Crisis Leadership and the Impact of Opioids on Schools and Students:
Perspectives of School Leaders in Rural Appalachia

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Many students in rural U.S. schools are experiencing trauma and adverse childhood experiences due to circumstances relating to the opioid crisis. A moral imperative presents itself to school principals and other educational leaders to make context-specific decisions that are responsive to the trauma experienced by the students in their schools. This case study investigated the lived experiences of 12 rural school leaders from five school districts in Appalachian Ohio. Specifically, we examined their experiences with opioid-related issues in their schools. This research recognizes the needs of school principals and assistant principals as they lead in a time of challenges and chaos due to opioid-related issues. As a focus of our analysis, which prioritizes a crisis leadership approach, we examined principals engaging in a practice of bricolage to "make do" in the midst of the ongoing crisis. This collective case study presents critical cases through in vivo themes that emerged from the data: 1) "No Longer Surprised," 2) "Going Down the Rabbit Hole," 3) "I Don't Know What Could Prepare You," and 4) "We Made Decisions We Thought Would Help." The implications consider ways in which practitioners, preparation programs, and policy makers can reconsider professional preparation, ongoing trainings, and funding models to integrate opioid awareness and crisis response capacity.

Opioid abuse and overdoses have continued to increase in the United States (Centers for Disease Control and Prevention, 2019). As a result, many school-age children are facing trauma and significant adverse experiences due to the impact of opioid misuse on the part of people close to them. A moral imperative presents itself to K12 public school principals and other educational leaders to respond ethically and meaningfully to the trauma experienced by the children in their schools. This study investigated rural Appalachian educational leaders—principals and assistant principals—concerning the way in which they perceive the impact of the opioid crisis on their schools, district communities, and leadership practices.

Currently, the degree to which school principals engage decision-making and problem-solving frameworks to respond to this crisis is unclear and undefined. Data from this study present important considerations for policymakers, practitioners, and preparation programs serving rural communities. We attempt to understand the processes of meaning-making in which they engage when encountering the complexities that surround the opioid crisis in their communities. Analyzing the narratives of leaders who face firsthand the turbulence and chaos of the crisis allows us to understand how they mobilize available resources and what resources they are lacking.

We examined rural principals and assistant principals as they engage in crisis leadership involving opioid-related issues in their schools. Within the context of this study, we define *crisis* as unexpected and atypical series of events that generate high levels of uncertainty and are perceived to threaten the order and routine of an organization, such as a school (Johnson, 2018; Griffin, 2014). Situating this study within the rural Appalachian counties of Southeast Ohio (Appalachian Regional Commission, 2018), the leadership practices of the participants gather meaning from the context-specific issues (Starr & White, 2008) that impact their schools and students. The primary question of this study was: What do the stories and practices of rural school leaders tell us about their schools and school communities in the midst of the opioid crisis? Implicated in this inquiry is a concern for how rural school principals perceive and describe their practice of "making do with whatever" in order to respond to the needs of students that they see impacted by the opioid crisis.

Theoretical Considerations

Rural Leadership

In rural school leadership, principals can face quandaries on a regular basis in which conflicting and competing values converge in their schools. As Kline, White, & Lock (2013) have noted, "Professional experience is a critical component for gaining confidence to work in these settings" (p. 1). Many scholars have acknowledged the importance of placement for aspiring teachers as a means of preparing future educators for practice in rural environments (Azano & Stewart, 2015; Kline et al., 2013; Zuckerman, 2019). As well, exposure to the issues within the context of the local setting, such as those relating to the opioid crisis, is critical for educational leadership. School principals and other district leaders in their practice must engage "context-specific challenges in addition to those commonly experienced in schools" (Starr & White, 2008, p. 1).

Context-specific challenges resulting from the opioid concern require a leadership that extends beyond the standard knowledge base models of school administration (Jenlink, 2001). As Jenlink noted the challenges of educational leadership today demand that the preparation-practice relationship be "situated within the practical surrounds of the school" (p. 66). When opioid abuse and addiction define *the practical surrounds* of the school, leaders must engage in a practice of

decision-making and problem-solving that is often outside of the scope of their preparation and experience. In other words, the epidemic of opioids has created context-specific challenges in schools for which school leaders were not prepared (Jenlink, 2001, 2006; Kline et al., 2013; Zuckerman, 2019). The subsequent sections present a theoretical framework of crisis leadership and its relation to a praxis of *bricolage* in regard to responding to schools and students that have been impacted negatively by the opioid crisis.

What Is a Crisis?

The opioid epidemic is often described as a *crisis* (Alexander, Frattaroli, & Gielen, 2017; HRSA, 2019; Kurland, 2018; NIDA, 2019). Crises are often events that are sudden and unanticipated; they can be economic, informational, destructive, reputational, and violent (Mitroff, 2002). Ulmer, Sellnow, and Seeger (2007) defined a crisis as a "specific, unexpected, and non-routine event or series of events that create high levels of uncertainty and threaten or are perceived to threaten an organisation's high-priority goals" (p. 7). As well, according to Griffin (2014), crises can be viewed as internal or external and can be described as *incidents* or *issues*. The levels of uncertainty and threat to the school's goals require school principals and other educational leaders to engage in what has been called *crisis leadership*

Crisis Leadership

With this definition in mind, Johnson (2018) purported that there are two critical factors to both crisis and crisis leadership. These factors are (1) the *impact* of the incident or issue on the organization and (2) the *resources* which need to be dedicated to the response to the incident or issue (Johnson, 2018). Pearson and Clair (1998) and Johnson (2018) have identified three defining characteristics of crisis leadership: (1) facing critical challenges that the leader has not previously faced; (2) facing these issues without complete knowledge of the cause, the impact it will have on their organization, or how to remedy the situation; and (3) making decisions or taking a course of action immediately and in the moment.

Bricolage as Crisis Leadership

To meet the complexities and uncertainties of a crisis requires leaders to take action that is equally dynamic. Such a leadership is dependent upon a praxis of bricolage (Jenlink, 2006; Kincheloe, 2008; Lévi Strauss, 1966). Bricolage is often viewed as practice of "making do" in which leaders cobble together or patchwork the responses and resources needed to meet the needs of the organization. Bricolage has been defined as "some extraneous movement" that occurs when something or someone moves "from its direct course to avoid an obstacle" (Lévi Strauss, 1966, p. 16). In this is implied that the leader as *bricoleur* is one who "is adept at performing a large number of diverse tasks; but, unlike the engineer, he does not subordinate each of them to the availability of raw materials and tools conceived and procured for the purpose of the project" (p. 17). On the contrary, bricolage requires that the leader "always make do with 'whatever is at hand'" (p. 17).

Applying bricolage to the school leader, Jenlink (2006) noted that the work of the *bricoleur*—the practitioner of bricolage—is within the practical and context-specific space of the school. Here the school leader "must draw from a diverse set of knowledge and method, forming a bricolage of practice that is cultural and politically responsive to the needs of the school and

events of the moment" (p. 61). Similarly, Young and Eddy-Spicer (2019) have recognized bricolage as *the necessity of improvising*, stating, "Strategic bricolage entails leveraging existing financial, political, and human capital resources to nurture innovation. To manage all of that requires the evolution of relational capacity that recruits the individuals and organizations involved into a collective effort" (p. 8). Leveraging existing resources *at hand* will become significant in considering the capacity of principals to respond to the chaos and concerns of the opioid crisis in their schools.

Methodology

This collective case study (Stake, 1995, 2006, 2008) examines the way in which K12 school leaders in rural Appalachia perceive the impact of opioids on their students, schools, and stakeholders. Collective or multiple case study is an "instrumental study extended to several cases," done so "in order to investigate a phenomenon, population, or general condition" (Stake, 2008, p. 123). As a research approach we designed the study as an instrumental case within a single larger bounded and integrated system (Patton, 2015; Stake, 1995). As such, the study was concerned with the binding concept of how principals in Appalachian counties with high opioid-related incidents of overdose view their role in responding to the needs of students affected negatively by crisis. We used a researcher-developed questionnaire protocol designed to provide open-ended questions to prompt participants to share their stories and elaborate on their experiences as crisis leaders that routinely face opioid-related issues.

Selection of Cases

As Stake (1995) has clearly stated, "Case study research is not sampling research" (p. 4). However, we saw it necessary to engage in a purposeful sampling of rural K12 principals to ensure participants' ability to provide information-rich responses. According to Patton, "Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research" (p. 53). To accomplish this, we identified and selected twelve school leaders from 5 districts in southeast Ohio with the highest occurrences of opioid-related overdoses (Ohio Department of Health, 2016). All participants were licensed, practicing school administrators with first-hand experience in schools impacted by opioids that were located within Appalachian counties (Appalachian Regional Commission, 2018).

Participants

Participants selected were practicing K12 public school principals within Ohio counties with the high *Death Rates per 100,000 Population* (Ohio Department of Health, 2016). Twelve participants, including principals and assistant principals, participated in this investigation (see Table 1). These individuals were representative of pre-school, elementary, middle, and high schools. Sharing their stories and perceptions about addressing student needs, they provided information-rich data about their praxis of bricolage, as well as how they conceptualized student needs and their ethical decision-making relating to the opioid crisis.

Table 1

Participants

Pseudonym	Level of School	Position	Gender
Rob	High School	Principal	Male
Sandy	Elementary	Principal	Female
Kenneth	High School	Principal	Male
Chad	High School	Asst. Principal	Male
Frank	Middle School	Principal	Male
Angela	Early Childhood	Principal	Female
Samantha	Elementary	Principal	Female
Anthony	Elementary	Asst. Principal	Male
Wayne	Elementary	Principal	Male
Lisa	Elementary	Asst. Principal	Female
Jeffrey	Middle School	Asst. Principal	Male
Hank	High School	Principal	Male

Data Collection

The primary mode of data collection was the qualitative interview. We utilized a researcher-developed, semi-structured interview protocol in our design. Qualitative interviewing seeks to make meaning and provide in-depth understanding, especially to underrepresented populations (Denzin & Lincoln, 2011; Patton, 2015). Seeking depth and detail, follow-up questions and probes were used when necessary to keep the conversation going while clarifying ambiguities (Rubin & Rubin, 2012, p. 96). This process allowed us to make the relevant and meaningful interpretations central to case study (Stake, 1995, 2006, 2008).

Analysis

Case study requires that researchers interpret of the stories shared by studied populations (Denzin & Lincoln, 2011; Patton, 2015; Stake, 1995, 2006). Procedurally, the analysis included both first cycle and second cycle coding. In the process, we first coded transcriptions independently, then together compared codes for similarities and patterns to ensure consistency. To accomplish this, all interviews were transcribed verbatim and field notes were also used as data sources. Subsequently, we entered transcriptions into MaxQDA, which served as a data organizing medium, labeling responses with initial codes that were subsequently grouped into code families, and separating participant responses into emerging patterns (Saldaña, 2016). This system of identifying patterns evident in the setting and expressed by participants is a common qualitative strategy of analysis (Marshall & Rossman, 2016). These patterns served as a starting point to analyze and assess the central research questions stated earlier in this research. In Rubin and Rubin's (2012) view, this implies arranging the data into "topical markers" that permitted us to "combine what different interviewees have said about the same concepts" (p. 224).

We then sorted responses by significant patterns and identified units of meaning, shared experiences, and common perceptions that related to one another (Patton, 2015; Saldaña & Omasta, 2018). This process allowed thematic units based on patterns of participating principals'

experiences and perceptions to emerge. Resultantly, these emergent and categorical themes were formed as the primary catalyst for analysis and discussion.

Trustworthiness

Validity and trustworthiness included researcher reflexivity, field journaling coupled with thick rich description, inter-rater reliability, and individual and joint interpretation of data. According to Glesne (2016), thick description provides qualitative researchers the opportunity to move beyond the mere phenomenon of the study (i.e. *thin description*) to a completer and more complex interpretation of participant experiences and perceptions. Specifically, trustworthiness through triangulation and inter-rater reliability consisted of both researchers participating in prolonged and persistent interviews, interviewing at multiple sites and various participants, taking notes and making observations in the field, and debriefing immediately after each interview. Throughout we were attentive to whether or not the phenomenon and/or binding concept remained the same in the various sites and interactions of the study (Stake, 1995, p. 112).

Context of the Inquiry

According to the general findings of 2016 Ohio Drug Overdose Data Report, opioids were linked to 86.3% of all drug related deaths in the state of Ohio. Fentanyl and related drugs claimed the lives of 2,537 people; heroin accounted for 1,444 drug-related deaths; and 564 individuals overdosed on prescription opioids. While deaths due to prescription opioids from 2015 to 2016 were down by an estimated 100 incidents and heroin deaths remained somewhat consistent, deaths involving fentanyl rose by more than 1200 (Ohio Department of Health, 2016). Unintentional overdose deaths due to fentanyl and related drugs alone took the lives of approximately 540 males and 225 females between 25-34 years of age, and approximately 450 males and 175 females between the age of 35-44 (Ohio Department of Health, 2016). This age range represents 1,390 deaths of individuals that typically have school-age children (this does not include 15-24 or 45-54 age range).

      In the Appalachian region of Southeast Ohio, the opioid epidemic has equally been an increasing concern. Much of the story of this crisis is chronicled in Quinones' (2015) book, *Dreamland*. As Monnat (2015) reviewed, "*Dreamland* is structured as a series of overlapping revelations about America's pain revolution, Purdue Pharma's aggressive marketing of OxyContin® in the late 1990s, the appearance of the first pain clinics (a.k.a. 'pill mills') in Appalachia" (p. 1). Specific to this study, we focus on the southern counties of Appalachian Ohio, such as Adams, Scioto, and Ross. According to the Ohio Department of Health (2016), these counties have held some of the state's highest Death Rates per 100,000 Population at 28.4-42.5.

Findings

Findings are clustered into four thematic units based on narratives shared by the twelve participants (Patton, 2015). These themes are explored under the following *in vivo* category subheadings: 1) "No Longer Surprised," 2) "Going Down the Rabbit Hole," 3) "I Don't Know What Could Prepare You," and 4) "We Made Decisions We Thought Would Help." Respectively, the themes characterize (1) the arise of distinct concerns that leaders must confront due to opioids, (2) the chaotic nature that can emerge in the practice of the leader when dealing with opioid-related issues,

(3) the lack of preparation for addressing the issues created by the opioid crisis, and (4) the ethics of doing whatever a school leader perceives is necessary to respond to student and school concerns. As such, each of these themes speak to the participants' shared or collective views in regard to their practice as a bricolage of leading in the chaos of the opioid crisis.

"No Longer Surprised"

The first theme concerns the notion that for these leaders "normal has shifted…the shock value has gone from it" when referring to the impact of opioid crisis on their schools and students. When questioned about the normalcy of the situation, participants spoke about the crisis as a phenomenon that has introduced a new standard in the educational concerns for schools. For participants, the crisis had in many ways become *normal*. In the words of pre-school principal, Angela, "The shock value has gone from it." There had been a time in the participants' schools when the event of a child losing her or his parent to a drug overdose would have generated a notable and distinctive concern throughout the entire school community; however, now it was becoming a part of what they commonly deal with as educational leaders. Although, school leaders struggled to come to terms with the state of their schools in crisis, for them, they were simply no longer shocked by the effects of the opioid crisis. As Angela stated,

> We're becoming very normalized to children not being in the home with their parents. We have cases of children being with grandparents and even great-grandparents now—having these children due to parents either being just strung out and not present, incarcerated, in and out of rehab so kids are being tossed around between different family members with grandparent. All due to opioid abuse. Mom gets out, comes home, leaves again. Now, I'm with aunt because grandma can't do it anymore—those kinds of things.

Similarly, participants' concerns were not only about parental absence or children being raised by grandparents or other family members, they also recognized that children now know more than they should about opioids and the inner workings the emerging culture of the crisis.

One principal and assistant principal, Samantha and Anthony, both related a story about a girl in third grade coming into the school office to fill out the paperwork to enroll her younger sibling in kindergarten. From their perspectives, the responsibility that this third grader held was both necessary and somehow ordinary. Likewise, Angela commented on a four-year-old preschooler that "educated her teacher very well on drugs and different types of drugs" and how what she referred to as drug people and police officers often watched their home and that her family "sometimes would leave and not come back for several days because people were watching their home." In Angela's estimation, this was a phenomenon that school principals were experiencing more and more.

All participants articulated a perceived connection of opioids to poverty. In their minds, there was a level of poverty and then, below that, there was a more extreme level of *opioid poverty*. Each case revealed occasions that principals acknowledged as distinct correlations between the opioid crisis and the idea that there were "more children lacking the basic everyday things" that their own or other children had. This concern included basic necessities; utilities such as clothing, electricity, running water, supplies for school; reliable transportation to and from school; and parental supervision. In the words of another participant, her own children would "not even think twice about signing up for an extracurricular activity or participating in a sport" while, due to opioid abuse and addiction, some children lack the basic resources to attend school functions regularly.

In Angela's case, she more fully described a major concern of her perception of the relationship of opioids to poverty. In her narrative she told how she and a teacher were very concerned about things a boy in first grade had been saying about his living environment. She shared that they had reasons to suspect that mother was addicted to drugs, i.e. opiates. She described bringing the boy in to talk to him. In her words, "I was shocked. I've probably been very naïve and sheltered in my life, but honestly, I just could've cried. This little first grader came in wearing mom's clothes, and he talked about wearing mom's clothes just like my kids talk about wearing [brand names]."

Angela shared that she asked him several questions about home. In her conversation with her student she learned that he lived in a camper without electricity, using only candles for lighting and sleeping bags for heat. The student shared with her, "We have great candles that we use in our camper." She noted that throughout her visit with the student he was "the happiest, smiling little boy." Angela noted that principals must be aware that children can be defensive if they think someone is "going anywhere towards their mom." For this reason, her awareness of the mother's opioid abuse presented a difficult nuance to her consultation and intervention planning with the boy.

One high school principal, Rob, shared a specific narrative about a commonly expressed concern—parents being unable to pick up their children from school due to being under the influence of opioids. In multiple incidents, Rob had felt obligated to notify state troopers that a parent had left the school with their child and were driving under the influence. In one example, the parent was too impaired to even give her signature on the school's sign-out page.

Also, for Rob, understanding the commonplace nature of the phenomenon of addiction and abuse meant relating to it in a pragmatic manner. He stated,

> I eat a banana in the mornings to get my day going. You know what I mean? They have to do heroin to feel normal. That's awful. Shooting up in front of your kid is terrible. I've talked to kids, and they're like, "Yeah, my dad did that in front of us all the time." I just can't imagine that, but I think some parents are disengaged. I think some are trying the best they can, but they have to do that to be normal for that day.

Rob's response to this was given in the context of concern and compassion for not only the student but the parent as well. However, it speaks to the normalcy of similar events that spanned each of the case sites studied.

Willingness to provide students in these situations the resources beyond and outside of basic academic programs suggested that these educators had a shift in their understanding of the normality of the crisis and the poverty-related needs that, based on their perceptions, accompanied it. As a result, participants had established student-oriented "stores" where students could obtain everyday essentials. For example, one district had created a clothing bank, that the principal referred to as "OurMart." Others had set up rooms adjacent to the office to provide coats, gloves, and socks, as well as instructional supplies and toiletries in these situations.

Similarly, elementary school principal, Sandy, noted that her building and the district maintained a food pantry and offered a service which provided students with a backpack of groceries every Friday to "get them through the weekend." These programs and provisions were staples in the districts where we interviewed principals and hinted at the normalcy of what school leadership accepted as a routine practice of "making do" in the chaos of the opioid crisis.

Dealing with students' hunger or their lack of other basic needs, such as heating, were issues that participants listed as part of their routines as school leaders. As one principal reflected, "When you are worrying about a student who had only had cold ravioli from a can the night before,

how well they are performing on a test or a report card becomes secondary." As well, the principals in this study recognized that teachers and other educational staff had become acutely aware of the personal necessities that their students lack. This recognition was evident in their narratives as they struggled to make meaning of how the opioid crisis had become integrated and normalized as part of the culture of the school.

"Going Down the Rabbit Hole"

Leading schools in the milieu of the opioid crisis is, as one high school principal called it, like "going down the rabbit hole." This *in vivo* theme exemplified what the participants experience when dealing with the myriad issues that arise from the epidemic. All participant narratives described the impact of the opioid crisis on their students and school in terms of "chaos" and "turmoil." Whether principals felt caught up in the drag of daily drudgery of dealing with dilemmas or simply working in the gray areas of decision making the chaotic nature of the crisis was both implicit and explicit. Both narratively evident and readily apparent in the facial and bodily expressions of the participants, we recognized through their stories the impact of the chaos on their practice.

In this theme, we address the work principals do in the wake of the chaos of the crisis. Participants shared their frustration with the mandated and legislated expectations of educational policies versus the reality of lived experiences as educational leaders working with children impacted by opioids. Collectively, they summarized the way in which the extremes they confronted daily as school principals in the midst of the opioid crisis extended far beyond the routine work and typical resources of instructional leadership. As one high school principal, Kenneth acknowledged,

> Here's the challenge that doesn't show up with the Department of Education. There's the real world and then there's their expected world—the expected world is we're supposed to do uninterrupted walk-throughs and evaluations. And while these *are* important—I'm *supposed to be* an instructional leader—there are the times I get caught up in what I call "Going Down the Rabbit Hole." The minute I step into the office I have kids coming in with unforeseen situations.

Kenneth operationalized his meaning of *the rabbit hole* by telling us that recently he had "ended up dealing with a pornography case." His narrative revealed that the students had been manufacturing pornographic videos to generate money to purchase opioids. He said the situation was another case of "sliding down the rabbit hole" due to the need to involve the sheriff's office, the students' parents, and the complexities of the legal aspects of the case. In his words, regarding the consequences of the students' actions, "we had to determine what the in-school consequences were, and then we had to distinguish what should be out-of-school consequences." Additionally, he noted that there were aspects that were beyond his purview "because it was off campus" including "the dissemination of the pornographic materials across state lines." In Kenneth's rabbit hole, this was "all related to opioids that lower inhibitions."

Kenneth's tone and body language throughout the interview suggested frustration and no suggestion of hope. It suggested that he was resigned that things would ever be different for him as it was in that moment. As with the accepted chaotic nature of the new normal, the rabbit hole presented principals with a perceived turmoil and disorder brought into his school by the opioid crisis. As was the case with other participants, Kenneth accepted that the unexpected and

unpredictable challenges were now simply a part of his job as the school leader and therefore implicit in his role as principal.

Similarly, Jeffrey, a middle school assistant principal, addressed a number of the same issues as Kenneth and others. He shared, "In the past couple of years I've made more referrals for counseling than I think I ever have before." Jeffrey noted how opioids were "definitely impacting their education and the school environment." As he stated,

> You're put in a situation where a lot of times your hands are tied, and you can't help. You try to get outside counseling agencies involved, but we're already struggling to find spaces for counselors that come in on a daily basis. We're seeing *that many* kids here in school. We had a counselor and a student meeting in the concession stand. It's to that point. It breaks your heart.

Jeffrey's narrative reveals the manner in which the chaos and confusion of the opioid crisis even impacts the physical space of the school. At each of the interview sites, any available space—e.g. conference rooms, concession stands, cafetorium stages, and storage areas—were now being occupied by outside counselors and community services needed in the schools to work with students. For example, one participant had created a special area in her office for students to come and "hang out" while deescalating from traumatic or critical events that had happened at home but had manifested in the students at school.

For the participants in this study, "Going Down the Rabbit Hole" represents the difficulty in maintaining a safe and orderly school in the disruption and distraction encountered in realities of the opioid crisis. Although the school leaders were committed to responding to student needs by whatever means necessary, they voiced an explicit frustration with the daily, incessant concerns that emerged from the chaos of the opioid crisis. In the principals' narratives, we found a correlation between issues in *the rabbit hole* and the participants' sense of being inadequately prepared to address the new normal of the opioid crisis.

"I Don't Know What Could Prepare You"

As building principals, the participants expressed a major concern in regard to their preparation for decision-making and problem-solving for opioid-related issues. Participants articulated a collective perception that the chaos around opioids created divergent and unique dilemmas that they had never had to confront earlier in their careers as educators. In their shared narratives, there was a sense of not being prepared for the demands that the crisis had placed on them regardless of time in the profession. As one participant eloquently stated, "I don't really know what could prepare you—specifically, for dealing with the opioid situation—because it is so different." Among the numerous issues that participants enumerated, they had felt under prepared to manage were mobilizing community assets and resources, strategies for responding to social and emotional concerns among students, and school-community relations in regard to public perceptions of the impact of opioids on schools. Also, participants articulated the more salient concern of what legal routes to take regarding aspects of parent rights, guardianships, and what options they had to protect the student.

One elementary school principal, Sandy, admitted that initially she did not know how to contact the courts or mobilize legal resources. In particular, being prepared for custody issues relating to grandparents raising students without legal custody or having a parent restrained from seeing a child by a court order were indicated as concerns of all participants. As one participant

noted, principals entering the field to face the opioid crisis "can only [be prepared to] do so much and then they just have to get in there and do it."

Additionally, Sandy spoke to the need to "just be willing to ask a million questions and know that you're not going to know all the answers" when it came to the impact of opioids in her school. She suggested that new principals have to be resourceful and often depend on their own better judgement to know how to figure things out. In her own words, "I don't know . . . you just have to be sensitive to students' needs. Is that something you can teach?"

Participants spoke of learning "on the fly" or "in the moment" when addressing discipline concerns with students who had been influenced by opioid-related activities. In Sandy's words, "Dealing with the realities of this crisis is something that we just have to figure out and see what's going on." She offered an example of facing challenges that she had not previously faced or been prepared to address. The incident she shared involved three second-grade students engaged in what she characterized as a game of *Extreme Cops and Robbers*. As Sandy communicated, three boys had been in what a teacher perceived to be a fight at recess. After the teacher brought them to her office, the teacher told her, "Two of them had the one pinned down, and they were yelling, 'Give me the heroin, motherfucker! Give me the heroin!'" In Sandy's discussion with the boys they informed her that they were acting out a scenario that two of the three had witnessed.

Through her story she related her exasperation of not knowing exactly what to do in a situation such as this. She shrugged her shoulders and held out her hands and asked, "So, what do you do about it? They can't be punished because they're talking about drugs, because everybody in their house talks about drugs, and they're eight years old." Her response reflected the manner in which she engaged in bricolage, or making do, in the situation in the best way she knew how.

Many participants that expressed a feeling of not being equipped for the nuances of trauma and crisis leadership when entering schools as educational leaders. In Anthony's words, "I thought I was supposed to be an instructional leader. And that is what we are taught in school that we are supposed to be instructional leaders." Similarly, Samantha noted, "Fortunately or unfortunately, whichever it is, probably more of our focus is on meeting families' basic needs than it is instructional leadership with teachers." These quotes indicate that working with families of students that had been impacted by the crisis often detracted their attention from the work of instructional leadership. However, due to the opioid crisis leaders are often forced to focus more on meeting the basic needs of families and the students that have been impacted by addiction and abuse. Instead of allocating resources for teachers, many times participants found themselves working to respond to unexpected issues, many of which were outside of the capacity of their preparation and experience.

