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Unconvincing Evidence For Condemning School-Based Conflict Resolution Programs

by Patricia S. Gainer and Howard R. Champion

The Winter 1993 issue of Health Affairs provided a useful forum for discussing a public health approach to violence prevention. The paper by Daniel W. Webster, however, does little to further the development of a responsible dialogue about effective ways to prevent violent injuries and death among children and youth.

Webster appears to be concerned that there is no evidence that school-based conflict resolution education leads to subsequent behavior change. As a threshold matter, long-term studies have yet to be completed that examine whether such programs result in behavior change and if such change is sustained over time. The mere lack of these studies does not support a conclusion that such programs are ineffective. Also, Webster did not disclose that he previously worked with the Washington Community Violence Prevention Program (WCVPP), one of the programs he cited, and was responsible for its evaluation. Although he is intimately familiar with the results of the program’s first evaluation, he discounts study results that correlate with factors that lead to behavior change. For example, although he acknowledges research by Nancy Guerra and Ron Slaby among incarcerated youth, which concluded that “[o]nly changes in attitudes about the legitimacy of using physical aggression were predictive of behavioral change,” he dismisses the results of the WCVPP intervention as “a small (4 percent) and marginally significant (p = .06) decrease in condoning the use of physical violence.” The latter is a departure from his previous contention in the published results of the research that appeared in Archives of Surgery:

Despite his concern that school-based conflict resolution programs lack proof of effectiveness, Webster’s Health Affairs paper compares results among three programs, concludes that one is more promising than the others, and points to important program characteristics, such as “cultural relevance” of the training and its “clublike” format. Whether these characteristics are in fact significant cannot be substantiated because definitive research examining their importance in this setting has yet to be conducted. Further, conclusions regarding the superiority of any approach or program may not objectively be drawn given the current lack of long-term evaluations, the great variations among programs and approaches, the differences in the types of evaluations conducted, and the lack of comparability of evaluation results. Until such conclusions can be drawn, practitioners in the field who are dedicated to discovering in an objective manner “what works” to prevent youth violence, regardless of individual preferences, will find it difficult to proceed.

A puzzling omission in Webster’s paper is his failure to report that another, longer-term evaluation of the WCVPP (conducted by researchers at the University of Colorado and supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services) was completed in spring 1993. This second evaluation charted the immediate effects of the WCVPP course, included student testing six months after course completion to examine whether the effects of the course were sustained over time, and overcome some of the methodological problems associated with the first study. The results, which will be submitted for publication later this year, were very favorable and showed both immediate and six-month retention of
course material. Although Webster had at least general knowledge of this study and its favorable outcome, he unfortunately chose not to note it in his paper.

It is also important to remember that in school-based conflict resolution, as in other new or evolving disciplines or endeavors, lack of long-term outcome data (that is, at least five years after the intervention) does not automatically imply "dubious scientific rationale," but generally reflects the newness of the intervention. Elsewhere in the same volume of Health Affairs, James Mercy and colleagues state that "although most violence prevention efforts have not been adequately evaluated, at least a few show promise of being successful." Further, those involved in the field recognize that violence prevention is a multidisciplinary effort. Mercy and colleagues list many intervention strategies, ranging from conflict resolution and social-skill education to job programs and gun control, that are used in violence prevention. It would be one matter if long-term research had discovered that these programs produced poor results. It is premature, however, to conclude that these programs do not work before thorough, in-depth research has been conducted. Despite the need for research, Webster instead determines that

[jin the absence of convincing evidence that adolescent conflict resolution programs reduce violence, these efforts may be better used in ways that are more likely to prevent violence or that have other socially desirable payoffs (p. 136).

The alternative strategies he suggests, which include individual academic attention, mentoring, and supervised recreation, have not been evaluated to show that they are any more likely to prevent violence than school-based conflict resolution programs are. Whereas many would agree that these are important, Webster cannot credibly fault conflict resolution programs for lacking proof of effectiveness in reducing violence and simultaneously promote other strategies that similarly lack such proof of effectiveness. Continuing, he suggests that promoting conflict resolution programs may actually hinder violence prevention by diverting attention from social and economic conditions that engender violence, the failure of governments and other social institutions to improve these conditions, and politically contentious issues such as strict gun control (p. 137).

