Adolescent Recovery From Substance Use in Alternative Peer Groups: A Revelatory Case Study

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Abstract

The researchers conducted a revelatory case study of the alternative peer group model through an exploration of experiences of former clients of a recovery support group for youth. A phenomenological approach was employed, and 11 alumni who have maintained long-term sobriety since attending the program in the 1970s and 1980s were interviewed. Findings are presented on the lived experiences of the participants including the following themes that were identified: relationships, before and after sobriety, and resentments.

Keywords

adolescence, drug use, alternative peer group, revelatory case study design, phenomenology

In spite of a decrease in drug use among adolescents, according to the National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration in 2014, recent statistics paint a grim picture of drug and alcohol use among minors aged 12–17. In 2013, 2.2 million adolescents in this age-group (8.8% of adolescents) were current illicit drug users, and 11.6% of them were current alcohol users, representing 2.9 million adolescents. Many of these adolescents reported past month binge drinking (6.2% or 1.6 million adolescents) and 1.2% (293,000 adolescents) were heavy alcohol users (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b).

Hogue, Henderson, Ozechowski, and Robbins (2014) in their update on evidence-based treatment for adolescent substance use noted that treatment modalities continue to improve particularly over the past 5 years. However, they pointed out the disparity between services needed and services provided, noting that only 7% of youth who needed alcohol and drug abuse treatment actually received these specialized services (U.S. Department of Health and Human Services, 2011). To further complicate the recovery process for adolescents, even if they receive treatment, often environmental factors support a return to regular use post-treatment (Finch, 2007). As Finch points out,

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studies on posttreatment care are far outnumbered by prevention and treatment studies. With a mere 7% of youth receiving treatment, it is difficult to fund programs that support ongoing recovery.

**Recovery Support Groups**

Without recovery programs, individuals are likely to return to the same environments after treatment (White, 2009), including their negative peer groups. Therefore, recovery programs are an important part of adolescents maintaining sobriety. In a review of recovery supports, Fisher (2014) concluded that individuals need a new environment that will help support their recovery after treatment, and she found two basic forms discussed in the literature: formal aftercare services connected to treatment centers that often charge clients to attend and recovery communities not tied to treatment centers that are free.

Recovery communities involve more positive peer support than the aftercare services. These communities, whether they be academic or institutional recovery communities, or recovery communities founded on the 12-step program, including Alcoholics Anonymous (AA), Narcotics Anonymous, or Alternative Peer Groups (APGs), consist of drug-free environments that include positive peer support (Fisher, 2014). Although there are differences among recovery communities, there are a couple of commonalities, namely, the inclusion of peers and a group context.

Within a therapeutic group, Yalom and Leszcz (2005) found that the process of change can be related to 11 therapeutic factors found in groups. However, not all factors are present in all groups, but generally speaking, it is better to have more factors to increase the likelihood of change in members. The 11 factors include instillation of hope (optimistic that recovery is possible), universality (not feeling alone with one’s problems), imparting information (teaching about recovery from the problem), altruism (helping others), the corrective recapitulation of the primary family group (identifying and changing how one functions in their primary family through the group process), development of socializing techniques (learning new social skills to deal with problems), imitative behavior (following behavior modeled by others), interpersonal learning (learning about self and others), group cohesiveness (feelings of belonging), catharsis (the release of pent-up emotions), and existential factors (knowing that life and death are evident; Yalom & Leszcz, 2005, p. 1).

The 11 therapeutic factors found in groups are not arbitrary concepts. Change is complex and these factors help professionals understand why groups are effective. There is some evidence for the general effectiveness of the recovery process (Reif et al., 2014), but it is more limited than treatment research (Hogue, Henderson, Ozechowski, & Robbins, 2014). In a review of literature (Reif et al., 2014), researchers reviewed peer recovery support programs from 1995 through 2012. In this review, they found 10 studies, including 2 experimental, 4 quasi-experimental, 4 pre–post service designs, and 1 review. The peer recovery support groups included peer counseling; peer-delivered, evidence-based treatment; various peer-led services used in conjunction with treatment; paid mentors; and peer-led mobile outreach services. All recovery groups had promising outcomes, stating that peer support improved sobriety outcomes. However, long-term sobriety outcomes measured were 3 years or less. In our review of the literature, we failed to find any studies addressing long-term sobriety (e.g., 20 years or more). As such, the focus of this research project was on recovery and the elements that made long-term sobriety possible for youth who participated in an APG intervention.

