, second, information is exchanged within and across the boundaries. Boundary management is important to this flow of information and serves to establish the steady state of the system, or homeostasis. In schools, boundary management is represented in a number of ways. The board of education develops policy that gives definition and importance to values, roles, and behavior in the system. A superintendent and principals carry policies into professional practice, as do teachers, who translate curriculum policy into instructional practice. Counselors, social workers, school psychologists, and para-educators are also boundary regulators in their support of the primary task of the system, which is the care, intellectual growth, and social-emotional development of students. In short, boundaries and boundary management define the roles of professionals, students, groups, and communities.

In an open system, recovery from addiction becomes a process that the entire system embraces. Boundary management is accomplished with the cooperation of all the parts of the system that exercise authority. This principle has far-reaching implications for the educational system that wishes to provide opportunities for recovery from addiction to its students; the most important of these implications is the necessity for those in authority to be aware of and actively engaged in their own processes of recovery from addiction.

Psychoanalytic social systems theory (Bion, 1961; Miller & Rice, 1975; Rioch, 1975a; DeBoard, 1978; Kets de Vries & Miller, 1984; Hirschhorn, 1988; Stapley, 2006) is particularly useful to the study of

educational systems as collections of groups and communities, especially in understanding how addiction and its concomitant anxiety, fear, and affect influence schools and their relationships with various groups and communities. This perspective incorporates the psychosocial life of schools. Addiction and denial, its primary defense mechanisms, profoundly influence schools, as systems. Anxiety, fear, or affect experienced in any one subsystem has an impact in all others subsystems, and thus maintenance of individual, group, or organizational balance relates directly to how emotional life is expressed, mobilized, and harnessed. A teacher working with a particular student or group of students may have his or her teaching or behavior management affected by anxiety over the students' sense of adequacy, which is often colored by addiction in the student or the student's family. Conflict between rival student groups, which often serves as masks for addictive behavior, may color the emotional life of the school as a whole or a certain grade level. Anxiety within a classroom may make instruction particularly challenging. Political advocacy can influence the tone and progress of a board of education meeting. Those things that are disruptive to the homeostasis tend to be regarded as threatening, deviant and throwing the system out of balance. Like individuals, schools maintain defense mechanisms to protect against being overwhelmed by addiction and its attendant anxiety, fear or suppressed affect.

Psychoanalytic systems theory also helps us to understand the overt and covert processes in a school system, or the rational and irrational aspects of the system. The formal curriculum, for example, represents the rational technical dimension of the school. The unspoken values and beliefs employed in the teaching-learning process constitute the hidden curriculum. This is often seen in the treatment of class, race, ethnicity, gender, and sexuality in school curriculum and instruction. It is also evident in addiction in schools, as the modeling of compulsive, addictive behavior is learned through the hidden curriculum. By design, schools are intended to be rational institutions. However, school systems are human enterprises, and the personalities of individuals and groups, and how they employ conscious and unconscious behavior, strongly influences the extent to which boundaries are open or closed or functional or dysfunctional. Responses to addiction run the gamut from rigidly controlling to permissive and boundariless. Some administrators, teachers, and support personnel are rigid, while others are permissive, and still others operate between these poles in the realm of creative and flexible. This accounts for one of the reasons why schools, as systems, often have distinctly different cultures, for the norms of the boundary managers differ from school to school, if not classroom to

classroom, or community to community. Students and student groups are expected to fit within these norms or risk being defined as deviant, which may be the label applied to those with addictions.

Central to this theory are the concepts of splitting, projection, introjection, and projective identification. According to these notions, all individuals and groups manage the pain of anxiety and affect by splitting off uncomfortable or unwanted feelings and projecting them onto or into others. Projection is common to the human condition because individuals, without adequate social support, cannot completely contain anxiety and affect without becoming overwhelmed and self-destructive. This process of splitting and projecting develops as the infant differentiates and separates from his or her mother or primary caretaker, and sometimes mother is the "good mother" and sometimes the "bad mother," depending on whether primary needs are met within a safe holding environment. How an infant develops is dependent on what kind of holding environment the parents create for the child. A healthy holding environment permits the child to experience a wide range of thoughts, feelings, and fantasies, including those that are unpleasant. Unfortunately, the holding environment that is struggling with its own intolerable addiction may not be available to support the healthy emergence of the child's needs.

