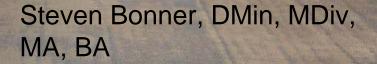
Adolescent Moral
Development:
Effectiveness of Engaging
Youth in the Critical
Appraisal of Theological
Content







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Purpose

The purpose of this presentation is to report the preliminary findings of *Vocati*, a youth intervention designed to engage U.S. high school students in the critical appraisal of theological content, on adolescent moral development as a strategy to promote adolescent health and well-being

Background & Significance

Globally 1 in 6 People are Adolescents age 10-19

Meta-analysis of 50 studies investigating the cognitive-developmental approach to adolescent moral judgment showed lower stage moral development in youth with delinquent behaviors as compared to non-offenders

Promoting health and reducing risks for this age group has life-long health and societal consequences

Positive and Negative risk-taking behaviors cluster in this population.

Adolescent research suggests

Acceleration

Adolescent physical Maturity

Slowing

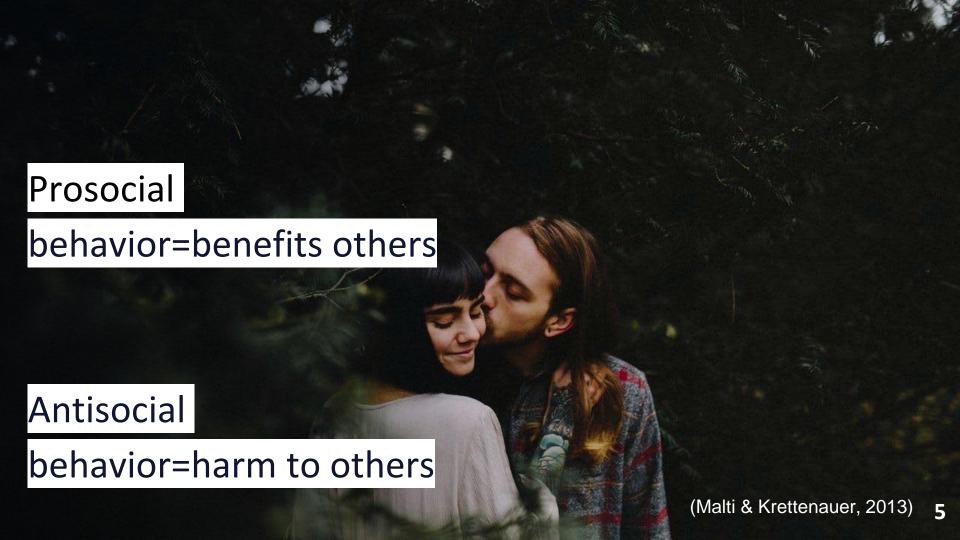
Psychological and behavioral development



Multiple Social Identities

Intersectionality
Multiple identities
Historical background to
present

(Harter, Waters, & Whitesell, 1998; Jones, Kim, & Skendall 2012; Tanti, Stukas, & Halloran, 2008; Twenge & Park, 2017)



Vocati Intervention

The *Vocati Institute* is an inter-generational program designed to engage high-school aged youth in:

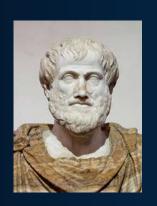
- 1) A week-long summer residency focused on critical appraisal of theological content and engagement
- 2) A year-long once monthly dialogue/discussion related to theology and culture
- 3) Implementation of a community-based service project

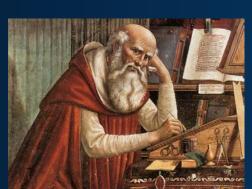


Critical Appraisal

of Theological

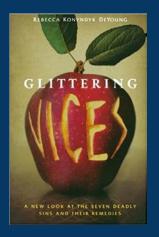
Content





Vocati scholars critically appraise program content by engaging with an interdisciplinary team comprised of Analytic Theologians, Youth and Family Ministry, Dance, Theater Fine Arts, Arts and Humanities experts, and an embedded Nursing Scientist





Method

Longitudinal,

Mixed-Method

- Cohort 1: n=28
- Youth 14-18
- 3 southwestern states
- Institutional Review Board approval
- Adolescent Assent
- Parental Consent

Research Question: How does participation in *Vocati* impact youth moral development?

