An Evaluation of YWCA Edmonton's *GirlSpace* Program

by

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Abstract

Adolescence is a time of profound change and development for girls. Canadian girls may face a number of complex issues as they transition through childhood into adolescence, including sharp declines in physical and mental health, high rates of violence at home and at school, and mounting educational and professional pressures. Despite the existence of adversities and developmental challenges during adolescence, girls are remarkably resilient and can be empowered with appropriate supports. By providing positive role models, fostering the development of critical thinking skills, and engaging in leadership-building activities, girls can be supported to reach their full potential (Girls Action Foundation et al., 2013). The organization in the current study, YWCA Edmonton offers such a program. *GirlSpace* is a comprehensive 20-week program focusing on connecting girls with mentors, building leadership, and fostering critical thinking skills regarding issues commonly faced by adolescent girls. This research used an explanatory sequential mixed-method analysis to evaluate the YWCA Edmonton's *GirlSpace* program between September 2017 and March 2018. Twenty-four adolescent girls between the ages of 11 and 17 years participated in the study. The following research questions were the focus of the study: (a) Did completion of the *GirlSpace* program improve girls' leadership skills, social connectedness, mental health, and resilience?; (b) Which strengths and assets were developed or improved by the girls in the program, and which of these did they perceive to be most impactful?; (c) Which components of the program did girls find most helpful and unhelpful, and why?, and; (d) How did the themes mentioned by the program participants help to explain any quantitative differences in leadership skills, social connectedness, mental health, and resilience? The overarching goal was to contribute to current and future program delivery through an outcome and program monitoring evaluation. The results of the evaluation were intended to foster resilience and strengths, while mitigating the influence of barriers and limiting

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the exacerbation of concerns experienced by adolescent girls. Statistical analyses revealed

improvements from pre- to post-program on all four measures, with social connectedness

displaying the greatest amount of change, followed by mental health, resilience, and leadership,

respectively. Thematic analysis corroborated and further explained the quantitative results,

highlighted several strengths and assets acquired or improved through program participation, and

provided feedback on the helpful and unhelpful components of the *GirlSpace* program. Overall,

this dissertation explores the efficacy of a community-based, after-school program for adolescent

girls, with promising effects on participants and constructive recommendations for future

GirlSpace programming.

Keywords: adolescence, girl-specific programming, youth leadership, resilience, mental health, social connectedness, mixed-method evaluation

Preface

This thesis is an original work by Wendy Linda Salvisberg. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name "An Evaluation of YWCA Edmonton's GirlSpace Program, No. 75097, 2017.

Dedication

"Here's to strong women. May we know them. May we be them. May we raise them." – *Unknown*

Acknowledgments

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Glossary of Terms

Adolescence - A developmental stage usually defined as the second decade of life where a child undergoes the transition into an adult (WHO, 2017). The most commonly used chronologic definition of adolescence spans roughly between ages 11 and 18 (APA, 2002; Arnett, 2014).

Financial literacy - Involves the areas of knowledge and understanding that are required to perform a particular financial task (Scerbina et al., 2019).

Health promotion - The process of enabling people to increase control over, and to improve their health (WHO, 1998).

Leadership - "The ability to guide or direct others on a course of action, influence the behaviour and opinion of other people, and show the way by going in advance" (Wehmeyer, Agran, & Hughes, 1998, p. 159). Leadership also includes the ability to analyze one's own strengths and weaknesses, set goals, and have the self-esteem to carry them out (Seemiller, 2018).

Mental health - A "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004, p. 2).

Positive psychology - The scientific study of optimal human functioning; striving to better understand and apply those factors that help individuals and communities thrive and flourish (Magyar-Moe, Owens, Conoley, 2015; Seligman & Csikszentmihalyi, 2000).

Pragmatism – An "approach" to research which focuses on determining practical solutions and meanings. Pragmatism is a useful philosophical assumption for mixed methods designs due to its emphasis is on the "shared meanings" created as a result of the integration phase of mixed methods research and offers a balanced approach to the dichotomy between the relative

objectivity of quantitative methods and relative subjectivity of qualitative methods (Morgan, 2007).

Promotive factors – A key component to Resilience Theory. Positive contextual, social, and individual factors that assist adolescents to mitigate the negative effects of risk exposure and enhance positive development. Two types of promotive factors exist: *assets (i.e.,* reside within the individual, such as self-efficacy, self-esteem, and competence) and *resources* (i.e., factors external to the individual, such as parents, mentors, and community programs that promote positive adolescent development (Fergus & Zimmerman, 2005).

Protective factors – Characteristics of the adolescent, family, and wider sociocultural environment that reduce or compensate for the negative effect of adversity on child outcomes (Rutter, 1985).

Relational Leadership Model – The "relational process of people together attempting to accomplish change or make a difference to benefit the common good" (Komives, Lucas, & McMahon, 2007, p. ix). Comprised of five primary components: 1) purposeful; 2) empowering; 3) ethical; 4) committed to inclusivity of people and diverse points of view, and; 5) process oriented (Komives et al., 2007).

Resilience – The capacity of an individual to continue to adaptively function and successfully develop despite threatening or negative circumstances which, on average, have the propensity to predict negative outcomes (Cutuli & Herbers, 2018; Masten, 2014).

Resilience Theory – Provides an understanding for why some adolescents develop into healthy adults in spite of exposure to risks and adversities (Masten & Reed, 2002). Includes two types of promotive factors: assets and resources.

Social connectedness – Taps those aspects of belongingness that Kohut (1984) described as an "intense and pervasive sense of security" and the sense of being "human among humans" (p. 200; Lee & Robbins, 1995).

Standpoint Feminist Theory – Sandra Harding (2004) defines feminist standpoint theory as "a kind of organic epistemology, methodology, philosophy of science, and social theory that can arrive whenever oppressed peoples gain public voice (p. 3)."

Utilization-focused evaluation – An evaluation approach which emphasizes the utility of both the findings and process of the evaluation with the intention of informing decisions, identifying revisions, and improving outcomes of the program (Patton, 2008).