It is through this process that personality emerges and ideas about authority, leadership, and groups evolve. At the most primitive, infantile-level anxiety, love, or hatred is projected onto neutral screens or into receptacles. Infants, for example, project anxiety, fear, and hatred onto mothers, who may be perceived as "good" or "bad depending on how the infant perceives maternal or caretaker responses. When an individual acts on the projection, projective identification occurs. Since splitting and projection is the vehicle by which individuals first interpret external reality, caretakers can be internalized as "good" or 'bad" depending on how dependency needs are met or not met. As the infant matures, fathers, teachers, and other authority figures, groups, and organizations become receptacles for projection of anxiety, fear, hatred, envy, greed, or jealousy. It is through this process that the infant differentiates himself or herself from primary caretakers or from the "me" and the "not me." Splitting the world into "good" and "bad," the infant establishes a sense of self and nonself.

In schools school systems, functional classrooms operate as holding environments similar to that established by the child's mother. Optimal learning occurs in safe and nurturing learning environments. Administrators, teachers, students, parents, or groups may be the object of projections and thus "good" or "bad." Similarly, when anxiety, fear, and so on are accepted

by the projection object, they are said to be introjected and internalized as subjective reality. Individuals or groups who internalize negative perceptions of themselves and then act on them through projective identification are vulnerable to isolation and scapegoating. Some student groups come to perceive themselves as damaged, defective, or otherwise deviant because the source of the projection cannot tolerate holding an unwanted part of himself or herself. Individuals or groups that promote such perceptions relieve themselves of the anxiety, fear, hatred, or envy that is stimulated by individual or group differences. When this is generalized, scapegoating occurs. In schools, there may be any number of scapegoats, from the disruptive student in the class to students in the lower curriculum tracks to "freaks," "druggies," "burnouts," "bandees" or "speds." Importantly, adults model this process of splitting, projection, and scapegoating, whether they are adults in the families or in the schools. The modeling of addictive behavior by school personnel has significant implications for the hidden curriculum, which covertly teaches students values, beliefs, and addictive behaviors, including denial, rationalization, and suppression of affect.

Case Studies of Adult Models of Addictive Behavior in Schools

It is often said that schools are the reflection of the community. School personnel and students reflect a community in which addiction thrives in the schools. Addictive behavior within the community is this imported into the school system. Schools and addiction function very much like families and addiction. Regardless of the addiction of choice, schools are profoundly impacted by the addicted adults' attitudes, behavior, and performance, which are reflected in the hidden curriculum. The modeling of compulsive, addictive behaviors forms the foundation for denial within schools, blinding school personnel and families to the impact of addicted school personnel and addiction within the student body. The dynamics of denial of addictive behavior and manifestation of maladaptive defense mechanisms are evident in the following case studies. These case studies are based on an accumulation of experiences. The school district and characters are fictitious.

1. The Case of Janice McNamara and Grand Prairie Middle School

The Grand Prairie School District serves five thousand students with six hundred staff. Grand Prairie educates children K-12 from three

communities, two of which are economically advantaged and one of which is ethnically diverse. The district's elementary, middle, and high schools are well recognized for educational excellence. The board of education consists of five men and two women. The superintendent, Dr. Gerald March, has a national reputation as a leader committed to both excellence and innovation.

Grand Prairie Middle School (GPMS) is a school of one thousand students in grades six through eight. The building is led by a very able principal, Dr. James Hoffman. The GPMS middle school community is considered a difficult community from the standpoint that parents have high expectations and make it known with considerable frequency. Often this is evident in the volume of telephone calls and e-mails to faculty and administrators with requests for special accommodations for their children.

In a community of upwardly mobile professionals, who have relatively easy access to medical and legal resources, the special education program takes on particular significance, as many families with disabled children move to Grand Prairie for its fine special education services. Many parents believe their disabled children should be enrolled in Janice McNamara's special educational class. Many families pursue private, independent evaluations and employ special education advocates and attorneys to ensure that their children receive all the services to which their children are entitled by federal and state law and then some. Enrollment in Ms. McNamara's class is governed by Grand Prairie School District guidelines for special education eligibility, Individual Education Program (IEP) development and placement. The entry boundary is regulated by the Grand Prairie Student Services Team (SST), a multidisciplinary group consisting of the principal, school psychologist, school social worker, special education teacher, and other professionals as necessary to understand the needs of a given student. Although there are entrance criteria, admission to the special education program sometimes yields to parental pressure and influence.

