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Positive Peer Support or Negative Peer Influence? The Role of Peers among Adolescents in Recovery High Schools

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Abstract

Evidence from previous research suggests that peers at times exert negative influence and at other times exert positive influence on drug and alcohol use among adolescents in recovery. This study explores recovery high school staff members' perceptions of peer support among students in recovery high schools using qualitative interview data. Themes of peer support are discussed in terms of positive peer support, negative peer influence, peer relationships, and sense of community. In general, recovery school staff members discuss peers in the school as sources of positive support and peers outside the schools as sources of risky influence. Themes and quotes are presented to highlight the diverse ways that staff members discussed peer influence. Limitations of this study and suggestions for future research are discussed.

In understanding adolescent substance use, the role of peers is often emphasized as a key influence on initiation to and recovery from substance use addiction. Although the role of peers is a critical factor in adults' recovery, it is a particularly salient influence in adolescence, making it all the more important to understand peer influence at this developmental stage (Kelly, Stout, & Slaymaker, 2013). Research around the effect of peers on adolescent drug use and recovery suggests at least two different ways that peers influence one another. Peer contagion theory and iatrogenesis suggest that grouping high-risk youth together could lead to a higher risk for drug use or relapse after initial cessation of use (e.g., Dishion, McCord, & Polin, 1999; Gifford-Smith, Dodge, Dishion, & McCord, 2005). Conversely, peer-based recovery support programs are founded on the idea that youth experiencing similar challenges can empathize with and encourage one another in ways that improve treatment-related outcomes for youth (e.g., Kelly, Dow, Yeterian, & Kahler, 2010; White, 2009). To understand the nature of peer influence among adolescents in recovery, this study examines interview data from recovery high school staff to explore how they understand peer influence – whether supporting sobriety or pressuring to use drugs – in their particular peer-based recovery community.

Peer Influence and Adolescent Substance Use

There is an increasing body of research investigating the role of peers in adolescent initiation of drug use, maintenance of addiction, and recovery. Much of the research among adolescents has focused on the initiation of substance use. Although research specific to

adolescent *recovery* is becoming increasingly common, research investigating recovery supports in adults is more developed. Therefore, research specific to adolescents in recovery is used where possible, but it is supplemented with research with adult populations or research on adolescent drug initiation and noted as such throughout.

Negative Peer Influence: Increased Substance Use

Peers are often highly influential in convincing one another to try alcohol, tobacco, or other drugs for the first time (e.g., Bryant, Schulenberg, O'Malley, Bachman, & Johnston, 2003; Svensson, 2000) or to persist in substance use and abuse (Godley, Kahn, Dennis, Godley, & Funk, 2005). Peers perceived as higher status, or more “popular” can be especially influential (Teunissen, Spijkerman, Prinstein, Cohen, Engels, & Scholte, 2012). Data from these studies support the broadly accepted notion that peers often influence one another to try drugs. The mechanisms for this influence have been elaborated by a number of theories – social learning theory (Bandura, 1969), social bonding theory (Hirschi, 1969), and even the neurochemical mechanisms (Zaki, Schirmer, & Mitchell, 2011) underlying social influence (Asch, 1956) – that are beyond the scope of this paper.

Scholars have also argued that peer-based interventions designed to reduce drug use might inadvertently lead to more frequent initiation and sustained use of alcohol and other drugs. For example, Dishion, McCord, and Poulin (1999) provide evidence that aggregating peers with a history of engaging in particular risky behaviors, such as substance use, can under certain circumstances actually reinforce the targeted risky behavior. They posit this happens through “deviancy training” whereby peers react positively to one another during discussions of rule breaking or drug use, thus encouraging the negative behavior being discussed (Dishion et al, 1999, p. 756). This sort of negative influence might be particularly likely to occur during interventions like those studied by Dishion and colleagues in which adolescents are compelled to participate, rather than having to self-select in to an intervention designed to provide support.

This negative peer influence is often described as an “iatrogenic effect,” referring to the idea that a treatment intended to provide a benefit – e.g., promoting health and discouraging drug use – might unintentionally facilitate the behavior it was intended to prevent. Gifford-Smith, Dodge, Dishion, and McCord (2005) point out that most interventions with youth who have a history of deviant behavior are implemented in groups of youth with similar behavioral histories who have been separated from their “mainstream” peers and compelled to participate in a particular intervention, often resulting in an increase in risky behaviors among the “targeted group” despite intentions to reduce those behaviors. For example, Gifford-Smith and colleagues discuss alternative schools as a context where adolescents are often aggregated with peers who share similar behavioral issues. They highlight three types of alternative schools: some are focused on innovation and are associated with the most beneficial academic and behavioral outcomes (e.g., Herbst & Sontheimer, 1987); some are designed as a “last-chance” for students with behavioral issues and generally are not found to be beneficial but instead often produce iatrogenic effects (e.g., Raywid, 1994); and some (such as recovery high schools) are focused on rehabilitation or remediation, and the

influence of these schools (and similar programs) is mixed, although there is sufficient evidence to suggest that iatrogenic effects might occur (e.g., Gifford-Smith et al., 2005).

Although there is evidence of iatrogenic or “deviance training” effects of aggregating youth with similar behavioral issues, researchers are also quick to admit that the evidence is still limited, and the conditions in which this contagion effect can happen are limited as well. For example, in a study of a general population of adolescents, Prinstein, Boergers, and Spirito (2001) suggest that groups composed exclusively of “deviant peers” might be detrimental, but that groups with both pro-social and deviant peers might be most beneficial for all participants, thus acknowledging potential for both positive and risky influence in peer relationships. Fujimoto and Valente (2012), also working with a representative sample of high school students in the U.S., use peer network analysis to show that reciprocal friendships (where both adolescents indicate they are friends with one another) are more influential on adolescent substance use than are directional friendships (where only one adolescent names the other as a friend). Gifford-Smith and colleagues (2005) point out that many educational, public health, and juvenile justice interventions are constrained by personnel and financial resources to address youth with particular needs in groups rather than individually, making it not practically feasible to cease all aggregations of peers with similar risky behaviors. Instead, they argue that research should focus on understanding how iatrogenic effects can be minimized and positive peer support can be maximized – research questions that would require more targeted samples than those used by Prinstein and colleagues or Fujimoto and Valente.

Bryant, Schulenberg, O'Malley, Bachman, and Johnston (2003) examined conditions surrounding the positive or negative influence of peers in a nationally representative sample of adolescents. In line with peer contagion theory, they found that peer misbehavior was predictive of initiation of substance use at age 14 and predicted increases in use over time. However, they also found that school bonding, school interest, school effort, and academic achievement predicted lower rates of substance use over time. This study suggests, therefore, that perhaps the negative impact of substance-using peers can in some way be mitigated through the cultivation of positive school-based affiliations. This is a particularly relevant question for students attending recovery high schools composed of peers who are all in recovery from substance use and are also characterized by a small student body intended to promote trust and support among students and staff.

Because research among adolescents in recovery following treatment for alcohol or other drug addictions is relatively rare, so too is research on the influence of peers at this specific time point. However, some research exists to suggest that peers are influential during the recovery phase in ways that are similar to the influence of peers, described above, in the initiation and persistence in drug use among a general population. When examining abstinence rates for adolescents following treatment, research has demonstrated that the presence of a drug using peer group is predictive of higher rates of relapse (Chung & Maisto, 2006; Winters, Stinchfield, Opland, Weller, & Latimer, 2000). For adults, relapse is often precipitated by negative intrapersonal feelings; for adolescents, in contrast, relapse is often facilitated by a particular social context, such as spending time with the pre-treatment peer group or being directly offered substances (Brown, Vik, & Creamer, 1989). Although

research reported here does not enable causal conclusions about the effect of peer influence on adolescent drug use, there is ample evidence to suggest that peers – especially drug using peers – might exert a negative influence on other adolescents who are trying to quit using alcohol or other drugs.