No one can argue with the fact that we need to attack the problem of violence on many levels. We are likely, however, to need many interim solutions while we eradicate poverty, injustice, and other social ills. A concern that conflict resolution programs may distract policymakers from "better" solutions is unjustified in the absence of evidence that these programs fail and other strategies work. And contentions that conflict resolution programs attract undue attention are baseless, since high-profile issues such as gun control and reduction of television/movie/game violence have garnered far greater attention of and support from the public, the federal government, and the media. Further, as reported by Dianne Metzger and Virginia Strand in the same volume of Health Affairs, even in the narrow arena of private foundation funding for violence prevention, conflict resolution has not represented a threat to other programs, as it received only 7 percent of total grants and 9 percent of total funding dollars for "violence-related issues" in 1990.' This was far less, for example, than that received for child abuse and domestic violence programs.

We join authors Peter Edelman and David Satcher in urging caution against excluding "any potentially effective interventions on the basis of philosophy or politics." Violence prevention is an emerging, complex, multidisciplinary field that requires careful evaluation. We hope that Health Affairs readers will recognize that school-based conflict resolution training is a potentially valuable tool in the arsenal of violence prevention strategies, and support the ongoing evaluation of this and other interventions in an open-minded search for solutions.

NOTES
2. P.S. Gainer, D.W. Webster, and H.R. Champion, "A Youth Violence Prevention Program: Descrip
Comprehensive Approaches To School-Based Violence Prevention

by Renee Wilson-Brewer

The Winter 1993 issue of Health Affairs provides valuable information from a range of sources on violence as a public health problem and efforts to address it. However, the membership of the National Network of Violence Prevention Practitioners takes issue with Daniel W. Webster’s Commentary, The Unconvincing Case for School-Based Conflict Resolution Programs for Adolescents.” The author purports to review the effectiveness of conflict resolution programs and other adolescent prevention curricula, as well as to present the basic premises of conflict resolution programs. He accomplishes none of these tasks. Instead, he misrepresents school-based conflict resolution programs and presents recommendations that not only have been made by violence prevention practitioners and others for several years now, but, in some cases, are already being implemented. Webster’s “unconvincing case” for school-based conflict resolution programs is premised on incomplete and, in some cases, erroneous information.

Choice of sample programs. Webster accurately states that “conflict resolution programs now exist in thousands of middle and high schools.” Considering the large sample of programs from which to choose, it is unclear why he provides no information on the sample size from which he drew the programs discussed. How many programs did Webster identify? How many of these have been evaluated? And how were determinations made about those that would be examined?

None of this information is provided. Despite the fact that Webster’s paper falls under the category of Commentary, we assume that he is still obliged to adhere to certain minimal scientific standards.

During the past two years the network, with support from the Carnegie Corporation, has identified more than 300 violence prevention programs and more than 100 conflict resolution curricula for middle and high school students. Was Webster aware of even a portion of these programs? The author does cite the 1991 review of the state of the art of violence prevention for young adolescents when he says, “[s]chool-based conflict resolution programs for adolescents have been one of the most popular public health strategies to reduce violence.” However, even that review, which presents eleven case studies of adolescent violence prevention programs, includes one—the Resolving Conflict Creatively Program (RCCP)—that had an independent evaluation. This conflict resolution/mediation program, which provides intensive training, technical assistance, and follow-up and involves all members of the school community, was not included.

In reviewing the Violence Prevention Curriculum for Adolescents, the first intervention discussed, Webster merely states that it was chosen because it is “perhaps the most widely used conflict resolution program in the nation.” The author provides no clues for the selection of the other programs. Equally noteworthy is the fact that once he settled upon three programs to review, he chose to provide only limited information about each.

For example, in the case of Deborah Prothrow-Stith’s Violence Prevention Curriculum for Adolescents, only one of the many components of the Boston Violence Prevention Program is presented. And so