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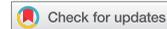
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“She Finally Smiles ... for Real”: Reducing Depressive Symptoms and Bolstering Resilience Through a Camp Intervention for LGBTQ Youth

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ABSTRACT

While summer camps are a recognized evidence-based strategy for building social and emotional skills among youth (U.S. Centers for Disease Control and Prevention [CDC], 2009), no known studies have evaluated the effects of camp programming for LGBTQ youth in the United States. This pilot study evaluates a novel program (Brave Trails) for LGBTQ youth ages 12 to 20, using a pre-post camper survey ($N = 56$) and a post-camp parent survey ($N = 54$). Results show campers experienced increases in identity affirmation and hope and a reduction in depressive symptoms. Regression analyses found changes in identity affirmation predicted reductions in depressive symptoms and increases in resilience. Additionally, campers' experience of key camp programming features predicted changes in depressive symptoms. Findings from the parent survey were consistent with camper survey results. Theoretical and practical implications are discussed.

KEYWORDS

Youth; health; intervention; depression; resilience; identity affirmation; LGBTQ

“[My son’s] first year at Brave Trails was truly a game-changer. He was so empowered and confident when he came home. He said it was the first time in his whole life where he felt 100% completely comfortable being his true self. [Camp] broadened his perspective about what he could do after he graduates high school.”

“Someone in group mentioned that [my son’s] voice seems louder. It’s almost surreal. He used to talk in a lower, shy tone. It’s amazing how confident he became in 2 weeks.”

“[My daughter] really seemed a more whole person when I picked her up. Like she had connected with a piece of herself.”

“She finally smiles. . . For real.” (Quotes from parents of youth who attended Camp Brave Trails 2016)

For one organization founded to help LGBTQ youth, “We can change the world by being brave” is a mantra. The nonprofit organization Brave Trails seeks to help LGBTQ youth develop the confidence, social connectedness,

and skills needed to achieve personal wellbeing and foster a climate of acceptance in their local communities. In this study, we review a key health disparity experienced by LGBTQ youth (depression), discuss the limitations of traditional social and psychological support opportunities for LGBTQ youth, and provide an overview of prior literature exploring the effects of summer camp participation. Then we outline the current study: an evaluation of the effectiveness of a novel camp program in improving identity- and health-related outcomes among LGBTQ youth. Finally, we discuss the implications of our findings and the potential for such programming to have an impact that extends beyond campground boundaries.

Challenges of growing up LGBTQ

LGBTQ youth (i.e., those who select the sexual orientation or gender identity labels of lesbian, gay, bisexual, transgender, queer, questioning, or other related terms) face unique challenges growing up in a society that often marginalizes them (Russell & Horn, 2016). An increasing proportion (7% of Americans ages 18–35) of young Americans identify as lesbian, gay, bisexual, or transgender (LGBT; Public Religion Research Institute [PRRI], 2015), and many experience stressors that can lead to adverse mental health consequences (Hatzenbuehler, 2009). One particularly damaging outcome is depression. In 2015, about three million teenagers ages 12 to 17 in the United States reported having at least one depressive episode in the past year (U.S. Department of Health and Human Services [HHS], 2016). LGBTQ youth experience higher rates of depression than their non-LGBTQ peers (Fish & Pasley, 2015), and early psychological distress often predicts long-term negative health outcomes (CDC, 2011).

Opportunities for LGBTQ youth to obtain affirming social and psychological support historically have been limited. Schools—the primary social institution youth access—do not consistently validate LGBTQ identities (Snapp, Russell, Arredondo, & Skiba, 2016). Bullying and less perceived school connectedness, teacher caring, and safety remain relatively common for LGBTQ youth (Cohn & Leake, 2012; Eisenberg & Resnick, 2006; Russell & Horn, 2016; Saewyc et al., 2009). Yet school-based interventions related to gender identity and sexuality may be difficult to implement in some places, due to stigma and restrictive laws/policies (Russell & Horn, 2016).

Outside of school, regional differences may affect youth's access to support groups, resources, and role models. Many major cities have community centers focused on gender and sexuality, which offer programming for LGBTQ youth. However, nationwide, most lesbian, gay, and bisexual (LGB) youth do not have, or do not attend, identity-focused groups or services (Kosciw & Diaz, 2006). As such, youth often turn to online outlets for affirmation and support (Gross, 2007; Hillier, Mitchell, & Ybarra, 2012;

Macintosh & Bryson, 2008). However, the positive effects of digital interactions may have limits. Some research has found screen time with peers to be detrimental to youth's psychological wellbeing (Pea et al., 2012), and having an inaccessible, mediated role model is associated with psychological distress among LGBTQ youth (Bird, Kuhns, & Garofalo, 2012). To address these limitations, Brave Trails was established.

Summer camps: An evidence-based approach

Since emerging in the late 1800s (Gershorn, 2016), summer camps have become a major recreational activity in the United States. An estimated 8,400 resident (overnight) camps and 5,600 day camps operate across the country (American Camp Association [ACA], 2017). Camp programs often involve a range of outdoor activities (e.g., swimming, wilderness trips), skill-building exercises (e.g., camping skills, farming/ranching/gardening), and community-building endeavors (e.g., teambuilding, community service). Research has found attending summer camp can improve the wellbeing and skills of youth. One large evaluation of camp programming surveyed 3,395 families whose child attended one of 80 U.S. summer camps for at least one week (Thurber, Scanlin, Scheuler, & Henderson, 2007). Camps in the sample were accredited by the American Camp Association—a nonprofit organization accrediting more than 2,400 U.S. camps (ACA, 2017)—and the programs served “normally developing children” ages 8–14. Results showed camp attendance was associated with small pre-post improvements in youth's self-esteem ($\eta^2 = .09$) and social skills ($\eta^2 = .08$), among other outcomes. Many programs in the evaluation were open to all youth, regardless of demographics or life experience. However, some camp programs are designed to address the needs of youth from targeted populations, such as youth experiencing a chronic illness or those residing in a low socioeconomic status (SES) community. Such programs have also been found to improve campers' psychological wellbeing (Kirschman, Roberts, Shadlow, & Pelley, 2010; Woods, Mayes, Bartley, Fedele, & Ryan, 2013). Only one known study, which took place in Belgium, has evaluated the impact of a summer camp for LGBTQ individuals. Vincke & van Heeringen (2004) assessed the effects of a five-day camp program for LGB people ages 15 to 26, finding participants experienced increases in the quantity and quality of their friendships, perceived social support, and self-esteem, as well as reductions in depressive symptoms.

While camp practitioners have begun to acknowledge the importance of inclusion practices aimed at supporting LGBTQ campers, they may not be personally equipped to foster inclusion, and their physical camp spaces may not be accommodating to diversity (Theriault, 2017). For example, gendered spaces are a common feature of traditional camps (e.g., cabins and

bathrooms are often male-only or female-only). Such limitations have contributed to the development of camps designed for LGBTQ youth both in the United States (e.g., Camp OUTdoors in Arizona and Queer Oriented Radical Days of Summer (QORDS) in North Carolina (Camp OUTdoors, 2017; QORDS, 2017)) and internationally (e.g., Camp fYrefly in Canada; Grace & Wells, 2007). Yet the effectiveness of such programs has been largely unexplored.

A novel camp intervention

The nonprofit organization Brave Trails (which approved the inclusion of their name in this study) was founded in 2014, establishing the first summer camp in the western United States for LGBTQ youth (Brave Trails, 2017). About 40 campers attended the inaugural camp experience in 2015, and around 90 participated in 2016. Enrollment was capped at 115 campers for summer 2017. That year, the American Camp Association recognized Brave Trails with a Program Excellence Award. This section provides an overview of Brave Trails' camp programming, staffing, and physical and social environment.

The directors of Brave Trails have designed their camp experience to function as both a prevention intervention and community-building endeavor (J. Weissbuch, personal communication, October 6, 2017). The camp schedule is structured around four types of programming: free-choice programs, workshops, build-on programs, and brave trails' linchpin social entrepreneurship course. Free-choice programs represent recurring activities such as swimming, archery, and hiking and are led by counselors. Workshops are one-time events, typically facilitated by visiting volunteers, that address a range of topics, such as self-care and meditation ("Self-Love 101") and sexual health/safety (e.g., "Queering Sex Ed"; signed parental permission is required for campers under age 18 to attend the latter workshop). Build-on programs are classes that occur over multiple days. They guide campers in initiating and completing projects (e.g., creating a film, writing a skit, or making a "zine," i.e., a magazine or fanzine), which are ultimately showcased at camp. Finally, the social entrepreneurship course represents an exercise in public narrative, that is, articulating a "story of self" to promote social change or advocacy goals (Ganz, 2011). The course begins with a staff member presenting their personal story as an exemplar before campers break into small groups to reflect on and write about their own experiences. In another meeting of the course, campers have the opportunity to present their stories to the entire camp. In addition to affirming identities through programming, camp staff members themselves validate campers' identities.

Nearly all Brave Trails staff identify as LGBTQ, providing campers with a direct example of LGBTQ adults engaging in positive, healthy behaviors. This modeling of positive behavior may be compelling for all campers, and especially so for those who do not have an LGBTQ adult role model in their local community, perhaps generating a sense of possibility for their own futures. Staff members contribute to an environment that validates all identities, including through gender-free physical spaces and communication practices.

The entirety of Brave Trails' campgrounds is gender-free, including bathrooms, cabins, and rules/policies (e.g., all campers are required to wear a shirt or bathing suit top at the pool, regardless of gender identity or birth sex). LGBTQ youth often feel most unsafe in gendered spaces such as bathrooms and locker rooms (Kosciw, Palmer, Kull, & Greytak, 2013). The Brave Trails camp environment removes such stressors. Beyond physical space, communication practices at camp guide campers to not assume the identities of others based on appearances. Programming is often started with introductions where campers and staff state their name and preferred pronouns (i.e., *she/her*, *he/him*, *they/them*, etc.). Individuals at camp often refer to others using gender-neutral pronouns if they do not know someone's pronoun preferences. Thus as both a physical and social space, the camp in this study seeks to validate all gender identities and sexual orientations by removing traditional gender-based practices.

Theoretical framework

This pilot study conducts an initial evaluation of the effects of Brave Trails' camp programming on youth, analyzes the links between identity- and health-related outcomes, and explores the influence of camp programming features.

Identity affirmation and psychological wellbeing

Identity-affirming programming has long been used in clinical psychology (Grzanka & Miles, 2016) and social work (Crisp & McCave, 2007) to help individuals accept and celebrate LGBTQ identity (Pachankis & Goldfried, 2013). Such strategies also are used beyond the context of gender identity and sexuality. Research has shown that across a variety of populations, an affirmed identity is a protective factor against depression (Cruyws et al., 2014). Research in this vein typically measures participants' sense of validation or self-worth regarding a salient identity, such as race/ethnicity. In social psychology, emerging research has indicated the potential for "self-affirmation interventions" to influence people's behaviors (e.g., increase student achievement; Cohen & Garcia, 2008) or improve responsiveness to health

messaging (see Epton, Harris, Kane, Van Koningsbruggen, and Sheeran (2015) for a meta-analysis)). Such work conceptualizes self-affirmation as a psychological mechanism protecting self-worth in the face of a threat (Steele, 1988) and typically operationalizes it as self-esteem (i.e., experiencing a positive attitude and pride in one's self; Rosenberg, 1965). If self-affirmation can counteract fleeting feelings of low self-worth from a specific, immediate threat, it may follow that it can help ameliorate chronic feelings of low self-worth, such as those experienced with depression; see Sowislo and Orth (2013) for a meta-analysis. Clinical research supports this hypothesis, particularly in contexts of gender identity (Nuttbrock et al., 2012) and sexuality (Ross, Doctor, Dimito, Kuehl, & Armstrong, 2007). Additionally, recent studies have found self-affirmation can buffer against stress responses (Bonanno, Wortman, & Nesse, 2004; Creswell, Dutcher, Klein, Harris, & Levine, 2013). Likewise, Sherman and Cohen (2006) suggested it may bolster resilience, a protective factor against mental and emotional distress (Wingo et al., 2010).

Resilience and depression

Studies examining resilience have often conceptualized it as a stable personality trait or ability that protects individuals from the negative effects of adversity. However, researchers are increasingly regarding resilience as a dynamic, evolving process (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). This study conceptualizes resilience as adaptive coping and the ability to bounce back from negative life events—skills and tendencies that can change over time. Wingo et al. (2010) demonstrated the moderating effect of resilience on the relationship between childhood trauma and later-life depression and called for studies testing the potential for resilience to be externally manipulated, thus providing a target for interventions. Although studies in social work and psychology have begun to assess the effects of resilience interventions (e.g., Steinhardt & Dolbier, 2008), such research is sparse (Campbell-Sills, Cohan, & Stein, 2006). Just as research has demonstrated that resilience can buffer against depression (Wingo et al., 2010), hope has been found to protect against psychological distress.

Hope as a protective factor and a process

Experiencing hope—a future-oriented expectation of attaining meaningful goals (Schrank, Stanghellini, & Slade, 2008)—is critical for people struggling with depressive symptoms, as hope promotes positive, future-oriented thinking (Synder, 2002). Reviews indicate that interventions enhancing positive emotions such as hope can account for 9% of the variance in participants' reduced depression (Sin & Lyubomirsky, 2009). Indeed, Ilardi and Craighead

(1994, 1999) suggested that most reported clinical improvement in depression may be due to changes in hope induced by interventions. In the socio-psychological context, Prestin (2013) found media narratives evoking hope generated motivation for goal pursuit among young adults, with hope staying elevated for up to three days after narrative exposure. Similarly, recent research points to a link between hope and identity affirmation (Adelabu, 2008; Brady et al., 2016). Gillig and Murphy (2016) found that viewing a media portrayal of two gay teens evoked hope among LGBTQ youth and predicted more positive subsequent self-oriented attitudes. And yet just how hope promotes wellbeing is not well understood. The construct has been shown to play a mediating role in some studies and a moderating role in others. For example, Visser, Loess, Jeglic, and Hirsch (2013) found that hope moderated the relationship between negative life events and depression among youth, demonstrating that hope can be a protective factor. Hope also has been shown to mediate psychological pathways underlying wellbeing (e.g., the relationship between developmental processes and adult mental health (Shorey, Snyder, Yang, & Lewin, 2003)). This study examines hope as a potential mediator of change in wellbeing.

The current study

Grounded in the aforementioned theoretical background and the researchers' understanding of Brave Trails, along with input from Brave Trails' staff, the current study obtains initial estimates of program effectiveness and examines underlying psychological processes through a two-phase approach: (1) a pretest-posttest evaluation of camper outcomes and (2) a cross-sectional survey of campers' parents. First, the following research questions were posed to explore camper outcomes:

RQ1: From pre- to post- camp intervention, do campers experience changes in identity affirmation, hope, depressive symptoms, and resilience?

RQ2: How do changes in identity affirmation, hope, depressive symptoms, and resilience influence each other in the camp context?

Next, to understand the influence of key program features, we asked the following:

RQ3: How are key features of the camp experience (aspirational identification with counselors, identification with campers, and empowerment) related to camper outcomes (i.e., identity affirmation, hope, depressive symptoms, and resilience)?

Last, the following question sought to understand parents' perceptions regarding their children:

RQ4: What changes do parents observe in their child from pre- to post-camp?

Method

This evaluation was implemented in conjunction with Brave Trails staff certified by the Collaborative Institutional Training Initiative (CITI) for human subjects research. The process was approved by the relevant Institutional Review Board.

Camper survey procedure

The first study phase was a pre-post survey of campers conducted online using Qualtrics Survey Software, with Brave Trails and the researchers collaborating in its administration.

Consent

Three weeks prior to the start of camp, Brave Trails contacted campers and parents through the secure online portal Camp Site, informing them of the research opportunity and providing consent information and a link to the first questionnaire. Campers were assured that their choice regarding participation in the study would not affect their role in camp. Research participants were able to enter a drawing for a \$100 Visa gift card. Both camper consent and parental permission were obtained online.

Data collection

For consenting campers, questionnaires were administered prior to and after camp. The pretest opened three weeks before camp and closed on the first day of camp. The posttest was administered on-site by the researcher, and campers were able to use iPads to complete the posttest in a location where other campers and staff could not see their responses. Additionally, campers staying for only the first week ($n = 10$; all other campers stayed for two weeks) were provided 30 minutes to complete the questionnaire on their last day of camp.

Matching and incentive

To match participants across waves, each was asked to provide the last four digits of their primary phone number, followed by their number of siblings. Participants wishing to enter the gift card drawing were redirected at the end of the survey to a second questionnaire, prompting them to provide their name and e-mail address. Participants completing both questionnaires were eligible for the drawing.

Parent survey procedure

Two weeks after camp, Brave Trails notified campers' parents about the parent survey and provided consent information and a link to the questionnaire. Parents were assured that their choice regarding participation would affect neither their nor their child's relationship with Brave Trails. The survey remained open for four weeks. No incentive was offered to parents.

Camper survey measures

In collaboration with Brave Trails, the lead author developed measurement tools and procedures for both the camper and parent surveys. Practical considerations, such as the age-appropriateness of language for campers, were weighed. Brave Trails staff drew on their years of experience working with youth to identify areas in which language needing adjusting to meet the needs of their expected participants.

Dependent variables

Principle components analysis was conducted for each scale, and reliability scores are provided. *Hope* was assessed with six items from the State Hope Scale (Snyder et al., 1996), posed on an 8-point Likert scale ranging from 1 (*definitely false*) to 8 (*definitely true*), including, "I can think of many ways to reach my current goals." Items loaded on one factor and had high reliability (Cronbach's $\alpha = .76$). *Identity affirmation* was ascertained with three items derived from the Multidimensional Measure of Sexual Minority Identity (Mohr & Kendra, 2011), as LGBTQ identity was the salient identity affirmed in the intervention. Rated on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*), items included, "I feel comfortable with people knowing I am an LGBTQ person." Items loaded on one factor and had high internal reliability (Cronbach's $\alpha = .72$). *Depressive symptoms* were assessed with a version of Center for Epidemiologic Studies Depression Scale (CES-D-4; Lewinsohn, Seeley, Roberts, & Allen, 1997) adapted for youth. Participants indicated on how many days during the past week they experienced each of four emotions or behaviors, including sadness. Items loaded on one factor and had high internal consistency/reliability (Cronbach's $\alpha = .84$). *Resilience* was measured with nine items from the Resilience Scale (Wagnild & Young, 1993). Rated from 1 (*strongly disagree*) to 7 (*strongly agree*), items included, "I can get through difficult times because I've experienced difficulty before." Two items were removed to improve reliability. The remaining seven items loaded on two factors: Positive Outlook (four items) and Self-Determination (three items). The factors were significantly positively correlated ($r = .77$, $p < .001$) and aligned with traditional conceptualizations of resilience

(Wagnild & Young, 1993), so they were combined into one factor that had high reliability (Cronbach's $\alpha = .86$).

Program feature variables

Aspirational identification with counselors was measured with Hoffner and Buchanan's (2005) aspirational identification scale. The scale was adapted to use the word "counselors" instead of "characters." On a scale from 1 (*strongly disagree*) to 7 (*strongly agree*), five items asked the extent to which campers aspired to be like Brave Trails' counselors and included, "I wanted to follow the example of the counselors" (Cronbach's $\alpha = .91$). The impact of *identification with campers* was assessed using Cohen's (2001) identification scale. The scale was adapted to read "campers" instead of "characters." Rated from 1 (*strongly disagree*) to 7 (*strongly agree*), five items assessed the extent to which participants related to their fellow campers and included, "I wanted the other campers to succeed in achieving their goals" (Cronbach's $\alpha = .77$). The effect of Brave Trails' skill-building programming was assessed using a scale derived from Gullan et al.'s (2013) measure of empowerment in a study of a school-based community service program. Items were selected based on their fit with Brave Trails' programming. Rated from 1 (*strongly disagree*) to 7 (*strongly agree*), seven items assessed the extent to which campers enacted skills and saw results, including, "I learned how to bring people together to accomplish goals" (Cronbach's $\alpha = .86$).

Parent survey measures

Parents were asked, "What changes in your child, if any, have you noticed since your child attended Brave Trails?," as well as other questions and demographic items. They were provided space to write a paragraph in response to the open-ended item about perceived changes.

Camper characteristics

Participants in the sample represented a diverse group of LGBTQ youth. Regarding gender identity, approximately half of campers (51.7%) were cisgender, 27.6% identified as gender nonconforming, and 17.2% were transgender. About one third of campers identified as gay or lesbian (31.0%), one third bisexual or pansexual (i.e., experiencing romantic and/or sexual attraction to two or more gender identities; 31.0%), 19.0% queer, 13.8% unsure/questioning, and 5.2% straight/heterosexual. (Of note, campers who identified as straight/heterosexual also identified as transgender or gender nonconforming.) Campers ranged in age from 12 to 20, with an average age of 15.4 years. Most campers were White (77.2%) and students in a public school

(69.0%). The sample tended to be nonreligious (44.8%). See descriptives in Table 1.

Parent characteristics

Parents were an average age of 47 ($M = 47.3$, $SD = 5.80$), ranging from 35 to 56 years old. Most were cisgender female (85.7%) and straight/heterosexual (82.9%). The majority were White (72.7%), followed by Latino/a (15.2%). The sample tended to be religious (44.2%). Regarding education, most held a bachelor's degree or higher (76.5%). More than half of parents reported a total annual household income of \$100,000 or more (57.2%), with about one third indicating less than \$100,000 (31.7%), the rest preferring not to respond (11.4%; see Table 2).

Results

Camper survey

Matching of identification numbers resulted in 56 matched campers (see Table 1). Analyses were conducted using SPSS v. 24. First, to address RQ1, paired-sample t tests were conducted to assess pre-post differences in

Table 1. Descriptive statistics for campers ($N = 56$).

Age	15.38(1.79)
Gender identity	
Male	20.7%
Female	31.0%
Transgender male	13.8%
Transgender female	3.4%
Gender non-conforming	27.6%
Unsure/Questioning	3.4%
Sexual orientation	
Gay/lesbian	31.0%
Bisexual/pansexual	31.0%
Queer	19.0%
Unsure/Questioning	13.8%
Straight/heterosexual	5.2%
Race/ethnicity	
White	77.2%
Latino	15.8%
Other	7.1%
Religion	
Religious	19.0%
Non-Religious	44.8%
Unsure/Questioning	31.0%
Other	5.2%
Education	
Student (public school)	69.0%
Student (private school)	20.7%
Non-student	6.9%
Other	3.4%

Table 2. Descriptive statistics for parents ($N = 54$).

Age	47.29(5.80)
Gender identity	
Female	85.7%
Male	5.7%
Other	13.6%
Sexual orientation	
Straight/heterosexual	82.9%
Other	17.2%
Race/ethnicity	
White	72.7%
Latino	15.2%
Other	12.2%
Religion	
Religious	44.2%
Non-religious	29.4%
Other	26.5%
Education	
BA or higher	76.5%
Some college or lower	23.6%
Total household income	
\$49,999 or less	17.2%
\$50,000–\$99,999	14.5%
\$100,000–\$149,999	22.9%
\$150,000 or more	34.3%
Prefer not to respond	11.4%

campers' identity affirmation, hope, depressive symptoms, and resilience. Results found significant increases in identity affirmation ($t(51) = 3.27$, $p = .002$) and hope ($t(54) = 3.87$, $p < .001$), as well as a significant decrease in depressive symptoms ($t(53) = -3.79$, $p < .001$). No significant change in resilience was found (see Table 3).

To allow for analysis of the processes underlying pretest-posttest changes (RQ2), unstandardized residualized change scores were obtained for each outcome (identity affirmation, hope, depressive symptoms, resilience), by regressing posttest values on pretest values (Christensen et al., 2013). PROCESS, an SPSS macro using ordinary least squares regression models, and bootstrap estimation of 10,000 samples was used (Hayes, 2013). A serial mediation analysis assessing relationships between changes in identity affirmation, hope, depressive symptoms, and resilience (RQ2) showed that a change in identity affirmation predicted a change in depressive symptoms in the expected direction ($b = -.76$, $SE = .39$, $p = .06$, 95% CI [-1.55, .03]).

Table 3. t -test results comparing pretest and posttest camper outcomes ($N = 56$).

	Time 1		Time 2		t	d
	M	SD	M	SD		
Identity Affirmation	6.04	1.00	6.54	.49	3.27**	.48
Hope	5.80	1.07	6.23	.91	3.87***	.54
Depressive Symptoms	2.70	1.98	1.79	1.66	-3.79**	-.52
Resilience	5.33	.77	5.44	.70	1.46	.19

The relationships between mediators were also assessed and revealed a link between depressive symptoms and identity affirmation ($b = -.12$, $SE = .06$, $p = .04$, 95% $CI [-.23, -.002]$), such that larger increases in identity affirmation corresponded with greater reductions in depressive symptoms. No significant relationship existed between identity affirmation and hope, nor between hope and depressive symptoms (see Figure 1). Given prior research indicating the moderating role of hope, baseline hope and change in hope were tested as moderators between the relationships of all other outcome variables (identity affirmation, depressive symptoms, resilience). Neither baseline hope nor change in hope had a significant moderating effect on these relationships.

Finally, we examined the relationship between campers' experience of key aspects of camp programming (RQ3)—aspirational identification with staff members, identification with campers, and experiencing camp programming as empowering—and changes in their depressive symptoms from pre- to post-camp. Analysis of the correlations between the three program feature variables revealed them to be highly correlated: Aspirational identification and camper identification ($r = .70$, $p < .001$), aspirational identification and empowerment ($r = .79$, $p < .001$), empowerment and camper identification ($r = .69$, $p < .001$). Principle components analysis with varimax rotation indicated the three variables loaded on one factor, and reliability analysis found high internal consistency for a scale including these variables (Cronbach's $\alpha = .91$). Therefore, scores from aspirational identification, camper identification, and empowerment were summed to create a composite variable: *program experience*. Next, a series of regressions were conducted to assess the relationship between program experience and each outcome variable. Program experience predicted a change in depressive symptoms in

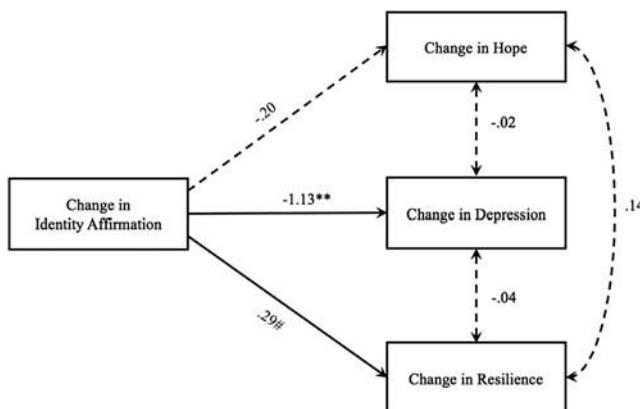


Figure 1. Mediation model for the relationships between changes in identity affirmation, hope, depressive symptoms, and resilience. Dashed lines represent nonsignificant paths. $\#p = .06$, $*p < .05$, $**p < .01$, $***p < .001$.

the expected direction ($F(1, 41) = 3.79, p = .06, R^2 = .09$), such that higher scores for experience were associated with greater reductions in depressive symptoms. Program experience did not predict changes in hope, identity affirmation, and resilience.

Parent survey

To understand parents' perceptions of changes in their child (RQ4), parents' responses to open-ended survey questions were analyzed for themes. The first step in data analysis was a reading of open-ended responses to increase the first and third authors' familiarity with the data. These authors then independently analyzed the responses (Field & Mattson, 2016). Each author made notes, developed preliminary thematic codes based on initial patterns seen, and categorized passages into these preliminary codes. Then the authors compared codes, generated one list of initial codes, and reexamined the data to ensure the validity of each code. Responses were recoded when necessary (see Harper, Brodsky, & Bruce, 2012).

Nearly all parents noted one or more changes in their child. Main themes that emerged were increased wellbeing (e.g., happier, less anxious, less angry, thinking more positively about the future), with 47.1% of parents reporting observing this in their child. The next most common theme was improved communication (e.g., child was more vocal, assertive, and open in talking; 47.1% of parents). Parents also noted changes in their child's leadership capabilities (e.g., taking on leadership roles, teaching parents or family members, displaying more independence; 35.3%). Additionally, increased identity affirmation was observed (e.g., child seems more comfortable with self, is ready to share their identity with others; 20.6%). Only one respondent reported a potential negative shift, stating their daughter seemed sad to be home, as she described camp as "the greatest week of her life." The findings of the parent survey tended to align with those from the camper survey (see Table 4 for exemplar responses).

Discussion

This study offers the first evaluation of the effectiveness of a summer camp for LGBTQ youth in the United States. The evaluation used a pre-post survey to assess changes in campers' identity affirmation, hope, depressive symptoms, and resilience from pre- to post-camp and to explore the linkages between outcomes. Further, a second survey assessed parents' perceptions of post-camp changes in their child, increasing the external validity of camper survey findings. Here, we discuss the demonstrated camp outcomes and consider insights pertaining to camper and parent demographics before addressing implications for theory and practice.

Table 4. Additional exemplar parent responses by theme.*Increased Wellbeing*

When we picked my daughter up she was (and still is) beaming from her experience, and it brings tears to my eyes to just think about the amazing experience she had.

My child is a lot happier and more open.

I think that he is not as angry as he was.

Improved Communication

Just very happy, peaceful, talkative. Nice for a teenager to act this way! (And she's the baby out of 5 kids, so I know a thing or two about teenager behavior!)

She TALKS and laughs and smiles.

Much more open to feedback.

Improved Leadership

More confidence in herself and belief in her ability to be herself and support others.

She seems more self-assured.

He has shown such a love, acceptance and compassion for the entire LGBTQ community and has a real desire to do what he can to promote the safety, rights and well-being of his community. He is starting a Queer Safe Space here in our small town.

Increased Identity Affirmation

My child is ready to share with family members his identity. He is determined to enter his new school next year as a trans boy.

She came back more comfortable with herself and willing to be herself.

He is happy and more comfortable with himself and others.

Results of this study show campers experienced immediate improvements in identity affirmation and hope and a reduction in depressive symptoms from the camp experience. Additionally, regression analyses found that these immediate changes in identity affirmation corresponded with changes in resilience. These findings support previous literature demonstrating that an affirmed identity can defend against depression (Cruyws et al., 2014). Findings regarding hope—that it increased from pre- to post-camp but was not predicted by changes in identity affirmation—suggest that exploration of potential protective (possibly moderating) effects is warranted. The study also provides initial evidence confirming Sherman and Cohen's (2006) prediction that self-affirmation bolsters resilience. Further, our analyses of key camp features indicate that counselors, fellow campers, and programming influence depressive symptoms among youth. This points to the potential for camp interventions to durably improve the wellbeing of LGBTQ youth. Indeed, parent observations revealed outward manifestations of positive change in campers' wellbeing and social skills persisted after the camp experience. As such, this pilot study provides a promising framework for future interventions.

In addition to learning a great deal about the impact of camp programming from analyzing identity and health outcomes, an examination of the demographics of campers and parents provided insights into the reach of the current program. Campers and their parents tended to be White, religiously diverse, and educated. Most were likely also of middle-class SES; however, this is difficult to precisely determine, given the wide geographic dispersion

of camper households. This raises considerations regarding whether youth from other backgrounds would experience similar benefits. Statistical power was too low in this sample to explore potential subgroup effects. Further, the demographic information prompts questions of how to reach youth whose families come from backgrounds associated with less support for LGBTQ identities (e.g., lower education, higher religiosity; Pew Research Center, 2017)—families who may not be able or inclined to send their child to such a program.

Limitations and future directions

This study afforded an initial evaluation of a novel camp program, testing of survey measures/procedures, assessment of recruitment strategies, and gauging of parents' responsiveness. Limitations include little racial/ethnic diversity across the camper and parent samples. Participants were mostly White, making our findings less informative regarding LGBTQ youth of color. Given that the national median household income is below \$60,000 (U.S. Census Bureau, 2017), the sample also lacks significant representation from participants of lower SES. Additionally, a limitation of the camper surveys was that there was no appropriate control comparison, preferably with random assignment to condition. This limited our ability to make causal inferences about intervention effects. Data collection was attempted for a control group, as well as a third time point, but a low response rate led to insufficient statistical power for analyzing this data. Given the small sample size, it will be important to cross-validate with larger samples, particularly regarding the effects of program features. Only 41 campers responded to these questions, resulting in low power for the corresponding regression analyses. However, existing work examining interventions for LGBTQ youth is scarce and often involves small samples, with few studies examining the processes influencing wellbeing and resilience. Regarding the parent survey, it is possible that parents seeing little or no change did not reply. Parents may also have exhibited confirmation or social desirability biases in their appraisal of their child's improvement, after dedicating resources (e.g., financial, emotional) to sending their child to camp and investing in the belief that the program would have a positive impact.

LGBTQ youth face higher rates of depression and subsequent negative health outcomes. Identity-affirming opportunities for them remain scarce, and programs such as Brave Trails help fill a gap for youth who cannot access support in their local communities. The findings of this study can inform continued improvement of Brave Trails' current programming and outreach efforts, as well as potential future programming for LGBTQ youth. Our results also have theoretical implications, helping enhance scholarly understanding of the linkages between identity- and health-related variables. The

psychological processes and responses to program features tested in this study may apply to other populations, and future studies seeking replication would help determine generalizability. This work provides a foundation for future scholarship contributing to our understanding of the impact of identity-affirming youth programming. In fact, work is already underway to expand on this study in collaboration with Brave Trails, incorporating a larger group of campers, a comparison group, follow-up data collection, and observational data. Finally, this study demonstrates the collaborative possibilities at the intersection of research and practice. Brave Trails' directors and the researchers collaborated in the development and implementation of this study, as well as in understanding its results. This pilot evaluation indicates that, ultimately, through teaching that "We can change the world by being brave," a novel camp intervention is noticeably improving the lives of a growing group of LGBTQ youth from across the United States.

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References

- Adelabu, D. H. (2008). Future time perspective, hope, and ethnic identity among African American adolescents. *Urban Education, 43*, 347–360. doi:10.1177/0042085907311806
- American Camp Association. (2017). *ACA facts and trends*. Retrieved from <https://www.acacamps.org/press-room/aca-facts-trends>
- Bird, J. D., Kuhns, L., & Garofalo, R. (2012). The impact of role models on health outcomes for lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health, 50*(4), 353–357.
- Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging, 19*, 260. doi:10.1037/0882-7974.19.2.260
- Brady, S. T., Reeves, S. L., Garcia, J., Purdie-Vaughns, V., Cook, J. E., Taborsky-Barba, S., ... Cohen, G. L. (2016). The psychology of the affirmed learner: Spontaneous self-affirmation in the face of stress. *Journal of Educational Psychology, 108*(3), 353.
- Brave Trails. (2017). *Media & news*. Retrieved from www.bravetrails.org
- Camp OUTdoors. (2017). Retrieved from <http://outdoorsgaycamp.com/>
- Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy, 44*, 585–599. doi:10.1016/j.brat.2005.05.001

- Christensen, J. L., Miller, L. C., Appleby, P. R., Corsbie-Massay, C., Godoy, C. G., Marsella, S. C., & Read, S. J. (2013). Reducing shame in a game that predicts HIV risk reduction for young adult men who have sex with men: A randomized trial delivered nationally over the web. *Journal of the International AIDS Society*, *16*, 3. doi:10.7448/IAS.16.3.18716
- Cohen, J. (2001). Defining identification: A theoretical look at the identification of audiences with media characters. *Mass Communication & Society*, *4*, 245–264. doi:10.1207/S15327825MCS0403_01
- Cohen, G. L., & Garcia, J. (2008). Identity, belonging, and achievement: A model, interventions, implications. *Current Directions in Psychological Science*, *17*(6), 365–369.
- Cohn, T. J., & Leake, V. S. (2012). Affective distress among adolescents who endorse same-sex sexual attraction: Urban versus rural differences and the role of protective factors. *Journal of Gay & Lesbian Mental Health*, *16*, 291–305. doi:10.1037/a0026684
- Creswell, J. D., Dutcher, J. M., Klein, W. M., Harris, P. R., & Levine, J. M. (2013). Self-affirmation improves problem-solving under stress. *PLoS One*, *8*(5), e62593. doi:10.1371/journal.pone.0062593
- Cruwys, T., Haslam, S. A., Dingle, G. A., Haslam, C., & Jetten, J. (2014). Depression and social identity: An integrative review. *Personality and Social Psychology Review*, *18*(3), 215–238.
- Crisp, C., & McCave, E. L. (2007). Gay affirmative practice: A model for social work practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work Journal*, *24*, 403–421. doi:10.1007/s10560-007-0091-z
- Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, *39*(5), 662–668.
- Epton, T., Harris, P. R., Kane, R., Van Koningsbruggen, G. M., & Sheeran, P. (2015). The impact of self-affirmation on health-behavior change: A meta-analysis. *Health Psychology*, *34*, 187. doi:10.1037/hea0000116
- Field, T. L., & Mattson, G. (2016). Parenting transgender children in PFLAG. *Journal of GLBT Family Studies*, *12*, 1–17.
- Fish, J. N., & Pasley, K. (2015). Sexual (minority) trajectories, mental health, and alcohol use: A longitudinal study of youth as they transition to adulthood. *Journal of Youth and Adolescence*, *44*(8), 1508–1527.
- Ganz, M. (2011). Public narrative, collective action, and power. In S. Odugbemi & T. Lee (Eds.), *Accountability through public opinion: From inertia to public action* (pp. 273–289). Washington, DC: The World Bank.
- Gershorn, L. (2016). Summer camp, history of. Retrieved from <https://daily.jstor.org/history-summer-camp/>
- Gillig, T. K., & Murphy, S. T. (2016). Fostering support for LGBTQ youth?: The effects of a gay adolescent media portrayal on young viewers. *International Journal of Communication*, *10*, 3828–3850.
- Grace, A. P., & Wells, K. (2007). Using freirean pedagogy of just ire to inform critical social learning in arts-informed community education for sexual minorities. *Adult Education Quarterly*, *57*, 95–114. doi:10.1177/0741713606294539
- Gross, L. (2007). Gideon who will be 25 in the year 2012: Growing up gay today. *International Journal of Communication*, *1*, 18.
- Grzanka, P. R., & Miles, J. R. (2016). The problem with the phrase “intersecting identities”: LGBT affirmative therapy, intersectionality, and neoliberalism. *Sexuality Research and Social Policy*, *13*, 1–19.
- Gullan, R. L., Power, T. J., & Leff, S. S. (2013). The role of empowerment in a school-based community service program with inner-city, minority youth. *Journal of Adolescent Research*, *28*, 664–689. doi:10.1177/0743558413477200

- Harper, G. W., Brodsky, A., & Bruce, D. (2012). What's good about being gay? Perspectives from youth. *Journal of LGBT Youth*, 9(1), 22–41.
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma “get under the skin”? A psychological mediation framework. *Psychological Bulletin*, 135(5), 707.
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.
- Hillier, L., Mitchell, K. J., & Ybarra, M. L. (2012). The Internet as a safety net: Findings from a series of online focus groups with LGB and non-LGB young people in the United States. *Journal of LGBT Youth*, 9, 225–246. doi:10.1080/19361653.2012.684642
- Hoffner, C., & Buchanan, M. (2005). Young adults' wishful identification with television characters: The role of perceived similarity and character attributes. *Media Psychology*, 7, 325–351. doi:10.1207/S1532785XMEP0704_2
- Ilardi, S. S., & Craighead, W. E. (1994). The role of nonspecific factors in cognitive-behavior therapy for depression. *Clinical Psychology*, 1, 138–155.
- Ilardi, S. S., & Craighead, W. E. (1999). The relationship between personality pathology and dysfunctional cognitions in previously depressed adults. *Journal of Abnormal Psychology*, 108, 51. doi:10.1037/0021-843X.108.1.51
- Kirschman, K. J. B., Roberts, M. C., Shadlow, J. O., & Pelley, T. J. (2010, December). An evaluation of hope following a summer camp for inner-city youth. *In Child & Youth Care Forum*, 39, 385–396. doi:10.1007/s10566-010-9119-1
- Kosciw, J. G., & Diaz, E. M. (2006). *The 2005 national school climate survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools*. New York, NY: Gay, Lesbian & Straight Education Network.
- Kosciw, J. G., Palmer, N. A., Kull, R. M., & Greytak, E. A. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence*, 12, 45–63. doi:10.1080/15388220.2012.732546
- Lewinsohn, P. M., Seeley, J. R., Roberts, R. E., & Allen, N. B. (1997). Center for epidemiologic studies depression scale (CES-D) as a screening instrument for depression among community-residing older adults. *Psychology and Aging*, 12, 277. doi:10.1037/0882-7974.12.2.277
- Macintosh, L., & Bryson, M. (2008). Youth, myspace, and the interstitial spaces of becoming and belonging. *Journal of LGBT Youth*, 5, 133–142.
- Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The lesbian, gay, and bisexual identity scale. *Journal of Counseling Psychology*, 58, 234. doi:10.1037/a0022858
- Nuttbrock, L., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2012). Gender identity conflict/affirmation and major depression across the life course of transgender women. *International Journal of Transgenderism*, 13, 91–103. doi:10.1080/15532739.2011.657979
- Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, 26, 1–11. doi:10.1016/S0140-1971(02)00118-5
- Pachankis, J. E., & Goldfried, M. R. (2013). Clinical issues in working with lesbian, gay, and bisexual clients. *Psychology of Sexual Orientation and Gender Diversity*, 1, 45–58. doi:10.1037/2329-0382.1.S.45
- Pea, R., Nass, C., Meheula, L., Rance, M., Kumar, A., Bamford, H., & Zhou, M. (2012). Media use, face-to-face communication, media multitasking, and social well-being among 8- to 12-year-old girls. *Developmental Psychology*, 48, 327. doi:10.1037/a0027030

- Pew Research Center. (2017, June 26). *Support for same-sex marriage grows, even among groups that had been skeptical*. Retrieved from <http://www.people-press.org/2017/06/26/support-for-same-sex-marriage-grows-even-among-groups-that-had-been-skeptical/>
- Prestin, A. (2013). The pursuit of hopefulness: Operationalizing hope in entertainment media narratives. *Media Psychology*, 16, 318–346. doi:10.1080/15213269.2013.773494
- Public Religion Research Institute. (2015). *How race and religion shape millennials attitudes on sexuality and reproductive health*. Retrieved from <http://www.ppri.org/research/survey-how-race-and-religion-shape-millennial-attitudes-on-sexuality-and-reproductive-health/#.VZIXQqbTGWY>
- QORDS. (2017). *Queer oriented radical days of summer*. Retrieved from www.qords.org
- Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and Commitment Therapy. Measures Package*, 61, 52.
- Ross, L. E., Doctor, F., Dimito, A., Kuehl, D., & Armstrong, M. S. (2007). Can talking about oppression reduce depression? Modified CBT group treatment for LGBT people with depression. *Journal of Gay & Lesbian Social Services*, 19(1), 1–15.
- Russell, S. T., & Horn, S. S. (Ed.). (2016). *Sexual orientation, gender identity, and schooling: The nexus of research, practice, and policy*. Oxford, UK: Oxford University Press.
- Saewyc, E. M., Homma, Y., Skay, C. L., Bearinger, L. H., Resnick, M. D., & Reis, E. (2009). Protective factors in the lives of bisexual adolescents in North America. *American Journal of Public Health*, 99, 110–117. doi:10.2105/AJPH.2007.123109
- Schrank, B., Stanghellini, G., & Slade, M. (2008). Hope in psychiatry: A review of the literature. *Acta Psychiatrica Scandinavica*, 118(6), 421e433. doi:10.1111/j.1600-0447.2008.01271.x
- Sherman, D. K., & Cohen, G. L. (2006). The psychology of self-defense: Self-affirmation theory. *Advances in Experimental Social Psychology*, 38, 183–242. doi:10.1016/S0065-2601(06)38004-5
- Shorey, H. S., Snyder, C. R., Yang, X., & Lewin, M. R. (2003). The role of hope as a mediator in recollected parenting, adult attachment, and mental health. *Journal of Social and Clinical Psychology*, 22, 685–715. doi:10.1521/jscp.22.6.685.22938
- Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology*, 65(5), 467–487.
- Snapp, S. D., Russell, S. T., Arredondo, M., & Skiba, R. (2016). A right to disclose: LGBTQ youth representation in data, science, and policy. *Advances in Child Development and Behavior*, 50, 135–159.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249–275.
- Snyder, C. R., Simpson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the state hope scale. *Journal of Personality and Social Psychology*, 70, 321–335. doi:10.1037/0022-3514.70.2.321
- Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*, 139, 213. doi:10.1037/a0028931
- Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. *Advances in Experimental Social Psychology*, 21, 261–302.
- Steinhardt, M., & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *Journal of American College Health*, 56, 445–453. doi:10.3200/JACH.56.44.445-454

- Theriault, D. (2017). Implementation of Promising Practices for LGBTQ Inclusion: A Multilevel Process. *Journal of Park & Recreation Administration*, 35(3), 122–134. doi:10.3200/JACH.56.44.445-454
- Thurber, C. A., Scanlin, M. M., Scheuler, L., & Henderson, K. A. (2007). Youth development outcomes of the camp experience: Evidence for multidimensional growth. *Journal of Youth and Adolescence*, 36, 241–254. doi:10.1007/s10964-006-9142-6
- U.S. Census Bureau. (2017, September 12). *Income and poverty in the United States: 2016* (Report No. P60–259). Retrieved from <https://www.census.gov/library/publications/2017/demo/p60-259.html>
- U.S. Centers for Disease Control and Prevention. (2011). Chronic disease prevention and health promotion. Retrieved from <http://www.cdc.gov/chronicdisease/resources/publications/aag/dash.htm>
- U.S. Centers for Disease Control and Prevention. (2009). *School connectedness: Strategies for increasing protective factors among youth*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf
- U.S. Department of Health and Human Services. (2016). *National survey on drug use and health*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- Vincke, J., & van Heeringen, K. (2004). Summer holiday camps for gay and lesbian young adults: An evaluation of their impact on social support and mental well-being. *Journal of Homosexuality*, 47(2), 33–46.
- Visser, P. L., Loess, P., Jeglic, E. L., & Hirsch, J. K. (2013). Hope as a moderator of negative life events and depressive symptoms in a diverse sample. *Stress and Health*, 29, 82–88. doi:10.1002/smi.2433
- Wagnild, G., & Young, H. (1993). Development and psychometric. *Journal of Nursing Measurement*, 1, 165–178.
- Wingo, A. P., Wrenn, G., Pelletier, T., Gutman, A. R., Bradley, B., & Ressler, K. J. (2010). Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure. *Journal of Affective Disorders*, 126, 411–414. doi:10.1016/j.jad.2010.04.009
- Woods, K., Mayes, S., Bartley, E., Fedele, D., & Ryan, J. (2013). An evaluation of psychosocial outcomes for children and adolescents attending a summer camp for youth with chronic illness. *Children's Health Care*, 42, 85–98. doi:10.1080/02739615.2013.753822