CHAPTER 1: INTRODUCTION

It is well-acknowledged that adolescence is a developmental period characterized by rapid intra- and interpersonal developmental changes and reorganization. Due to a number of complex factors, research has historically focused on the risks associated with this developmental period, while attempting to predict negative outcomes through identification of risk factors (Arnett, 1999; Cutuli & Herbers, 2018). There is a considerable body of literature devoted to exploring the risks experienced by girls as they enter and progress through adolescence (Mendle, Eisenlohr-Moul, & Kiesner, 2016). It is acknowledged that adolescent girls have the potential to experience reduced self-esteem, high rates of violence, barriers to personal growth, education, and employment, and displays of internalizing symptoms contributing to declines in physical and mental health[1] (Albert, 2015; Spiroiu, 2018). While it is recognized in the literature that experiencing stressful events during adolescence increases the likelihood of negative developmental impacts, times of immense change also serve as periods of great potential for growth and positive outcomes (e.g., Steinberg et al., 2006; Voyer & Voyer, 2014). However, contemporary research has shown that mere exposure to stressful life events, even in substantial number, does not necessarily translate into adverse outcomes (Dillon et al., 2007; Zolkoski & Bullock, 2012). Currently, a rich body of literature has been developed which supports that the majority of youth pass through the developmental period without undue stress, emotional turmoil, and conflict (Arnett, 1999; Meeus, 2018; Moneta, Schneider, & Csikszentmihalyi, 2014).

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[1] Mental health refers to a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004, p. 2).

Resilience in Adolescence

Resilience is widely defined as the capacity of an individual to continue to adaptively function and successfully develop despite threatening or negative circumstances which, on average, have the propensity to predict negative outcomes (Cutuli & Herbers, 2018; Masten, 2014). Unlike early research focused on the barriers, risk, and poor adaptation, contemporary studies of resilience seek to understand the factors that affirm the hardiness and protect healthy development of adolescent girls, with or without the presence of unfavorable circumstances (Luthar, Crossman, & Small, 2015). Contemporary research on resilience in adolescents now supports a conceptualization of resilience as the ability to adaptively function, even in the absence of risk (Cutuli & Herbers, 2018). This perspective acknowledges that girls are remarkably strong and resilient, and "with access to resources and support, girls are connected, empowered, and better positioned to become agents of change in their own lives and communities" (Girls Action Foundation et al., 2013, p. 32). In this way, resilience can be conceptualized as a product of the normative; albeit, complex developmental processes and transitions comprising adolescence, rather than an extraordinary trait held by only those able to overcome adversity (Cutuli & Herbers, 2018). The fact that the majority of adolescent girls are displaying positive outcomes has largely remained out of the spotlight, and yet, it is a crucial topic to explore (e.g., Leventhal et al., 2015). Although we cannot neglect the risks and challenges faced by girls, this should not be the central feature in discussions pertaining to this population. Instead, focusing on what is going well for them and why may better equip adolescent girls to navigate these risks during their development (Oldfield, Humphrey, & Hebron, 2015; Ungar, 2015)

Leadership Development

To further promote and influence successful adjustment, girls need positive role models and opportunities for participation in leadership development activities. By definition, youth leadership development is the process of engaging youth in experiences that help them to develop the skills they will need to lead others (Redmond & Dolan, 2016). These experiences can range from being highly structured to very informal. Youth leadership development is comprised of providing youth with supportive, mentoring relationships, leadership skills (e.g., conflict resolution, assertiveness), and opportunities to make valuable contributions to the community (Houwer, 2016). Youth leadership development can be framed as a way of providing interventions for adolescents who are experiencing challenges or engaging in risky behaviors (Houwer, 2016). It can also be framed as a universal prevention or health promotion[2] strategy to provide youth populations not identified as having, or being at risk for, mental health problems with valuable opportunities to bolster their skill set as an individual (Houwer, 2016; Stauch & Cornelisse, 2016). Leadership development experiences are good for all youth (Houwer, 2016). The social and emotional skills that young people develop when they learn and exercise leadership is useful to help them cultivate the vital self-confidence, resilience, and self-esteem to embark on future tasks (Chowdhury, 2015). Further, their active engagement within the community with their peers can provide a crucial foundation for future civic involvement during adulthood, as well as foster social connectedness[3] (Houwer, 2016).

The current study will use a two-part definition of youth leadership. First, it can be conceptualized as "the ability to guide or direct others on a course of action, influence the

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[2] Health promotion is the process of enabling people to increase control over, and to improve their health (WHO, 1998).

[3] Social connectedness taps those aspects of belongingness that Kohut (1984) described as an "intense and pervasive sense of security" and the sense of being "human among humans" (p. 200; Lee and Robbins, 1995).

behaviour and opinion of other people, and show the way by going in advance" (Wehmeyer, Agran, & Hughes, 1998, p. 159). It also includes the ability to analyze one's own strengths and weaknesses, set goals, and have the self-esteem to carry them out (Seemiller, 2018). Youth leadership is an end itself, by promoting healthy adolescent development. It is also a means to an end, as teens make positive contributions to community and society through the development of leadership skills (Stauch & Cornelisse, 2016).

Social Connectedness

Research has consistently found that relationships play a central role in healthy development (e.g., Lee & Goldstein, 2016; Lee, Goldstein, & Dik, 2018; Parra, Oliva, & Reina, 2015; Wentzel, Russell, & Baker, 2016). A myriad of psychological benefits exists for adolescents who report close connections to peers (Cooley, Fite, Rubens, & Tunno, 2015; Pace, Zappulla, & Di Maggio, 2016; Rueger, Malecki, Pyun, Aycock, & Coyle, 2016). Adolescent girls demonstrate higher levels of emotional well-being, peer acceptance, knowledge of the self and others, and an increased sense of self-worth when strong peer support is available (Lee & Goldstein, 2016). Further, adolescents with supportive relationships exhibit higher levels of motivation and active school involvement, lower levels of behavioural problems as well as leadership skills, and improved school performance (Lee & Goldstein, 2016). Conversely, the absence of healthy relationships results in disconnection from self and others and poorer social support in adulthood (Bean, Pingel, Hallqvist, Berg, & Hammarström, 2018). Disconnection from peers during adolescence can contribute to lowered self-esteem, depression, anxiety, suicidality and self-harming, disordered eating, substance abuse, and other maladaptive coping mechanisms (Lee & Vaillancourt, 2018; Zhang, Baams, van de Bongardt, & Dubas, 2018).

Adult role models have a powerful influence on fostering social connectedness (Knoll, Magis-Weinberg, Speekenbrink, & Blakemore, 2015). Fostering connections with positive, same-sex role models enables girls to see that there are women who have been successful with their education and career that allows them to be independent (Liang, Lund, Mousseau, & Spencer, 2016; Schwartz & Rhodes, 2016). Girl-specific groups provide safe spaces to connect girls with role models, to share voices and experiences, and provide links to each other and to community supports (Bell-Gadsby et al., 2006). Other work suggests that adult mentors can play a significant role in helping adolescents cultivate a meaningful sense of purpose (Liang et al., 2016).

