

Creating and Maintaining Alternative Peer Groups

by John C. Cates, M A, L.C.D.C and Jennifer Carr, BS, L.C.D.C

It is hoped that by reading the following paper several objectives will be met for the reader. The first objective is to help the reader form and operational definition for "alternative peer group". It is hoped that a second objective of understanding the rationale and use of alternative peer groups will be met. The reader will be exposed to the operational components of an alternative peer group. Finally, there will be a short list of resources for the reader to call upon in their efforts to establish and maintain an alternative peer group in their respective setting.

Definition of "Alternative Peer Group"

In general an alternate peer group in its simplest form would consist of a new group of people with similar ages, interests, and goals. Because of this misleading simple definition, we need to spend some time comparing to terms. The first term, "alternative", is what this paper is addressing. The second term, "alternate", is the more common term when one thinks of changing their peer group. For the purpose of this paper, when we refer to an "alternative peer group", we are designating not only alternate people, but alternate people with alternate values, attitudes, beliefs, and behaviors all that point to an alternative lifestyle.

Alternate Values
Attitudes
Beliefs
+Behaviors
=Alternative Lifestyle

In treating substance use and other socially affected disorders, it is extremely important to help our client establish a new lifestyle. In establishing a new lifestyle, a client must have support. Important in establishing this new support system is the encouragement of families, and mental health workers, but crucial to the success of establishing an alternative lifestyle is the apprehension and maintenance of support from one's perceived peers. Since substance use disorders are intricately involved in our social lives, it is often impossible to retain a positive peer influence towards changing our using patterns. The common phenomena in the recovery process is for the client to either use his present peer group to encourage him to relapse, find a new group of peers who will directly encourage him to return to using, or find a group of peers with whom he has so little in common that he becomes discouraged and/or wants to live the lifestyle they seem to live, free from the temptation to use again, thereby free from the need to take part in behaviors which will keep them from using, thereby becoming frustrated and returning to use.

Everyone who has ever worked with substance use clients has faced the frustration of trying to encourage the clients to seek out a new group of friends with alternative values, attitudes, beliefs, and behaviors only to have the client complain that the only people who they are interested in being with are those who are either using or those who are easily manipulated. This phenomenon is particularly daunting a to those working in the field with young clients. It carries the additional problem of rendering any kind of treatment compliance accountability to the enabling members of the client's family or other interested parties, such as a probation officer, impossible. It is a dream for many of us that we should have a reliable crystal ball to answer questions concerning treatment compliance. In dealing with client's and their families, it would be invaluable to know when a client is lying about social contacts, slips, etc. It is suggested that this lack of honest feedback concerning treatment suggestion compliance or lack thereof could be responsible for the unusually difficult task of initiating and maintaining the recovery process for those suffering from the substance use diseases. These are just a few of the use is a hollow and alternative peer group. In the past it has been a left to happen stance to provide or not provide the advantage of alternative peer group to recovering clientele. This paper suggests that the alternative peer group is actually a treatment technology that can be produced and managed to the advantage of the recovering client. This paper presents ways, tried, proven and practical, to make this overdue treatment mechanism a reality for the practitioner.

History of the Alternative Peer Group

The importance of alternative peer groups in the process of living meaningful, powerful and effective lives is not a new idea. A quick review of classical literature will reveal powerful and influential writers of their time indicating that it is a mark of wisdom for a human being to take great care in the selection and cultivation of their peer group. In the Old Testament, Solomon, in the year 2000 BCE, states emphatically that it is not wise for a young man to associate with others who could be viewed as "goobers". Of course, this is not a direct translation or quotation, but the reader gets the idea. Similar opinions were stated 2,000 years later by Christ and 1200 years after that by St. Thomas Aquinas. Who is chosen as peers has been a subject of great debate between parents and children through the ages.

A more modern history of the forerunners of the APG as used in the treatment of chemical use disorders would include Alcoholics Anonymous in 1935. Alcoholics Anonymous contributed the first modern language to the conceptualization of the importance of peers in establishing and maintaining sobriety with its slogan, "Stick With Winners", commonly posted on the walls of many of its meeting places.

