Peer Influence and Recovery

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Often identifying themselves based upon social groups, adolescents tend to associate with peers who engage in similar activities (Califano, 2009). When adolescents who use alcohol and drugs choose to stop, they no longer engage in the same activity as their former using peer group. Is it necessary for the newly recovering youth to identify with a new group of non-using peers that can influence him or her positively? If they choose to maintain friendships with peers who use alcohol and drugs, are they in danger of relapse? The aim of this article is to provide information that might answer these questions and describe how the Alternative Peer Group Model utilizes peer influence in adolescent recovery support.

Peer Influence and Development

The influence of peer groups differs across the developmental life span and appears to play an increasingly important role in adolescent development. Peer groups influence individual feelings of self-esteem and social support for both preadolescents and adolescents. However, adolescents report that their peers have a greater influence regarding appearance, attitudes, values, and illicit activities (Gardner & Steinburg, 2005; O'Brien & Bierman, 1988). If rejected by peers, adolescents tend to view such dismissals as an indication of their individual unworthiness, highlighting the process of social comparison adolescents use to identify with and evaluate their peer groups (O'Brien & Bierman, 1988; Tarrant, 2002). The resulting social identity reflects their group membership and the associated values of that membership thus creating a powerful influence on behavior in adolescence (Tanti et al., 2010). For example, while examining smoking behavior Kobus (2003) found that adolescents compared themselves to members of certain peer groups in order to make decisions about their own identity or behavior. If an adolescent identified with a group of peers that did not smoke, the adolescent would self-identify as a non-smoker.

As self-reliance increases with age, such peer conformity begins to decrease as youth enter late adolescence and adulthood (Gardner & Steinburg, 2005). Paradoxically, evidence suggests that resistance to peer influence increases in older youth. When comparing adolescent age groups of 10-12, 13-15, and 16-18 year olds, researchers found that resistance to peer pressure significantly increased from the youngest to oldest groups (Sumter et al., 2009; Steinberg & Monahan, 2007). The increase in resistance to peer pressure suggests that older adolescents grow more autonomous

from their peers and have an increase in psychosocial maturity as they age. These results are consistent with the different maturation rates of certain brain regions that govern reward and cognitive control systems (Casey, Jones, & Somerville, 2011). As children move into adolescence, suggests Casey et al. (2011), subcortical brain regions that control sensation and reward seeking behavior mature while the prefrontal cortical regions that regulate inhibition and cognitive processes lag behind not reaching full development until adulthood.

Peer Influence and High-Risk Behavior

Researchers studying adolescents, young adults, and adults found that youth took more risks and focused more on the benefits of risky behavior when in peer groups than alone (Chein et al., 2010; Gardner & Steinberg, 2005; La Greca, Prinstein, & Fetter, 2001). Moreover, deviance has an organizing effect on friendships with deviant friendships remaining stable over time and influencing early cigarette smoking, alcohol use, marijuana use, and sexual behavior (Dishion & Owen, 2002; Maxwell, 2002; Reyna & Farley, 2006). Selecting peers who have the same sensation-seeking interests creates an environment that enhances the attraction of risk taking (Romer, 2010). The maturation of subcortical regions of the brain during adolescence render youth more susceptible to emotionally-charged or reward-rich environments (Casey et al., 2011). Thus, when faced with a novel and exciting risky behavior, a sensation-seeking peer group is likely to magnify the attraction and overwhelm an adolescent's less developed inhibitory brain circuitry. When considered together, peer influence and emotional evaluation account for over half of the variation in adolescent tobacco, alcohol, and marijuana use (Romer, 2010).

However, of vital importance is the other half of this equation: Peer groups can have a strong *positive* influence on individual behavior. Mounts and Steinburg (1995) discovered that adolescents who frequently used drugs decreased their usage when their friends engaged in lower levels of drug use. Likewise, Maxwell (2002) found that if an adolescent's peer group does not engage in high-risk activities, he or she is also less likely to engage in them. Moreover, researchers have concluded that for adolescents, the most important factor in achieving and maintaining abstinence from alcohol and drugs after treatment was a positive peer network (Ramirez, Hinman, Sterling, Weisner, & Campbell, 2012). Thus, the power of positive peer influence should be utilized in prevention and treatment efforts to assist recovering youth in the attainment and maintenance of sobriety.

Alternative Peer Group Model: Peer Influence and Recovery

The Alternative Peer Group (APG) model utilizes the peer group as a change mechanism by shaping positive peer influence (Binarium Productions, 2011). The basic assumption of this model is that peer relationships, much like the ones that encouraged high-risk behavior, are necessary to enable recovery (Morrison & Bailey, 2011). An APG offers youth a new peer group that can provide alternative attitudes, values, and judgments, and influence behavior that supports the change necessary to recover from substance abuse disorders (Binarium Productions, 2011). It serves as a recovery support service that includes 12-step meetings, counseling (individual, family, and group), multi-family group counseling, and psychosocial education for youth and parents. However, the most important component of the APG is the group social functions which consist of afterschool hangouts, sober social weekend activities, and retreats. Figure 1 represents the various components that comprise an alternative peer group program.

Figure 1. Diagram of Alternative Peer Group depicting the alternative peer group components.