Girl-Specific Programming

Research on single-sex classrooms shows promising results that may help to understand the potential benefits of community-based girl-specific programming. Literature examining students at all-girls schools versus those at co-educational schools found distinct advantages, such as greater support from teachers, administrators, and peers (Holmgren, 2014). Compared with their co-educated peers, students attending all-girls schools were found more likely to engage actively in the learning process, through freely participating in class discussions and completion of assignments (Holmgren, 2014). Girls at single-sex schools are more likely to report giving and receiving respect at higher rates, feel that their opinions are respected, and feel safer than their co-educated peers. Greater gains on core academic and life skills, including teamwork, independent learning, critical thinking, and increased ability to communicate and create friendships with their peers were also advantages found in single-sex classrooms (Holmgren, 2014; Zohar, Benaya, & Zur, 2016). Improved self-esteem was also found to be

associated with single-sex classrooms compared to co-educational classrooms (Cribb & Haase, 2016).

Girl-specific community programs designed for girls can play a major role in providing girls with positive role models, engagement with their peers, and opportunities for leadership. Research conducted by the Girls Action Foundation and colleagues (2013) found Canadian girls-only community programs have had positive outcomes and benefits for participants regardless of program foci. Recent literature adds that girls-only programs create a safe space for girls and contribute to increased protective factors[4] such as self-confidence, self-esteem, empowerment, critical thinking skills, connectedness, and freedom of movement and expression (Barrale, 2017). The preventative efforts of community programming impact the individual, familial, community, and societal levels within Canadian girls' lives through the development of protective factors that enhance individual, interpersonal, and social skills, as well as community participation (Roa, Irvine, & Cervantez, 2007; Umme-Jihad, 2015). Presently, we know that protective factors enhance girls' resilience and ability to lead in the short-term, within one year of participating in girls-only programming (Hayward, Alcalde, Loomis, & Hodgson, 2011).

YWCA Edmonton

Historical Development of the Program

The organization examined in the current study, YWCA Edmonton, is one of Canada's oldest and largest women's social service organizations (YWCA Canada, 2014a). It was founded in England in 1855, after identifying a specific need to address the lack of supports available to women and girls arriving from rural areas to join the workforce in London. The organization was

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[4] Protective factors are defined as characteristics of the adolescent, family, and wider sociocultural environment that reduce the negative effect of adversity on child outcome (Masten & Reed, 2002).

grounded in a passion for the empowerment, leadership, and rights of women and girls across the world. The first YWCA in Canada was established in Saint John, New Brunswick in 1870, and thereafter in Edmonton in 1907 (YWCA Canada, 2014b). At its inception, YWCA Edmonton offered one program, the Cushing House, an affordable residence for single women arriving to work in Edmonton. Significant growth has occurred in the last 109 years, and the centre now includes a powerful multidisciplinary team of staff, volunteers, and board of directors of YWCA Edmonton. The organization is not-for-profit and relies on donations from supporters across Canada (YWCA Canada, 2014b).

YWCA Edmonton offers a wide variety of programs and social services, including *GirlSpace*, which is the focus of the current study. *GirlSpace* began as a pilot project in 2005 when YWCA Canada received funding from the Canadian Women's Foundation and the Government of Canada's Social Development Partnerships Program. The program was intended to reach out to girls through quality programming that would address key social issues facing young women. Within a short period of time, 20 different YWCA locations were running *GirlSpace* programs, including YWCA Edmonton.

The program is offered to girls aged from 11 to 18 years. The 20-week program provides a safe place to ask important questions, learn critical thinking skills, and support one another (YWCA Edmonton, 2016a). The program is intended to reduce the risk of violence in girls' lives, improve their physical and mental health, and set the stage for their development into strong, healthy, and empowered young women (YWCA Edmonton, 2016a). The program concentrates on equipping girls with the critical skills necessary for healthy development by focusing topics on the specific needs and experiences of girls and young women (YWCA Edmonton, 2014c). Participants are exposed to role models and positive messaging about being a

woman, while gaining skills to address various issues they face daily. The talents and strengths of each girl in the program are recognized and opportunities are made available to increase their existing strengths and develop emerging skills (YWCA Edmonton, 2014c).

Mission, Aims, and Goals of the Program

As identified on the organization's website, YWCA Edmonton strives to "lead, support, and advocate for women, girls, and families when and where they need us" (YWCA Edmonton, 2016b). Utilizing a highly skilled and enthusiastic multidisciplinary team, the organization seeks to provide education and social services by offering disabilities supports, outdoor education, counselling, and youth programming. YWCA Edmonton's overarching goal is to advance the wellness and growth of women, girls, and families (YWCA Canada, 2016b).

The *GirlSpace* program is designed to meet a number of objectives. Through participating in *GirlSpace*, participants are anticipated to improve upon their leadership skills, mental health and emotional well-being, connection to others, and resilience. The program is also intended to foster girls' autonomy, self-awareness, and self-esteem. Girls are made aware of key social issues impacting them and are given space to talk, listen, and share strategies and resources for coping and overcoming these issues in their own lives. Girls are encouraged to work collaboratively with other girls to develop a space in which everyone is respected and feels welcome. Finally, the program connects participants to their community, by empowering girls to engage in community action and improve girls' awareness of and ability to access resources in their communities (YWCA Canada, 2016a).

The Current Study

The primary objective of the proposed study was to conduct an evaluation of the YWCA Edmonton's *GirlSpace* program. A mixed-method evaluation was implemented to answer the

following research questions: (a) Does completion of the *GirlSpace* program improve girls' leadership skills, social connectedness, mental health, and resilience?; (b) Which strengths and assets were developed or improved by the girls in the program, and which of these did they perceive to be most impactful?; (c) Which components of the program did girls find most helpful and unhelpful, and why?; and, (d) How do the themes mentioned by the program participants help to explain any quantitative differences in leadership skills, social connectedness, mental health, and resilience?

Rationale for the Current Study

While exploration into the deficits and risks during adolescence is a top priority in Canada, programming initiatives focusing on negating these risks and bolstering protective factors need to be developed. However, girls' issues are often left out of program and policy development, even those oriented towards advancing young women's well-being (De Graeve, 2015; Taefi, 2009). Developing and implementing successful programs to address the risk factors and barriers, while affirming the strength and resilience of girls requires identifying which approaches are effective according to context and particular needs of the target population. By increasing their social supports and giving them space to voice their opinions and engage in meaningful activities, girls can be supported to reach their full potential (Girls Action Foundation et al., 2013). YWCA Edmonton's *GirlSpace* has never before been empirically evaluated, despite its claim of setting a "national standard for curriculum development" of girl-specific programming in Canada (YWCA Canada, 2014c). This is disconcerting, considering the foundational literature and principles used to design the curriculum were unable to be located for the purposes of the current research study. This further affirms the importance of completing an

evaluation in order to determine the program's outcomes and establish it as a reputable community youth program.

