



Early adolescent health risk behaviors, conflict resolution strategies, and school climate

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ABSTRACT

Drawing upon an ethnically and socio-economically diverse sample of 323 7th grade students from twelve urban schools within one school district, this mixed method study examined early adolescents' self-reported health risk behaviors as related to their conflict resolution strategies and their school's conflict resolution climate. Survey data suggested that early adolescents who reported using more cooperative and fewer aggressive conflict resolution strategies also reported to engage in fewer personal health risk behaviors. Reported engagement in fewer behavioral risks also was associated with attending schools with more supportive "conflict resolution climates." Serial small group interviews in selected schools indicated that conflict resolution climate quality was associated with how well teachers were perceived to respond to students' conflicts and how they managed teacher–student conflicts. In addition, many students in less supportive climates exhibited cynical attitudes regarding the viability of the conflict resolution strategies promoted by schools and prevention programs.

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Multiple behavioral health risks in early adolescence

The Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System documents a steady increase in health risk behaviors beginning in middle school and even late elementary school (e.g., Shanklin, Brener, McManus, Kinchen, & Kann, 2007). Two important factors that distinguish between low and high-risk engagement in problem behaviors are age of initiation and the co-occurrence of multiple health risk behaviors. Engagement in multiple risk behaviors, such as substance abuse, violence-related behaviors, and risky sexual activities, during early adolescence is associated with a variety of negative outcomes, such as lower quality of life and heightened lifetime risks of substance use disorders, antisocial personality disorder and major depressive disorder (McGue & Iacono, 2005; Topolski et al., 2001). The identification of risk and protective factors associated with multiple health risk behaviors in early adolescence is important both for broadening the reach of health risk prevention efforts (Romer,

2003) and for intervening effectively with multi-problem youth (Biglan, Brennan, Foster, & Holder, 2004).

Adolescent risk prevention efforts

Although the literature on adolescent risk behaviors has identified a host of important factors, such as family environment or neighborhood influences, the primary locus of prevention strategies that has been advocated broadly with youth in the United States is in school-based programs. These include an enormous range of programs that fall under several broad classifications, such as Social Emotional Learning (SEL) and/or Conflict Resolution Education (CRE). Both CRE and SEL school based programs have been found to reduce health risk behaviors in adolescence (Garrard & Lipsey, 2007; Wilson, Gottfredson, & Najaka, 2001) and have in common a focus on both promoting individual student social skills and competencies, such as skills for managing interpersonal relationships and conflicts, and building positive (caring, respectful) classroom and school climates. The emphasis of prevention programming on student social skills and positive school environments underscore the practical significance of these protective factors (Weissberg, Kumpfer, & Seligman, 2003). Less clear in the literature are the climate conditions under which these approaches have greater or lesser impact on students' capacities to manage risks through gains in social competence and whether an emphasis on both individual student competencies and school climate is necessary for reducing adolescent risk behaviors. This study attempts to address this gap by examining early adolescents' multiple

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health risk behaviors in relation to both students' individual conflict resolution strategies and school conflict resolution climate.

How important are social competencies?

Although the literature is modest, there is empirical evidence that supports the emphasis on acquired social skills or competencies as a protective factor for adolescent risk-taking (Adalbjarnardottir, 2002; Levers-Landis, Greenly, Burant, & Borawski, 2006; Lansford et al., 2006). Some research suggests that skills for managing interpersonal conflicts, in particular, may serve as a protective factor (Colsman & Wulfert, 2002; Dishion, Loeber, Stouthamer-Loeber, & Patterson, 1984; Leadbeater, Hellner, Allen, & Aber, 1989; Unger, Sussman, & Dent, 2003). This research has shown lower levels of risk behaviors to be linked specifically to more cooperative conflict resolution strategies and higher levels of risk behaviors to be related to aggressive strategies and strategies marked by low concern for the needs of others (Colsman & Wulfert, 2002; Leadbeater et al., 1989; Unger et al., 2003). However, these studies focused predominantly on high school age youth; the links between conflict resolution strategies and risk behaviors have not been as well established for middle school youth. In addition, despite their focus on adolescents, most of these studies do not utilize developmental frameworks to examine conflict resolution strategies, instead relying on assessments such as the level of aggression or “competence” of selected social strategies (Dishion et al., 1984; Unger et al., 2003).