"We Made Decisions We Thought Would Help"

Participant experiences often center on how principals respond to opioid-related issues by mobilizing the available and often limited resources they have at their disposal. Being a crisis leader in a rural and often under-resourced schools, principals encounter situations that require them to "cobble" together solutions that seem right to them for the given circumstances. Language used in the shared stories of educational leaders' experiences and perceptions often inspired images of triage on a battlefront or constructing a shelter out of reclaimed materials. Their responses to the opioid crisis were often impromptu and based on working with what resources are available, rebounding off the hard realities of students enmeshed in the complexities of trauma and turmoil

within the opioid crisis. As *bricolage*, this process of *cobbling* together a response to student needs based on available resources was commonly shared among participants.

In the case of one assistant principal, Chad, we saw how the work of a bricoleur further demonstrates the way that crisis leaders often have to make do with the resources at their disposal. His case represents the way in which the shared lived experience with a homeless and emotional student who had been directly impacted by the opioid crisis. As Chad disclosed,

> We had one boy that was here (he's no longer here). We went the distance with him. He was homeless. He would shower here in the school locker room. The principal gave him two huge bags of clothes because he had no clothes. But also, he had to have a job. But we have a district policy where you can't leave school to go work, because if one does, everybody does it. Due to this his attendance was an issue, too. We tried to get him to get to school regularly and on time. So, we changed our policy to help him. We were willing to do whatever we could to get him graduated.

Participants shared how they had gone to great extents to advocate for students, including petitioning the superintendent and working out special schedules to make it possible for students to take online classes. Also, principals had gone as far as helping students find jobs or responding to their calls from home but also worked to ensure students had a way to and from work or school. In one participant's words, "We were trying to get the student away from and out of that opioid element."

Another participant shared a time that a student had called her during a time of a domestic disturbance involving the student's mother and the mother's boyfriend. During the violent opioid-related event, the young student called the principal for help, telling her, "I'm at home, but mom's boyfriend is tearing up the house and we've called the police and I'm scared. Can you come get me?" The participant and her assistant principal responded to the child's call, relating that the student was waiting with "a blanket, a backpack, everything" when they arrived. In this incident the mom pleaded with the principal to take the student home with her. As the participant shared, "The little girl went home with me and spent the night." Since, due to the crisis and trauma of opioid-related incidents in her home, the student has had to spend two additional nights at the principal's house on different occasions. The assistant principal had expressed how he had felt a moral responsibility to "make decisions that we thought were going to help."

Furthermore, participants represented leaders who engage in a praxis of bricolage often by seeking out "every available resource that [one] possibly has" for impacted students. At times, principals must often rely on resources with which they initially may not be familiar. Principals had to be knowledgeable not only of children services but also local mental health services and to network with local businesses and other community members willing to assist students. Among these are legal resources, for example court administrators, that can become advisors with the most extreme cases. They were willing to do home visits and had even work to take students out of traumatic situations. In the words of one participant, "You just have to keep digging and digging for more ways to help, so there's definitely a moral obligation to help those most in need."

Discussion

Given that the opioid crisis is not an acute event or incident, but instead is a chronic issue, crisis leaders are faced with persistent uncertainties, ongoing concerns due to the lack of predictable preparation for response, and the need to frame immediate courses of action on a constant basis (Johnson, 2018; Pearson & Clair, 1998). In the process, the opioid epidemic has reached a level of

sensationalism in the media and popular culture; however, the impact it has had on organizations such as rural schools and their communities has no less been *sensational*. We propose that this dramatic aspect is driven in part due to national concern and in part due to the chaos created by opioid addiction and overdose rates, such as those in the particular cases of this study.

Although the principals in this study were committed to being instructional leaders, their stories revealed a deeper concern for extending the meaning of that concept to include responding to the turmoil and turbulence surrounding their students and schools in the midst of the opioid crisis. Primarily, this collective case study addressed how rural school principals in a specific region of Appalachia frame and actuate their responses to student needs impacted by the context-specific challenges of the opioid crisis. This is especially important to note in considering the principals' responsibility to develop academic and social programs for students. Their work requires that they ensure an organizational culture that is a safe and orderly environment for learning often in an environment of chaos (Griffin, 2014; Johnson, 2018; Ulmer et al., 2007).