The overarching goal of this study is to contribute to current and future program delivery through completing a form of program monitoring combined with an outcome evaluation. It is anticipated that the results of the evaluation will help to mitigate the influence of barriers and limit the exacerbation of concerns experienced by adolescent girls, while fostering resilience and strengths. The outcomes of the study will address the Alberta Ministry of Human Services' priority of "enhancing supports and protection for Alberta children" by identifying aspects of the *GirlSpace* program requiring revisions based on participant experiences and the measured parameters in the study (Government of Alberta, 2014). It is hoped that this research can actively support the growth of programming that enhances girls' resilience, leadership abilities, mental health, and social connectedness and engender a generation of strong and empowered girls. Adolescence is a period of life in which girls have the potential to experience reduced mental and physical health outcomes, exposure to violence, and barriers to personal growth, education, and employment (Albert, 2015; Spiroiu, 2018). Findings from this research can evaluate whether this 20-week program is enough to maintain the resilience and bolster the supports and abilities of girls as they journey through adolescence.

Overview of Chapters

The next chapter critically examines the literature pertaining to: adolescence, the common issues faced by adolescent girls; protective factors; girl-specific prevention programming; and finally, program evaluation. The development and maturation of adolescent girls will be conceptualized using an overarching theoretical framework rooted in positive psychology and a feminist theory, comprised of resilience theory (Lewin, 1943) and relational

leadership theory (Komives, Lucas, & McMahon, 2007). In chapter three I discuss the

methodology for the current study, including a description of the study sample, the measures of

the variable of interest, data collection and analysis procedures, and ethical and special

considerations. Chapter four contains the results of the statistical and thematic analyses. In

chapter five, I present the integrated quantitative and qualitative findings, discuss the

significance of the findings in light of what is already known in the research, the relevance to

counselling psychology, study strengths and limitations, and implications for future research.

The final chapter of this dissertation provides recommendations for future *GirlSpace*

programming.

CHAPTER 2: LITERATURE REVIEW

The goal of this chapter is to provide a review of the practical and theoretical literature that is relevant to adolescent girls and girl-specific prevention programming. This literature review is intended to provide evidence highlighting the importance of girl-specific prevention programming. First, the developmental stage of adolescence will be described. Next, adolescent development will be conceptualized using an overarching theoretical framework rooted in positive psychology and a feminist theory, comprised of resilience theory (Lewin, 1943) and relational leadership theory (Komives et al., 2007). Then, literature pertaining to the particular issues faced by adolescent girls will be presented. A review of resilience literature, protective factors and girl-specific programming for female adolescents will then be discussed. The significance of program evaluation will also be identified and explored in detail.

Defining Adolescence

Adolescence is a developmental stage usually defined as the second decade of life where a child undergoes the transition into an adult (WHO, 2017). The most commonly used chronologic definition of adolescence spans roughly between ages 11 and 18 (APA, 2002; Arnett, 2014). The process of adolescence is a time of preparation for adulthood comprised of tremendous growth and change of physical and biological processes, cognitive development, social and emotional changes, and identity formation (McCormick & Scherer, 2018).

The expansive and wide-ranging changes that occur throughout the near decade of adolescence has contributed to a lack of consistency across professional resources and literature about the differentiation of the developmental stages within adolescence (Meschke et al., 2012). It is acknowledged that individual differences and exceptions to normative adolescent development can and do occur, given the complexity and breadth of maturation experienced by

the brain and body during this period. For example, elements of adolescent development are both continuous and discontinuous, whereby adolescents can progress toward more complex and advanced functioning, while still frequently regressing or reverting back to behaviours and ways of thinking characteristic of earlier developmental stages (e.g., Fischer & Van Geert, 2014). In addition, the biological, physical, and social competencies which occur during adolescence can overlap and bidirectionally influence one another. The influence of the sociocultural context, including family and extrafamilial relationships cannot be neglected for their role in the developmental process, for example how early families communicate with their child and the range of their socialization experiences (McCormick & Scherer, 2018). For these reasons, there exists much variation between adolescents' developmental trajectories during this period (Meschke et al., 2012). While appreciating individual variation, an understanding of typical adolescent development is essential for providing developmentally appropriate programming for this population, as achieving age-appropriate milestones serves as preparation for later positive adjustment and functioning at later points in development (McCormick & Scherer, 2018).

For the purposes of the current study, the following four developmental groups, provided by Meschke and colleagues (2012) are used when providing a brief overview into the typical milestones and changes occurring during adolescence: a) young, early adolescence (9–11 years, late elementary school); b) early adolescence (12–14 years, middle school); c) middle adolescence (15–17 years, high school), and; d) late adolescence (18–19 years). Short developmental periods are more conducive to appreciate the depth and breadth of adolescent development (Meschke et al., 2012). Age spans of two to three years are also in keeping with the typical educational pattern in Canada (e.g., elementary, middle, and high school), which is often mirrored in out-of-school time activities for youth (Meschke et al., 2012).

Physical Changes

Physical and biological changes are some of the most noticeable differences in the rate of change that occurs in young, early adolescence, with the onset of puberty marking this transition (Christie & Viner, 2005). This growth spurt tends to occur earlier for girls than for boys (on average, girls begin puberty around age ten, generally reaching peak growth around age 12; Marceau, Ram, Houts, Grimm, & Susman, 2011). There exists great variability for the onset of puberty, with girls entering puberty as early as age eight and ending as late as age 14 or 15 (WHO, 2017). The changes associated with puberty may take as little as 18 months or as long as five years (Christie & Viner, 2005).

How adolescents respond to the onset of puberty depends to some extent on the sequence, timing, and tempo of pubertal changes (McCormick & Scherer, 2018). Increased endocrine activity fosters the rapid change in height and weight, fat and muscle distribution, and primary and secondary sexual and reproductive organs become fully functional. During prepubescence, or the early stages of puberty, developmental changes are subtle; girls ovaries begin to enlarge, and breast buds begin to form. During pubescence, menstruation begins, pubic and underarm hair appears, height increases, breasts develop, acne forms, and hips widen (WHO, 2017). The process of puberty tapers and slows down during postpubescence; however, girls' secondary sexual characteristics, like breast development, continue to mature. Physical growth and development are generally completed by the end of the high school years (i.e., between middle and late adolescence), with most individuals having reached close to their adult height by the time of high school graduation (McCormick & Scherer, 2018).

