Peer Intervention:

A Selected Bibliography

The Evidence Base for:

Young People Supporting One Another
Peer Intervention


Traditional mental health models focus on psychological problems and distress; accordingly, health is viewed as the absence of illness or disability. In contrast, a dual-factor model of mental health incorporates both indicators of positive subjective well-being (SWB) and measures of psychopathological symptoms to comprehensively determine an individual’s psychological adjustment. This study used such a dual-factor model to measure the mental health status of young adolescents. A total of 764 middle school students were classified into one of four distinct groups based on having high or low psychopathology and high or low SWB. Furthermore, group differences in student engagement, academic achievement, and environmental support for learning were investigated. Results demonstrated the existence of a traditionally neglected group of adolescents (low SWB and low psychopathology) who are nonetheless at risk for academic and behavior problems in school and who performed no better than the most troubled group of adolescents. Overall, both the presence of positive well-being and the absence of symptoms were necessary for ensuring the most advantageous school performance. These results highlight the importance of incorporating positive indicators of well-being along with traditional negative factors in more fully understanding relationships between individuals’ mental health and educational outcomes.


Although peer education has enjoyed considerable popularity as a health promotion approach with young people, there is mixed evidence about its effectiveness. Furthermore, accounts of what young people actually do as peer educators are scarce, especially in informal settings. In this paper, we examine the activities of the young people recruited as ‘peer supporters’ for A Stop Smoking in Schools Trial (ASSIST) which involved 10,730 students at baseline in 59 secondary schools in south-east Wales and the west of England. Influential Year 8 students, nominated by their peers, were trained to intervene informally to reduce smoking levels in their year group. The ASSIST peer nomination procedure was successful in recruiting and retaining peer supporters of both genders with a wide range of abilities. Outcome data at 1-year follow-up indicate that the risk of students who were occasional or experimental smokers at baseline going on to report weekly smoking at 1-year follow-up was 18.2% lower in intervention schools. This promising result was supported by analysis of salivary cotinine. Qualitative data from the process evaluation indicate that the majority of peer supporters adopted a pragmatic approach, concentrating their attentions on friends and peers whom they felt could be persuaded not to take up smoking, rather than those they considered to be already ‘addicted’ or who were members of smoking cliques. ASSIST demonstrated that a variety of school-based peer educators, who are asked to work informally rather than under the supervision of teaching staff, will engage with the task they have been asked to undertake and can be effective in diffusing health-promotion messages. Given the serious concerns about young people’s smoking behaviour, we argue that this approach is worth pursuing and could be adapted for other health promotion messages.
There is now a heightened awareness of the need for schools to provide a safe environment in which children can learn. However, issues and incidents of bullying are still high on most school agendas. The pastoral care of children during school hours includes an emphasis on loco parentis and within this brief anti-bullying strategies have to be seen to work. Peer support is one such strategy that is becoming increasingly prevalent as schools attempt to create a safer and supportive environment for their pupils. This paper records the development and progress of this type of peer intervention scheme.

As suicide attempts and self-injury remain predominant health risks among adolescents, it is increasingly important to be able to distinguish features of self-harming adolescents from those who are at risk for suicidal behaviors. The current study examined differences between groups of adolescents with varying levels of self-harmful behavior in a sample of 373 high school students with a mean age of 15.04 (SD = 1.05). The sample was 48% female and the distribution of ethnicity was as follows: 35% Caucasian, 37.2% African-American, 16% Multi-ethnic, 9.2% Hispanic, and 2.3% Asian. The sample was divided into three groups: no history of self-harm, non-suicidal self-injury (NSSI) only, and NSSI in addition to a suicide attempt. Differences in depressive symptoms, suicidal ideation, social support, self-esteem, body satisfaction, and disordered eating were explored. Results indicated significant differences between the three groups on all variables, with the no self-harm group reporting the lowest levels of risk factors and highest levels of protective factors. Further analyses were conducted to examine specific differences between the two self-harm groups. Adolescents in the NSSI group were found to have fewer depressive symptoms, lower suicidal ideation, and greater self-esteem and parental support than the group that also had attempted suicide. The clinical implications of assessing these specific psychosocial correlates for at-risk adolescents are discussed.

EQUIP is a multicomponent peer-helping program that aims to reduce recidivism among delinquent adolescents by decreasing their cognitive distortions, improving their social skills and stimulating their moral development. In an earlier study in a high-security juvenile correctional facility in the Netherlands, the EQUIP program was found to have positive effects on reducing cognitive distortions in delinquent male adolescents. In this quasi-experimental pre/post-treatment test study, the effects of the EQUIP program on recidivism and on cognitive distortions in relation to recidivism were investigated. Participants were recruited from four comparable high-security juvenile correctional facilities for offenders between the ages of 12 and 18 years. One of these facilities implemented the EQUIP program (n=49); the other three facilities provided the control group (n=28). As expected, the experimental group showed a greater reduction in cognitive distortions (egocentric bias, minimizing/mislabeling and blaming others) than the control group. However, no differences were found in speed or seriousness of reoffending between the adolescents in the experimental group and those in the control group. The number of repeat offenses in the experimental group was smaller than in the control group. It is concluded that although in this intervention EQUIP reduced juvenile delinquents’ cognitive
distortions, the effect did not seem powerful enough to affect the speed and seriousness of recidivism. The lower number of repeat offenses in the EQUIP group is discussed.


Schools in many countries undertake programmes for smoking prevention, but systematic reviews have shown mixed evidence of their effectiveness. Most peer-led approaches have been classroom-based, and rigorous assessments are scarce. We assessed the effectiveness of a peer-led intervention that aimed to prevent smoking uptake in secondary schools.


This prospective study examined the differential effects of parent, teacher, and peer social support on depression and self-esteem of 217 adolescents, ages 15 to 18. Results indicate that female adolescents perceived significantly more support from friends than male adolescents did, whereas male adolescents perceived significantly more support from fathers than female adolescents did. No gender differences were found in perceptions of support from mothers or teachers. Boys and girls perceived the least amount of support from fathers compared with other providers. Multisample structural equation models were invariant across female and male groups for the effects of support providers on each outcome. The joint effects of the support providers explained a significant amount of variance in time 2 depression and self-esteem, after controlling for both at time 1, suggesting that social support has important effects on symptoms. The separate effects of mothers, teachers, and friends had similarly sized, significant negative effects on time 2 depression. Self-esteem was significantly, positively affected by friend and teacher support.


This 4-year study of 698 young adolescents examined the covariates of early onset substance use from Grade 6 through Grade 9. The youth were randomly assigned to a family-centered Adolescent Transitions Program (ATP) condition. Variable-centered (zero-inflated Poisson growth model) and person-centered (latent growth mixture model) approaches were taken to examine treatment effects on patterns of substance-use development across early adolescence. Variable-centered analyses revealed treatment effects both on decreasing the likelihood of initiating substance use and on the rate of growth in substance use among those who initiated use. Person-centered analyses revealed the following five trajectories of early substance use: (1) no use, (2) low/rare use, (3) early accelerating use, (4) late accelerating use, and (5) early high but decreasing use. Of note, random assignment to the ATP intervention was strongly predictive of following the decreasing-use trajectory. In addition, the early high but decreasing group was most likely to engage in the Family Check-Up and linked intervention services. These findings suggest that covariates of early adolescent substance use, as well as the effectiveness of prevention strategies, vary as a function of the developmental pattern underlying early adolescent risk.

The Handbook of Youth Prevention Science describes current research and practice in mental health preventive interventions for youth. Traditional prevention research focused on preventing specific disorders, e.g. substance abuse, conduct disorders, or criminality. This produced "silos" of isolated knowledge about the prevention of individual disorders without acknowledging the overlapping goals, strategies, and impacts of prevention programs. This Handbook reflects current research and practice by organizing prevention science around comprehensive systems that reach across all disorders and all institutions within a community. Throughout the book, preventive interventions are seen as complementary components of effective mental health programs, not as replacements for therapeutic interventions.


Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations. While this belief is well accepted for many conditions, such as addiction, trauma, or cancer, stigma and stereotypes about mental illness have impeded attempts on the part of people in recovery to offer such supports within the mental health system. Beginning in the early 1990s with programs that deployed people with mental illness to provide conventional services such as case management, opportunities for the provision and receipt of peer support within the mental health system have proliferated rapidly across the country as part of the emerging recovery movement. This article defines peer support as a form of mental health care and reviews data from 4 randomized controlled trials, which demonstrated few differences between the outcomes of conventional care when provided by peers versus non-peers. We then consider what, if any, unique contributions can be made by virtue of a person's history of serious mental illness and recovery and review beginning efforts to identify and evaluate these potential valued-added components of care. We conclude by suggesting that peer support is still early in its development as a form of mental health service provision and encourage further exploration and evaluation of this promising, if yet unproven, practice.


Peer support is largely considered to represent a recent advance in community mental health, introduced in the 1990s as part of the mental health service user movement. Actually, peer support has its roots in the moral treatment era inaugurated by Pussin and Pinel in France at the end of the 18th century, and has re-emerged at different times throughout the history of psychiatry. In its more recent form, peer support is rapidly expanding in a number of countries and, as a result, has become the focus of considerable research. Thus far, there is evidence that peer staff providing conventional mental health services can be effective in engaging people into care, reducing the use of emergency rooms and hospitals, and reducing substance use among persons with co-occurring substance use disorders. When providing peer support that involves positive self-disclosure, role modeling, and conditional regard, peer staff have also been found to increase participants’ sense of hope, control, and ability to effect changes in their lives; increase their self-care, sense of community belonging, and satisfaction with various life domains; and decrease participants’ level of depression and psychosis.

Peer support, and the integration of peer relationships in the provision of health care, is a concept of substantial significance to health scientists and practitioners today, as the focus shifts from the treatment of disease to health promotion. If the nursing profession is to effectively incorporate peer relationships into support-enhancing interventions as a means to improve quality care and health outcomes, it is essential that this growing concept be clearly explicated. This paper explores the concept of peer support through the application of Walker and Avant's (Strategies for Theory Construction in Nursing, 3rd Edition, Prentice-Hall, Toronto, 1995) concept analysis methodology. This analysis will provide the nursing profession with the conceptual basis to effectively develop, implement, evaluate, and compare peer support interventions while also serving as a guide for further conceptual and empirical research.


The role of personal motivational characteristics and environmental social supports in college outcomes was examined in a longitudinal study of 100 ethnic minority first-generation college students. Personal/career-related motivation to attend college in the fall was a positive predictor and lack of peer support was a negative predictor of college adjustment the following spring. Lack of peer support also predicted lower spring GPA.


Adolescence heralds a unique period of vulnerability to depressive symptoms. This longitudinal study examined relational victimization in adolescents’ peer relationships as a unique predictor of depressive symptoms among a primarily (85%) Caucasian sample of 540 youth (294 females) concurrently and across a 6-year period. The moderating effects of emotional support received from mothers, fathers, and peers on the association between relational victimization and adolescents’ depressive symptoms were also investigated. Findings revealed that adolescents who were relationally victimized consistently had higher depressive symptoms than their non-victimized peers. However, high levels of emotional support from fathers buffered this relationship over time. Emotional support from mothers and peers also moderated the longitudinal relationship between relational victimization and depressive symptoms, with high levels of support predicting increases in adolescents’ symptoms. Relational victimization presents a clear risk for depressive symptoms in adolescence, and emotional support may serve either a protective or vulnerability-enhancing role depending on the source of support.


Peer support is used frequently in addressing the health of young people. Helping Friends builds on the existing peer helping networks in schools to improve the availability, accessibility and appropriateness of social and personal support. It increases young people's knowledge of and access to referral options (in and out of school) and assists in the development of a safe and supportive school environment. Twenty-two schools in North Queensland, Australia participated in the program with many participating on several occasions. An evaluation of the Helping Friends program using the Social Provision Scale (Cutrona & Russell, 1987) was undertaken to determine whether there was an increase in perceived social support as hypothesised. Results revealed small yet significant increases along subscales of the Social Provision Scale. Pre and
post measures of helping skills and knowledge of helping topics also revealed a significant increase following students' participation in training workshops. The results are discussed in terms of the efficacy of peer support programs for addressing the health needs of young people. The findings can be used to guide secondary schools in making decisions on the value of peer support programs and their application in school and out of school settings.


Mental health interventions for children and adolescents often flow from adult clinical models that emphasize change at the individual level. Yet, to accomplish long-lasting change for children and adolescents, such services need also to consider developmental norms, the developmental status of the child or adolescent, and the fact that mental health issues for this population are embedded in family, peer, and sibling relationships. In this book, Thomas J. Dishion and Elizabeth A. Stormshak describe their family-centered, ecological approach, which may be used as an intensive intervention or as a periodic preventive check up. To have the greatest public health impact, the approach can also be delivered in community settings such as schools. The authors demonstrate how they examine psychopathology in children and adolescents in the context of the ecology (families, peer groups, communities, and schools) in which they live. They present their empirically derived approach and illustrate how developmentally and culturally relevant interventions are shaped. Given individual variation in vulnerability to environmental stress, periodic assessments and interventions are used to prevent, treat, or reduce harm associated with problem behavior and emotional distress. This promising approach places children in context and will be of interest to any therapist who wishes to understand the broad dynamics that influence their lives.


In this article, we examine the construct of peer contagion in childhood and adolescence and review studies of child and adolescent development that have identified peer contagion influences. Evidence suggests that children's interactions with peers are tied to increases in aggression in early and middle childhood and amplification of problem behaviors such as drug use, delinquency, and violence in early to late adolescence. Deviancy training is one mechanism that accounts for peer contagion effects on problem behaviors from age 5 through adolescence. In addition, we discuss peer contagion relevant to depression in adolescence, and corumination as an interactive process that may account for these effects. Social network analyses suggest that peer contagion underlies the influence of friendship on obesity, unhealthy body images, and expectations. Literature is reviewed that suggests how peer contagion effects can undermine the goals of public education from elementary school through college and impair the goals of juvenile corrections systems. In particular, programs that “select” adolescents at risk for aggregated preventive interventions are particularly vulnerable to peer contagion effects. It appears that a history of peer rejection is a vulnerability factor for influence by peers, and adult monitoring, supervision, positive parenting, structure, and self-regulation serve as protective factors.

Objectives: Persons with serious mental illnesses (SMI) have elevated rates of comorbid medical conditions, but may also face challenges in effectively managing those conditions. Methods: The study team developed and pilot-tested the Health and Recovery Program (HARP), an adaptation of the Chronic Disease Self-Management Program (CDSMP) for mental health consumers. A manualized, six-session intervention, delivered by mental health peer leaders, helps participants become more effective managers of their chronic illnesses. A pilot trial randomized 80 consumers with one or more chronic medical illness to either the HARP program or usual care. Results: At six month follow-up, participants in the HARP program had a significantly greater improvement in patient activation than those in usual care (7.7% relative improvement vs. 5.7% decline, \( p = 0.03 \) for group * time interaction), and in rates of having one or more primary care visit (68.4% vs. 51.9% with one or more visit, \( p = 0.046 \) for group * time interaction). Intervention advantages were observed for physical health related quality of life (HRQOL), physical activity, medication adherence, and, and though not statistically significant, had similar effect sizes as those seen for the CDSMP in general medical populations. Improvements in HRQOL were largest among medically and socially vulnerable subpopulations. Conclusions: This peer-led, medical self-management program was feasible and showed promise for improving a range of health outcomes among mental health consumers with chronic medical comorbidities. The HARP intervention may provide a vehicle for the mental health peer workforce to actively engage in efforts to reduce morbidity and mortality among mental health consumers.


We used meta-analysis to review 55 evaluations of the effects of mentoring programs on youth. Overall, findings provide evidence of only a modest or small benefit of program participation for the average youth. Program effects are enhanced significantly, however, when greater numbers of both theory-based and empirically based “best practices” are utilized and when strong relationships are formed between mentors and youth. Youth from backgrounds of environmental risk and disadvantage appear most likely to benefit from participation in mentoring programs. Outcomes for youth at-risk due to personal vulnerabilities have varied substantially in relation to program characteristics, with a noteworthy potential evident for poorly implemented programs to actually have an adverse effect on such youth. Recommendations include greater adherence to guidelines for the design and implementation of effective mentoring programs as well as more in-depth assessment of relationship and contextual factors in the evaluation of programs.


During the past decade, mentoring has proliferated as an intervention strategy for addressing the needs that young people have for adult support and guidance throughout their development. Currently, more than 5,000 mentoring program serve an estimated three million youths in the United States. Funding and growth imperatives continue to fuel the expansion of programs as well as the diversification of mentoring approaches and applications. Important questions remain, however, about the effectiveness of these types of interventions and the conditions required to optimize benefits for young people who participate in them. In this article, we use metaanalysis to take stock of the current evidence on the effectiveness of mentoring programs for youth. As a guiding conceptual framework for our analysis, we draw on a developmental model of youth mentoring relationships (Rhodes, 2002, 2005). This model posits an interconnected set of processes (socioemotional, cognitive, identity) through which
caring and meaningful relationships with nonparental adults (or older peers) can promote positive developmental trajectories. These processes are presumed to be conditioned by a range of individual, dyadic, programmatic, and contextual variables. Based on this model and related prior research, we anticipated that we would find evidence for the effectiveness of mentoring as an approach for fostering healthy development among youth. We also expected that effectiveness would vary as a function of differences in both program practices and the characteristics of participating young people and their mentors. The meta-analysis encompassed 73 independent evaluations of mentoring programs directed toward children and adolescents published over the past decade (1999–2010). Overall, findings support the effectiveness of mentoring for improving outcomes across behavioral, social, emotional, and academic domains of young people’s development. The most common pattern of benefits is for mentored youth to exhibit positive gains on outcome measures while nonmentored youth exhibit declines. It appears then that mentoring as an intervention strategy has the capacity to serve both promotion and prevention aims. Programs also show evidence of being able to affect multiple domains of youth functioning simultaneously and to improve selected outcomes of policy interest (e.g., academic achievement test scores). From a developmental standpoint, benefits of participation in mentoring programs are apparent from early childhood to adolescence and thus not confined to a particular stage of development. Similarly, although programs typically have utilized adult volunteers and focused on cultivating one-to-one relationships, those that have engaged older peers as mentors or used group formats show comparable levels of effectiveness. Collectively, these findings point toward the flexibility and broad applicability of mentoring as an approach for supporting positive youth development. Several other aspects of our findings, however, underscore a need for caution. These include a failure of evaluations to assess several key outcomes of policy interest (e.g., juvenile offending, obesity prevention) or to determine whether benefits for youth are sustained at later points in their development. More generally, we find that gains on outcome measures for the typical young person in a mentoring program have been modest (equivalent to a difference of 9 percentile points from scores of nonmentored youth on the same measures). This level of impact is within the range of effects observed for other types of interventions for children and adolescents but fails to reflect discernible improvement over the previous generation of mentoring programs (DuBois, Holloway, Valentine, & Cooper, 2002). Variability in program effectiveness, although less pronounced, also continues to be evident even after accounting for methodological differences in studies.


Cyberbullying is a growing and significant problem in the technological societies of today which has significant effects on adolescent victims, such as increased anxiety, depression and suicide ideation. The importance of bystander intervention is recognised as playing a significant role in reducing levels of cyberbullying due to the public nature of some forms of cyberbullying. The current research project examined factors affecting bystander intervention to cyberbullying. Three hypotheses were directly tested: (1) Female bystanders to cyberbullying will be more likely to report or intervene in the cyberbullying than males. (2) Bystanders with higher levels of self-esteem will be more likely to report or intervene in the cyberbullying than bystanders with lower levels of self-esteem and (3) Bystanders with higher levels of altruism will be more likely to report or intervene in the cyberbullying than bystanders with lower levels of altruism. All three hypotheses were accepted. This study focuses on understanding factors affecting bystander intervention, as by increasing reporting levels, cyberbullying levels can ultimately be
reduced. School and family support was recognised as playing a role in increasing bystander intervention.


Peer support or mutual support has long been seen to take place wherever service users come together: on inpatient wards, day centres and drop-ins, in service user groups, and in the community. Recent developments in peer support, based on models developed in the US and aided by the promotion of a ‘recovery-focussed’ approach, have raised the profile of peer support in mental health and introduced the employment of peer support workers into mental health services. While there seems to be a general agreement that this is a welcome development, potentially leading to changes in organisational practices in mental health, there are also several concerns arising from the ‘professionalisation’ of peer support and how that might affect service user self-determination and mutual support. Together commissioned this consultation in order to understand more about the different contexts in which peer support takes place and the influence of these new approaches on existing ones. Specifically, we were interested in what constitutes peer support, its values and ethos, the evidence for the need for service user-led peer to peer support and its benefits, and a sense of people’s concerns and interests in the current context. This report presents the findings from this consultation and highlights areas for future enquiries, research and development.


This National Science Foundation funded qualitative study highlights unique features of adolescent technology use and its impact on the developmental maturational processes of early adolescence. One hundred twenty-eight 13- and 14-year-old students were interviewed about their information technology (IT) use. The most salient feature of the interview data is that the students perceived technology as integral to all aspects of their everyday life experience. In particular, they understood the necessity of using technology for the development of their cognitive/academic skills, and they spoke about the need to have technology skills for their future careers. They also seemed to understand how IT helped them develop psychosocially, especially in the areas of communication and relationship development. Throughout the interviews, these young adolescents expressed pleasure and pride in their self-reported high level of technoliteracy. Their voices can help expand our understanding of adolescent development in the digital age, and suggest implications for policy, practice, and research.


In this third edition of their bestselling text, Kathryn and David Geldard provide a practical introduction to the principles and practices required for successful counselling, to show that working with young people can be both challenging and effective. The book is divided into three main parts, covering: how to understand the young client as a person; the pro-active approach of working with young people the counselling skills and strategies needed. This Third Edition has been completely revised and updated, and includes two new chapters. The first, Maintaining a Collaborative Relationship, identifies ways to engage a young person collaboratively throughout a proactive counselling process. The other, Professional and Ethical Issues, deals with these issues as they relate to working with young people. Additional practical case studies and examples show how counsellors can work pro-actively with this age group.

Adolescent peer counselling as a social support strategy to assist adolescents to cope with stress in their peer group provides the focus for the present thesis. The prosocial behaviour of providing emotional and psychological support through the use of helping conversations by young people is examined. Current programs for training adolescent peer counsellors have failed to discover what skills adolescents bring to the helping conversation. They ignore, actively discourage, and censor, some typical adolescent conversational helping behaviours and idiosyncratic communication processes. Current programs for training adolescent peer counsellors rely on teaching microcounselling skills from adult counselling models. When using this approach, the adolescent peer helper training literature reports skill implementation, role attribution and status differences as being problematic for trained adolescent peer counsellors (Carr, 1984; de Rosenroll, 1988; Morey & Miller, 1993). For example Carr (1984) recognised that once core counselling skills have been reasonably mastered that young people " may feel awkward, mechanical or phoney" (p. 11) when trying to implement the new skills. Problematic issues with regard to role attribution and status differences appear to relate to the term 'peer counsellor' and its professional expectations, including training and duties (Anderson, 1976; Jacobs, Masson & Vass, 1976; Myrick, 1976). A particular concern of Peavy (1977) was that for too many people counselling was an acceptable label for advice giving and that the role of counsellor could imply professional status. De Rosenroll (1988) cautioned against creating miniature mirror images of counselling and therapeutic professionals in young people. However, he described a process whereby status difference is implied when a group of adolescent peer counsellors is trained and invited to participate in activities that require appropriate ethical guidelines including competencies, training, confidentiality and supervision. While Carr and Saunders (1981) suggest, "student resentment of the peer counsellor is not a problem" they go on to say, "this is not to say that the problem does not exist" (p. 21). The authors suggest that as a concern the problem can be minimised by making sure the peer counsellors are not 'forced' on the student body and by providing opportunities for peer counsellors to develop ways of managing resentment. De Rosenroll (1988) acknowledges that the adolescent peer counsellor relationship may fall within a paraprofessional framework in that a difference in status may be inferred from the differing life experiences of the peer counsellor when compared with their student peers. The current project aimed to discover whether the issues of skill implementation, role attribution and status differences could be addressed so that adolescent peer counselling, a valuable social support resource, could be made more attractive to, and useful for adolescents.


A useful way to enhance peer support among young people is to provide peer counsellor training programmes. Research has shown, however, that there are problems associated with typical peer counselling programmes for young people. Most rely on teaching young people counselling skills that are commonly used by professional counsellors when counselling adults and these are not compatible with typical conversation behaviours used by young people. Another problem is that they suggest some commonly used communication processes evident in the conversations of young people are unhelpful, whereas research has shown that this is not the case (Geldard, 2006). In order to overcome these problems, a peer counsellor training programme has been developed for young people as an outcome of research into training young people as peer counsellors (Geldard, 2006).

Considerable evidence supports the hypothesis that peer relationships influence the growth of problem behavior in youth. Developmental research consistently documents the high levels of covariation between peer and youth deviance, even controlling for selection effects. Ironically, the most common public interventions for deviant youth involve segregation from mainstream peers and aggregation into settings with other deviant youth. Developmental research on peer influence suggests that desired positive effects of group interventions in education, mental health, juvenile justice, and community programming may be offset by deviant peer influences in these settings. Given the public health policy issues raised by these findings, there is a need to better understand the conditions under which these peer contagion effects are most pronounced with respect to intervention foci and context, the child's developmental level, and specific strategies for managing youth behavior in groups.


The experience of loss can place children and young people in a vulnerable position as it affects their development and overall emotional and social wellbeing. The experience of loss can markedly influence young people's perceptions of themselves and their world. They may not trust the predictability of events, their self-image may be damaged, they may feel they no longer belong, their sense of fairness and justice may be compromised, and they may believe they have lost control over their lives. Facing such challenges during childhood and adolescence does not in and of itself predispose one to ongoing psychological or learning difficulties. However, it does raise pressing concerns about the most effective ways to support young people as they struggle to make sense of their experience and to respond constructively. The Seasons for Growth education program has the broad aim of promoting the social and emotional well being of children and young people, ages 6-18, who have experienced significant change and loss as a result of death, separation, or divorce. The program focuses on understanding the effects of change, loss, and grief and is aligned with key research on social and emotional education that promotes mental health and contributes to childhood resilience (Masten, Best, & Garmezy, 1990). The program specifically targets skills in communication, decision making, and problem solving. The Seasons for Growth program is accompanied by a comprehensive set of resources: a trainer's manual for those accredited to train other teachers and volunteers; a handbook for school coordinators, which provides a step-by-step process and support materials for planning, implementing, and evaluating the program; Companion manuals with comprehensive session notes and resources for both the primary school (6 to 12 years old) and secondary school (13 to 18 years old); five levels of student journals; imagery folios; music CDs and cassettes; regular newsletters; and professional development opportunities for staff involved in delivering the program on an ongoing basis.


In this article, a distinct type of adult–youth relationship found in some youth programs and characterized as instrumental is discussed. Such relationships focus primarily on joint work on a task or project, or in a discipline, with the adult having expertise and a strong identity in the substantive domain involved, rather than in youth work per se. It is hypothesized that, by virtue of their matter-of-fact quality, their substantive focus, and their particular interactional
patterns, instrumental relationships offer potential for some reworking of adolescents’ sense of self.


Mental disorders are as prevalent among college students as same-aged non-students, and these disorders appear to be increasing in number and severity. The purpose of this report is to review the research literature on college student mental health, while also drawing comparisons to the parallel literature on the broader adolescent and young adult populations.


Despite the prevalence of Internet support groups for individuals with mental illnesses little is known about the potential benefits, or harm, of participating in such groups. Therefore, this randomized controlled trial sought to determine the impact of unmoderated, unstructured Internet peer support, similar to what is naturally occurring on the Internet, on the well-being of individuals with psychiatric disabilities. Three hundred individuals resident in the USA diagnosed with a Schizophrenia Spectrum or an Affective Disorder were randomized into one of three conditions: experimental Internet peer support via a listserv, experimental Internet peer support via a bulletin board, or a control condition. Three measurement time points, baseline, 4- and 12 months post-baseline, assessed well-being by examining measures of recovery, quality of life, empowerment, social support, and distress. Time × group interactions in the repeated measures ANOVA showed no differences between conditions on the main outcomes. Post-hoc repeated measures ANOVAs found that those individuals who participated more in Internet peer support reported higher levels of distress than those with less or no participation (p = 0.03). Those who reported more positive experiences with the Internet peer support group also reported higher levels of psychological distress than those reporting less positive experiences (p = 0.01). Study results therefore do not support the hypothesis that participation in an unmoderated, unstructured Internet listserv or bulletin board peer support group for individuals with psychiatric disabilities enhances well-being. Counterintuitive findings demonstrating those who report more positive experiences also experienced higher levels of distress are discussed but we also point to the need for additional research. Future research should explore the various structures, formats, and interventions of Internet support, as well as the content and quality of interactions. Knowledge generated from such research can help to inform policies and guidelines for safely navigating online resources and supports to gain maximum benefit.


Good mental health literacy in young people and their key helpers may lead to better outcomes for those with mental disorders, either by facilitating early help-seeking by young people themselves, or by helping adults to identify early signs of mental disorders and seek help on their behalf. Few interventions to improve mental health literacy of young people and their helpers have been evaluated, and even fewer have been well evaluated. There are four categories of interventions to improve mental health literacy: whole-of-community campaigns; community campaigns aimed at a youth audience; school-based interventions teaching help-seeking skills, mental health literacy, or resilience; and programs training individuals to better intervene in a mental health crisis. The effectiveness of future interventions could be enhanced by using specific health promotion models to guide their development.

The purpose of this study was to examine the efficacy of the Youth-Nominated Support Team–Version II (YST-II) for suicidal adolescents, an intervention based on social support and health behavior models, which was designed to supplement standard treatments. Psychiatrically hospitalized and suicidal adolescents, 13–17 years of age, were randomly assigned to treatment-as-usual (TAU) + YST-II (n = 223) or TAU only (n = 225). YST-II provided tailored psychoeducation to youth-nominated adults in addition to weekly check-ins for 3 months following hospitalization. In turn, these adults had regular supportive contact with adolescents. Adolescents assigned to TAU + YST-II had an average of 3.43 (SD = 0.83) nominated adults. Measures included the Suicidal Ideation Questionnaire–Junior (SIQ-JR; W. M. Reynolds, 1988), Children’s Depression Rating Scale–Revised (E. O. Poznanski & H. B. Mokros, 1996), Beck Hopelessness Scale (A. T. Beck & R. A. Steer, 1993), and Child and Adolescent Functional Assessment Scale (CAFAS; K. Hodges, 1996). YST-II had very limited positive effects, which were moderated by history of multiple suicide attempts, and no negative effects. It resulted in more rapid decreases in suicidal ideation (SIQ-JR) for multiple suicide attempters during the initial 6 weeks after hospitalization (small-to-moderate effect size). For nonmultiple attempters, it was associated with greater declines in functional impairment (CAFAS) at 3 and 12 months (small effect sizes). YST-II had no effects on suicide attempts and no enduring effects on SIQ-JR scores.


Peer support is a well established component of many mental health.


We used data from a school-based study of 496 adolescent girls to identify qualitatively distinct substance use and substance abuse developmental trajectory groups and tested whether the problematic groups differed from the non-problematic groups on baseline and outcome validation variables. Results identified four substance use groups (late users, normative users, late-heavy users, early-heavy users) and four substance abuse groups (non-abusers, moderate-escalating abusers, moderate decreasing abusers, adolescent-limited heavy abusers). Problematic substance use and abuse trajectory groups, relative to non-problematic groups, showed elevations in baseline validation variables (age 14 delinquency, depressive symptoms, negative affectivity, parental support deficits, body dissatisfaction) and outcome validation variables (age 20 delinquency, depressive symptoms, social impairment, legal problems, school dropout, and substance abuse diagnosis), providing partial validation of this trajectory model.


This study tested a social-ecological model of adolescent substance use. Multilevel modeling was used to investigate how systems, such as parents, peers, schools, and communities, directly influence and interact together to influence adolescent substance use. Participants included 14,548 (50.3% female) middle school students who were 78.6% White, 5.4% Biracial, 4.8% Asian, 4.8% Black, and 3.6% Hispanic. Participants completed a survey with scales assessing substance
use, peer influences, parental influences, and characteristics of their school and community. Hierarchical linear modeling (HLM) was used to consider the variation of parental and peer influences on substance use and how schools and communities relate to both substance use and the relationship between substance use and peer and parental factors. Results indicated that a positive school climate and a positive sense of community were associated with less adolescent substance use and that a positive sense of community moderated the relation between peer and parental influence on adolescent substance use, thereby acting as a protective factor.


This article offers one theoretical perspective of peer support and attempts to define the elements that, when reinforced through education and training, provide a new cultural context for healing and recovery. Persons labeled with psychiatric disability have become victims of social and cultural ostracism and consequently have developed a sense of self that reinforces the "patient" identity. Enabling members of peer support to understand the nature and impact of these cultural forces leads individuals and peer communities toward a capacity for personal, relational and social change. It is our hope that consumers from all different types of programs (e.g. drop-in, social clubs, advocacy, support, outreach, respite), traditional providers, and policy makers will find this article helpful in stimulating dialogue about the role of peer programs in the development of a recovery based system.


Objective: This article selectively reviews evidence-based family and peer interventions for co-occurring mental illness and substance use disorders. Although few researchers have specifically investigated family interventions for dual disorders, considerable empirical evidence exists for the effectiveness of such interventions in treating each of the two disorders separately. Method: Quality of supporting research is examined and implications for dual disorders are explored. Results: Findings from multiple studies are that inclusion of families in treatment helps to engage treatment-resistant individuals, promotes treatment adherence and psychiatric stability, reduces relapse, reduces alcohol and illicit drug use, and improves well-being of clients and family members. Conclusions: Research and treatment implications are discussed with suggestions for integration of approaches derived from the two historically separate fields.


Objective: To assess the efficacy of peer support for reducing symptoms of depression. Methods: Medline, PsycINFO, CINAHL and CENTRAL databases were searched for clinical trials published as of April 2010 using Medical Subject Headings and free text terms related to depression and peer support. Two independent reviewers selected randomized controlled trials (RCTs) that compared a peer support intervention for depression to usual care or a psychotherapy control condition. Meta-analyses were conducted to generate pooled standardized mean differences (SMD) in the change in depressive symptoms between study conditions. Results: Seven RCTs of peer support vs. usual care for depression involving 869 participants were identified. Peer support interventions were superior to usual care in reducing depressive symptoms, with a pooled SMD of −0.59 (95% CI, −0.98 to −0.21; P=.002). Seven RCTs with 301 total participants compared peer support to group cognitive behavioral therapy (CBT). There was no statistically significant difference between group CBT and peer interventions, with
a pooled SMD of 0.10 (95% CI, −0.20 to 0.39, P=.53). Conclusion: Based on the available evidence, peer support interventions help reduce symptoms of depression. Additional studies are needed to determine effectiveness in primary care and other settings with limited mental health resources.


Scientists, educators, and parents of teens have long recognized the potency of peer influences on children and youth, but until recently, questions of how and why adolescents emulate their peers were largely overlooked. This book presents a comprehensive framework for understanding the processes by which peers shape each other's attitudes and behavior, and explores implications for intervention and prevention. Leading authorities share compelling findings on such topics as how drug use, risky sexual behavior, and other deviant behaviors "catch on" among certain peer groups or cliques; the social, cognitive, developmental, and contextual factors that strengthen or weaken the power of peer influence; and the nature of positive peer influences and how to support them.


Mentoring is one of the most popular social interventions in American society, with an estimated three million youth in formal one-to-one relationships. Studies have revealed significant associations between youth involvement in mentoring relationships and positive developmental outcomes. These associations are modest, however, and depend on several intervening processes. Centrally important is the formation of close, enduring connections between mentors and youth that foster positive developmental change. Effects of mentoring programs likewise typically have been small in magnitude, but they increase systematically with the use of program practices likely to support relationship development. Gaps between research and practice are evident both in the indiscriminate use of the term mentoring in the prevention field and in a focus on the growth and efficiency of mentoring programs at the expense of quality. Continued expansion of effective mentoring will require a better alignment of research and practice.


It is often stated that bullying is a “group process”, and many researchers and policymakers share the belief that interventions against bullying should be targeted at the peer-group level rather than at individual bullies and victims. There is less insight into what in the group level should be changed and how, as the group processes taking place at the level of the peer clusters or school classes have not been much elaborated. This paper reviews the literature on the group involvement in bullying, thus providing insight into the individuals' motives for participation in bullying, the persistence of bullying, and the adjustment of victims across different peer contexts. Interventions targeting the peer group are briefly discussed and future directions for research on peer processes in bullying are suggested.


The article defines peer support/peer provided services; discusses the underlying psychosocial processes of these services; and delineates the benefits to peer providers, individuals receiving
services, and mental health service delivery system. Based on these theoretical processes and research, the critical ingredients of peer provided services, critical characteristics of peer providers, and mental health system principles for achieving maximum benefits are discussed, along with the level of empirical evidence for establishing these elements.


The aim of this study was to investigate the frequency and effects of peer-victimization on mental health problems among adolescents. Parental and school support were assumed as protective factors that might interact with one another in acting as buffers for adolescents against the risk of peer-victimization. Besides these protective factors, age and gender were additionally considered as moderating factors. The Social and Health Assessment survey was conducted among 986 students aged 11–18 years in order to assess peer-victimization, risk and protective factors and mental health problems. For mental health problems, the Strengths and Difficulties Questionnaire (SDQ) was used. Effects of peer-victimization on mental health problems were additionally compared with normative SDQ data in order to obtain information about clinically relevant psychopathology in our study sample. Results of this study show that peer-victimization carries a serious risk for mental health problems in adolescents. School support is effective in both male and female adolescents by acting as a buffer against the effect of victimization, and school support gains increasing importance in more senior students. Parental support seems to be protective against maladjustment, especially in peer-victimized girls entering secondary school. Since the effect of peer-victimization can be reduced by parental and school support, educational interventions are of great importance in cases of peer-victimization.


Over the past 30 years investigators have called repeatedly for research on the mechanisms through which social relationships and social support improve physical and psychological well-being, both directly and as stress buffers. I describe seven possible mechanisms: social influence/social comparison, social control, role-based purpose and meaning (mattering), self-esteem, sense of control, belonging and companionship, and perceived support availability. Stress-buffering processes also involve these mechanisms. I argue that there are two broad types of support, emotional sustenance and active coping assistance, and two broad categories of supporters, significant others and experientially similar others, who specialize in supplying different types of support to distressed individuals. Emotionally sustaining behaviors and instrumental aid from significant others and empathy, active coping assistance, and role modeling from similar others should be most efficacious in alleviating the physical and emotional impacts of stressors.


Objective: To test whether a social network tailored substance abuse prevention program can reduce substance use among high-risk adolescents without creating deviancy training (iatrogenic effects). Methods: A classroom randomized controlled trial comparing control classes with those receiving an evidence-based substance use prevention program [Towards No Drug Abuse (TND)] and TND Network, a peer-led interactive version of TND. Students (n = 541, mean age 16.3 years) in 75 classes from 14 alternative high schools completed surveys before
and approximately 1 year after curriculum delivery. Past-month use of tobacco, alcohol, marijuana and cocaine were assessed. Results: Overall, TND Network was effective in reducing substance use. However, the program effect interacted with peer influence and was effective mainly for students who had peer networks that did not use substances. Students with classroom friends who use substances were more likely to increase their use. Conclusions: A peer-led interactive substance abuse prevention program can accelerate peer influences. For students with a peer environment that supports non-use, the program was effective and reduced substance use. For students with a peer environment that supports substance use, an interactive program may have deleterious effects.


The current study examined the contributions of maternal and peer support to depressive symptoms in early to mid-adolescence and variation in these contributions across age, gender, and race. Five waves of data on maternal support, peer support, and depressive symptoms were collected on rural youth (N = 3,444) at 6 month intervals. Multilevel modeling was used to evaluate within and between-person effects of maternal and peer support on depressive symptoms. Within-person effects of peer support did not vary by age, gender, or race. At the between-person level, peer support predicted levels of depressive symptoms at age 12, but this effect became nonsignificant after controlling for maternal support. Within-person effects of maternal support did not vary with age but were qualified by gender and race. Between-person effects of maternal support on depressive symptom levels at age 12 and slopes varied across race and gender, respectively. Findings highlight the robustness of the protective effects of maternal and peer support during adolescence among girls and white youth.


This research tested comparative effects of parent and peer support on adolescent substance use (tobacco, alcohol, and marijuana) with data from 2 assessments of a multiethnic sample of 1,826 adolescents, mean age 12.3 years. Multiple regression analyses indicated that parental support was inversely related to substance use and that peer support was positively related to substance use, as a suppression effect. Structural modeling analyses indicated that effects of support were mediated through pathways involving good self-control, poor self-control, and risk-taking tendency; parent and peer support had different patterns of relations to these mediators. The mediators had pathways to substance use through positive and negative recent events and through peer affiliations. Effects for gender and ethnicity were also noted. Mechanisms of operation for parent and peer support are discussed.


This study examines whether perceived parent support, peer support, and the interaction between them predict depression symptoms and depression diagnosis 2 years later in a community sample of 389 adolescents. Controlling for Time 1 depression, parent support and anticipated peer support were not independently related to Time 2 depression in either linear or logistic regression analyses. However, there was a significant interaction between the two support variables, suggesting that parent support moderates the relationship between anticipated peer support and depression symptoms and diagnosis. Anticipated peer support is protective among adolescents with high parental support, but may act as a risk factor for
adolescents with low parental support. Regarding developmental differences, low anticipated peer support at Time 1 was a stronger predictor of Time 2 depression symptoms among older, compared with younger, adolescents. These findings highlight the importance of parent and peer support in predicting future depression among community adolescents.


This article serves as an introduction to the special issue and to the emerging topic of intergenerational relationships and partnerships in community programs. Our aim is to offer a frame in which to consider theory and practice on the topic. Toward that end, we focus on the multiple purposes of intergenerational relationships, adult strategies for creating strong relationships, and the organizational supports necessary to support relationships and partnerships. This analysis highlights program examples from the 10 articles included in this volume. We conclude by identifying key issues that researchers may explore to further enhance our understanding of youth–adult relationships and partnerships.