In 1971, Robert Meehan and some families of teenagers and young adults seeking recovery from chemical use problems developed a program called Palmer Drug Abuse Program. The Palmer Drug Abuse Program, known as PDAP developed a new version of The Twelve Steps of Alcoholics Anonymous in an attempt to more succinctly address some of the special pressures and problems that are involved in the recovery processes of adolescents and young adults. PDAP also pioneered the idea of combining standing staff and its guidance and intervention abilities with the traditional self-help meeting modalities of Alcoholics Anonymous. In the PDAP version of The Twelve Steps, there is a new step that takes the slogan, "Stick With Winners", and states, "We found it necessary to stick with winners in order to grow." This step was placed second in order in the PDAP version, immediately after the traditional first step of recognition and surrender to the presence of the disease and its reality. Notice that the second step of PDAP's version chooses words with no apologies or qualifiers as to the critical importance of choosing "winners" in the process of recovery. The step states that the necessity of choosing good peers was "found", indicating that attempts by young people at the time without careful choices of peers had been unsuccessful. The step further states that careful peer selection is, "necessary", not just helpful, or maybe a good idea if one can get around to it.

The work of AA and PDAP has been further developed and improved upon by a number of individuals and groups over the ensuing years. Although the technology and understanding of Alternative Peer Groups and their attributes is still not widespread, there are several cities in the United States which have some version of an Alternative Peer Group Program. Some notable mentions are Lifeway in Texas, Pathways in Arizona, and Crossroads in Missouri. These programs vary widely in some of their treatment tenets and techniques, but all do use some form of staffed Alternative Peer Group Technology. In this paper, the approaches of the Lifeway systems will be discussed. The other programs may or may not maintain the mechanisms discussed.

Some feel that this ongoing war is powered by parents' need to control, and undoubtedly this is true, but the same thought could lead to the reality that either God or natural selection has imbued the human species with mechanisms, psychological as well as physical, which are constructed to help to assure the survival of the species. Given this universality of the tendency of parents to attempt to dissuade their children from association with questionable characters, it would be indicated that careful choice and even stern guidance of peer selection during the developmental years is a good thing, and not a tendency to be discouraged out of some pop culture dictum.

Cultural and Historical Purposes of an Alternative Peer Group

Alternative peer groups and their predecessors have been used for a multitude of purposes throughout the years. They have formed the central organization and socialization vehicles of many religious and spiritually oriented organizations such as prayer groups and Churches. Occupational focuses have made use of the focus, accountability, and mobilization abilities of alternative peer groups by organizing professional organizations,

fraternities, and unions. There have been organizations centered on education, which have taken advantage of the abilities of alternative peer groups to share and assimilate information. These educational organizations are usually referred to as fraternities and clubs. Community purposes have also been served by alternative peer group technology. Our community oriented alternative peer group organizations have taken the form of services organizations such as Junior League, Lions Club, and Rotary.

Treatment Purposes of an Alternative Peer Group

For the treatment of chemical dependency, few tools have more purpose and power than the alternative peer group.

Intervention: One of the most powerfully daunting aspects of chemically dependency is its use of secrecy and dishonesty. For a counselor, it is common for a client to misrepresent their performance on assigned treatment protocol. In most cases, these dishonesties are expected, and the delay that they cause in the treatment process is calculated in to the projected treatment time. In dealing with adults, the delay caused by the clients' dishonesty is considerable, but nothing like the delay it brings to the treatment period of adolescents. Adolescents' diseases are in many cases taking advantage of a parent's provision of home and hearth. In many cases, an adolescent will also be enjoying a great deal more: cars, nice clothes, no job requirements, etc. On top of that, the adolescent is developmentally in the midst of the psychological illusions of immortality and invisibility, and the physiological durability of the young.

Counselors would love to have a crystal ball in which to observe their client when not in the therapeutic session. This gathered information would be invaluable to the client in assessing why or why not a particular treatment approach was working. Too often, we in the field are left standing accused of ineffectiveness, when in fact, the real problem lies in the unwillingness of the client to follow through with suggested treatment protocol, but because of the dishonesty in the self reporting, it is unsubstantial and unusable. How helpful it would be to be able to report with confidence and accuracy what an adolescent client is doing between in the bathroom with all of his old using friends between third and fourth period. In fact, this increased accountability is one of the reasons for residential and acute care treatment venues. The lack of funds available to finance these venues for effective periods of time has left us suffering a lack of accountability while attempting to deal with the disease on an outpatient basis. Alternative peer groups offer us an opportunity to use a heightened accountability for a relevant period of time.