Pubertal timing can have an effect on adolescents' outcomes. Female adolescents who experience puberty either earlier or later than the normative range generally report more

adjustment problems (Marceau, Ram, Houts, Grimm, & Susman, 2011). While the effects of later puberty onset are usually not as longstanding, early maturation in girls is often associated with poorer outcomes, including depression and anxiety, dieting behaviours, low body image, and engagement in risky behaviours, like drug use and sexual activity (Baams, Dubas, Overbeek, & Van Aken, 2015; Graber, 2013; Moore, Harden, & Mendle, 2014)

Cognitive Development

In addition to physical and sexual maturation, the brain continues to develop throughout adolescence and into early adulthood (Fischer & van Geert, 2014). Newly developed cognitive skills are acquired in adolescence as the brain forms new neural connections and eliminates unused neurons and pathways (Wienberger, Elvevag, Giedd, 2005).

One of the major brain developments that occurs over the course of adolescence is the maturation of the brain's frontal lobes, with several of its associated regions being the last to mature during adolescence. At the start of puberty, increasing hormone levels stimulate and increase the sensitivity of the limbic system, the emotional area of the brain. However, the regulating frontal cortex is not yet mature enough to keep this sensitivity under control. As a result, impulsive behaviour often occurs in early to middle adolescence and is attributed to the prefrontal cortex developing slower than the limbic system (Blakemore, 2008). It has been hypothesized that adolescents may engage in risky behavior, such as drug use, dangerous driving, and unprotected sex in part because they have not yet fully acquired the mental ability to stop impulsive behaviour or make fully rational judgments (Steinberg, 2007). This regulatory system matures slowly, beginning to operate in late adolescence (Crone, 2016).

The maturation of the frontal lobes during adolescence also influences teenagers' capacity for abstract reasoning, meaning they think about things that cannot be seen, heard, or

touched (Keating, 2004). The ability to manage abstract concepts takes place in middle to late adolescence, whereas it remains difficult for early adolescents to think in abstract categories. During adolescence, youth strengthen their advanced reasoning skills, which include thinking about multiple options and possibilities, following a logical thought process, and forming hypothetical questions (Keating, 2004). Higher-order integration of information such as planning, strategizing, and goal setting that require the ability to allocate attention occurs in late adolescence (Lehalle, 2016). They also develop the ability to think about thinking, a process known as "meta-cognition" (Keating, 2004). Metacognitive knowledge develops in early elementary school with substantial increases throughout adolescence (Schneider, 2010). Research has found metacognition to be highest in late adolescence and plateaus going into adulthood (Weil et al., 2013).

Social and Emotional Development

Social competence is the capacity to be sensitive and effective in relating to others, while emotional competence is the ability to perceive and regulate one's own emotions (McNeely & Blanchard, 2009). Research suggests that there is a strong relationship between cognitive development and competence in socioemotional behaviours (Nelson, Lieibenluft, McClure, & Pine, 2005). Adaptive emotional development serves a host of functions that influence social, intellectual, and interpersonal growth in adolescence. The ability to effectively regulate one's emotions while navigating novel and potentially stressful social and emotional situations is increasingly viewed as a foundation for wellness, academic-related performance, and positive adjustment throughout adolescence and later in life (Eisenberg, Spinrad, & Eggum, 2010).

Smith and colleagues (2010) provide a summary of proposed skills for socioemotional competence in adolescence, including cognitive assets (e.g., processing information, perspective-

taking), emotional skills (e.g., emotional regulation/management), and behavioural abilities (e.g., empathy, conversation skills, prosocial behavior; Dubois & Felner, 1996). Brain maturation during adolescence increases the capacity for teens to manage multiple, complex emotions and relate well to others (Blakemore, 2008). The ability to recognize emotions is still developing between the ages of 10 and 18 years (Crone, 2016). During adolescence, teens develop the skills necessary to recognize and manage complex emotions across multiple relationships and contexts, including noticing and labeling emotions, developing empathy and recognizing how others feel, responding to and regulating one's emotions, and relating well with others (McNeely & Blanchard, 2009).

As discussed in earlier sections, emotional processing areas of the brain, in particular, the amygdala and the striatum, are sensitive to fluctuations in hormones. Regarding emotional recognition, less complex emotions can be easily recognized in early adolescence, such as anger and sadness, while the most complex emotions are not recognized very well until late adolescence, such as surprise and fear (Herba, Landau, Russell, Ecker & Phillips, 2006). Competence in emotion regulation also develops during childhood and adolescence (Tottenham, Hare & Casey, 2011), with research suggesting that there seems to be an increase in regulation effectiveness during early to middle adolescence (ages 13 to 15 years; Theurel & Gentaz, 2018; Zimmer-Gembeck & Skinner &, 2016). It is probable that this improvement in the way adolescents deal with emotions greatly influences the broad scope of changes that adolescents experience in the social relationships they maintain during this period. Further, during adolescence, youth experience changes in societal expectations, including new rights, responsibilities, and more sophisticated developmental tasks and demands that require more advanced emotional regulation abilities (Cutuli & Herbers, 2018).

Converging evidence suggests that changes in emotion processing brain areas contribute to adolescence being a period in development when the onset of psychological concerns is most prevalent. Studies suggest that the peak age of onset for having internalized symptoms is 14 to 15 years (Theurel & Gentaz, 2018). As discussed, brain regions responsible for behavioral regulation and self-control lag behind development of regions underlying emotion processing. The surge in emotional reactivity associated with puberty outpaces the cognitive abilities of the adolescent (Crone, 2016). As such, some adolescents may struggle to regulate the strong emotions typically associated with pubertal onset because of normative delays in brain regions that play a strong role in emotion regulation. Given that emotion regulation is related to the development and maintenance of youth psychopathology (e.g., McLaughlin, Hatzenbuehler, Mennin, & Nolen-Hoeksema, 2011), the transition period of early to middle adolescence seems to be a particularly informative period to form a better understanding of brain development in both typically developing and clinical populations. Doing so could provide opportunities for prevention (Paus, Keshavan, & Giedd, 2008).

One of the most noticeable normative developments during adolescence is heightened attention to social stimuli, as seen in a pronounced focus on peers, greater pursuit of social interactions, and romantic relationships (Zimmer-Gembeck & Skinner, 2016). A common age-salient developmental task of middle childhood is the formation and maintenance of friendships with increasing levels of interpersonal intimacy (Gifford-Smith & Brownell, 2003). This sort of social competence not only creates new social support resources for the child by the time she moves into early adolescence, but also equips her with a foundation to build increasingly complex and new interpersonal relationships, including romantic relationships, that gain salience later in adolescence and through adulthood (e.g., Collins, Welsh, & Furman, 2009).

As adolescents enter puberty, so begins the process of less emotional reliance on caregivers and the start of strong peer identification (Christie & Viner, 2005). With the emergence of abstract and formal reasoning skills during early to middle adolescence, youth begin to think about others in terms of their personality characteristics and traits (e.g., "humorous", "cheerful", "intelligent"), as well as concrete behaviors. While seeking friends with mutual interests remains important, adolescents are concerned not only with what their peers can do, but also with the kind of people they judge their peers to be (Bierman, Torres, Schofield, 2010).

The hormonal changes that accompany puberty also move adolescents towards experimentation with intimate and sexual relationships in middle to late adolescence (Steinberg, 2007). Adolescence is a time when young people experience sexual feelings and are cognitively mature enough to think about their sexuality, and consequently, begin to develop a sexual identity (i.e., the identification with a gender and with a sexual orientation; McNeely & Blanchard, 2009). Experimentation and role-playing are common ways that adolescents assume different sexual identities (Steinberg & Morris, 2001). These shifts in relationships can lead to opportunities for expanded emotional growth and interpersonal effectiveness, and to the formation of identity.

Leadership development and self-efficacy. Several developmental considerations are relevant when conceptualizing youth leadership. It is suggested that leadership tasks most likely correspond with important developmental tasks for youth in each age range. In understanding the leadership tasks for each age, first a child must be ready cognitively, emotionally, and socially to take on a leadership role (Murphy, 2012). According to research, a child must have passed a number of milestones before being ready to tackle the role of leader, including development of

determination and self-control, grasp of abstractions and social ideals, awareness of personalities, and a sufficient memory span to pursue remote goals rather than immediate objectives (Pigors, 1935).

In early adolescence, youth are in the process of developing a sense of control and responsibility (Meltzer, Levine, Karniski, Palfrey, & Clarke, 1984), with one of the most important tasks involving achieving emotional independence from one's parents and achieving a social role (Murphy & Johnson, 2011). Young early adolescents think of themselves as rather grown up and may begin to challenge patronization and adult authority. Program facilitators should be planful in providing age appropriate leadership opportunities for young early adolescents (Meschke et al., 2012), such as leadership tasks involving their peers (Murphy & Johnson, 2011).

Egocentricism is one such element commonly postulated to be a common trait in late adolescence. Additionally, adolescence is often the time that "underlying narcissistic vulnerability becomes apparent through individual and interpersonal behaviors" (Kerr, Patton, Lapan, & Hills, 1994, p. 204). While narcissistic tendencies may produce highly positive leaders, there exists the risk of teens manifesting dark-side tendencies of narcissism, including exclusion, oppression, and abuse of power (Paunonen, Lönnqvist, Verkasalo, Leikas, & Nissinen, 2006). For this reason, the development of healthy self-efficacy, particularly in regard to leadership, is a necessary tenet of an adolescent student leadership development model (Murphy, 2012). Self-efficacy, which some researchers describe as leadership attitude, is thus both developmentally appropriate to adolescence and leadership (Rehm, 2014). Self-efficacy is also related to a person's motivation to lead (Chan & Drasgow, 2001; Rehm, 2014). Without a desire or motivation to adopt a leadership role, the likelihood of an adolescent pursuing one is low.

Believing in one's abilities to succeed as a leader and setting goals with optimism that they will be accomplished are two important concepts that play a large role in self-regulation. Having an optimistic perspective in conjunction with self-efficacious beliefs about one's leadership abilities results in youth being more likely to take credit for their own success.

In light of developmental research on self-efficacy and narcissism, to promote healthy identity exploration in late adolescence, youth should be provided age-appropriate leadership roles. Older adolescents may serve as peer leaders, mentors, or coaches for younger youth by assisting program facilitators to promote prosocial norms, providing conflict mediation, and teaching early adolescents to encourage peers to make healthy decisions (Barbuto, Gottfredson, & Searle, 2014; Mercken, Snijders, Steglich, & de Vries, 2009).

Finally, a foundation of emotional intelligence, by being aware of and able to control their own emotions and to recognize the emotions of others, increases the likelihood of being liked by their peers; it is also regarded as an essential basis for higher-level leadership skills. The ability to attune to one's self is important as it predicts performance and explains what motivates individuals (Murphy, 2012).

Identity Formation

Along with increased orientation toward peers and changing social roles, adolescence is a period of identity exploration. It has been proposed that adolescence represents a period in which the sense of self-identity undergoes profound development, as girls begin to develop and question who they are (Sebastian, Burnett, & Blakemore, 2008). Identity formation is a confusing and uncertain process and occurs in many different ways and at different rates for every teen. A major developmental task of adolescence is the construction of an identity, which involves reflection on personal values, beliefs and roles, consolidation of roles, and sometimes

reconsideration of roles over time (Kroger, Martinussen, & Marcia, 2010; Meeus, 2011). The maturation of metacognition during middle and late adolescence enables youth to construct a positive and coherent identity (Harter, 2012).

Changes in the adolescent brain provide teens with the tools to start developing a sense of self that is comprised of self-concept (i.e., what a person believes about themselves) and self-esteem (i.e., how people feel about who they are). Five important developmental tasks are accomplished during identity formation: 1) becoming independent and autonomous; 2) achieving mastery or a sense of competence; 3) establishing social status; 4) experiencing intimacy; and, 5) determining sexual identity (McNeely & Blanchard, 2009). Adolescence is a period comprised of experimentation as teens test out different ways of thinking, behaving, dressing unique ways, and spending time with different kinds of people. Teens approach this phase of experimentation in their own way and at their own pace, and it is considered a normative aspect of growing up (Steinberg & Morris, 2001).

Theoretical Framework

The current study intends to focus on the strengths and assets of adolescent girls rather than on the challenges and issues they face. The overarching framework of this study is rooted in positive psychology through its focus on strengths, well-being, and optimal functioning (Duckworth, Steen, & Seligman, 2005; Roffey, 2012), as well as standpoint feminist theory through its focus on connection and the development of voice. Resilience theory (Lewin, 1943) and relational leadership theory (Komives et al., 2007) together provide a theoretical understanding of adolescent potential and growth. Together these theories allow me to work from an asset-based, feminist perspective to explore the strengths, capacities, and experiences of the participants in the study. The positive psychology and standpoint feminist frameworks will

be presented first, followed by the two theories comprising the theoretical framework of this study.

Positive Psychology

Introduced as an initiative during his tenure as the APA president in 1997, Martin Seligman turned psychology's attention to positive psychology, the scientific study of strengths, well-being, and optimal functioning (Duckworth et al., 2005). The asset-based paradigm of positive psychology offers a new scientific approach for bolstering optimal human functioning beyond suffering and its direct alleviation (Duckworth et al., 2005; Kobau et al., 2011). Positive psychology is the study of what is "right" about people, notably their positive attributes, assets, and strengths. Its aim is to understand and foster the factors that allow individuals, communities, and societies to thrive (Kobau et al., 2011). It takes a "build-what-is-strong" approach to therapy (Duckworth et al., 2005, p.631), rather than that of traditional approaches of remediating deficits.

However, there are critical voices within the field of counselling psychology that question the utility and value of positive psychology. Perhaps one of the strongest criticisms of positive psychology is its limited emphasis on the cultural and contextual elements of humankind. It has at times been regarded as too narrow in its focus on individualistic, person-centred variables in contrast to other fields in psychology (Magyar-Moe, Owens, & Conoley, 2015). For this reason, it has been suggested that positive psychology learn from counselling psychology's focus on person-environment fit rather than changing a person's traits and characteristics to fit better within their environment (Vossler, Steffen, & Joseph, 2015). Despite its limitations, positive psychology has demonstrated remarkable growth since its inception. Much has yet to be fully understood of what it has to offer, but the literature suggests that with

continued growth and revision of its shortcomings, it has the potential to greatly enhance the field of counselling psychology (Magyar-Moe et al., 2015).

Adolescent prevention programming and positive psychology. As increased research attention to the promotion of children's social and emotional competence has increased in the past decade, a paradigm shift in youth programming has been emerging, shifting from a focus with repairing weaknesses to the improvement of positive qualities and preventing problems before they manifest (e.g., Diener & Seligman, 2002; Lyubomirsky et al., 2005; Seligman & Csikszentimihalyi, 2000). There appears to be a positive trend in Canada towards prevention programs for adolescents, particularly in areas dedicated towards prevention of disordered eating and obesity, and violence prevention (Calhoun Research and Development et al., 2005; Weisz & Kazdin, 2010). Much effort has been devoted to developing prevention programming to intervene in the trajectory that youth may follow towards unhealthy behaviours and outcomes later on in life (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010). Implicit in the positive psychology movement is the assumption that prevention programs can be designed to foster children's strengths and resiliency (Huebner et al. 2009). Prevention efforts may vary based on level of intensity (e.g., universal versus selective preventative efforts), on the developmental phase of the youth (Springer & Phillips, 2007), as well as the target individuals of the efforts (e.g., parents, youth, community; Weissberg, Kumpfer, & Seligman, 2003).

For the purpose of conceptualizing the current study, parallels can be drawn between the positive psychology movement and prevention programming for adolescents, such as the *GirlSpace* program. Historical definitions of prevention that emphasized the reduction of severity of disability associated with an existing disorder (Caplan, 1964) have since been modified to a broader definition based on a "health-promotion and competence-enhancement framework"

(Weissberg et al., 2003). This framework includes the integral component of positive psychology, while incorporating strategies for reducing risk factors and enhancing protective factors through coordinated programming (Weissberg et al., 2003). Contemporary views on prevention efforts emphasize the enhancement of elements, such as increasing competence, social connectedness, and contributions to community (Weissberg et al., 2003). Focusing on these outcomes serves a dual purpose as protective factors that reduce problem behaviours, as well as foundations that bolster success in life and healthy development (Cicchetti, Rappaport, Sandler, & Weissberg, 2000; Durlak & Wells, 1997).

Feminist Standpoint Theory

Feminist perspectives and theories provide an important part of the underpinnings of the current study's overarching conceptual framework. Traditional feminist research relies upon women's voices and experiences to inform gender-based theory and women's struggles against the multiple forms of their oppression (Bent, 2013). Feminist standpoint theory; however, is based upon postpositivist critical theory which endorses that "reality" is filtered through various social, political, cultural, economic, ethnic, and gendered lenses, and therefore there is no one objective reality (Campbell & Wasco, 2000). Sandra Harding (2004) defines feminist standpoint theory as "a kind of organic epistemology, methodology, philosophy of science, and social theory that can arrive whenever oppressed peoples gain public voice (p. 3)". A standpoint is considered a person's knowledge that arises from their experiences occupying a subordinate social location and encompasses their intellectual and political struggles against gender, race, class, and sexual orientation inequalities to change the conditions of their social environment (Campbell & Wasco, 2000; Potter, 2006). Potter (2006) clarifies that a "standpoint" is not so

much about a subject's biased perspective, but instead the "realities" that structure social relationships of power.

Standpoint theory is situated on two main premises; first, that an individual's social location systematically influences their experiences, and shapes and limits what a person knows in a way that knowledge acquisition is achieved from a particular standpoint (Intemann, 2010; Wylie, 2003). Second, standpoints are regarded as highly valued for knowledge acquisition, specifically those that originate from marginalized or oppressed groups (Wylie, 2012). In sum, standpoint theory endorses the notion that there exists no single objective truth; instead, this theory claims that sexism, racism, and other 'isms' inform (often silently) a person's understanding of reality (Campbell & Wasco, 2000).

Standpoint theorists are highly critical of the kind of knowledge produced and legitimized about the social world. That is to say, they are critical of the kind of society that modern Western scientific knowledge has helped to build and sustain (Steckle, 2018). Harding (2004) argues that we need to look closely at how the information which passes for the "best" scientific research also tends to reinforce the power and authority of privileged populations (Steckle, 2018). It is acknowledged that we reside in a male-dominated society in which the principal modes of knowledge production are androcentric and discount female and other unprivileged voices (Harding, 1986). For example, the activities of women and girls (e.g., caring and emotional labour) have come to be organized in systematically different ways than men's activities. Standpoint theorists have also brought to light how the contributions of women and minorities in the sciences and legislature are suppressed, excluded, or appropriated, contributing to greater likelihood of research production that is biased (e.g., racial, gender sexist, classist, etc.; Sandoval, 2000) and thus more likely to neglect the understandings and needs of marginalized

groups. Recent Alabama law legislating against abortion is an exemplary illustration of how androcentric knowledge production discounts the needs and voices of women. In turn, standpoint feminisms aspire to transform the generation of knowledge in ways that engender less oppressive and more equitable social relations for all by emphasizing information that originates from women's experiences and addresses issues of interest to women (Harding, 1986; Steckle, 2018).