Positive Peer Support: Empathy and Encouragement toward Sobriety

Colloquial knowledge and research evidence, as reported above, support the idea that drug-using adolescents can influence their peers to use drugs for the first time, continue using drugs, or relapse after a period of sobriety. Research also suggests, however, that peers can have a positive influence at all stages of drug use, including during the process of recovery. In peer support services, “peers” has a particular meaning, referring specifically to individuals who have had direct (or indirect, for example through a family member) experiences with addiction and/or recovery (Center for Substance Abuse Treatment, 2009).

Research and practice with peer-based recovery support services have developed more structure and evidence-base in recent years. Although not all research is specific to adolescents, many of the findings of research with adults can be applied to adolescent peer-based services. For example, Faces and Voices of Recovery (2013) recently published a list of conditions that are essential to effective peer recovery support services. The findings presented in this report are specific to a certain type of peer support, yet the recommendations can be helpful for anyone implementing peer-based recovery support for adolescents. For example, the report emphasizes that peer support is distinct from treatment or therapeutic services, and that it should be anchored within a wider recovery support community.

Mutual help groups, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), are a common source of peer support for people in recovery from addiction. Although AA and NA attendance is more common among adults than among adolescents, young people also utilize these groups for support (Sussman, 2010). In a review of research on treatment outcomes among teens who participated in AA or NA groups, Sussman (2010) reports that adolescents who attend AA or NA meetings tend to have comparable to slightly better abstinence-related outcomes compared to adolescents who complete treatment but do not attend AA/NA meetings. Kelly, Dow, Yeterian, & Kahler, (2010) also found that participation in AA or Narcotics Anonymous (NA) groups was associated with significantly higher rates of sobriety among adolescents (ages 14-19). This evidence is contrary to that of iatrogenic effects, which would suggest that young adults with a history of drug abuse would likely cause an increase, rather than a decrease, in drug use among one another. Similar findings were reported in a study of slightly older young people. Kelly, Stout, and Slaymaker (2013) examined the role of a community-based peer support group (12-step organizations, such as Alcoholics Anonymous, or AA) in supporting recovery among emerging adults (ages 18-24). Results of this study indicated that 12-step groups support recovery and help participants maintain sobriety, and that this support might be particularly relevant at developmental stages – such as adolescence and emerging adulthood – when peer influence is particularly salient and sober peers are more difficult to find. These findings, however, only indicate associations between attendance and outcomes, and causal

conclusions are limited by a number of methodological considerations. Furthermore, the participants in mutual help groups like AA/NA self-select into participation, creating a clear bias in the population of people who utilize these services.

The relationship between positive peer influence and sobriety is likely bi-directional. Throughout the research, it is clear that there is a significant association between having sober peers and maintaining sobriety (Richter, Brown, & Mott, 1991). Different studies, however, support the ideas that having non-using peers is predictive of sobriety among a general population of adolescents (not in recovery; e.g., Valente, Ritt-Olson, Stacy, Unger, Okamoto, & Sussman, 2007) and also that length of sobriety is predictive of having a larger number of sober friends and a smaller number of substance using friends (among an adult population; e.g., Dennis, Foss, & Scott, 2007). Regardless of the direction of influence, having a number of non-using friends seems to be an important resource for adolescents working to maintain sobriety. We will now consider the recovery school as a particular context within which peer influence relevant to adolescent recovery takes place.

Recovery High Schools: Peer Support in a Learning Community

Recovery high schools (Finch & Karakos, this issue; Moberg & Finch, this issue) are schools designed to provide an alternative ecology to students in recovery from substance use disorders by creating a space where *all* students are working to overcome addiction and maintain sobriety (Moberg & Finch, 2008). Most students entering recovery high schools have completed treatment programs and are committed to maintaining sobriety. Recovery high schools are typically small, ranging from around 5-75 students per school, allowing for more close-knit relationships among students and between students and staff. Recovery high schools vary widely in administrative structure, but a number operate as area learning centers, a type of alternative school, charter schools, or private schools. Although many aspects of recovery high schools are unique to each school location, they all operate on the assumption that teens in recovery provide positive support to one another.

Evidence presented above related to negative peer influence and positive peer support is easily applied to the context of recovery high schools. Iatrogenic effects would suggest that grouping together youth who struggle with substance use would lead to an increase in substance use among the population of students. Specifically, Gifford-Smith and colleagues' (2005) description of alternative schools implies that recovery high schools – designed for rehabilitative purposes – are at risk of inadvertently leading to increased substance use among students. Bryant and colleagues' (2003) study, however, highlights the possibility that any expected adverse effects from peers might be mitigated through the stronger interest in and connection to the school that should be facilitated by the small school size and the intentional cultivation of close, trusting relationships within the recovery high schools. Furthermore, evidence that self-selection into mutual help groups like AA and NA is associated with positive recovery-related outcomes also suggests that recovery high schools are likely to facilitate *positive* peer support.

Evidence for positive peer support also suggests that youth in recovery can provide empathy and encouragement to one another. Recommendations from Faces and Voices of Recovery

(2013) also suggest that the situation of recovery high school students within a broader recovery community might enable positive peer supports to be particularly effective. Evidence from 12-step groups suggests that similarly aged peers can be important recovery supports for one another, and students will certainly find similarly-aged peers in a recovery school (Kelly et al., 2010). Finally, recovery high schools provide a large pool of (presumably) non-using peers who, although they do have histories of use, can develop friendships and help support one another in recovery (Richter et al., 1991).

In order to understand how peers influence one another in the context of recovery high schools, the present study examines data from qualitative interviews with recovery high school staff to understand how peers influence recovery programming and continuing care support – both in helpful and in potentially detrimental ways.

Materials and Methods

A team of researchers interviewed staff from six recovery high schools in Minnesota. Schools were initially contacted to be recruitment sites for a longitudinal, quasi-experimental study (see Finch & Karakos, this issue, for details). At the time of the final interviews, the six schools interviewed were the only recovery high schools in operation in Minnesota. Minnesota was selected as the study site due to the rich history of recovery schools there (Moberg & Finch, 2008) and the relatively large concentration of recovery high schools in a relatively small geographic area.

Eleven interviews were conducted with school staff, including teachers, counselors, social workers, and administrators. All interviews followed procedures that were approved for this study by the institutional review boards for human subjects protection at both Vanderbilt University and the University of Wisconsin at Madison. Interviews lasted approximately one hour and followed semi-structured protocols. The interviews were developed to cover a broad range of programmatic and logistical topics (e.g., schedule of the school day, therapeutic services provided), with only two of 20 possible questions asking directly about peer support or school community. However, as the interviews were transcribed, read, and coded for emerging themes, peer relationships emerged as a noteworthy topic that was discussed in some detail in many interviews despite it not being a major focus of the broader interview. Therefore, the author then returned to the transcripts to do a more detailed analysis of the excerpts where peer support was discussed. Coding was then done in light of the relevant literature on peer support, as discussed above, with a focus on understanding the positive and potentially detrimental ways that school staff discussed peer support among recovery high school students, and providing a broad description of peer influence in recovery high schools. The perceptions and direct quotes presented below are intended to provide an overview of the range of perspectives expressed by the respondents; not all themes were mentioned by all participants, and none are intended to be representative of recovery high schools in general. Instead, the themes and quotes are intended to highlight the diverse and interesting ways that recovery school staff members perceive peer relationships among recovery high school students.

Results

Analysis of the interview transcripts demonstrated that school staff members were aware of both positive and negative peer dynamics. Respondents discussed positive and negative influences of peers in addition to more general comments about the dynamics of peer relationships in the school and the overall sense of community among students and staff. Detailed descriptions and examples of each theme are provided below.

Positive Peer Support

School staff discussed a number of ways that students provide support to one another in recovery high schools, including *emotional*, *informational*, and *affiliational* support. A counselor at one school described the emotional support (Center for Substance Abuse Treatment, 2009) and encouragement that students received as a result of having an empathetic group with whom they could share their addiction related experiences:

It's like all of a sudden where they've never had that opportunity to have a venue to share, now they do. And it kind of gives them hope and then they get the feedback from their peers saying, 'You can make it... 'cause I'm going through the exact same thing.' So that sense of support is pretty strong. (counselor, school 1)

For adolescents in recovery, it is often uncommon to have same-age peers who are also in recovery due to relatively low treatment rates compared to drug addiction incidence rates (Substance Abuse and Mental Health Services Administration, 2012); the recovery high school, therefore, provides a unique setting in which students can talk freely about their journey of recovery with other students who have similar experiences.

Recovery high school staff also described the ways that students provide informational support to one another. Several respondents discussed the information that students often share with one another. For example, the director of one school said, "Our kids will take new kids in, take them to meetings, say 'this is my favorite group.' We talk about... what's working, what's not working, what's your favorite group, what's the favorite thing you heard a speaker say?" (Director, school 4). In addition to providing support for their peers in the recovery school, staff also described the ways that some students have reached outside of the school, for example through speaking at other local high schools about addiction, recovery, and the resources available to students. Although this does not happen at every recovery high school, it provides an example of one way that recovery high school students are providing positive, informational support to their peers outside of the recovery school.

In addition to emotional and informational support, recovery high school staff also described the ways in which students come to replace one another's former, often substance-using friend groups. For many students, having to sever ties with their substance-using friends is an important part of the recovery process, creating a critical need for affiliational support (Center for Substance Abuse Treatment, 2009) that other recovery high school students are in the position to provide. As one participant stated, "You can't be with those friends that are using because of the fragile nature of your recovery, and so they really depend upon each other" (principal, school 6). Through this shared support among students, the recovery high schools are able to develop an environment where peers care for one another and hold one

another accountable. “The reality is that we've created a culture here that most of our students really take their recovery seriously. And because of that they care about their fellow student here, they care about their experience here” (director, school 3). Through the mechanisms of emotional, informational, and affiliational support, the recovery high schools create a space that facilitates positive peer support for adolescents in recovery. This positive support was a recurring theme in interviews with school staff members. However, it is important to note the ways that staff observed peers exerting a negative influence on one another.

Negative Peer Influence

Although interviews with recovery high school staff generally conveyed an image of positive, supportive relationships among students, school staff members were also careful not to create a romanticized description of student relationships, acknowledging the negative influences that peers can exert. Despite expectations that students will support each other, school staff reported experiences of recovery high school students pressuring one another to use drugs:

I had a student say to me last week, ‘I relapsed,’ and he's relapsed twice since he's come to our school and it's been with two students who also came to the school who dealt him... But he's like, ‘that's messed up.’ (counselor, school 1)

As a result of relapsing or causing others to relapse, students are sometimes asked to leave the recovery school (education policies governing the school make it difficult for staff to require a student to leave). Interestingly, students are often asked to leave for the sake of the community, and are challenged to consider the needs of their peers in these difficult conversations. For example, in response to the situation described in the last quote, the school counselor asked the students who were dealing to leave the school:

“There's so many kids here that are vulnerable and I'm asking [students who are not committed to sobriety] to help us out... And most... students will do the right thing. They're like, ‘You're right. I'm not helping this community, I'm hurting it’ and they will leave. (counselor, school 1)

This experience provides a fascinating case study. On the one hand, students who were using drugs were exerting a negative influence on their peers; on the other hand, these same students are ‘doing the right thing’ for the sake of their peers by leaving the school. This highlights some of the complexity evident in identifying the nature – positive, negative, or both – of peer influence.

Recovery school staff described several instances of positive peer support, particularly around filling the social void left when friendships were severed from substance-using peers. The social outings among recovery high school students, however, at times led to risky behaviors, an issue that is made all the more complex when engaged in together with classmates who are part of a student's accountability network. The director of one school described one such incident:

You know, there was a party that happened a month and a half ago. [Our] students were there. All [our] students got completely out of control, a lot of boundaries were blurred, and it was crazy around here for that week or so. (director, school 3)

Recovery school students are expected to provide social support for one another, but are also expected to do so with the common goal of sobriety. When recovery school peers relapse, it is an issue that the community works through, often with individual and group counseling. “Other” peers, however, are assumed to be negative influences on recovery high school students, particularly those peers that used to engage in substance use with the student. One school counselor explained the school's expectations around spending time with former friends:

It's night and day difference to the kids who kind of white knuckle it and aren't doing anything and who refuse to work an active recovery program. Hang out with the same friends, you know, ‘I don't use but I hang out with all my friends who do, it doesn't bother me.’ ...They're the ones who are sleeping through classes and not coming to school or being consistently late or suspended. (counselor, school 1)

In other words, the expectation is that recovery high school students will positively influence one another (although instances of negative influence are acknowledged and dealt with), and that same-age peers outside of the recovery school will negatively influence recovery school students. This understanding of peer influence can also be seen in the physical structuring of several recovery schools where the building is shared with non-recovery students, but the school schedule, including start and end times, is designed to prevent any interaction between the recovery school students and “other” students.

In addition to peer influence related to substance use, recovery high school staff also reported peers influencing one another in negative ways that are generally considered to be fairly normal for high school students. For example, a teacher at one recovery high school described the ways that students became too involved in holding their peers accountable; “Last year we had a lot of people who were worried about other people's sobriety and not as worried about their own. And then that got in to a lot of, you know, just drama, high school drama” (teacher, school 4). Here, this teacher expresses an expectation for a certain level of conflict, labeling it as a normal characteristic of adolescence, or “high school drama.” This attitude represents one perspective on the nature of peer relationships among recovery high school students more broadly, a discussion to which we now turn.

Peer Relationships

In addition to talking directly about the positive and negative influence that peers in recovery high schools have on one another, school staff also talked about the nature of relationships among students more generally. Staff members' thoughts about student dynamics often focused on unique aspects of the social climate that resulted from the smaller size of recovery schools. Although the smaller size could facilitate a strong sense of community, as discussed below, the intimate setting also posed certain challenges. The constantly changing nature of friendships and romantic relationships that often characterize adolescence was at times magnified by the small school size in a way that influenced the daily experience of students. As one counselor described,

Being smaller schools it seems like there's a lot of relationship drama that happens where kids start dating each other and then they break up and... someone leaves because being in a small school makes it very challenging for them to see the one they love so dearly and broke their heart. (counselor, school 1)

School staff members also discussed some of the issues that arise as a result of students' use of social media. Although staff members are present to help mediate issues as they arise within the school day, some found it difficult to navigate the boundaries of their responsibilities when it came to students' use of social media websites such as Facebook. For example, if information posted on a student's personal profile indicates he has relapsed, or that there are problems between two recovery school students, should the school staff member respond? The small size of the schools, therefore, creates challenges for students who have negative experiences with particular peers and are then unable to change peer groups within the school, and for staff as they work to create appropriate intimacy and boundaries in the recovery high school community.

The small size of the schools, however, could also lead to a greater accountability among students. Several staff members reported an atmosphere in which secrets were difficult to keep, especially as they pertained to sobriety. In the same way that peers at times held each other accountable in a one-on-one relationship, there was a sense among staff that the community also provided a certain level of accountability. One school counselor described this phenomenon: "...there can be times where you just feel energetically that there's an undercurrent of something but you don't know exactly what it is. And then that's when you sort of realize well So-and-So knows that So-and-So is using" (counselor, school 2). In this way, the general sense of peer relationships at times provided staff members with information that was useful in holding students accountable to their commitment to sobriety.

In addition to peer dynamics common among adolescents and dynamics related to accountability, recovery school staff also discussed issues that were commonly experienced by adolescents in recovery, regardless of whether they attended a recovery school. Family members, school staff, or stipulations of adolescents' treatment plans often compel many youth in recovery to sever ties with their former friend group if those peers provided the environment where the student engaged in drug use. For students who have to sever these ties, they often face the unique challenge of dealing with their addiction while also trying to overcome a sense of social isolation. One school social worker described this dilemma:

[Students in recovery] really struggle with boredom and loneliness and that's something they all report. A lot of them turn to the Internet and they turn to gaming and they seclude themselves even more which is something we keep wanting to work through... I think there's some, there's connectedness, but it hasn't gotten to the point of necessarily hanging out, out of school. And some of that could be barriers of transportation and things like that. (social worker, school 4)

Although this staff member sensed that there was potential for recovery high school students to fill the social void for one another, he also acknowledged the practical issues that can hinder those connections. In addition to difficulties finding reliable and safe transportation, the population of students within a recovery high school is also relatively transient. Staff

members at all schools described widely varying lengths of enrollment in the recovery schools, ranging from a few days to a few years, with frequent turnover of some or all of the student population. The practical issues faced by students in recovery, such as finding transportation and the acknowledgment that the community is only a temporary place for most students, likely contribute to staff members' perception that it can be quite challenging for students to provide extensive mutual support to one another outside of the school day.

Sense of Community

Despite the challenges faced by a school with a small number of students, school staff spoke at length about the positive sense of community experienced by students and staff at the recovery high schools. In fact, some school staff even considered this one of the defining features of a recovery school, and perhaps one of the “active ingredients” that helps schools provide a unique experience for students in recovery. As one counselor commented, “So that's to me what a recovery school is all about. That intimacy... that sort of, you know, really getting to know people... I just don't know if you'd have that in another setting” (counselor, school 2). In discussing the intimacy experienced within the school setting, several staff members used familial language to describe the relationships. As one principal described this closeness,

So many [recovery high school students] don't have a family, you know, and we, almost the program becomes their family, so they really depend upon each other and upon us. We see a lot of them come back just to update us on how they're doing. (principal, school 6)

In other words, the recovery school provides a close-knit, supportive environment for many students. In addition to support, school staff described the recovery schools as – like a family – also requiring structure and enforcing particular rules. One of the school counselors discussed this, saying, “They can't hide here. They're accountable for their actions because there's a focus on it. There's a sense of community and family here that they, a lot of the students take pride in and want to do well” (counselor, school 1). Recovery high school staff, therefore, envisioned a community that provides accountability through building trusting, familial relationships.

This strong sense of community, however, did not occur naturally, but required intentional work to foster positive relationships among students and between staff and students. The director of one school explained this, saying, “You have to work it, you know, the site's so small if you don't work as a community you're toast, and so we work as a community” (director, school 4). Part of the work toward building a community is done by the school staff. Staff members described the ways in which teachers, counselors, and directors all work to build supportive relationships with students. For example, some schools allow students to call teachers, counselors, and even principals by their first name, and provide students with the staff members' cell phone numbers so students can text if they need support during after school hours. Adults in the school also work to build a sense of community through the daily check-in times with students, providing a space to build trust amongst one another and develop a greater understanding of the unique challenges faced by each person. For some staff members, maintaining a positive sense of community was one

of their main goals and responsibilities within the school; “this community.. that’s part of my job is to help protect that, you know, in the school” (counselor, school 1). Students and staff, therefore, work together to establish a positive sense of community that is supportive of students’ recovery.

Discussion

When discussing peer influence in schools, staff discussed the positive aspects – encouraging one another, connecting each other with community resources, and providing empathy and accountability – far more often than they discussed negative aspects – pressure to use drugs or negative relationship dynamics. In general, recovery school staff seemed to believe that students supported one another in recovery and provided emotional, informational, and affiliational support. This picture of peer support, however, was not overly romanticized. Recovery school staff also discussed the complexities involved in working with a community of adolescents who are all in recovery, from the challenges posed when any one member of the community relapses, to the potential dangers of one student’s relapse leading to the relapse of many. Although instances of negative peer influence were discussed, they were usually paired with an account of how the problem was addressed in a way that would maintain the supportive nature of the community. In sum, then, recovery school staff members seem to acknowledge the possibility of iatrogenic effects within the recovery school but work actively to minimize those and maximize peer support.

Despite the sense that peers in the recovery high school community influenced one another in positive ways, there was also a sense that positive peer influence was reserved for particular peers – only those with a very serious commitment to sobriety – and that “other” peers were the source of negative influence. When recovery school staff discussed the friendships students had prior to treatment or outside of the recovery high school, it was almost always assumed that those friendships would have to be severed to prevent those peers from negatively influencing the recovery school student. In this way, a seeming dichotomy was established between “good” peers and “bad” peers, where good peers were those in the recovery school, and bad peers were those outside of the school. There was, however, considerable gray area to be dealt with in this dichotomy. For example, when a student in the recovery school relapsed and subsequently caused another student to relapse, that first student then shifted from a positive support to a negative influence and school staff suggested that this student leave the school. However, for other students, relapse was dealt with as a whole community, and students were asked to provide extra support and accountability to peers who relapsed.

This dichotomization of peers as either positive or negative influences on recovery school students leads to many questions that recovery school staff must continually endeavor to answer. For example, who decides which peers are positive influences and which are negative? How do adolescents transition from one category to the other, and how flexible are these boundaries? More broadly, it’s important to ask at what point adolescents have the opportunity to move from passive recipients of positive or negative influence from their peers to become active agents who are encouraged to positively impact their peers.

Recovery school students seem to experience both classifications; on the one hand, their peers in the school influence them, but they are also encouraged to support one another and to provide the type of support that they know is important for recovery. Finally, at what point do recovery high school students move beyond their recovery school peers to positively impact the “other” peers who are outside of the recovery community, particularly their friends with whom they previously engaged in substance use? One recovery school staff member described work students at that particular school did in going to traditional local high schools to talk about recovery and available resources, but this was not an activity that was reported by other recovery high school staff members (although we did not ask about this directly). These are all important questions for recovery school staff members – and students – to consider as they work toward building a positive community of recovery support.

As students and staff work toward creating a community that fosters positive, supportive interactions among peers, they are also shaping the overall school climate and sense of community. Perhaps, as suggested based on Bryant and colleagues' (2003) study, positive school bonds mitigate the potential for iatrogenic effects among peers in recovery. As recovery school staff described the relationships among individual students, they often situated their comments within a discussion of the community more broadly, conveying a sense that the individual and communal dynamics are inextricably linked. The presence of strong, positive bonds with the community, therefore, might help to diminish some of the potential negative influences that occur within individual peer relationships. Finally, recovery school staff also indicated that this sense of community, built on a foundation of positive peer support, is a key aspect of the recovery high school program.

Limitations and Conclusion

Conclusions based on this study are limited due to the qualitative nature of the data. The data reviewed here help us understand how staff members at recovery high schools in one geographic area understand peer relationships among students in their particular schools. In discussing peer influence among recovery high school students, however, we cannot eliminate the possibility that adolescents who choose to attend recovery schools are somehow different than the broader population of youth in recovery, limiting the generalizability of the data. We also acknowledge that more data should be collected that could provide more insight into the nature of peer relationships in recovery high schools. Specifically, future research should ask adults more specific and probing questions about peer relationships, and perhaps more importantly the recovery high school students should also be interviewed to understand their first-hand experiences of both positive and negative peer influences. Finally, a larger quantitative, longitudinal study of youth in recovery that asks recovery high school students about their peer relationships and peer influence over time would add tremendous insight to this discussion. Fortunately, this type of research is currently in progress, through the grant that funded the present study.

Based on interviews with staff members at recovery high schools, we can conclude that peers play an important role in one another's recovery. There is evidence of both positive and negative influences from peers, although the overarching discussion seems to focus on

the positive, supportive roles that peers can play in the recovery process. The influence from peers outside of the recovery school, however, is mostly characterized as risky and recovery high school students are often encouraged to sever ties with their former friends in order to focus on cultivating relationships with sober peers. Future research should continue to explore peer relationships to better understand how to facilitate positive peer influence and how to empower recovery high school students to be agents of positive change in their own lives and in the lives of their peers.

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Biography

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