



Outcomes of Peer Support Groups

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Overview

In 1989 the Washington State Legislature passed the Omnibus Alcohol and Controlled Substances Act (ESSHB 1793) to specifically address the state's concerns regarding alcohol and other drug (AOD) use. One part of this act created the Drug and Alcohol Abuse Prevention and Early Intervention in Schools Program. The Prevention and Intervention Services Program (PISP) provides funds to the Office of Superintendent of Public Instruction (OSPI), which distributes the funds to nine educational service districts (ESDs) and four school districts to support intervention specialists in schools. Intervention specialists provide alcohol and other drug prevention and intervention services to students and their families, assist in referrals to treatment providers, and strengthen the transition back to school for students who have had alcohol and other drug problems.

Intervention specialists provide a variety of services, including support groups in which a large number of students participate. However, support groups may have unintended outcomes. For example, in their statewide evaluation of PISP, Deck and Einspruch (1997) identified an increased likelihood of alcohol use for students participating in an insight group (an early intervention support group). This finding provided evidence regarding the effectiveness of peer-focused strategies that was contrary to expectation and prompted an inquiry into what the research literature says about the effectiveness of these strategies. This report provides an overview of the published research that might have implications on the design of peer support groups. This report is intended for use by prevention and intervention program coordinators in Washington State (e.g, those who coordinate projects funded by PISP, Safe and Drug-Free Schools and Communities, Community Mobilization Against Substance Abuse, etc.). In addition, the report provides a context for additional analyses of PISP outcomes using information from the statewide data collection system. The report also provides direction for program improvement.

Support Groups in Student Assistance Programs

Intervention specialists supported by PISP provide a wide variety of services to students, often under the umbrella of a *student assistance program* (SAP). Among school-based programs, student assistance programs have gained in popularity over the past several years and have been implemented by intervention specialists throughout Washington. Student

assistance programs are rooted in an employee assistance program model and were perhaps best described by Anderson (1993), who offered three definitions of a student assistance program:

The system of all of the things it is necessary to know, think, feel, and do in order to help students deal with all of the ways in which they are affected by their own use of mood-altering chemicals or some one else's. (p. 8)

A team of staff who draft policy language, design procedures, train others, and promote program awareness in order to identify, assess, refer, and support students with alcohol- and other drug-related problems in proportion to their numbers. (p. 10)

A comprehensive and integrated, joint school-community program for providing to all students (kindergarten through Grade 12, districtwide) prevention, intervention, support, and instructional services for the amelioration of alcohol and other drug-related problems. (p. 11)

Promoters of comprehensive student assistance programs suggest that support groups are an essential component of a student assistance program. For example, Anderson (1993) noted that support groups are important because students do not stop using alcohol and other drugs simply because they are told to and because students function in an environment that is often not supportive of healthy behaviors or changes that lead to healthy behaviors. Anderson also noted that support groups are efficient, provide a developmentally appropriate context for changing behavior, and are effective in dealing with alcohol and other drug issues.

However, Anderson did not provide citations of studies that demonstrate this effectiveness, and others have shown that the popularity of student assistance programs is based on the experience of service providers rather than on research into student assistance program effectiveness. Klitzner, Fisher, Stewart, and Gilber (1993) noted that "certain early intervention approaches—especially student assistance programs—are being widely promoted without evidence of their effectiveness" (p. 3). Carlson, Hughes, LaChapelle, Holayter and Deeback (1994) found that the research literature on student assistance programs consists mainly of materials on program design, implementation, and operations. They found few student assistance program evaluations (though these evaluations suggested that student assistance programs are at least somewhat effective) and concluded

that student assistance programs should be treated as “programs in progress rather than established models” (p. 14).

Anderson (1993) noted that defining the intended outcomes for students in a support group is a crucial planning step. The general intent of student assistance program support groups should be “to improve rather than cure” (i.e., support groups are not therapy groups). Student assistance program support groups should have two general goals: developing students’ abilities to cope with substance-related problems and enabling students to make use of available resources. The two most important goals for a personal change group are allowing students to begin to define their own use of alcohol and other drugs as a problem and then providing them with the knowledge, skills, competencies, and support necessary to modify their substance use in the direction of abstinence. Topics for substance use-focused groups may include information about the continuum of substance use experience, personal communication skills, the consequences of substance use, alternatives to substance use, the economics of substance use, peer pressure, and decision making. Anderson also noted that students who are appropriate for one type of group should not be placed in a group intended for students with a different type of need. For example, “it would be highly inappropriate to mix students who have elected a use-focused group in lieu of suspension with students who have returned to the school from a treatment program” (p. 180).

Benard (1990) supported the use of peer groups, suggesting that schools adopt a peer resource model of education in which schools and classrooms are restructured so that youth (from early childhood on) are provided with ongoing opportunities to serve as resources to one another. Among Benard’s several rationales for peer resource programming is that it helps reduce substance use among youth (based on findings from Tobler’s 1986 and Bangert-Drowns’ 1988 meta-analyses). Benard detailed several critical aspects of peer programs, including training in social skills and heterogeneous composition.

Intervention specialists hired through PISP make extensive use of student support groups. Deck and D’Ambrosio (1998) reported that in 1997–98 a total of 19,625 students received direct services from the program, of whom 9,933 (51 percent) participated in support groups. Insight group was the most common support group, serving 5,582 students (28 percent of the total number of students who received direct services). Insight group is an early intervention group in which students who are using alcohol or other drugs are challenged to consider the reasons for and consequences of their substance use (see, for

example, Crowley, 1988). Consistent with the content of Anderson's (1993) personal change group, students in insight group may examine their substance use and related behaviors, develop problem solving skills, develop communication skills, and be encouraged to build positive bonds with others.

Unanticipated Outcomes of Support Groups

In spite of their popularity, support groups may have unintended outcomes. In their statewide evaluation of PISP, Deck and Einspruch (1997) reported that satisfactory participation in support groups by students who were referred for services due to substance use was associated with increased alcohol use (and had no impact on marijuana use). To explore this finding more fully, an analysis was conducted for students who were referred to insight group. Students with satisfactory participation in insight group were approximately one and one-half times more likely to report alcohol use at the end of that school year than those students who were referred but refused participation or did not actively participate in the group (after controlling for the effects of other forms of participation, such as parent participation and case management services). Group participation did not lead to increased marijuana use, but neither was it effective in reducing marijuana use. Thus the authors noted that insight groups may have an undesired effect, at least when used in isolation, perhaps because the students' close association with substance-using peers may lead to relationships that support rather than discourage use. This finding of unintended outcomes of support groups prompted the question of whether there are differential outcomes for peer support programs that bring youth together to share and discuss their experiences versus programs that teach youth specific skills for reducing (or quitting) substance use. If the latter programs are more effective, then questions arise regarding which skills should be taught and which teaching methods should be used.

To address these topics, this report provides an overview of the published research on peer support groups. The sources reviewed for this report were gathered through a search of periodical databases (ERIC, Psychinfo) and library catalogs. Other sources were identified in the reference sections of relevant articles and books. Sources that had been brought to the authors' attention were also utilized. Although there is considerable research literature on prevention and treatment programs, very little research on early intervention programs has been conducted (although it is possible that some research may have escaped identification). There is essentially no published literature studying support groups. It was therefore necessary to draw information for this paper from other related studies of school-

based, peer-oriented programs (although relevant to this paper, they do not emerge from the literature on student assistance programs).

Articles were included in this report if they described an outcome study of a peer-based program designed to intervene with students engaging in early alcohol and other drug use or violent behaviors. Articles that described only process evaluation results or those that reported the outcomes of peer-based primary prevention or adolescent treatment programs were not included (e.g., schoolwide or community-based programs). It is noteworthy, though, that Tobler's (1986) review of the prevention literature found peer programs (which included programs that emphasized either "refusal skills" or "social and life skills") superior to other modalities in reducing substance use, although the alternative approach was highly successful for at-risk youth. In addition, Botvin's (1996) Life Skills Training (LST) is a prevention program that utilizes cognitive-behavioral methods to affect drug-related expectancies, teach skills for resisting social influences to use drugs, and promote the development of general personal self-management skills and social skills. LST has been effectively led by peers.

Evidence in Support of the Use of Peer Interventions

A few identified studies lend support to the use of peer interventions. In general, these programs were skills oriented and sought to develop in students some set of personal, social, peer resistance, assertiveness, communication, decision making, or goal setting skills. The content areas of each of these programs is summarized in Table 1.

Substance use intervention. Bruce and Emshoff (1992) studied an early intervention program for high-risk urban youth aged 11 to 17, which also included a parent participation component. Bry and MacGreene (1990) described a series of studies by Bry that found a significant impact for an early intervention program, but noted the necessity for three program components—teacher reports, weekly group meetings with students, and contact with parents—to all be in place. Glider, Kressler, and McGrew (1992) described a peer support retreat approach to alcohol and other drug prevention that included activities focused on communication skills, problem solving, design making, refusal skills, alcohol and other drug information, and knowing oneself. Toward the end of the retreat participants wrote a commitment to a drug-free lifestyle (signed and witnessed by two peers) and developed individual short-term goals and action plans.

Violence intervention. Tremblay, Pagani-Kurtz, Masse, Vitaro, and Pihl (1995) found that a two-year prevention program which included a home-based parent training component and a school-based social skills training component helped boys remain in an age-appropriate regular classroom up to the end of elementary school and to be less involved in delinquent behavior during early adolescence. The program delivered the social skills training component in the context of a small group that included three prosocial peers for each disruptive boy. Hudley and Graham (1993) studied an attributional intervention designed to reduce aggressive males' tendency to attribute hostile intentions to peers following ambiguous peer provocations. Aggressive and nonaggressive students were included in the intervention groups (the nonaggressive students were included to avoid stigmatizing research subjects and to provide aggressive students with an opportunity to interact with positive peer models).

Table 1. Content of Studies Supporting the Use of Peer Interventions

Study	Content
Super II Program (Bruce and Emshoff, 1992)	<p>Program goals included increased knowledge of drugs, communication techniques, and parent knowledge about how to talk to their children about drugs.</p> <p>Additional goals included increased parent-child communication, youth assertiveness and self-esteem, parent esteem for the youths, resistance of the youths to use drugs, family functioning, and decreased drug use.</p>
Early Secondary Intervention Program (Bry and MacGreene, 1990)	<p>Students received points for behaviors that reduced their drug abuse risk factors. All three program components (teacher reports, weekly group meetings with students, and contact with parents) were necessary for significant impact.</p>
Peer support retreat (Glider and Kessler, 1992)	<p>Activities focused on communication skills, problem solving, decision making, refusal skills and alcohol and other drug information. Workshops were conducted interactively and emphasized knowing oneself. Participants signed a witnessed commitment to a drug-free lifestyle, determined individual short-term goals, and developed action plans.</p>
Bimodal preventive intervention (Tremblay et al., 1995)	<p>Parent training included a parent reading program; teaching parents to monitor their children's behavior; and reinforcing prosocial behavior, effective discipline, family crisis management techniques, and the transfer of knowledge to new situations.</p> <p>School-based training included social skills, problem solving, and self-control in conflict situations.</p>
Hudley and Graham, 1993	<p>Attributional intervention to strengthen aggressive boys' ability to accurately detect social intentions by peers and to increase the likelihood of attributing nonhostile intent when social intent is ambiguous.</p>

Evidence That Does Not Support the Use of Peer Interventions

In contrast to the studies that support the use of peer interventions, there is also evidence in the literature that peer interventions may have unintended consequences such as those Deck and Einspruch (1997) observed. As indicated, some of these studies come from fields other than substance abuse intervention because so little literature exists regarding intervention in general and peer programs in particular. In general, these programs brought youth engaged in unhealthy behaviors into close proximity with one another. They also tended to be interaction oriented rather than skills based. The content areas of each of these programs is summarized in Table 2.

D. Gottfredson (1998) reviewed peer counseling as an approach to delinquency prevention, which usually involves an adult leader guiding discussions in which youth are encouraged to recognize their problems. Peer pressure to adopt prosocial values is expected to occur during peer counseling. G. Gottfredson's (1987) evaluation of a large-scale school-based program found that high school youth reported significantly more delinquent behavior, tardiness to school, and "waywardness" and less attachment to their parents. The author presumed that sessions backfire when students are brought into close association with negative peers. D. Gottfredson concluded that effective substance abuse intervention methods include programs that clarify and communicate behavior norms, comprehensive instruction programs that focus on a range of social competency skills and that are delivered over a long period of time, and behavior modification programs and programs that teach "thinking skills" to high-risk youth. D. Gottfredson also concluded that ineffective substance abuse intervention methods include counseling students, particularly in a peer group context; offering alternative activities in the absence of more potent prevention programming; instructional programs focused on information dissemination, fear arousal, or moral appeal; and affective education.

A similar finding was reported in Dishion, Andrews, Kavanagh, and Soberman (1996). In their study of the Adolescent Transitions Program (ATP), participants in the teen-focused group showed an increase in knowledge and a decrease in negative family interactions, although they also showed increased problem behavior at school compared with the control group and increased substance use (mainly tobacco and alcohol). In contrast, there was a modest trend for youth in families that received parent intervention to smoke less than the youth in the control group. The results suggest that promoting parenting skills is the optimal intervention strategy in terms of minimizing unintended effects and producing

positive outcomes. Including high-risk youths in homogeneous intervention groups can actually make substance use and problem behavior at school worse.

Dishion, McCord, and Poulin (in press) researched the influence of deviant friendships on increased problem behavior in adolescence and found that “deviance training”—positive reactions to rule-breaking discussions—was associated with an increased likelihood of tobacco, alcohol, and marijuana use; delinquency; and violence. The authors concluded that deviant talk is a tool high-risk youth use to formulate friendships and that high-risk peers will support each others’ deviant behavior. This conclusion was supported by their study of the Adolescent Transitions Program. The authors also reviewed the Cambridge-Somerville Youth Study (Healy and Bronner, 1936; Powers and Witmer, 1951), which used a comprehensive approach to crime prevention based on the need for high-risk youth to receive affectionate guidance. Iatrogenic effects were shown for boys who had been sent to summer camps throughout the region (camps not dominated by the participation of high-risk youth). Most of the damaging effects of the program appeared among boys who had been sent to camp more than once. Both studies suggested that youth already engaged in problem behavior showed an increase in that behavior—not that less deviant youth were influenced by the peer group. The authors also noted that when expressions of deviant values form the grounds for a relationship within a group, the values are as good as the deviant behavior itself. Thus they hypothesized that expressions of deviancy within the group may have increased the participants’ investment in a delinquent lifestyle.

Tolan and Guerra (1994) also reviewed programs designed to reduce adolescent violence. Among the programs reviewed, the peer group interventions emphasized modifying antisocial behavior by changing the nature of peer group interaction. These programs may focus on shifting peer group norms, preventing association with antisocial peers or redirecting peer group behavior, and involving youth in conflict resolution (peer mediation). One of the most common programs designed to restructure peer interactions to increase conformity to prosocial norms is guided group interaction (GGI). Overall, studies have shown that guided group interaction is not effective, and some studies in high school settings have shown it to have negative effects on attitudes toward school and delinquencies. Feldman (1992) studied an intervention that contrasted traditional social work, guided group methods, group-level behavior modification, and minimal treatment. The study groups varied in terms of whether prosocial peers were integrated with at-risk subjects due to high rates of conduct problems. The behavior modification group showed better outcomes than the guided group interaction group, although not better than participants in the minimal treatment control group. Results also showed that antisocial

behavior decreased in groups in which nonreferred (prosocial) peers were integrated with at-risk students but not in delinquent-only groups—prosocial youth apparently maintained their prosocial attitudes and behaviors and were able to influence the at-risk youth. Feldman concluded that integrating prosocial peers with at-risk youth is effective, but directly attempting to change delinquents' norms is not.

Mondeaux, Hahn, Laws, Mackin, and Mitchell (1998) evaluated a program funded by the Center for Substance Abuse Prevention (CSAP) designed to reduce the negative impact of childhood abuse and enhance the healthy, positive development of adolescent females in high school (the program specifically intended to reduce substance use among participants). Interventions included skill building, knowledge enhancement, advocacy, and peer support. The authors reported that at the end of the yearlong program, participants reported higher rates of marijuana use than students in the control group. (The authors also noted that program staff felt confident that participants had underreported their substance use at the beginning of the program). Pursuant to discussion of the strong recommendations suggested by the results, program staff addressed substance abuse more directly the following year. Mondeaux, Hahn, Brown, Fusco, and Mitchell (1998) reported that at the end of that year substance use rates did not differ between students in the program and control groups, although students who had participated more fully in the program reported less substance use than did students who had participated less fully.