There is only one group of people who can tell a counselor if an adolescent client is following treatment protocol: OTHER ADOLESCENTS WHO ARE IN CLOSE REGULAR PROXIMITY. The trick is getting a group of reliable adolescents to tell the truth to one of us "outsiders". By virtue of our age, most adolescents look upon us a probable enemy. Alternative peer groups develop a group of young people who move to the point in their recovery that they are able to view chemical use as a very dangerous and potentially deadly activity. They further see it as their responsibility to their fellow young people to let someone who can help know if they are aware of one of their number using. If a counselor is made aware of a client's failure to take part in treatment protocol, he can plan a timely and effective intervention. In an alternative peer group program has developed a "significant other" component for parents or spouses, this accountability can be even more helpful. Parents and spouses are notoriously guilty of minimizing, rationalizing, justifying, triangulating, and misrepresenting their own adherence or lack thereof to an agreed treatment protocol. Alternative peer groups provide helpful feedback in flanking some of these patterns.

Other benefits brought to the intervention processes by alternative peer groups are more psychologically interpersonal versus strategic. These diseases require a multitude of interventions in which the sufferer sees inconsistencies in their behavior. Usually these inconsistencies need to be pointed out. Most clients respond more positively when they see their behaviors mirrored in another's actions instead of having to fight the ego battles of confrontation with a perceived authority figure such as a counselor. If the behaviors are pointed out, once again, many clients will respond more positively when someone perceived as a non-threat versus a person perceived as threat points out the behaviors. Although what kind of person is perceived as which at any given time is entirely dependent upon the client's perceptions at the time, the alternative peer group offers ongoing interventive experiences from a multitude of sources, professional, para-professional, peer, and what I like to

term, para-peer (other members of the group with enough perceived experience and success in dealing with the problems that their opinions are held in esteem).

Alternative peer groups also provide an environment in which interventions are resolved more effectively due to common issues with others who have previously succeeded in resolving similar issues, and it is easier to avoid irrelevant or invalid plans of action for resolution.

Orientation: All counselors and programs are obliged to orient their clients to the treatment process and procedures. Often this is accomplished via an orientation appointment or at best, a series of appointments complete with supplemental written or recorded materials. Orientation could be looked upon as a beginning training session. In all training procedures that require application over a significant period of time, two phenomena occur: drift and misunderstanding. Drift refers to the tendency for people to remember things in which they were trained differently as time passes. Misunderstanding occurs at the point of training, but is not discovered until later because of poor feedback processes.

Several significant elements contribute to the phenomena of drift and misunderstanding. Time can only be dealt with through supplemental training or orientation. Interpretation is dealt with through the use of presenters who are fluent in the language, thoughts, and emotions of the student or in our case, client. An alternative peer group provides both to large groups of clientele with minimal effort on the counselor's or program's part.

Support: It is always frightening for a client and their family to enter into a treatment process. Alternative peer groups provide support in this period. Effective intervention is going to lead a client and their family to the realization that they are going to have to take part in some new and more often than not uncomfortable behaviors. It is invaluable to have a group of people who are known and trusted by the client and their family who can attest to successfully traversing the new behaviors. Hope can be engendered in this process clients can be encouraged to degrees of change that are significant in periods of time which are minimized.

Education: Chemical Use diseases have been characterized rightly with the adjectives of: cunning, baffling, and powerful. Anyone who has spent much time in the field will attest to the appropriateness of the terms. One of the main tools in a client or their parents' success in dealing with these diseases is education. One of the problems in providing as effective education is the huge amount of material as compared with the small amount of time to present and assimilate. In all educational situations, it is helpful to have the student immersed in the educational process. This is especially important in situations of large amounts of material vs. limited time. In addition, it is wise to provide instruction on multiple occasions with a multitude of different styles and presenters. A solid educational approach will provide the learner with opportunities to question, discuss, criticize and apply new information. Alternative peer groups provide a maximum of these types of educational opportunities.

Mobilization: Observation of the characteristics of recovery over the years has led us to expect an average period of stabilization in the recovery process of eighteen months to three years. This long-term recovery prognosis is taxing to the resources of the individual, family, and culture. In the past, the treatment industry has passed the need for such long-term support on to the not for profit organizations such as Alcoholics Anonymous and church groups. In most cases, these organizations are excellent for the maintenance and light intervention needs of the diseases. However, in the treatment world of today, beset by the rapidly growing specters of "dual diagnosis" and "third generation 'outlaw mindset' addiction" (use and addiction to illegal substances), it is unfair, and not as effective as would be preferred, to expect the type of ongoing resource and process support that is needed from these non-staffed, or minimally staffed organizations. Most of the experts in the field see the need for additional resources to address the long-term nature of effective treatment. Answers have not been forthcoming. Alternative peer groups, through their community approach, can provide a forum for matching different clients' needs with different clients' surplus resources. I am not speaking of financial resources, but in the way of personal experiences, meeting places, transportation, surrogate family, short-term residence, etc.

Through the ongoing evaluation of the everyday living experiences while in the high accountability environment, alternative peer groups will provide opportunities for individual and family psychological mobilization such as solving group versus individual differentiation, personal identification, and ego versus self-esteem issues.

Information: One of the most helpful purposes of the alternative peer group is its ability to gather and disseminate information. Alternative peer groups create an atmosphere in which the counselor has access to almost as much information as the clients' adherence or lack thereof to a treatment regimen as would be available in a residential or acute care setting. This information is available to the treatment team, monitoring entities such as stipulated law enforcement or school officials, significant others, consulting treatment team members, and of most importantly the clients themselves.

Shifting the Cultural Norm: A unique benefit of the use of alternative peer groups is the effects upon the client of placement in a social system with a totally new cultural norm. This is important and powerful with all clients, but especially so with adolescents. Most clients entering treatment are operating in a system which runs generally on the following rule: THE WAY TO BE COOL IS TO HAVE SEX, DO DRUGS, OR ROCK AND ROLL, PREFERABLY WITH A CELEBRITY! By establishing and maintaining a strong alternative peer group based on solid principles of recovery, it is possible to place a new recovering client into a group of physically identifiable people who are operating in a system which runs generally on the alternative rule: THE WAY TO BE COOL IS TO DEVELOP A RELATIONSHIP WITH A HIGHER POWER AND BEHAVE RESPONSIBLY WITH SELF ESTEEM, MUTUAL RESPECT, EMOTIONAL MATURITY, AND OF COURSE ROCK AND ROLL.

Critical dimensions in the creation and maintenance of Alternative Peer Groups

Purpose: There are multitudes of purposes for which to create an APG. It is important to have a good focus of that purpose while beginning and maintaining the venue. Mission statements have become very popular at present and writing one will help to focus on the purpose. Because of the human element and the tendency of the substance use diseases to look for a reason to leave the treatment milieu, it is important to constantly make integrity a main element of your purpose. Beyond reproach should be a consistent battle cry within the organization. It is good to periodically reassess the alignment of the operation with the stated purpose of the effort. It might be appropriate to change either the purpose or the operation as new needs and abilities arise.

Staffing: As in any endeavor, an absolute necessity to the success of creating and maintaining an effective alternate peer group centers on the hiring of effective staff. I have always proposed the use of a concept of, "TALENT BASED HIRING". Of course, all programs and officials of programs would agree that hiring talented staff is a necessity, but when it gets into the practice of that hiring criteria, often other issues of economics, licensing needs, availability of staff, and misunderstanding lead the employer to higher on a basis of other aspects. Usually, "TALENT BASED HIRING" becomes either "CREDENTIAL BASED or RECOVERY BASED HIRING". There are a great many clinicians with great credentials that will never be able to create and effectively maintain an alternative peer group. Likewise, there are a great many responsible recovering people who maintain powerful personal recovery programs for themselves who will never be able to create and maintain an alternative peer group. Both of these people may be wonderfully matched to other positions in a program, but the creation and maintenance of an alternative peer group program requires a special breed of cat.

One term to keep in mind when looking for personnel is "cultural alignment". Look for the individual who has the necessary credentials, but will also be easily accepted by the clientele to be served. Because alternative peer groups are to a large degree attitude and behavior shaping tools, you want to pick personnel that is closest enough in appearance and presentation to the new client that they can be accepted, but different enough that they can be emulated. Attention must be paid to implied background, age, sex, style, etc.

A second term that will be critical to the employer is "talent". A staff member must have innate social group talent to build and maintain an APG. The question always arises, "How do I tell if a prospective employee has this kind of talent?" There is no guarantee, but a method that has been used with some success is to find an opportunity to observe a prospective staff member in social situations where it will be obvious as to whether others are naturally attracted to the counselor and do they seek out their advice, and is that advice usually sound and prudent. The prudent issue is important because if the advice is not in line with the hiring program's purpose, there will be problems in the future.