Ms. McNamara, an intelligent and articulate instructional leader, is widely regarded as a creative instructor. A large woman with a reputation for a quick wit, McNamara also has a reputation for excessive drinking, particularly at faculty gatherings. On Friday nights, for example, McNamara and a small cadre of disaffected GPMS faculty retire to the Cozy Restaurant and Tap, where McNamara binges and the participants trade gossip and complain of administrators and "pushy" parents.

Within the community, Ms. McNamara developed extensive relationships with private practitioners, clinical psychologists, licensed clinical social workers, and psychiatrists. Families eager to get their children

enrolled in Ms. McNamara's class frequently approached her for advice. This set up a collusion between McNamara, parents, and private providers regarding eligibility and educationally related services, such as school counseling. This codependent relationship between McNamara and parents angered the Grand Prairie administration because it blurred professional boundaries and was role inappropriate.

Within the faculty, Ms. McNamara was a formidable force. Her sharp intellect and quick wit were ever apparent in faculty meetings. She was adept at derailing established agendas and "going off" on administrators or fellow educators. An imposing physical presence, Ms. McNamara frequently attacked administrators as insensitive tools and lackeys of the district administration. When unsuccessful at attacking the building administration, Ms. McNamara directed her verbal assaults on district administrators as the "them" that controlled the school district and fostered mediocrity and suppressed teacher creativity. She was also known to openly question the competency of teachers in faculty forums, such as building or district-wide committees. Ms. McNamara was feared by her teaching colleagues, as she was a master of gossip who did not hesitate to "put people in their place" if they questioned or opposed her. Through an insidious use of humiliation and sarcasm, Ms. McNamara raised scapegoating to an art form.

Ms. McNamara's power was buttressed by three factors. First, because the special education program was high-profile and sought by many parents, McNamara cultivated a reputation in the community as a strong advocate for special needs students. Second, McNamara managed to hold together an alliance with articulate but disaffected teachers who enabled her acting out and her compulsive and addictive behavior. Third, she was successful in getting administrators to bow to her will. Administrators managed Ms. McNamara by giving in to her demands and thereby further enabling her. They often allied with her as a way of deflecting her covert and overt attacks on their authority.

Dr. James Hoffman, the principal of GPMS, broke ranks with his predecessors and attempted to limit Ms. McNamara's acting out in faculty meetings. After one of Ms. McNamara's particularly bombastic assaults on authority, Dr. Hoffman suspended Ms. McNamara from faculty meetings. Furious, McNamara escalated her covert activity within the faculty and the community. Believing Ms. McNamara to have undue influence regarding admission to the special education program, Dr. Hoffman reduced her teaching load in the special program, assigning her to several general education classes and assigning another teacher to work part time in the program. Enraged at this move, Ms. McNamara began a whispering

campaign to influential parents, who appealed to Superintendent March to intervene on her behalf. When Dr. March refused, parents flooded board of education members with telephone calls and e-mails regarding their concerns. The board president agreed to provide time during the public comment section of the board meeting for parents to be heard. The parents usurped the public comment session and railed for most of the night about administration diluting excellence and promoting Ms. McNamara as the savior of special needs children.

In view of the intense pressure, Dr. March reluctantly urged Dr. Hoffman to reconsider his position regarding Ms. McNamara's teaching assignment. The upshot was that Dr. Hoffman was forced to reverse himself. Within the year, Dr. Hoffman resigned to assume a principalship in another district. In the end, no one addressed Ms. McNamara's addiction, codependency with faculty and parents, and the pattern of authority problems. The dysfunctional relationships and dynamics were repeated with Dr. Hoffman's successor.

2. The Case of Martin Williams and Grand Prairie Elementary School

Grand Prairie Elementary School (GPES) is located in one of the most affluent areas of the district. Students are bright and score very high on state and local achievement tests. As principal, Martin Williams was known to be a powerful force in his community and influential within the district administrative team. A man of two hundred and fifty pounds, Mr. Williams's addiction of choice was food and compulsive overeating and workaholism. He prided himself as a gourmet cook and often brought exotic dishes to the school's teacher lounge. Mr. Williams's addiction was also marked by compulsive behavior, which was particularly evident in the numerous times during the year when he rearranged his office furniture. His compulsivity was most evident in his attention to detail and controlling behavior. Williams worked excessive hours and his car was parked in the school parking lot on weekends. A perfectionist, Mr. Williams was intolerant of the smallest errors. He held his faculty and staff to high standards, which many regarded as beyond reason, such as his penchant for expecting nontenured teachers to work beyond the hours stipulated in the Grand Prairie Board of Education and Teachers Association Agreement. A principal with a steel-trap mind, Mr. Williams used his tongue to lash teachers, who left his meetings feeling demeaned and humiliated. He was also well known for talking behind their backs about teachers he considered troublesome.

A man who had a gift for charm, the staff often experienced him as manipulative, controlling, and seductive. GPES teachers strongly felt that he played favorites within the faculty, which made them leery and fearful of teacher evaluations. Despite the fact that Mr. Williams had an excellent grasp of curriculum and instruction, teachers did not see his instructional advice as helpful. Particular angst was raised when Mr. Williams would take over a teacher's class and conduct a demonstration lesson.

Mr. Williams' addiction was also apparent in his difficulty managing interpersonal boundaries. Teachers felt that parents had the run of the school, as there were few controls on parents entering the building and going to their children's classes to drop off lunches, lunch money, or just "pop in" to briefly chat with their child's teacher. This left teachers feeling unsafe and vulnerable to having their classrooms micromanaged by "helicopter" parents, who attempted to micromanage their child's teacher and classroom. Insecure about his position and having an intense desire to be liked, Mr. Williams cultivated relationships with key parents, whom he openly regarded as his form of tenure.

The physical arrangement of the principal's office made the boundary management problems further evident. The waiting area outside Mr. Williams's office had a workstation for the school secretary. The work area had no counter or workspace demarcation. Consequently, students, teachers, and parents seeking attention from Mr. Williams frequently overwhelmed the secretary. Despite the loose boundary regulation, Mr. Williams could suddenly shift into control mode, giving curt directions and orders.

Mr. Williams's boundary management and interpersonal problems were especially manifest in GPES faculty meetings. Mr. Williams maintained tight control over the meeting agendas. Although he provided for faculty input regarding certain issues, he managed to lay the groundwork for orchestrated input, which the faculty experienced as inauthentic. Beneath the surface of the faculty was a strong current of resentment. A subgroup of disaffected teachers mobilized to challenge Mr. Williams' control. Faculty meetings became tense and a subgroup of teachers acted covertly to sully Mr. Williams's reputation in the district by complaining to teacher union leaders about his management style.

Mr. Williams' controlling personality was still further evident in district administrative team meetings. He was quick to criticize district administrators within meetings and follow his critiques with telephone campaigns to principals after meetings. Superintendent March admired his intellect but was wary of his influence with GPES parents, who were quick to mobilize

when there was an objection to the implementation of policy. Dr. March was further concerned about Mr. Williams' mental state, as he frequently appeared to March to be highly anxious and stressed by his staff and community. As the relationship between Williams and his faculty deteriorated, Dr. March was made aware by the union leadership of the poor morale at GPES. By this time, parental concern and discontent over GPES morale was bubbling up to the superintendent. Dr. March believed an administrative intervention was necessary to address the morale problem and hired Dr. Elizabeth Schaeffer, a clinical psychologist from Metropolitan University, to serve as a consultant and help GPES improve its climate and morale. It was March's hope that Mr. Williams and the GPES faculty could work out their differences with Dr. Schaeffer as mediator.

Dr. Schaeffer met weekly with Mr. Williams and attended faculty meetings. Through counseling and coaching, she provided management consultation to Mr. Williams and the faculty. Dr. March and Dr. Schaeffer agreed that if the relationship between Mr. Williams and his staff did not improve, a radical intervention would be necessary. That intervention was to not renew Mr. William's contract and to transfer the most disaffected and acting out staff to different buildings.

Things came to a head when a third-grade class spun out of control. The third-grade teacher had poor classroom management skills. Bright and articulate students consistently challenged the teacher's authority, which prompted disciplinary interventions by the teacher and principal. Unfortunately, these were short-lived interventions and the morale of the classroom deteriorated, as had the morale of the faculty building wide. As things worsened, Mr. Williams came under siege by parents and his faculty. Dr. Schaeffer was unable to mediate the differences between Williams and his faculty and ultimately Dr. March took action, not renewing Williams' contract and transferring oppositional teachers to other buildings within the district. In the end, things settled down as a new principal took over a reconstituted faculty. Unfortunately, no one addressed Mr. Wlliams's addiction, his codependent relationship with parents, and the parallel process that occurred between faculty and student behavior.