The APG model includes many elements found in adult outpatient treatment programs, but adds critical components necessary to meet the developmental needs of the adolescent population:

(a) Utilization of positive peer influence within the new peer group
(b) Facilitation of prosocial sensation-seeking activities
(c) Creation of a socially rewarding environment including peers and family
(d) Reduction of exposure to negative peer influence and negative risky behaviors

Benefits of positive peer influence within a new peer group. The APG strives to create a new sense of belonging for adolescents who previously found this feeling within peer groups who engaged in risky behaviors. Rather than being just a place youth go for counseling or a 12-step meeting, the APG becomes a central source of support that provides purpose and meaning in their lives. Such a sense of belonging might provide improvements in mental health and reduce behavioral problems. In fact, there is evidence that supports the claim that the support, friendship, and companionship of peer groups provide protection against anxiety and depression and increase psychosocial well-being.

La Greca and Harrison (2005) discovered that adolescents who associate with a peer group tend to report fewer feelings of social anxiety and depression. Newman, Lohman, and Newman (2007) found that when adolescents feel a sense of belonging, their reports of internalizing problems (social withdrawal, somatic complaints, anxiety, and depression) or externalizing problems (delinquent and aggressive behavior) decrease. In addition, researchers suggest positive peer influence assists in the development of a positive sense of self, which can lower the rates of alcohol and drug usage, heighten school performance, build healthy peer relationships, promote positive engagement with social-developmental tasks, and improve mental health (Maxwell, 2002; Mounts & Steinburg, 1995; Newman et al., 2007; Ramirez et al., 2012; Tarrant, 2002).

Facilitation of prosocial sensation-seeking activities. The APG attempts to establish an environment where sobriety is more fun than using drugs or alcohol. Hence, a critical component of the APG is group social functions. Afterschool hangouts provide youth who would otherwise return to an empty house or engage in unsupervised activities with a safe place to socialize and do homework. Sober social weekend activities offer prosocial activities supervised by APG staff during high-risk nighttime hours. In addition, the APG utilizes holiday and summer time to offer retreats such as beach or camping weekends and wilderness adventures. Such experiential activities provide youth with intense bonding experiences that might build their sense of belonging and self-worth. To further increase these feelings, the APG model encourages youth to sponsor and mentor new group members who may be struggling to recover from drug and alcohol problems.

Creation of socially rewarding environment including peers and family. The APG facilitates an environment that supports the efforts of youth and their family to recover. Social support has a large impact on the likelihood an adolescent will maintain abstinence from drugs and alcohol after treatment (Maxwell, 2002; Mounts & Steinburg, 1995; Ramirez et al., 2012). The more friends and

family members who support an adolescent's efforts to remain abstinent, the more likely the youth is to maintain his or her sobriety (Chi et al., 2009). Therefore, the APG provides psychosocial education and counseling to youth and family. Multi-family group sessions facilitate the creation of a new network of support for families who may have felt isolated when dealing with their youth's behavioral and emotional issues.

Actively involving parents is an essential feature of an APG. Peer and parental nonuse, both pre- and post-treatment, has been associated with sustained adolescent abstinence (Williams & Chang, 2000). This suggests that when adolescents have a strong social network of non-using peers and family, they are less likely to use. For this reason, the APG incorporates groups specifically to educate and support parents. Many times parents of using adolescents experience their own problems such as addiction, codependency, and marital or family discord. Through the parent support groups they might achieve connectedness and feel supported to obtain assistance for their own issues.

Reduction of exposure to negative peer influence and negative risky behaviors. The APG offers young people's 12-step meetings and supervises community 12-step meeting attendance for youth in the program. In addition to social support, affiliation in a 12-step program is positively associated with abstinence for adolescents (Chi et al., 2009; Passetti & White, 2007). Alcoholics Anonymous and other 12-step groups offer peer-to-peer support for recovery. Members of such groups are able to share support with others who have had similar experiences. While adolescents are often advised to join a 12-step program, the predominantly adult composition of most 12-step groups may hinder identification and present barriers to continued attendance and affiliation. Kelly, Myers, & Brown (2005) learned that when teenagers attended meetings composed of people of similar age, they attended more meetings and attributed more importance to meeting attendance. The APG offers a new group of peers comprised of adolescents attempting to maintain sobriety who attend 12-step meetings together.

Conclusions

Peer influence possesses powerful effects on adolescent identity development, self-esteem, and abilities to cope with the problems facing youth today. Newman and colleagues (2007) suggest that the successful negotiation of peer relationships is essential for healthy psychosocial development in adolescence. The research covered in this article demonstrates that peer influence may increase the likelihood of engagement in high-risk behavior and risky decision making. Therefore, when

adolescents choose to stop using alcohol and drugs, it is imperative that they break away from their former using peer group. Ramo and Brown (2008) found that adolescents were far more likely to relapse on drugs or alcohol after treatment when experiencing social pressure compared to adults, at a rate of 70% and 46%, respectively. For these reasons, it is necessary for a newly recovering youth to identify with a new group of non-using peers that can influence him or her positively.

Conversely, and more importantly, peer influence can protect adolescents from high-risk activities and other health problems. These findings have implications for understanding how peer influence may be cultivated within treatment programs and recovery support services to reduce adolescent high-risk behavior. When compared to adult substance users, adolescent users are less likely to attend treatment, more likely to have a co-occurring mental disorder, and return to using more quickly after treatment (Sussman, Skara, & Ames, 2008). These obstacles, when coupled with the differential development of sensation seeking and impulsivity inherent in adolescent development (Casey et al, 2011), require treatment specifically tailored to this population. The Alternative Peer Group model considers the issues relevant for adolescent and young adult development and focuses on improving the quality of peer networks in order to harness the protective nature of positive peer influence.

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Abstract

Adolescents tend to associate with peers who engage in similar activities. This article examines the extent of peer influence on adolescent behavior and illustrates a model of adolescent treatment that incorporates peer influence to promote and support recovery.

Keywords: adolescents, peer influence, alcohol, drugs, recovery, alternative peer group

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