Scheduling: An important concept that has been developed over the years in APGs is that of "issue based scheduling". This practice should be looked at in opposition to "calendar" or "time based scheduling". Although there will always be temporal considerations of all scheduling, "issue based scheduling" directs that if a choice

between keeping on a temporal schedule of topics conflicts with a moment of relevance for a specific issue, reorganize the schedule to accommodate the moment. This concept is based on the old axiom of striking while the psychological iron is hot! Because of the restraints inherent in good treatment planning schedules sometimes become ends in themselves. This may not critically endanger an individual or group therapy effort, but it will destroy an alternative peer group.

Community Support: Community support is always important to any treatment endeavor, but it is essential to building and maintaining an alternative peer group for several reasons. 1.) Clients who do not want to comply with treatment suggestions will often seek support from community entities. Triangulation will be attempted through the telling of half-truths and selective omission of relevant information as to their disagreement with whatever was suggested to them. Because of the community within a community nature of the APG, it can easily be charged that it is exclusionist or even cult-like. The best way to defuse this type of phenomena is to stay in constant contact with the community and encouraging the open sharing of information. 2.) You should build an open system and possibly even create a community liaison committee. This type of ongoing communication will help should your organizational structure depend on partnering with community institutions for resources such as facilities and funding.

Commitment to Learning: Alternative peer groups have a tendency to want to create ways of doing things and then make them into unalterable icons. We always do things a certain way because we have always done these things this way. Care must be taken to educate and motivate the staff and clientele in the idea of, "Until 10 out of 10 recover, we are still learning how to treat these diseases more effectively, and that means CHANGE".

Practical considerations in creating and maintaining an Alternative Peer Group

Financing: Of course no endeavor like this is going to be accomplished without some working capital. Amounts needed may vary, but there will be a need in virtually all cases. Resources for the actual monies are several. Grants can be sought from individuals, foundations and funds, corporations, civic organizations, churches, etc. If your APG is a part of a program which has clinical venues such as individual therapy, residential stays, or intensive outpatient, budgetary planning can be made to use some of the profit dollars generated to support part or all of the APG. And then again there are combinations of the above. This would be a good place to issue a warning. It is always tempting to do fund raisers such as car washes to help finance the program. It has been our experience that this has been appropriate when it comes to raising funds for some specific purpose which is directly client centered and socially focused such as a group trip, or dance. This type of fund raising has always been problematic when raising funds for the direct operation of the program or salaries. The specter of inappropriately influencing clients to raise money for you always arises. The first big question is whether to organize around a for profit or a not-for-profit basis. Both plans have strengths and weaknesses. After first checking with an attorney concerning the local laws, the following are a few things that our experiences have shown us to expect from the two types of organization.

In a for profit organization, ownership is the ultimate authority in all questions. This means that there are certain questions and processes that will be addressed more rapidly than if a board or other governing body has to be consulted at all times. Of course, if all the authority falls to the ownership, all of the responsibility is going to likewise fall there. A for profit organization requires less fiscal and administrative red tape, although the amount is still considerable. In the for profit mode, there is less access to grant, foundation, and contract monies. It is harder for a for profit organization to be viewed as having a philanthropic or noble intent, and in some instances will be viewed with skepticism due to its profit making status. There are other strengths and weaknesses to be considered, but these are some of the most outstanding.

Not-for-profit organization carries its own set of strengths and weaknesses. In a not for profit organization, the board carries ultimate authority and accountability for the operations of the program. This can be cumbersome and usually means slower more conservative movement, but can afford a degree of safety to the executives or clinicians. Some boards will take a lot of responsibility for the program such as acquiring and managing funds. Maintaining a not-for-profit organization does require more red tape and fiscal accountability due to the tax laws. There is greater access to grant, foundation, and contract monies, and a not-for-profit organization carries a public relations connotation that is generally positive.

Facilities: There are tales of APGs starting in places as humble as a camper in St. Louis and as grand as a high-scale Beverly Hills church in Los Angeles. In Atlanta, an APG was started in the basement of a family home. The places are not the most important part of the equation, but they do have to be provided, and if the effort enjoys even minimal success, facility locating and maintenance is going to be an ongoing process. Facility acquisition is one of the ways in which the community aspect of the APG leads to solving the economic problems of providing the long term attention required for recovery from chemical use diseases. Good networking with the community should lead to partnerships with entities who have control of facilities whereby they allow the alternative peer group to use the facilities at available times with little or no financial obligation. The second aspect of maintaining the partnered facility can be accomplished by creating a committee from the client and significant other groups to communicate with the host partner and solve any needs or problems that might arise.

Facilities that have been used successfully include churches, community centers, offices, strip centers, hospitals and outpatient centers, houses, and schools. The most successful have been those facilities which by their nature engender some sort of spiritual association in the clients.

Client Needs Management: There are a great many ways to provide for the clients' needs. Issues of cultural alignment and resources will design many aspects of the plan.

Cultural alignment will be on an individual client basis as was briefly discussed in the "*Talent Based Hiring*" section of this paper, and on a community basis. When planning for delivery of program, the following should be answered: 1.) Who are you addressing? 2.) What turns the clients on? 3.) Where do you want to take the clients? 4.) How do you plan to get them there? 4.) How long will it take? A good rule of thumb when answering these questions is, "YOU MUST DEAL WITH THEM WHERE THEY ARE, NOT WHERE YOU WISH THEY WERE."

When addressing the community alignment issues, the program must find a happy medium between the answers to the above questions while not offending the sensibilities of the hosting community. This is often problematic, and must be consciously addressed, as most of the clients we deal with in early recovery are in a psychological and developmental state whereby their interests are at odds with the community's.

Resources are going to define a great deal of the program's delivery schedules, but what has shown considerable success in the past is semi-weekly group sessions held separately for the clients and their significant others in the same host facility. These sessions are usually followed by a social time of coffee and fellowship held at local restaurants or coffee shops. The meetings should last about one and a half hours. Surrounding these weekly activities, there should be a planned social activity for the client group and a planned social activity for the significant others group at a rate of about one each month. Every other one of these social activities should be a pretty big activity such as a campout, an overnight lock-in, dance, etc.

It is very important to put together a strong component of the program to deliver to the significant others. The program should fill education, client accountability reporting, support, and personal insight and accountability needs.

Cohesion: Alternative peer groups sometimes become very large. In Houston, Texas in a program called Lifeway, there is presently an alternative peer group with an estimated 1000 members. As with any longstanding group of people, "people problems" will arise. Cohesion is an ongoing issue that has to be addressed. The client service delivery activities will provide the vehicles for addressing cohesion, but there are some general ground rules as to content that must be constantly attended to if the group is to keep from destroying itself.

Take care to assure that the group does not become punitive and protect against unwarranted or inappropriate pressuring from one member or section of the group to the other. The general rules for client protection in good group therapy facilitation will go a long way toward assuring individual dignity and security.

Be bold in stating the realities concerning peer selection and the effects on the recovery process. First, make sure you are straight with the intensity and the triangulations which can be produced around the issue of peer selection. Make sure that these realities are presented thoroughly in the significant others meetings. This can be harder than it sounds, because of manipulative plays whereby the client or the significant others will try to paint

the suggestion of need for careful selection of some as peers and the rejection of others as exclusionist, prejudice, judging someone guilty without proof, or cultish.

Always be ready to intervene when a client starts to reject treatment protocol. This timely intervention at either the client or significant other system level will diminish the time that the client will try to rally the significant others or other members of the group behind a half truth manipulation to justify and rationalize their refusal to follow the treatment protocol. The more time the client is given to seek unsuspecting and if they new the whole story, unwilling allies, the more problems will be created in the group.

No matter, how proactive one becomes in running an alternative peer group, problems will arise. When these situations present themselves, dealing from a place of open honesty is usually effective. Remember that we are dealing in many cases with family and individual situations that came to us for the most part because of extreme dysfunction symptomizing itself through dishonesty, isolation, and powerful systems of rationalization, justification, and victimization. All of these symptoms are aimed at ducking responsibility for their actions.

A final note: APGs are not Support Groups

Many people will make the mistake of seeing an APG as synonymous with support groups such as AA or a Church Youth Group. This is a mistake. APGs can be seen more as a case management outpatient group with heavy social tools and a long enough temporal range to get the client past the most common elements of relapse and successfully insinuated into their lifetime support group such as AA.

Below is a list of differences of the two types of venues.

<u>APG</u>	<u>Support Group</u>
Staffed	Not staffed
Multiple primary purposes, accountability, support, education	Primary purpose is support
Interventive mission	Perfect for maintenance
Personality issues are more problematic	Fewer personality worries
Requires economic resources	Small economic requirements