3. The Case of Dr. Harold Carson and Grand Prairie High School

Grand Prairie High School has a national reputation for excellence in education. The vast majority of its students are college bound for prestigious colleges and universities. The principal, Dr. Harold Carson, was

principal for 10 years. In the early years of his principalship, Dr. Carson hired a number of young, energetic, and talented teachers. In each of the core content and elective departments, Dr. Carson created a first rate faculty with excellent departmental instructional leaders. Dr. Carson also built an administrative team that was equally talented. It was also deeply loyal to Dr. Carson. A charismatic leader, Dr. Carson also earned the loyalty of his faculty. He was renowned for providing acknowledgments and rewards for teaching excellence. Within the community, he was extremely popular. Indeed, he had more power and strength in the community than Superintendent March.

However, Dr. Carson was not without his flaws. The tremor in his left hand was emblematic of his alcoholism. With a partiality for fine scotch whiskey, Dr. Carson had high blood pressure often associated with alcoholism. Further, Dr. Carson's thinking and behavior reflected the obsessions and compulsions of an addicted person. Dr. Carson was charismatic, but he was also grandiose. He could grand stand with the best of leaders. To be sure, he could tell an off-color joke in almost any audience and get away with it. "That was just Harry Carson" people would say. He was obsessed with detail and vacillated between micromanaging and over delegating. Things were expected to go well or there was hell to pay with Dr. Carson's wrath. With biting criticism, sarcasm, and harshness, Dr. Carson could reduce an administrator or teacher to tears, and then praise and stroke the very same administrator or teacher. Although one could argue that building a school of excellence required a high degree of accountability, it was Carson's tendency to be overbearing and menacing with employees about their performance that was at issue.

Carson's problems with alcohol colored his approach to students struggling with addiction. It was not uncommon for GPHS parents to hold prom and turnabout dance parties where liquor was freely served under parental supervision. While publicly Carson was critical of such parties, he turned a deaf ear when it came to working with groups like the Grand Prairie Alliance Against Drug Abuse. Faculty frequently expressed concern about student leaders and athletes who were known to be drinking and substance abusing. Alcohol- and drug-related vehicular accidents were well known within the faculty and student body. The deaths of several intoxicated students mobilized school and community concern for a short period of time and then student practicing of addiction returned to normal.

In an affluent community, students had ready access to illegal substances. Dr. Carson was frequently at odds with Georgia Beatty, the assistant principal for guidance services, over student addiction. Dr. Carson

encouraged Beatty and her staff to refer substance-abusing students to rehabilitation hospitals and then, upon reentry, placement into special education. In Beatty's view, Dr. Carson wanted to sanitize regular education and split off addicted students into the special education subsystem. The special education administrator, Dr. Brent Morgan, staunchly resisted Dr. Carson's position. Georgia Beatty found herself riding an uncomfortable boundary between special education, her guidance counselors, and Dr. Carson. Guidance professionals were particularly frustrated because they had nothing significant to offer students returning from rehabilitation facilities. In their view, the special education alternative school seemed to be a reasonable outlet for dealing with substance abusing youth. Blocked by the special education administrator, who did not believe substance-abusing students were disabled within the meaning of state and federal law, counselors were frequently bitter and felt powerless. They often found themselves negotiating arrangements with teachers when recovering students reentered midway through the academic quarter or semester and then witnessed them crash and burn academically and socially. Moreover, they were powerless to challenge addiction as a family disease and community problem. Although a Student Assistance Team was established at GPHS, it was primarily a pipeline to rehabilitation facilities. The tension between special education administration and Beatty and her counselors increased, with conflict playing out in the building's Student Services Team, a multidisciplinary group that reviewed students with multiple failures, need for special education, or return from psychiatric or rehabilitation facilities. Special education administrators and counselors were at loggerheads, unless the recovering student could be shown to be emotionally disturbed and a candidate for the district's special education alternative school. Tired of riding the boundary between his guidance staff, Dr. Carson, and special education administration, Georgia Beatty resigned her position and returned to her former role as a social studies teacher.

As Carson became closer and closer to retirement, he became increasingly less physically and emotionally available to his administrators, department chairs, and faculty leadership. It was not uncommon for Dr. Carson to arrive at school at ten o'clock in the morning and leave before three. His administrators covered for him and rationalized his abbreviated school day as necessary because of the evenings he spent working in the community. As he became increasingly isolated, these loyal, codependent administrators picked up the leadership slack. The assistant principal for curriculum and instruction stepped in and effectively ran the building. The other assistant principals kept up a positive image and skillfully managed

school–community relations. At age sixty-five, Dr. Carson retired. Accolades abounded for his leadership. Unfortunately, Carson's alcoholism and his codependent relationship with his administrative team were never addressed.