In contrast, Leadbeater et al. (1989) demonstrated the value of utilizing a developmental framework for assessing adolescents' conflict resolution strategies. Their research assessed the kinds of interpersonal negotiation strategies (impulsive, unilateral, cooperative, etc.) that are afforded by the increasing capacity for developmentally ordered levels of social perspective coordination (the developing capacity for first, second, third person social perspectives, etc.) and found a significant correlation with multiple risk behaviors for high risk youth. The present study builds on this research and theory, utilizing the same developmental framework, as portrayed in Table 1, and extending it to an urban middle school sample and examining its relation to the social context of conflict resolution in the schools these youth attend.

How important is school climate?

Risky health behaviors during adolescence are increasingly understood to be taken, or not, in the context of significant social relationships and social contexts (e.g., Adalbjarnardottir, 2002; Lightfoot, 1997; Selman & Adalbjarnardottir, 2000). In particular, many studies have demonstrated a significant relationship between school climate quality and adolescent health risk behaviors (e.g., Kuperminc, Leadbeater, Emmons, & Blatt, 1997; LaRusso, Romer, & Selman, 2008), including longitudinal research showing that early adolescents' perceptions of school climate become more negative with each year of middle school which is associated with increases in

problem health behaviors over time (Way, Reddy, & Rhodes, 2007). Although much of this risk-taking behavior research has examined early adolescents' perceptions of the general quality of social relationships in their school, a targeted focus on the way relational conflicts are understood to be resolved in schools has been less thoroughly explored directly. In our research, we begin with a focus on one particular aspect of school climate, the “conflict resolution climate.”

The conflict resolution climate of middle schools

Early adolescence in the United States is often a time when students are beginning to think more abstractly, to consider multiple social perspectives, to increasingly question adult norms, and to make or wish to make more autonomous decisions (Eccles, Lord, & Buchanan, 1996; Seidman, Aber, & French, 2004; Selman, 1980, 2003). In addition, the early adolescent years are typically marked by increased and increasingly complex interpersonal conflicts (Dodge, Coie, & Lyman, 2006). From an age-defined developmental perspective, middle schools can play an important role in providing a supportive climate for young adolescents' growing capacities to engage in healthy relationships and effectively manage the inevitable interpersonal problems that arise in schools, for example, ostracism, gossip, romantic disputes, and harassment. However, the opportunity to build skills to resolve such conflicts in a supportive classroom and school context may be compromised by the traditional governance structure and ethos of middle schools (Roeser, Eccles, & Sameroff, 2000).

The orientation of middle school faculty toward intervening in social conflicts among students is an important factor, particularly when the conflicts students get involved in become violent, which is the case for more than half of middle school students in the United States (Shanklin et al., 2007). Yet, Behre, Astor, and Meyer (2001) report that middle school teachers in urban schools serving children from low income families were more likely than their elementary school counterparts to report that they would not respond to violence among students in the larger school environment. With less support from teachers in navigating conflicts, middle school students often rely on their own and their peers' conflict resolution skills and orientations (O'Connell, Pepler, & Craig, 1999), perhaps even more so in schools with higher concentrations of socioeconomically disadvantaged youth (Behre et al., 2001). However, little is known about how middle school climates support students' growing abilities to resolve social conflicts and how the conflict resolution climate may relate to early adolescent risk behaviors. In addition, of particular importance for school-based prevention programs, is how students' individual skills and the overarching school climate intersect in the prevention of multiple risk behaviors among middle school students.

The current study

This study examines how both conflict resolution strategies of students and the conflict resolution climate of the urban schools they attend relate to these early adolescents' reported multiple health risk behaviors. We hypothesize that those young adolescents who articulate more mature capacities to resolve interpersonal conflicts will be less likely to report engaging in higher numbers of risk behaviors. In addition, we examine the conflict resolution climate of the school—as measured by the aggregate of students' reported approaches to resolving social conflicts in each school—to test the hypothesis that students in schools with climates characterized by cooperative (reciprocal) and collaborative (mutual problem solving) conflict resolution strategies will report engaging in fewer health risk behaviors, independent of their individual competence for resolving interpersonal conflicts. Finally, with qualitative analyses of small-group interview data, we explore adolescents' interpretations of social

Table 1
Developmentally ordered levels of social perspective coordination and their application to types of social conflict resolution strategies.

Social perspective coordination levels (emergent competencies, largely developmental)	←————→	Social conflict resolution strategies (contextually based performance functions that are afforded but not determined by developmental levels)
0 Egocentric		Impulsive
1 One-way		Unilateral
2 Reciprocal		Cooperative
3 Mutual		Collaborative

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