Table 2. Content of Studies That Do Not Support the Use of Peer Interventions

Study	Content
Review of school-based crime prevention (D. Gottfredson, 1998)	Effective substance abuse intervention programs clarify and communicate norms about behaviors, are comprehensive and include a range of social competency skills, and are delivered over a long period of time; behavior modification programs and programs that teach thinking skills to high-risk youth can also be effective. Ineffective substance abuse intervention methods include counseling students, particularly in a peer-group context; offering alternative activities in the absence of more potent prevention programming; instructional programs focused on information dissemination, fear arousal, or moral appeal; and affective education.
Adolescent Transitions Program (Dishion et al., 1996)	The parent group curriculum included prosocial fostering, limit setting, and problem solving. The teen group curriculum included setting behavior change goals, developing small steps toward goal attainment, developing and providing peer support for prosocial and abstinent behavior, setting limits, and learning problem solving skills. Families also received consultation sessions.
Review of iatrogenic effects (Dishion et al., in press)	See the description of the Adolescent Transition Program. Cambridge-Somerville Youth Study used a comprehensive approach individualized to the needs of boys and their families (e.g., tutoring, shopwork, mentoring, organizing medical treatment, participation in summer camp, etc.).
Review of violence intervention (Tolan and Guerra, 1994)	Research supports cognitive-behavioral programs (especially those that combine problem solving skills with other cognitive skills and that provide extensions into real-life settings) and family-targeted interventions (those that focus on improving parent behavior management skills, promoting emotional cohesion within the family, and aiding family problem solving). Research has shown that guided group interaction with at-risk or antisocial use has a negative effect.
Project Chrysalis (Mondeaux, Hahn, Brown, et al., 1998; Mondeaux, Hahn, Laws, et al., 1998)	Interventions included skill building, knowledge enhancement, advocacy, and peer support.

Conclusion and Implications for Practice

Overall there is very little published literature that directly addresses peer support groups that intend to intervene in youth alcohol and other drug use. The studies cited in this report provided conflicting evidence on the effectiveness of peer-based early intervention programs. Although some studies found that particular intervention programs were effective in reducing adolescent substance use, others found the undesired effect of increased use. Notably, the programs that provided the greatest support for peer-based interventions were those that included a strong focus on skill building. There is also

evidence that peer support groups can have other unintended outcomes. No definitive studies to test the hypothesis exist, but researchers suspect that unintended outcomes arise when students are placed in close association with antisocial peers and use the opportunity to express and reinforce deviant norms. It is possible that these findings may be generalized to peer support groups that target other concerns, such as groups for students affected by the substance use of significant others in their lives or groups for students who exhibit violent behaviors.

PISP in Washington has provided direct services to approximately 20,000 elementary, middle, and high school students each year since 1989. Support groups represent one of the primary services provided to these students. Given the 1997 statewide evaluation finding of increased alcohol use among students who participated in early intervention support groups (in isolation of other interventions), it is important to consider how these groups are implemented. For example, it is essential to have a clear and consistent answer to questions such as, "What is the purpose of an insight group?" and "How should insight groups be conducted?" The lessons from the studies cited in this report should be considered as PISP support groups are implemented.

Changing the program curriculum may impact student outcomes if the group leader and the curriculum do not directly address the reduction of substance use as a goal. Results from Mondeaux, Hahn, Brown, et al. (1998) revealed that students in the study's program group reported higher rates of marijuana use than did students in the control group (although participants may have underreported their level of use at the beginning of the program). The evaluators also noted that the program curriculum did not directly address substance use behaviors, and further discussions suggested that staff reactions to disclosures of substance use could at best be described as enabling. The following year program staff addressed this concern more directly, which may in part explain why those results (Mondeaux, Hahn, Laws, et al., 1998) showed that students in the two groups did not differ in their use rates (which represents an improvement over the results from the previous year). The results also showed that students who participated more fully in the program reported less substance use than students who participated less fully.

PISP itself also provides an example of how changing the curriculum may exert an impact on program results. In response to the finding of increased use among insight group participants in 1997, state and local efforts were made to better define the content of the group and to bring the group in line with state school reform efforts (the essential academic learning requirements in particular). As a result, in some PISP sites manuals have been

prepared for intervention specialists to use in delivering early support group services. Results from the 1999 evaluation of PISP no longer suggested the increase in alcohol use for insight group participants, but the results also failed to show any positive impact that was not accounted for by participation in other program activities (Titus and Deck, 1999).

The following suggestions based on the studies reviewed in this report and the authors' experience with PISP are offered for program-sponsored peer support groups that intend to intervene in early adolescent substance use:

1. Groups should be based on specific activities designed to enhance skills rather than simply be a time for students to interact with each other in an unstructured environment that promotes the sharing of deviant norms.
2. The adult group facilitator needs to directly address substance use behaviors and should deliver a clear message that substance abuse is unacceptable, while still nurturing the trust and respect of the participating students.
3. Careful consideration should be given to the membership composition of early intervention peer support programs (e.g., whether new and more experienced substance users should be in the same group or whether new users and highly deviant users should be placed in the same group).

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