Nevertheless, the findings of this study also emphasized the complexities of school leadership in terms of how principals engage their practice as a form of bricolage (Jenlink, 2006; Kincheloe, 2008; Lévi Strauss, 1966). Leaders as *bricoleurs* and leadership as *bricolage* are terms that speak to the manner in which the school administrator functions as a social *handyman* "who makes use of the tools available to complete a task" (Kincheloe, 2008, p. 131). As Jenlink defined it, the bricolage is "a construction that arises from the reflexive interactions of . . . different types of methods in relation to the social contexts, cultural patterns, and social actions . . . that comprise the daily events of the school" (p. 54). The complexity of the experiences and perceptions for participating school leaders manifested through their narratives in various ways. As school leaders working with chronic opioid-related issues, the participants often were required to "keep digging and digging" to "make do" with what was at hand to intervene for students. Making spaces for outside counselors or other agencies and interventions, brokering community jobs for students, acting as caregivers, and pushing the boundaries of district policy to accommodate student needs are all illustrations of *bricolage leadership* that participants expressed.

Participants described their roles in terms of dealing with regularly occurring issues that were once not so routine, of addressing the chaotic and sometimes frustrating work that goes into coordinating resources to address a number of opioid-related disruptions in the school environment, and of simply making do with the resources they can mobilize to respond to student and school needs. These rural principals recognized that this was often a makeshift response and consistently acknowledged their lack of preparation to confront the complexities of the concerns and challenges that opioid-related issues can present.

Additionally, these leaders noted other common practices in their bricolage leadership that included creating resource centers, such as school stores for clothes and supplies, peanut butter and jelly carts or food packs, and personally delivering food boxes to student homes. At other times, they noted how they face unanticipated crises that require them to make decisions that impact their students socially, emotionally, and academically. Examples of these situations included instances when students needed to find jobs or alternative residents or needed additional emotional support to help them cope when the crisis has affected them in the classroom.

Recommendations

Findings from this study provide critical implications for preparation, practice, and policy. As such, we offer four primary recommendations. First, preparation programs serving aspiring rural

principals and other educational leaders need to initiate ways to capitalize on support from community-based partnerships. This means ensuring that principal program candidates have first-hand, sustained experiences in school communities that are experiencing the types of issues that opioid addiction and abuse create. As an example, leadership preparation programs can foster relationships with school communities that include classroom teachers, students, community members, and local businesses to provide educational services to students in rural communities. Rural schools and university-based programs must collaborate to share information and other field experiences that provide candidates with proactive, practical opportunities beyond classroom theory and the limited possibilities that most internships or clinical placements offer. Asset mapping and appreciative inquiry models are strategies that could be integrated into these place-based practicums; however, creating occasions for aspiring school leaders to witness firsthand the realities and complexities of the impact of opioids on a school and the students would be a primary goal. We see schools and university classrooms alike as democratic sites for processing, critiquing, and discussing these types of partnerships.

Second, based on participant comments, the training of school and district leadership in trauma-informed practices must be made a priority. Similarly, professional development, including trauma-informed care, must not only aid classroom teachers but also school leaders in the appropriate ways to respond to students impacted by trauma and other adverse childhood experiences. These training opportunities must create spaces for school and community leaders to contemplate and discuss strategies and innovations to disrupt the long-term impact of opioids on the students in their schools. A significant amount of resources has been invested in medical and health responses to the opioid crisis, nevertheless the support to aid schools is greatly lacking. Policymakers, funding agencies (i.e. grantors), and legislators must start to recognize K12 schools as organizations on the frontlines of this epidemic. This means supporting schools in the work of creating ongoing programs of community-based interventions and social advocacy for both their students and their citizens. Professional development should guide educators on a path to discover new ways of adequately engaging in this type of response-oriented pedagogy. The primary goal should be one of breaking the cycle of opioid poverty and cultures of chaos in school settings and not merely treating it as an acute problem.

Third, preparation programs, practitioners, and policymakers must begin the work of reimagining the current models of resource allocation (at the state, local, and federal levels). According to the participants of this study, they entered the principalship unaware of the channels of district, county, and state entities that they would need to contact and negotiate in order to respond to the needs of their students. This investigation has offered some insights into the types of community and regional resources available to schools and the importance of asset mapping for school leaders. Developing partnerships between the school and community organizations should become a focal point of preparation and policy for school principals and other school leaders.

Finally, policymakers, under the guidance of experienced educators, must work to ensure student-based programs for rural and under-resourced school districts. For instance, the initiation of various types of youth intervention programs are missing from the dialogues with rural principals in this study. Many of the programs the participants do mention either take a deficit-oriented approach or are simply too reactive and not responsive enough. Wrap-around services and the provision of on-site counseling for students and staff must become a priority—and it cannot be incumbent upon the schools and the communities to mobilize these efforts. Policy at the state and federal levels must be a priority if educational leaders are expected to successfully accomplish the work of being instructional leaders and effecting change.

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