- Measurement:
- Defining Issues Test, Version 2 (DIT-2)
- Vocati Instrument Questionnaire (VIQ)
- Focus Group

Defining Issues Test Version 2 (DIT-2)

- 1999 Neo-Kholbergian measure of moral cognitive sophistication
- Activates use of moral schemas to the extent that a person has developed them
- High reliability (.78 -.82) and published national norms
- Range 20-70

The developmental indices in the DIT-2 are categorized considering Kohlberg's developmental model as follows:

- The Stage 2/3 score considers fairness, good/evil intentions, concern for maintaining good relationships, and personal approval.
- The Stage 4, Maintaining Norms score represents consideration of maintaining social norms, including legal systems, and roles in existing formal organizational structures.
- The P-Score/Post Conventional score is categorized as Stage 5/6 in Kohlberg's model. This score is focused on consideration on societal organization through appeal to consensus, due process, and safeguarding of minimal basic rights.
- The N2 score is a relatively newer, sophisticated combination of items and reflects the acquisition of more sophisticated moral thinking and the extent to which individuals reject ideas because they are simplistic or biased. The N2 Score is generally considered the most powerful index of moral development.

Vocati Institute

Questionnaire (VIQ)

VIQ consists of six Likert-type questions and seven open-ended questions developed as a content-specific measurement

- Test-retest reliability of Likert-type questions
 - Cronbach's Alpha of .86
- Content Validity Index .94

Results



- 16 (57%) were male and 12 (43%) were female
- Results of the DIT-2 mean scores at time one and 12 months were compared to the aggregated national norms (NN)
- The greatest change compared to NN was seen in the N2 score
 - Cohort 1 T1 (baseline) 30.71
 - Cohort 1 T2 (12 months) 36.14
 - Compared to NN of 30.97

Defining Issues Test Version 2 National Norm Vocati Cohort 1: T1 2016 – T2 2017



VIQ Results

A paired t-test was conducted to compare VIQ scores prior to summer residency (baseline) and at 6 months

The mean scores increased in 5 of 6 VIQ questions suggesting a significant difference in participant self-reported practices 6 months following the summer residency

VIQ-T1 & T2 RESULTS

Self-reported increased ability to:

- Q1: Understand theological wisdom of Christian tradition (t(18) = 3.897, p < .001**)
- Q3: Ability to engage in my culture (t (18) = 2.926, p < .009**)
- Q4: Familiarity with primary thinkers, theology and wisdom from the Christian tradition (t (18) = 2.935, p < .009**)
- Q5: Practice private and communal spiritual disciplines (t (18) = 2.357, p < .030*)
- Q6: Intentionally engage with issues of morality, ethics, justice and broader vision of the world (t (18) = 2.731, p < .014*)

VIQ T1: Baseline T2: Six Months

	Mean	Std. Deviation	Std. Error Mean	95% CI Lower	95% CI Upper	t	df	Sig. (2- tailed)
Q1: T1-T2	1.053	1.177	.270	.485	1.620	3.897	18	.001**
Q2: T1-T2	.263	1.284	.295	356	.882	.893	18	.384
Q3: T1-T2	.737	1.098	.252	.208	1.266	2.926	18	.009**
Q4: T1-T2	.895	1.329	.305	.254	1.535	2.935	18	.009**
Q5: T1-T2	.579	1.071	.246	.063	1.095	2.357	18	.030*
Q6: T1-T2	.842	1.344	.308	.194	1.490	2.731	18	.014*

^{*}p < .05, **p < .01

Narrative Focus Group Data

- Focus-group participants were asked 7 open-ended questions derived from the VIQ
- Three members of the research team independently read and reflected on the data using a qualitative interpretative approach
- Similar ideas were noted, clustered, coded, categorized and cross-checked for comparison



"Awareness of self"

"Eye Contact"

"Be Present"

"Use Talents"

"Listen"

"Erase Boundaries" "Break Barriers"

"Empathy" "Awareness of others"



Pittman's 4 Categories of

Positive Youth

Development

Competence Connectiveness Confidence Character

Community

Service Project

Examples

LZ: Worked with homeless organization to help educate the community in how to relate to and communicate with homeless individuals.