These case studies illustrate the impact of addiction on school climates and cultures. The principle defense mechanisms employed by these schools involved denial, splitting, and projection. As with families in denial of an addicted parent and enabling spouse and/or children, school leaders struggling with addiction often go unchallenged. The result is that addicted adults model addictive behavior for students, setting up an unfortunate parallel process, which often is mirrored in the community. This modeling also sets up a hidden curriculum in which students are covertly socialized to accept compulsive, addictive thinking and behavior as the norm. This creates a school climate for student addiction to which school leaders turn a blind eye because to address the problem as a school and school community would unconceal the "family secret" and the covert "family rules" that enable it.

Alternative Schools and Addiction

Organizational theory is yet another way to make sense of schools as a collection of groups and communities and addiction. This is particularly true when considering alternative learning environments such as special classrooms or alternative schools. Skrtic (1991), Weick (1976), and Boleman and Deal (1997) maintain that there are three paradigms of organizations. The first is the rational machine bureaucracy, which addresses needs and behavior through uniform or standard knowledge and procedures. The rational machine bureaucracy is most evident in the way students are processed through the educational system. Things are done "by the book" and the curriculum is standardized. This is particularly the case when students are identified and referred to special programs. Students who do not fit the standard curriculum are squeezed into alternative structures because the system lacks the skills necessary to embrace such students and include them in the mainstream of school life. Thus, the more rationalized the machine bureaucracy the more difficult it is for schools to handle difference and diversity, and addiction, splitting it off into separate educational structures.

The second organizational paradigm is the professional bureaucracy. This involves the infrastructure necessary for organizations to train and socialize its members. In schools, the professional bureaucracy is important

in building the teacher's instructional repertoire to deal with a wide range of student needs. The degree to which students are included in the mainstream of school life is predicated upon the skill sets of the faculty to meet a wide range of student needs and learning and behavioral styles. When the school system lacks a professional development bureaucracy with which to socialize faculty into accepting diversity within the student body, the teachers lack an adequate professional tool kit to address the diverse needs of the student body. Schools that lack an effective professional development bureaucracy resort to reliance on the rational machine bureaucracy to deal with diversity. In other words, students who do not fit the skill span of the faculty are systematically split off and located in separate structures such as special classes or alternative learning environments and schools.

The third paradigm is the adhocracy, which is best conceptualized as a flexible problem-solving team. Skrtic contends that, even within specialized learning environments, schools are nonetheless bureaucracies and there are invariably complex student needs that can only be addressed in alternative structures. Indeed, Skrtic argues that bureaucracies squeeze out "differentness" ("unwanted parts" in psychoanalytic systems terms) when student needs go beyond the skill set of general educators. The knowledge and skills needed to effectively educate the most challenging learners is not standardized but emergent. Flexible instructional teams are required to invent the knowledge to work with complex individual students and their families. Skrtic contends the Individualized Education Program team as initially conceptualized is the hallmark of the adhocracy. Effective ways of working with very challenging youth are thus invented and customized to meet the unique needs of the students.

The rational machine bureaucracy, professional bureaucracy, and adhocracy have significant implications for how schools interact with groups and communities and addiction. Application of the machine bureaucracy to diverse learning needs means that not just individual students are projected into or squeezed into separate structures but whole subclasses of individuals are. This results in deviance labeling, which is introjected and students may act in accordance with the projection, setting up self-fulfilling prophecies for failure. Not only do the students become deviance-labeled but so too do their parents and teachers. The implication of the professional bureaucracy is seen in the degree to which the system can flex its boundaries and include individual students, special student groups and families in the mainstream of school life. An adhocracy is a flexible problem solving team, which creates a benevolent holding environment for challenging learners, who require highly individualized approaches to learning.

As collections of groups and communities, schools have the challenging task of educating all learners, including those challenged with addiction. Acceptance of the disparate parts of individuals, groups, and communities is essential if schools are to be truly inclusive. To return to the shopping mall metaphor, schools, as producers, have the awesome task of tailoring curriculum and instruction to meet a wide variety of competing consumer needs. The key question is: How can these many needs be met, given the competition for scarce resources? And can this be done in ways that enhance and promote the esteem, respect, and dignity of all students, their friends, families, and communities? It falls to school leadership and the community to support schools in their quest to serve the diverse needs of the school community. The humanity of the school is demonstrated in the ways it educates and makes room for its most challenging individuals, groups, and communities in the educational marketplace.

