The Social Climates of Peer Group and Other Residential Programs

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ABSTRACT: Some presumed strengths and weaknesses of peer group approaches are discussed as the basis for this study, in which students' and staff members' perceptions of social climates in two peer-group and two non-peer-group residential treatment agencies were compared. Students from the peer group agencies sampled reported significantly greater satisfaction with their social climates than their non-peer-group contemporaries, and staff/student perceptions were more congruent in the peer group agencies than in the non-peer-group agencies. The results suggested that peer group programs can provide healthy, responsible therapeutic communities, and other implications are discussed as well.

Peer group treatment has generated controversy since its inception, and some professionals seem generally suspicious of guided group and other self-help approaches; at least ostensibly, these techniques increase the risk of misuse or mistreatment. Furthermore, peer group programs evolved outside the mainstream of traditional clinical practice, so training has been largely informal, standardization difficult, and academic understanding and endorsement infrequent.

Specifically, peer group programs attempt to "empower" those in treatment by making them participants in the change process. The method attempts to use the peer group to influence individual values and, in that sense, assumes that the values of individual group members will improve as the climate and values of the peer group improves. Peer group programs are based upon the beliefs that one helps himself by helping others and that individuals derive deep personal satisfaction from those altruistic activities. From that standpoint, individuals are

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asked to help others in an environment that stresses selflessness, social interest, personal responsibility, and cooperation.

Critics have challenged the basic philosophy and the efficacy of peer group methods for years; more recently, Brendtro and Ness (1982), proponents and practitioners of the method themselves, have addressed areas of potential misuse. Their internal assessment was fortunate because program misuses concern the entire peer group treatment community as well as the substantial number of young people it serves. In fact, based on their thinking, program reassessment would seem essential to all treatment efforts applied within powerful, pervasive, and restrictive residential environments. Their analysis of peer group treatment is that,

although it is one of the most widely adopted techniques applied to juvenile problems in the United States, many early applications were principally peer control programs that lacked substantial impact upon youth themselves, and if such programs became intrusive and coercive, they undermined the integrity of individuals' psychological privacy. (Brendtro & Ness, 1983, pp. 204, 205)

Early peer group programs typically replaced traditional but dysfunctional treatment programs in state-operated facilities; nonetheless, what was expedient—even successful—in the 1960s and 1970s is not necessarily ideal today, and peer group programs have proliferated in the intervening years. Although imitation may be a form of flattery, proliferation is not synonymous with progress.

A report prepared a few years ago by a prominent non-peer-group theorist observed that, generally, PPC offers a coherent and applicable approach to group treatment of adolescents. However, in many hands, "reversal of responsibility" can look like a detached, unconcerned adult unwilling to be honest or intimate. The exclusion of family and friends from the group can isolate the major social realities of youth's life from the "major helping process" and undermine real or lasting change.

The inflexible "awarding of the meeting" to one youth can increase feelings of injustice and selfishness. The requirement of "consensus" before proceeding can deny or mask real differences of opinion. "Holding the lieutenants responsible" can be an unjust form of "boot camp" group punishment, and excluding residents from attendance at or knowledge of team meeting discussions can contribute to an atmosphere of staff as Machiavellian conspirators. (Schwartz & Lindgren, 1984).

Although some peer group practitioners might simply dismiss Schwartz and Lindgren's opinions as distorted, it might be more profitable to ask what influenced them. Is what occurs in peer group treatment programs what is intended? Fortunately, peer group critics are not only "outsiders" looking in, but also "insiders" looking around—and both express similar concerns.