**Background of the Study**

The unit of analysis was a group of men and women in recovery who have experienced long-term sobriety (12–42 years). This group was chosen because each person in this group participated as an adolescent in an intervention that has the potential to be effective and available to large numbers of adolescents who
struggle with substance use problems. The participants in our study were clients during the 1970s and 1980s of the Palmer Drug Abuse Program (PDAP), the first program, specifically for adolescents, to use peers to support each other in recovery. Based on the Twelve Steps (AA, 2001), PDAP is modeled to provide assistance to young people through an intervention known as Alternative Peer Group. The APG is a comprehensive recovery support program based on social influence theory (Maxwell, 2002) and offers peer support, 12-step meetings, social functions, individual counseling, family support, and psychosocial education (Collier, Hillyer, & Onwuegbuzie, 2014).

The first PDAP was founded in Houston, Texas, and is a free substance abuse recovery support group dedicated to helping teens, young adults, and their parents deal with youth drug and alcohol problems and is open to any adolescent and his or her family in the Greater Houston Area. One PDAP staff member described the organization as follows: “PDAP is an intervention of attraction. Teens come to us because they want to lead drug free lives; they want to change the way they are behaving and they need support” (personal communication, 2014). The PDAP Executive Director, Dr. Danielle Lutz, reported that sobriety rates based on more than 30 days of abstinence were 78% in 2013 and 79% in 2014 (personal communication, 2015).

Our research team conducted a systematic review of the literature (included in the Elton B. Stephens Company database from 1990 to the present) on APGs and/or the PDAP in Houston, Texas, and found limited results relevant to long-term sobriety after involvement in an APG. In their article on adolescent recovery support, Collier, Hillyer, and Onwuegbuzie (2014) reported that the PDAP “suggests the APG [Alternative Peer Group] model has played a key role in the formation, growth, and maintenance of the adolescent and young adult recovery community in Houston, TX. However, to date, no study has examined the factors that contributed to the growth and sustainability of this community …” (p. 49). One recent dissertation was located in which the APG was the central intervention being studied (Nash, 2014), however, the researcher of that study interviewed parents, current clients, and recent alumni who had participated in an APG at a treatment facility rather than alumni who have experienced long-term sobriety and who attended a community-based, nonprofit organization. The results of Nash’s study indicated that the participants relied on relationships with role models who were also in recovery and a higher power for support in recovery. Additionally, unconditional love, fun, hope, accountability, the 12 steps, and family support were among the other important components of the APG. Nash also cited fear of premature removal from the program by parents, pain, isolation, and stigma as the elements that could potentially jeopardize the recovery process for adolescents.

Laudet and White (2008) noted that most studies on addiction focus on substance use outcomes rather than the broader importance of recovery capital such as life meaning, social support, spirituality, religiosity, and 12-step meetings as important venues for staying sober. To date, we know of no other peer-reviewed research that has focused on the lived experiences of alumni of the APG intervention who have experienced long-term sobriety making this case study the first of its kind, and thereby, revelatory (Yin, 2014), of its own accord. Yin stated that a rationale “for selecting a single case is that the researcher has access to a situation previously inaccessible to empirical study. The case study is therefore worth conducting because the descriptive information alone will be revelatory” (p. 52). The aim was to explore the experiences of participants in an APG in order to address the gap in the literature relevant to the success of APGs in general and specifically at PDAP in Houston, Texas. The following research question was addressed: What were the lived experiences of alumni clients of a recovery support group for youth who have experienced long-term sobriety?

**Method**

A phenomenological approach was employed as a general lens through which to present an
investigation of the experiences of alumni of a recovery support group for youth. Our aim was to uncover and describe the essence of participants’ lived experiences as described by Giorgi (1997). As such, comprehending the essence of the participants’ experiences and the participants’ relation to the experiences to more fully understand the role of APGs in adolescent recovery from drug and alcohol abuse was critical to the study. Moreover, using qualitative data attained through a series of interviews, an exploration of what it meant to be a member of an APG was conducted, and then this human phenomenon of recovering from drug and alcohol abuse as teens and young adults by participating in an APG was described.