EC: Created a roofing project for his community. EC was voted the "Outstanding Citizen of the Year" in his city, the first time in the history of his town a youth, rather than adult was given this recognition.



AJ: Increased her volunteerism throughout the year in local events to help children.

Synthesized literature reporting mediators of health promoting

healthy adolescent lifestyle behaviors

Significant mediators of nutrition Increased:

- Self-efficacy
- Pros and forward stage movement
- Planning
- Perceived parental support
- Goal intention

Decreased:

Perceived barriers with outcome expectation

Self-efficacy and autonomous motivation indirectly mediating outcome

Significant mediators of physical activity

- Perceived environmental barriers
- Goal intention

Decreased:

- Perceived barriers with outcome expectations
- Self-efficacy and autonomous motivation indirectly mediating the outcome

Significant mediators of screen time

Autonomous motivation

Conclusion

Engagement of youth in the critical appraisal of theological content may promote increased adolescent moral development and prosocial concepts linked to positive youth behaviors and well-being. It is not yet known how increasing adolescent moral development may mediate other healthy lifestyle behaviors in youth and is a research question in need of further investigation.

Limitations

 Our preliminary findings are from a small sample of adolescents from 3 states self-selecting into the program



Future Direction

- ☐ Future research is needed to determine the potential mediating effects increased moral development may have on adolescent health
- ☐ Continue to track study findings over time
- ☐ In the fall of 2018 cohort, we will add a comparison group to flesh-out impact of Vocati as an intervention to enhance the moral development of youth

THANK YOU!



References

- Busch, V., Van Stel, Schrijvers, & de Leeuw (2013). Clustering of health-related behaviors, health outcomes and demographics in Dutch adolescents: A cross-sectional study. *BMC Public Health*. DOI: 10.1186/1471-2458-13-1118.
- Harter, S., Waters, P., & Whitesell, N. R. (1998). Relational self-worth: Differences in perceived worth as a person across interpersonal contexts in adolescents. *Child Development*, 69(3), 756-766.
- Jones, S. R., Kim, Y. C., & Skendall, K. C. (2012). (Re-) Framing authenticity: Considering multiple social identities using autoethnographic and intersectional approaches. *The Journal of Higher Education, 83*(5), 698-723.
- Johns Hopkins University. The teen years explained. https://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/_docs/TTYE-Guide.pdf
- Kelly, S., Stephens, J., Hoying, J. McGovern, C. Melnyk, B. & Militello, L. (2017). A systematic review of mediators of physical activity, nutrition and screen time in adolescents: Implications for future research and clinical practice. *Nursing Outlook*, 65(5), 530-548.

- Malti, T. & Krettenauer, T. (2013). The relation of moral emotion attributions to prosocial and antisocial behavior: A meta-analysis. *Child Development*, 84(2), 397-412.
- Stams, G. J., Brugman, D., Dekovic, M., van Rosmalen, L., van der Laan, Gibbs, J. C. (2006). The moral judgment of juvenile delinquents: A meta-analysis. *Abnormal Child Psychology*, *34*, 697-713.
- The University of Alabama Center for Ethical Development (2018). http://ethicaldevelopment.ua.edu/about-the-dit.html).
- Tanti, C., Stukas, A. A., & Halloran, M. J. (2008). Tripartite self-concept change: Shifts in the individual, relational, and collective self in adolescence. *Self and Identity*, 7, 360-379.
- Twenge, J. M. (2017). The decline in adult activities among U.S. Adolescents, 1976-2016. *Child Development*, 1-17. DOI: 10.1111/cdev.12930.
- World Health Organization (2018). Adolescents: health risks and solutions. Retrieved: http://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions.