

Experimental Proposal Assignment

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## EXPERIMENTAL PROPOSAL ASSIGNMENT

**Experimental Proposal**

In this theoretical proposal, I will discuss the need for research focused on communication in religious families between parents and their teen children. The study I am proposing will focus on Judeo-Christian parent and child communication, explicitly about sex and sexuality education. This sex education is not tainted as being dirty or only for procreation but is an enjoyable experience designed by God. However, I postulated that communication of this type is lacking, and misinformation exists. These factors may exist due to the adults lacking sex training, satisfaction, confidence, or all.

I propose the communication shortfalls are contributing factors for the static similarities that exist for infidelity (DeRose et al., 2021) and divorce rates (Barna (2008) for those in Judeo-Christian religious groups and those found outside this group (i.e., those claiming no allegiance to New Testament Biblical patterns of morality). Further, I believe there will be a direct correlation between this lack of informed communication and youth having characteristics of sexual dysfunction, pornography use, and the divorce rates also being similar both in and out of the Christian group mentioned. Rasmussen et al. (2019) suggest that watching others have sex affects the sexuality of the world (referring to viewing pornographic materials). I suggest that healthy communication between parents and their children about the false ideas shown in pornography (e.g., Ramussen et al. (2019) study of 190 porn videos indicated only two videos (1.1%) depicted sex between married couples) will help to stop the erosion of the family. Further, I espouse open communication will lead to stronger relationships. My  $H_1$  is there will be a 25% improvement in communication regarding sex and sexuality from pretest to posttest. I can use a similar study by Wilson et al. (2010) to draw some perspective and guidance, though their research did not focus on the specific demographic I am targeting.

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**Participants I will recruit and how I will recruit them**

The convenient sample used for the study will come from local churches. I intend to go to the church leaders to ask for member families who have teenagers between the ages of thirteen and eighteen who are considered active members (longer than a year) to participate in this study regarding communication comfort in religious family units. I will ask that the church leaders not to decide who needs counseling in their view but solely provide family names based on meeting the supplied criteria (e.g., age, married, and membership). For this study, we will only be taking participants from two-parent homes. Remarried parents are permitted if both the current husband and wife are the biological parents of their teenagers who are participating. We will be looking for 100 family units to participate in the initial questionnaires. They will first answer the 20 item Dimensions of Religiosity Scale (DR Scale) (Appendix A) and then the Parent-Adolescent Communication about Sexuality Belief Scale (PACSBS) (Appendix B).

Participants who score under seventy individually on the DR Scale will not continue in the study. Both guardian and youth will take the PACSBS as a pretest and then at the conclusion as a posttest. I estimate there will be approximately seventy-two families who continue. Forty-eight will participate in the sessions described below, with twenty-four in a pretest/posttest control group. There will be five groups in total. There will be a Monday and a Tuesday group that will adhere to SFBT principles. The Thursday and Friday groups will use SFBT principles alongside predetermined questions to prompt specific communication regarding sex and sexuality. The final group will be the control group. The groups will each have twelve families with a balance of factors such as the DR scale scores (equal high scores to low scores), length of church membership, church attended, and the number of children.

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**Measures (I will operationalize and measure my core constructs and principles in the following ways)**

Those who continue in the group sessions will be given a series of questions in group counseling style sessions led by a therapist who is versed in Solution Focused Brief Therapy (SFBT). Two groups will be SFBT sessions with no directing towards sex talk by the therapist. The other two groups will be a hybrid between traditional SFBT and psychoeducation. The intent is to have the same therapist in the same setting for each session to remove those variables as being covariates of primary concern. Families will participate in ten sessions each that occur weekly with twelve families per group. Sessions will follow a strict 7:00 PM—8:00 PM time. Those families who miss more than four sessions will not count in the final tabulations. The Monday and Tuesday groups will follow traditional SFBT. The Thursday and Friday groups will be the hybrid group. I intend to determine if there is a recognizable difference between the three group dynamics.

The DR scale will indicate the general level of commitment to their faith practices as members of a Judeo-Christian church group. In addition, the DR scale helps ensure the participants are from a similar cultural group regarding their religious indoctrination and worldview. Further, it is the purpose of the study to see if basic pointers regarding communication and, more specifically, how communication relating to sex and sexuality can help the Church have better outcomes than those outside the Church. I believe the simple techniques mentioned will be helpful to all groups, but the current focus is on Judeo-Christian churches. For this study, those scoring above a seventy on the DR scale are those asked to continue. This score is used as a threshold because anything lower would require neutral or negative responses to most DR scale questions.

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The PACSBS is the measure we are using as a pretest/posttest measure of results from the sessions to give to measure the participant's comfort speaking with their parents regarding sex and sexuality. I will minimally adjust to the PACSBS for the parents to indicate their comfort level with sex communication. The belief is the scores will improve considerably (25%>), demonstrating the increase in comfort discussing sex and sexuality between parents and their youth in each group except for the control group. The researcher for this study puts forward the idea that this line of communication is key to youth developing healthy, long-term relationships with their parents, future spouses, more beneficial views of sex and sexuality, lowering divorce rates, and reducing pornography use. Further, I purpose active communication to help the parents have a healthier, happier, more exciting, energetic sexual relationship by being better equipped to discuss this topic more freely. Also, my hope is sexuality communication will become less taboo in the home; however, a higher level of comfort with sex communication between parents and their youth is the focus of this study.

### **Dependent Variables, Independent Variables, and Covariates**

As with any study, there will be areas to be considered that can directly affect the outcomes. In this study, the participants being Christian (members of a Judeo-Christian church) for at least one year who regularly attends (3 or more times a month), and part of a family unit (married mom and dad with at least one biological child between ages 13-18) will be the primary independent variables. The primary dependent variable will be the difference found between the pretest/posttest PACSBS scores and then the difference between those participating in group sessions versus the control group. It will be interesting to see these differences.

Additionally, it would be delightful to follow up with these families over a multi-year period to see the long-term effects of the sessions as compared to the families in the control

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group, though not a part of this proposal. The covariates will be controlled for and eliminated to the highest degree possible (e.g., using the same therapist and the same facility to limit these as covariates). It is impossible to predict all events that may develop into a covariate. Any issues that arise in a particular session or any event that occurs in society in general that could influence outcomes will be noted and considered at the final phase of tabulating the posttest scores.

**Statistical Procedures to be used and why.**

In the data compilation and presentation phase, I will collect and share the categorical percentages of the random sample utilized for this study. Further, demographics will be broken down by race, gender, age, Christian religious affiliation, religiosity (conservative, moderate, liberal), adolescents education method (home, private, public, other), pretest/posttest scores, parents' education. Each category will be analyzed using percentages given. Ideally, all participants' pre vs. posttest will demonstrate an improvement (25%+) among the test group participants. I will then compare each demographic subgroup to the collective (all participants) data utilizing a simple calculation of actual risk, which I deem as any subgroup that showed less than 10% improvement collectively pretest vs. posttest change.

I will tabulate the pretest/posttest for the control vs. test groups in regards to relative risk and actual risk outcomes for each demographic subgroup. I believed there would be a 25%+ improvement in outcomes vs. actual risk (i.e., risk of not communicating well between parents and their teens regarding sensitive subjects (e.g., sex and sexuality) with less than 10% improvement pretest vs. posttest) (Jiroutel & Turner, 2019). Ideally, I will calculate the p-value for each demographic subgroup comparing the pretest and posttest data and a p-value also demonstrating the differences between each demographic subgroup shift in test score vs. all participants. I realize that the statistical data form will likely be descriptive rather than an

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inferential statistical format. I plan to graph the correlations of each analysis to illustrate the results. I will perform a t-test to determine if the outcome infers  $H_1$  or  $H_0$ .

### **Internal and External validity**

This project will occur in a public facility rather than in a controlled laboratory. The real-world setting will maintain the highest level of consistency achievable. There will be a basic outline for each session (Group A 1-10 and Group B 1-10) to follow the same basic order for each session. The participants are actual members of the religious group considered in this work who are active and have been members for some time. They will be chosen and placed in groups to best balance the level of religious views (as determined by the DR Scale), income, education, age, etc. I will ask the leadership of the various church groups with involved members to avoid the general topic of communication for the ten weeks to limit this as potential causation of the projected changes. As an additional follow-up after completing the posttest, I will ask the participants if they watched, participated in, or in another manner had training regarding communication or sexuality during the ten-week process. I believe the internal validity will be high for this study unless extraneous unforeseen factors occur during the process.

These study groups will meet in a church's meeting room where it would occur naturally (if a study were not the driving catalyst). The real-world setting, along with the participants from multiple church families and various church flavors, will help improve the external validity of this study. With a high level of confidence, I believe the results will be repeatable among churches, and to a lesser degree (although still applicable), repeatable to generic groups outside of churches. The immediate focus of the work is the improvement of religious families' communications generally, with an emphasis on communications regarding sex and sexuality. I will make every effort to leave the group setting as naturalistic as possible. I will do this while

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controlling for covariates, not to enhance the outcomes; instead, to deliver consistency across groups (same therapists, basic outline for sessions, same location, etc.)

**Statistical validity, including concepts of Type I and Type II errors, power, and effect size.**

The researcher will aim to limit the covariates that could degrade the study's internal validity or promote different outcomes among the four actively participating groups. For example, the sessions will have the same schedule of events, the same leader of the groups, use the same facility, and if refreshments are available, they will generally be the same for each session. I will control the environment as much as possible to help improve internal validity. When variables change (e.g., location, meeting times, days of the week, therapist), it is even more difficult to state with any level of confidence what the outcome results were caused or affected by during the study.

The results will reflect a small segment of the overall Judeo-Christian population due to utilizing a convenient population (limited in the number of participants, geographic location, cultural diversity, racial make-up, in being controlled for conservative views versus more fluid or progressive ideas). With the limited number of participants, being from a particular geographical area, and lacking in cultural diversity, it will be much more difficult to make claims indicating a broad overarching effect to all Christian churches across the county, state, country, and the world. Also, not controlling for different extremes of Christian views (conservative vs. liberal) could be a variable that will make the disseminating of the results as valid across the Christian Church (across the world) less than seamless. This thought is due to an ultra-conservative group may not think there is any need to discuss sex and sexuality or even communication, for that matter, where a more fluid-minded church may have a less confined view on these topics.

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However, the results could likely circulate as generalizations of the potential outcomes expected elsewhere.

The results will undoubtedly be able to influence the future. However, it will be difficult to speculate how the outcomes will translate to external validity due to the discussed factors. There is no doubt the results will be helpful as generalizations for the broader context of the Church but more apt to be used as steppingstones for future research. The  $H_0$  is there will be no or very minimal differences between test and posttest outcomes. The  $H_1$  is that there will be a noticeably higher score at the posttest (25%>) than the pretest, indicating an improvement in communication regarding sex and sexuality among the participants. The researcher for this work is confident the outcome will demonstrate the need to reject the null hypothesis when he should have rejected the null hypothesis [ $H_0$  = No change pretest to posttest scores;  $H_1$  = Higher (25%>) Posttest Scores]. However, if we find we have made a type I error, we will indeed be surprised but will then be motivated to address the issues and revamp the dynamics of the study to move forward with efforts to address this vital need in the Church.

I want to thank you for your consideration of approving and funding this work! If needing any additional information or clarification, please contact me.

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## Appendix 1

*Dimensions of religiosity scale* 607

### Appendix. 20-item Dimensions of Religiosity Scale (DR Scale) (© 2006 Stephen Joseph)

Please read the following statements and indicate to what extent you agree or disagree with each one.

Strongly disagree = 1

Disagree = 2

Neither disagree or agree = 3

Agree = 4

Strongly agree = 5

1. I feel happy when I think of God	1	2	3	4	5
2. I will always believe in God	1	2	3	4	5
3. My thoughts often drift to God	1	2	3	4	5
4. Being a Christian is a joyous way to live	1	2	3	4	5
5. I am sure that Christ exists	1	2	3	4	5
6. I think about God all the time	1	2	3	4	5
7. I pray for guidance	1	2	3	4	5
8. My thoughts turn to Jesus every day	1	2	3	4	5
9. God does not help me to make decisions*	1	2	3	4	5
10. I know that God hears my prayers	1	2	3	4	5
11. Prayer lifts my spirits	1	2	3	4	5
12. Everything that happens to me reminds me of God	1	2	3	4	5
13. I try to follow the laws laid down in the Bible	1	2	3	4	5
14. I know that Jesus will always be there for me	1	2	3	4	5
15. I cannot make important decisions without God's help	1	2	3	4	5
16. I am certain that God is aware of everything I do	1	2	3	4	5
17. When I'm feeling miserable, thinking about Jesus helps to cheer me up	1	2	3	4	5
18. I like to talk about Jesus	1	2	3	4	5
19. Jesus' life is an example to me	1	2	3	4	5
20. God fills me with love	1	2	3	4	5

Note: \*Item 9 is reverse-scored.

**Appendix 2**

## Parent-Adolescent Communication About Sexuality Beliefs Scale

## Items

1. It is important to me that I can talk about sexuality with my parents.
2. I would feel embarrassed talking about sexuality with my parents.
3. I cannot really talk to my parents about sexuality because they do not know enough about it.
4. My parents are not likely to want to talk to me about sexuality.
6. I think it is pleasurable to talk to my parents about sexuality.
7. If I would talk to my parents about sexuality, I would not feel very comfortable.
8. I think my parents would be embarrassed talking to me about sexuality.
9. I think my parents feel it is important that I can talk to them about sexuality.
10. I think my parents are afraid of encouraging sexual activities if they talk to me about sexuality.

Note: Test name created by PsycTESTS

## PsycTESTS Citation:

Schouten, B. C., van den Putte, B., Pasmans, M., & Meeuwesen, L. (2007). Parent–Adolescent Communication About Sexuality Beliefs Scale [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t22070-000>

Instrument Type: Rating Scale

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## Test Format:

The 9 items are answered on a 5-point Likert scale ranging from 1 (totally disagree) to 5 (totally agree). Total scale score ranges from 9 to 45, with higher scores indicating more positive beliefs about sex communication with their parents. Negatively phrased items are reverse coded.

## Source:

Schouten, Barbara C., van den Putte, Bas, Pasmans, Mirthe, & Meeuwesen, Ludwien. (2007). Parent-adolescent communication about sexuality: The role of adolescents' beliefs, subjective norm and perceived behavioral control. *Patient Education and Counseling*, Vol 66(1), 75-83. doi: <https://dx.doi.org/10.1016/j.pec.2006.10.010>, © 2007 by Elsevier. Reproduced by Permission of Elsevier.

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