Participants
A purposeful sample of self-identified alumni of PDAP was contacted. All of the participants were members of a private online social media site made up of former clients of PDAP. Although the research team did not have access to the site, one member of the site was contacted by e-mail through a relationship with the PDAP Executive Director, Dr. Danielle Lutz, and the member posted the invitation to participate on the social media site for any members. Nineteen e-mails indicating an interest in the project were received, and each potential participant was mailed the informed consent and the demographic survey. Eleven members of the social media site who originally responded to the invitation to participate were contacted for telephone interviews. One male participant agreed to be interviewed, but did not send in the demographic survey, and, thus, is not included in the demographic information. Participants included 60% (n = 6) females and 40% (n = 4) males. Participants who were associated with PDAP for more than 5 years included 90% (n = 9), and those who attended the support group from 2 to 3 years included 10% (n = 1). The mean age of participants is 56.9 years, and the mean years of sobriety is 31.3 years.

Instrumentation
Ten participants completed a demographic survey prior to the interviews, and one participant declined completing the survey but agreed to be interviewed and signed the consent. The survey included the following information: age, gender, ethnicity, education, employment, length of attendance in PDAP, age of first alcohol/drug use, number of relapses, number of years sober, number of years of alcohol/drug use, ever been in inpatient treatment, completed inpatient treatment, ever been in outpatient treatment, completed outpatient treatment, attended individual therapy, and attended group therapy. The purpose of the demographic survey was to gather descriptive information about the participants to understand more fully who they were.

A structured interview protocol was conducted with each participant. The interview questions were based on information relevant to APGs (Binarium Productions, 2011; Collier et al., 2014; Nash, 2014; PDAP, n.d.) and basic peer-reviewed literature about teen drug and alcohol use and recovery (Dasinger, Shane, & Martinovich, 2004; Finch, 2007; Johnston, O’Malley, Bachman, & Schulenberg, 2011; Kaplan, 2008; SAMHSA, 2014a). Four main questions and five subquestions were used in the interview protocol (see Table 1).

Data Collection Procedures
The project was approved by the Internal Review Board at the authors’ university in the southwestern United States prior to beginning the study. The invitation to participate was posted on a social media site of former PDAP clients, and participation was voluntary. Persons interested in participating in the study were asked to e-mail or call the principal investigator to set up a date and time for an interview. Each participant was assigned a unique code upon contacting the principal researcher. Once the required documentation was received, the research team conducted the interviews by phone. The interviews were then transcribed by a company that presented the primary
researcher with a confidentiality agreement explaining their secure, encrypted transmission and storage of the audiotape files and subsequent transcriptions. The encrypted transcriptions were stored securely on an external hard drive.

**Data Analysis**

The data analysis process resulted in the identification of phenomenological themes and subthemes. According to Giorgi (1997), a phenomenological research inquiry must first include (a) reading the data, (b) dividing the data into parts, (c) organizing and expressing the data from a disciplinary perspective, and (d) synthesizing and summarizing the data for the scholarly community. The data were analyzed first by reading the transcriptions thoroughly and writing notations in the margins of the documents including the ideas, words, and themes that appeared during the initial reading. Each participant’s words and phrases were typed into an Excel file and color coded based on phenomenological themes. All members of the research team were provided with the Excel file and asked to color code the words and phrases. During the individual coding, the researchers met periodically to discuss their progress. Once the initial coding was completed, the researchers met to reach consensus on the themes. A list was compiled of the suggested themes, and then revisited later to allow for new ideas about the themes that may have emerged. Once again consensus was reached, and after several meetings, it was determined that the essential essences of the participants’ experiences had been captured.

**Credibility, Trustworthiness, and Limitations**

Benge, Onwuegbuzie, and Robbins (2012) provided examples of possible threats to internal and external credibility in qualitative research, and the threats to credibility that were relevant to this study were researcher bias, observational bias, reactivity, and confirmation bias. Researcher bias can occur when the researchers’ preconceived ideas about the phenomenon influence the outcome of the study. To minimize this threat, the research team engaged in peer debriefing often and maintained an audit trail as they collected and analyzed the data. To minimize observational bias or gathering insufficient data, participants were provided time to discuss anything that came to mind that wasn’t discussed during the interview protocol. Additionally, participants were contacted after the initial interviews to conduct member checking and to ask their thoughts on the results. To minimize reactivity or the novelty effect, the interviewers reviewed the informed consent with each participant and answered questions about the study before conducting the interviews. Additionally, data triangulation including multiple interviews, member checking, and researcher reflexivity was used to minimize reactivity.

The last threat to validity in this study was confirmation bias that can manifest when the researchers interpret the data as favorable to their biases about the phenomenon. To minimize

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**Table 1. Interview Questions.**

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<th>Number</th>
<th>Question</th>
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<td>1.</td>
<td>Describe your experience of being a participant in the Palmer Drug Abuse Program (PDAP).&lt;br&gt;a. What did the program teach you about substance abuse? &lt;br&gt;b. What did the program teach you about yourself? &lt;br&gt;c. What behaviors changed as a result of your participation in a 12-step program? &lt;br&gt;d. What attitudes changed as a result of your participation in a 12-step program? &lt;br&gt;e. What beliefs changed as a result of your participation in a 12-step program?</td>
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<td>2.</td>
<td>What have you pushed yourself to do or learn since being in PDAP?</td>
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<td>3.</td>
<td>Have you reached out to help others and how?</td>
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<td>4.</td>
<td>How have you expressed your gratitude for your participation in PDAP?</td>
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Nelson et al. 5

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confirmation bias, the researchers engaged in peer debriefing throughout the data interpretation phase, maintained an audit trail, and used the participants’ exact words and phrases in analyzing and reporting the data. Member checking was also employed. Additionally, frequency counts were reported rather than using vague terminology. Using exact counts of words and phrases rather than general identifiers such as many, most, or some provides more precise information about the results and has the potential to minimize the threat of confirmation bias.

Limitations to the Study

Limitations are inherent in any research study, and several limitations to the current study are noted here. Although the three interviewers practiced an interview protocol, each interviewer had a unique interview style that may have impacted the interview process. The sample is small, and all of the participants were in the same recovery support group, therefore, generalizability to other APGs or recovery support groups is not possible. Additionally, all of the participants who responded believed that the intervention had worked for them. It is entirely possible that there were clients who did not maintain long-term sobriety and simply did not choose to respond to the invitation to participate in the study.

Results

The initial identification of similar themes resulted in the enumeration of related words and phrases as shown in Table 2. Two major natural divisions of the data were found to be positive attributions and negative attributions. Because there were more positive attributions, the researchers found that two major themes emerged from this group, relationships and before and after. The third major theme, resentments, emerged from the list of negative attributions. The themes and subthemes are (1) relationships, (a) with self, (b) with peers, and (c) with a higher being; (2) before and after sobriety, (a) life lessons, (b) accountability, and (c) giving back; and (3) resentments. A discussion of these themes and subthemes follows.

Theme 1: Relationships

The theme of relationships was prominent in all 11 of the interviews. In addition, we found that three subthemes emerged around the theme of relationships which further delineated the essences of the participants’ experiences: relationship with self (worth), relationship with peers, and relationship with a higher power. Participant H summed up the relationship aspect of the experience of the APG:

Well, when you’re that open to those peers, in and of itself, the discussions let me know that I wasn’t alone, that I wasn’t horribly unique in some of my insecurities and some of impressions about things. And maybe negative thoughts about myself or very conflicting thoughts or feelings about myself and my situation, my family, etcetera. And so, as a result, I started coming away with the idea that I was very normal and that a lot of things that happened to me and the way I felt were very normal. . . . It probably wasn’t until I’d been involved for a couple of years, because I really did start when I was just being 14, so I was pretty young. But I started exploring the idea

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<th>Table 2. Related Words and Phrases.</th>
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<td>Positive Attributions</td>
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<tr>
<td>Self-esteem, self-worth</td>
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<td>Support and connections</td>
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<td>Career and helping others</td>
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<td>Coping skills, responsibility</td>
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<td>12-Step work, higher power</td>
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<td>Awareness, life experiences</td>
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<td>Sober lifestyle, growth</td>
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<td>Positive, powerful experience</td>
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of a power greater than myself, and I started opening my mind to that.

**Relationship with self (worth).** The subtheme of *relationship with self* was identified in every interview and included 32 related words and phrases (see Table 2). All participants found a sense of self-worth, a feeling that they could recover from previous behaviors and live productive lives and that they were surrounded by people who believed in their abilities. Participant I described it as such:

And so the answer lies—and it sounds kind of corny in saying it—but the answer really does lie inside you because it was put there from the beginning. So what you need to succeed literally exists within you. It’s just a matter of figuring out how to tap into that.

**Relationship with peers.** All participants talked about the power of the peer group, and 29 related words and phrases reflected this theme. Participant H said, “And it was almost like it was a better peer group there than the one I had or had been recently deteriorating, as opposed to my friends who joined PDAP.” And Participant J stated:

[I] left all the dope smokers, pill popping and alcohol drinking folks behind and I just started hanging around with these folks who were sober. And so all of a sudden, all the issues that come along with that behavior almost instantly fell away.

**Relationship with a higher being.** All participants discussed some form of higher being and how they came to have a relationship with something more powerful than themselves through their attendance at the PDAP meetings and social functions. Thirty-two words and phrases related to this theme were included in the interviews. Some participants noted that they returned to religious practices. For example, participant D stated:

What PDAP taught me—is it gave me tools for a new way of life. And the 12 steps are tools. And it taught me to surrender things and to have a close relationship with a higher power that I choose to call God.

Participant D continued, “And I also believe that nobody’s without hope. That we all—because God’s a God of miracles.” Other participants talked about a spiritual relationship with a higher power: For example, participant G reported, “You have to surrender and you have to, once you surrender, you need to—you want to be open minded to your own thinking and, oh, by the way, you can trust a power greater than yourself.”

**Theme 2: Before and After**

All participants discussed the changes that occurred in their behavior, their view of life, and how they thought about their drug or alcohol use, before the program and after they had participated. Ninety-three related words and phrases were a good fit with this theme including coping skills, responsibility, honesty, integrity, awareness, experiential learning, sober lifestyle, growth, and achievements as well as others that were derivatives of these words.

**Life lessons.** All of the participants discussed the life lessons learned while in the APG. Participant J summed it up, “Well, it taught me that one, it [addiction] was a medical condition. It taught me that I could recover [from] it. And it taught me life skills, how to develop a network of support, and how to overcome the effects of the disease.” Participant H had this to say:

It was more of a personal discussion about life skills, dealing with things that come up. [So] it was interesting in that it’s almost as if it was very little focus on any kind of pharmacology or any kind of ills of substance abuse chemically or psychologically. It was more about living issues.

**Accountability.** All participants discussed the fact that they became accountable to their peers, the counselors, or to themselves regarding their...
behaviors. They used the words *accountable, responsible, and behavior changes*. Participant D talked about how the counselors and peers were able to help with the accountability of the clients:

And another thing is we couldn’t con them [the counselors] because they knew—they had our number. So it was really—it was different than any other kind of counseling I’d ever been to. And people were really good about being open and honest with you when you were stepping out of line or if they were worried about you, or if they just thought you were full of crap, they’d tell you.

**Giving back.** Every participant discussed that they found ways to give back to PDAP once they left the group due to aging out or moving. Twenty-four related words and phrases referred to dedicating lives or careers to help others recover from alcohol or drug misuse. Seven of the participants worked in the addiction field during some part of their lives, and the other four sponsored others in AA or are active in church missions that help others. Participant B described what giving back means, “I have spoken all over the world . . . I am now running a program [for addiction] that has worked all over the world.”

**Theme 3: Resentments**

Twelve related words and phrases described resentments, and the resentments were directed at a variety of people and issues. Some of the resentment appeared to be typical of adolescents who were being told that their behaviors were inappropriate, dangerous, and harmful. Other resentments had to do with family members, parents, teachers, and friends outside of PDAP. However, there were two participants who resented the APG intervention itself. Participant G had this to say:

[there] was a lot of scrutiny of what my private life was outside of meetings . . . who was I dating and this that and the other. And I just felt like it was none of their business. But in the end of the day, I think their motives were altruistic.

Furthermore, Participant C reflected on these experiences:

So the downside of what I think PDAP taught me about drugs is that they taught me . . . to identify myself as an alcoholic and to identify myself as a drug-dependent person [at a very young age]. And so I think that was probably something that I don’t appreciate to this day.

**Results Summary**

Overall, participants described PDAP as a place where they found a positive peer group where they were accepted and learned new ways of coping with problems without using drugs or alcohol. The rate of long-term sobriety for PDAP alumni is unclear because this is the first study to explore the experiences of participants with long-term sobriety. In summary, three themes and six subthemes emerged from analyzing participants’ experiences with long-term sobriety as a result of their involvement in PDAP. There were more positive than negative attributions. Participants shared how their relationships with self, peers, and a higher being changed for the better as a result of PDAP. Participants also shared differences in how they acted before and after sobriety, with important life lessons learned and an increase in accountability. Furthermore, participants spoke about giving back to PDAP as a way to show their gratitude. However, there were some resentments shared by PDAP alumni.

**Discussion**

McLellan et al. (1998) demonstrated that recovery is facilitated by social support. The APG intervention provides support by enabling contact among teens struggling with substance use disorder to promote learning of social skills, recreation, and to a sense of belonging. Therapeutic group processes and peer support in recovery form the foundation of the success of the APG for the participants in this study and
Therapeutic Outcomes of Group Work

The participants’ experiences in PDAP indicated that therapeutic group factors as discussed by Yalom and Leszcz (2005) were evident in the PDAP group. Eight of the 11 therapeutic group factors were evident in the PDAP study, including installation of hope, interpersonal learning, universality, imparting information, altruism, development of socializing techniques, group cohesiveness, and imitative behavior. Installation of hope and interpersonal learning were evident in the relationship theme. Participants were hopeful and learned about their own ability to change as a result of PDAP. Furthermore, because participants improved relationships with others and felt connected to a positive peer group, group cohesiveness and universality were apparent. Imparting information was evident as a result of the 12-step tools taught during participation in PDAP. Additionally, participants learned new skills to deal with life problems, as mentioned in the theme of life lessons. This most closely aligns with the therapeutic factor development of socializing techniques. Having a positive peer group increased participants’ positive behaviors. There was a positive peer pressure to change, and this is seen in the therapeutic factor imitative behavior and the theme of accountability. Finally, participants expressed a desire to give back, seen in the therapeutic factor altruism. Not all themes were connected with the 11 therapeutic factors, namely, resentments and relationship with a higher power. Additionally, although the corrective recapitulation of the primary family group, catharsis, and existential factors may have been a part of PDAP, those three factors were not evident in the interviews.

Intervention of Attraction

Recovery support groups are interventions of attraction. According to the AA Twelve Traditions “Our public relations is based on the principle of attraction rather than promotion: we need always maintain personal anonymity at the level of press, radio, and films” (AA, 2001, p. 562). In other words, AA does not advertise or use media to reach new members. Newcomers find their way to AA support meetings because they meet people in AA and want to have what they have (that is to live a sober life). The alumni of PDAP who were interviewed were involved in the support group because they met other teens in PDAP and wanted to recover from substance misuse too. But what makes an intervention attractive to teens who are using substances?

An examination of traits identified by SAMHSA (2009) that makeup successful peer recovery support services revealed that these recovery traits form the foundation of the APG intervention as described by the participants in this study. Ultimately researchers may determine that the APG is an evidence-based intervention that can be widely used to assist adolescents with substance use problems. As such, it seemed practical to relate the identified themes of our study to the specific traits recognized by SAMHSA as essential to recover peer support services.

According to SAMHSA (2009), recovery support that is strengths based rather than focused on deficits is more successful. Nash (2014) also found that unconditional acceptance was important for success in a recovery support group. This trait relates to the theme of before and after and the subthemes, life lessons, accountability, and giving back. The participants in the current study said that drugs and alcohol were rarely discussed in PDAP meetings but rather the focus was on how to live life. In fact, derivatives of life such as life changes, affirming life, and learning to live life differently were referenced 104 times in the interviews, suggesting that the participants were not interested in revisiting their days of drug abuse, having school and family problems, being arrested, and generally living a problem-saturated life. SAMHSA (2009) also described a recovery support group as a place to find self-worth.

This trait relates to the major theme of relationships and the two subthemes, with self and with peers. PDAP was described by the
participants as a place where they were empowered to interact without the use of drugs and alcohol. They were not judged by their past behaviors but rather given hope for their futures. The 12-step meetings and the social activities were interactive and gave the teens a venue for maintaining sobriety and practicing their new skills.

Another trait of successful peer recovery support groups as described by SAMHSA (2009) is peer leadership. Peer leaders are recovery role models (Kelly, Myers, & Brown, 2005; White, 2006). Peer leaders are identified, trained, and encouraged to help others in the recovery process. Much like sponsors in AA, peer leaders listen to newcomers and identify with their stories without judging past behaviors.

Another related trait of peer support recovery groups (SAMHSA, 2009) is understanding and honoring self-direction, empowerment, and choice. This means that peer leaders and staff accept each participant’s personal recovery process. The many pathways to recovery are acknowledged, and the recovering person is accountable for his or her recovery. The sub-theme of relationship with a higher power is evident here due to the importance of spirituality in the recovery process. While every participant in the current study acknowledged a type of spiritual rebirth, the various ways in which this was experienced was different for each participant. The subtheme of accountability is evident in this trait in that each participant was responsible for his or her recovery, and each person experienced the path to recovery in his or her individual experience.

Conclusion

Adolescents are more likely than adults to relapse after treatment (Passetti & White, 2008; Ramo & Brown, 2008; Sussman, Skara, & Ames, 2008) making prosocial, peer support important to relapse prevention. Researchers have shown that recovery is facilitated by social support (McLellan et al., 1998). In addition, peer-to-peer support is most effective because peers are people who have had similar experiences and understand each other (SAMHSA, 2009). Brannigan, Schackman, Falco, and Millman (2004) identified key elements of effective adolescent treatment including elements inherent in the APG such as involving parents, post-treatment support, and positive social support. The participants in our study believed that the APG intervention was life saving and life affirming and enabled them to maintain long-term sobriety during a developmental stage in which peer acceptance is critical.

Implications

In the SAMHSA (2009) publication, What Are Peer Recovery Support Groups, the usefulness of such groups is apparent in the following ways: the support group might precede formal treatment and strengthen a peer’s motivation for change, the support group might accompany treatment and provide a community connection during treatment, the support group might follow treatment to support relapse prevention, or the support group might be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so and provides an opportunity for recovery. One implication for this study is the potential for APGs to narrow the treatment gap for the many adolescents who need treatment and recovery but do not receive any services.

Future Studies

While the findings of this study cannot be generalized, rigorous qualitative investigations can inform practice and provide important information about human behavior (Patton, 2002). This qualitative study was revelatory (Yin, 2014) in that it uncovered important traits of the APG intervention that were not previously revealed and that were instrumental in recovery from drug and alcohol misuse for our participants who have maintained long-term sobriety. Using a qualitative methodology was a logical starting place to discover how the APG intervention was life changing for our participants and might have the potential to become a useful evidence-based intervention for adolescent recovery.
Considering the limited database on adolescent recovery support groups, the importance of social support in recovery, and the potential for the APG to become a viable intervention for many more adolescents who struggle with substance use issues, a continuation of outcome-based projects investigating the efficacy of the APG is strongly recommended. Future studies including quantitative and mixed methodologies could add substantial empirical data to the body of knowledge relevant to adolescent recovery. More specifically, outcome studies based on surveys and assessments of current clients of the APG model would add considerably to the database.

Lastly, we reiterate concerns that others (Cloud & Granfield, 2008; Finch, 2007; Hogue et al., 2014) have voiced, which is very few adolescents who need services actually receive services. As such, conducting further research on a nonprofit, community-based intervention like the APG used by PDAP might lead to an interest in replicating and expanding such services to provide intervention to adolescents in need.

Declaration of Conflicting Interests
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