As systems, schools cannot tolerate behavior that goes beyond the permissible deviation range, and thus must split off and project out individuals who violate this norm. This is especially true with behavior associated with social-emotional disorders and addictive behaviors. School districts throughout the country have policies that address behavior challenges that are potentially dangerous to self and others. When it comes to addictive behaviors, school districts often take a "zero tolerance" stance. Any use, distribution, intent to distribute, or distribution of alcohol, drugs, or look-alike drugs are swiftly dealt with through suspension, or the temporary removal from school, and expulsion, the cessation of educational services by an act of the board of education. The expectation of zero-tolerance policies is that the punishment is severe enough to discourage alcohol or drug use at school and may spur the youth and his or her family to seek appropriate medical intervention. Zero tolerance policies constitute a machine-bureaucracy approach to the problem of student addiction.

Unfortunately, zero-tolerance policies simply keep the offender out of the school system. They do not necessarily invoke families to seek treatment. Often, the problem is simply moved from the school to the family and community, where it continues to cycle to the detriment of the expelled youth, family, and community members. Enlightened school districts, such as those with Student Assistance Programs (SAP), identify and refer students struggling with addiction to appropriate treatment programs and collaborate with an array of community medical and mental health agencies. Such districts do not strictly adhere to zero-tolerance practices. Instead, enlightened school districts find ways to use the process of suspension and expulsion to leverage students and families in denial to seek treatment.

This is accomplished by invoking suspension and expulsion procedures and then offering lesser punishments if the student goes into treatment, completes a course of treatment, and maintains acceptable behavior upon reentry to school. Some school districts favor a tiered approach, utilizing degrees of suspension. This leveraging gives school administration and SAP personnel the authority and power necessary to protect the student body on the one hand, while providing some serious consequences on the other.

In school systems with safe schools, which are alternative schools for youth whose primary problem is not a disabling condition, students may be expelled to them and work their way back to the regular school campus and community. Support for this approach may be found in the 2004 Individuals with Disabilities in Education Act (IDEA), which permits school districts to place students who violate drug and alcohol policies in a 45-day interim alternative interim educational setting (AIES). While in this interim service, the youth undergoes a comprehensive case-study evaluation to consider special education eligibility. Students who are disabled and addicted may be provided services within the special education continuum. Depending on the severity of the problem, this can involve referral to a public or private therapeutic day school. However, addictive behavior alone does not constitute a disability within the meaning of IDEA. For these youth, some states, school districts, and regional service agencies have created safe schools as effective alternatives and an alternative to special education. Those who are not determined to be disabled may be referred to safe schools. Importantly, enlightened approaches to dealing with student addiction and promotion of recovery require a professional development bureaucracy to increase the faculty's understanding of addiction and strategies to maintain students within the mainstream of school life.

The current Recovery Schools movement is an effort to create alternative, safe school settings for students struggling with addictive behavior. It reflects the adhocracy in action. These schools reflect the growing understanding that addictive behaviors must be dealt with from a multisystemic vantage point that involves a small school setting where individualized academics and social-emotional challenges can be addressed within the context of a therapeutic milieu. A school setting of this sort can be referred to as a benevolent holding environment, providing the structure necessary to address serious academic, social-emotional, and behavioral difficulties, while at the same time providing the structure and flexibility to provide effective, individualized interventions. Just as parents establish

benevolent holding environments in which children can experience the full range of emotions and integrate parental boundaries, the alternative school does similarly with adolescents. Alternative schools of this sort recognize that students who receive treatment inpatient or outpatient programs require considerable support to simultaneously work toward sobriety and reentering school. Without a well-defined support structure, these students often return to school, only to find themselves significantly behind in academic work, have difficulty making up the work, and then relapse, beginning the cycle of addictive behavior all over again.

Students with addictive behaviors often are challenged by comorbid mental health conditions such as depression, impulse control disorders, opposition defiant disorders, anxiety disorder, attention deficit disorders, and bipolar disorders, to name a few. Since these problems are beyond the scope of the traditional school environment and support services, alternative schools become benevolent holding environments in which the trained teachers, social workers, psychologists, administrators, and community mental health professionals work with the youth to maintain stable behavior and consolidate gains made in treatment facilities. The term benevolent holding environments is used here describe an alternative educational structure that is organized and mobilized around the unique needs of the student challenged with addictive behaviors, because the structure is firm enough to contain behavior, while flexible enough to deal with problems that occur in the here and now. To borrow from Skrtic, the alternative school is an adhocracy in which a team of professionals and paraprofessionals invent interventions to help the youth toward recovery. Since alternative school staff stands *in loco parentis*, they act as educators but also as parental authority figures assisting the youth in developing and integrating the skills necessary for behavioral and attitudinal change necessary for discharge and transition back to the regular educational setting. This is accomplished through the creation of a therapeutic environment and milieu in which the system of adult authority is clear, student and faculty roles are clearly defined, and behavioral boundaries are explicit. A critical element here is the training of staff in strategies to address problems as they arise in the here and now. Milieu therapy can be thought of as the therapy of the here and now, as staff is trained to intervene early in a disruptive behavioral cycle, to deescalate it, and to teach the youth about the triggers that set off the behavior, gain insight into the relationship of their thinking, and find ways to more responsibly self-manage their behavior. In some alternative settings, staff are trained in approaches like life-space crisis intervention (Long, Wood, & Fecser, 2001), which is a systematic approach to problem

solving that empowers the youth to take up his or her own authority for his or her behavior. This model, and those like it, contains behavior, while at the same time engaging the youth the identify triggers, reflect on the events as they occurred, examine alternative ways of managing, adopt a more effective behavioral strategy, and test it out. It is within this context that staff and youth engage in a collaborative approach to problem solving in which ownership of behavior is central to the process. Further, it is within this context that the youth begins to internalize healthy boundaries and see adult authority as helpful rather than simply controlling.

To operationalize a therapeutic milieu, a number of things must be in place. First, the entire staff has a systems mindset. In other words, staff believes that no single individual can provide for all the needs of the recovering student and that each staff member makes a valued contribution to the students' success. Second, staff also adheres to a collaborative approach to teaming in which student boundary and role transgressions and challenges to adult authority are viewed as symptoms of the problems that brought the youth to the alternative school. Third, within this view, administration and supervision is arranged to address staff ambivalences regarding their own authority and leadership in addressing student behavior. Seen from this vantage point, the therapeutic milieu model sees parallel processes within the staff as symptomatic of program disregulation. Therefore, team meetings become important venues for examination of professional practices and compulsive behaviors or processes that interfere with effective teaching and learning. Just as the staff must establish a benevolent holding environment for students in which to work, administration and supervisors establish a benevolent holding environment for staff. This is particularly important to the effective operation of the milieu because the intensity of the interpersonal work often awakens unresolved unconscious issues, complicating the transferences and countertransferences that occur within the milieu. Clinical consultation is often available to administration and staff in dealing with particularly complicated dynamics. Since addiction is ultimately a family problem, family therapy is a vital dimension of the alternative school. Further, student recovery cannot effectively occur without recovery occurring within families and within the alternative school staff.

The therapeutic milieu cannot sustain itself without a systems perspective that goes beyond the alternative school setting. To effectively support students in their recovery, the school itself must be part of an ongoing system of care. In other words, the school requires interorganizational relationships within the broader community to support students in their

recovery and return them to the community school. Partnerships between the school, local mental health agencies, hospitals, and faith communities are critical in creating an expanded holding environment that assists the recovering youth in adapting to community life. Like the school as a collection of groups and communities, the system of care is also a collection of groups and communities, which can be mobilized to support, monitor, and treat students as they reintegrate into community life.

SUMMARY

When viewed as social systems, schools are a collection of groups and communities. An effective way to understand schools is from the vantage point of social systems theory. The concepts of boundaries, boundary managers, roles, authority, splitting, projection, and projective identification are particularly useful in understanding schools as dynamic systems. From this perspective, the school board defines policies and procedures, which set forth the boundaries that govern behavior by students, parents, and community members. Administrators set forth the procedures that regulate these boundaries and provide authority and leadership for the academic, social-emotional, and behavioral growth of students. Where school personnel model healthy behaviors and effective, rational problem-solving, schools have the capacity to be embracing and inclusive. Where school personnel model addictive behavior, students learn addictive behavior through the hidden curriculum, which covertly teaches the values, beliefs, and defense mechanisms associated with addictive behavior. Within each school community exist behavioral expectations, and, when exceeded, systems split off the violating behavior into alternative structures. Some students who violate these norms sometimes require specialized settings in which to address complicated and complex student behavior. This is particularly the case with students with social-emotion and behavioral problems and addiction, which cannot be addressed within the traditional school setting. For these youth, alternative schools are required and effective. Alternative schools function as benevolent holding environments that are structured to contain problems and are flexible enough to facilitate growth and recovery through relationship-based intervention models. These programs are effective if they are operationalized from a systems and organizational perspectives and linked to partnerships within a broader system of care within the larger community.

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