Standpoints of adolescent females. Because I am interested in girls' unique experiences in the *GirlSpace* program, as well as their perceptions of strengths and protective factors acquired or improved upon through participation in the program, operating from a feminist standpoint framework helps to conceptualize girls as "actor[s] and agent[s]… [with] agency and authorship of 'objective' knowledge" (Haraway, 1988, p. 95). During adolescence, girls are simultaneously developing a voice and being silenced by the forces that surround them (Brown & Gilligan, 1992). Standpoint theory allows me to privilege girls' voices and experiences in the *GirlSpace* program and to elucidate their unique perspectives that may otherwise be silenced and marginalized in the sociocultural context in which they reside (Bent, 2013). Most importantly, standpoint theory endorses that adolescent girls have the potential for valuable and critical insights into their social environment because of their marginalized position (Nielsen, 1990). By assessing and analyzing their own social environment, adolescent girls generate knowledge and provide insights that people occupying privileged social positions are unlikely to arrive at on their own (Steckle, 2018). Recognizing the potential engagement in adverse health behaviours that can ensue from isolation and silencing the "effective voices" of adolescent girls, it becomes even more so of a relevant theory to underpin the current study (Gilligan, Lyons, & Hammer, 1990).

Relational Leadership Model

Youth leadership development has been a focus of many well-known youth organizations, including the 4-H and Girl Guides movements (Mohamed & Wheeler, 2001). Historically, youth conceptualizations of leadership have primarily been informed by adult leadership theories (Kress, 2006). Early research on leadership focused on the individual qualities and traits of the leader rather than the process of leadership; however, modern trends in leadership theory move away from the concept of leadership as trait-based toward a concept of leadership as a relational process (Houwer, 2016). Relational leadership is defined as a "relational process of people together attempting to accomplish change or make a difference to benefit the common good" (Komives et al., 2007, p.ix). Relational leadership theory involves a focus on five primary components. This approach to leadership is: a) purposeful and builds commitment toward positive purposes; b) is inclusive of people and diverse points of view; c) empowers those involved; d) is ethical, and; e) recognizes that all four of these elements are accomplished by being process-oriented (Komives et al., 2007).

This approach conceptualizes leadership as a process, not a position in a hierarchy (Houwer, 2016). Relational leadership theory substantiates that leadership exists only in relationships between and among individuals, and that both leaders and followers shape the relationship and the leadership functions (MacNeil, 2006). Through collaboration and relationships, group members are able to produce a "collective leadership impact" (Houwer, 2016). Relational leaders work towards serving a good beyond oneself (Komives et al., 2007; Komives et al., 2009), and are reflective and self-aware (Shankman & Allen, 2008).

Relational orientation and authenticity. Especially with female adolescents, it is suggested that relational aspects are clearly emphasized in young peoples' leadership behaviours

(Dempster & Lizzio, 2007; Murphy & Johnson, 2011). Research has found youth emphasize group processes and collective action over individual and competitive approaches (Roach et al., 1999). Finding socially acceptable ways of connecting with and influencing others are important tasks beginning at an early age (Murphy, 2011); however, interestingly, studies confirm leaders have influence only because they are given such power by both their peers and followers (Carmeli & Schaubroeck, 2007). This is consistent with relational approaches to youth leadership, which move away from the notion that leadership resides in one person, and instead resides in the relationship "between and among individuals" (MacNeil, 2006, p. 28).

To foster relational leaders, Whitehead (2009) argues for the development of authenticity in adolescents by encouraging individuals to be pro-social, ethical, moral, inclusive, and focus on building affiliation. At its core, an authentic leader is someone who: 1) is self-aware, humble, sets goals, and actively seeks improvement; 2) aware of those being led and looks out for the welfare of others; 3) fosters high degrees of trust by building an ethical and moral framework, and; 4) is committed to organizational success within the construct of social values (Whitehead, 2009). Fostering authenticity offers important benefits to adolescent leadership development because it represents a drive towards increased affiliation, a high sociopsychological need during adolescence (Goffee & Jones, 2000; Helland & Winston, 2005; Jensen & Luthans, 2006). Leadership development efforts should therefore pay attention to developing self-esteem and psychological health, which may be the key to positive prosocial leadership in competitive environments.

Utility of relational leadership model to the current study. Adolescence is a critical time wherein providing dedicated opportunities to demonstrate self-efficacy, provide social support, and give voice to girls may serve as important influences on girls' leadership skills

(Hoyt & Kennedy, 2008). Involvement in youth programs in leadership roles has found to correlate to enhanced academic experiences, improved financial success and earning potential, increased desirability in the workplace, and may serve as protective factors to mitigate the propensity for risk during adolescence (Effron, Greenslade, & Salob, 2005; Kuhn & Wienberger, 2005).

Further, the introduction of leadership development into youth programming has been identified as a shift away from reactive risk management toward proactive, strengths-based approaches to positive youth development and wellness promotion (Houwer, 2016). The approach is consistent with the positive psychology, strengths-based framework of *GirlSpace*. Youth leadership education based on adolescent development and leadership research indicates that youth leadership education requires a multi-faceted approach, including techniques that range from psychoeducational approaches to experiential development (Mawson, 2001). It is very evident within the literature that dedicated experiential activities that offer practice opportunities for leadership are essential. Practical application and practice of leadership is one of the best ways to grow authentic leadership (Walker & Shuangye, 2007). Leadership development is stimulated by providing opportunities to engage in peer leadership, influence social outcomes, and develop confidence in challenging situations (e.g., Mullen & Tuten, 2004). Sports teams, youth groups or clubs, and student-led school activities are also excellent experiential methods for fostering leadership outcomes (Whitehead, 2009).

Komives and colleagues' contemporary model (2007) is significant to the current study as it applies a relational perspective to youth leadership. A relational leadership perspective is supported by the literature examining youth's preferences for leadership and applicable to the model of leadership development adopted by YWCA Edmonton. The literature substantiates that

youth emphasize group dynamics and contextual information, and value "shifting, emerging, and mutual" types of leadership (Roach et al., 1999, p. 20). Youth are more committed to the process than to the person behind the decision, demonstrating more concern for "how leadership happens" than "who leads" (Roach et al, 1999, p. 17). Youth demonstrate a preference for leadership styles that emphasize group processes and collective action over conceptualizations that privilege individual and competitive approaches (Dempster & Lizzio, 2007).

The model incorporates earlier criticisms of leader-centric, task-oriented, and traits-based approaches to leadership, recognizing them as restrictive and limited by virtue of their characterization of leadership as residing solely within individuals rather than as a process and product of interaction (Houwer, 2016). A relational approach to youth leadership development works against "one-size-fits-all" approaches that may be developmentally and culturally inappropriate (Connor & Strobel, 2007). Being open to a range of youth leadership development styles provides youth and communities with opportunities to benefit from diversity (Libby, Rosen & Sedonaen, 2005). Komives, Longerbeam, Owen, Mainella, and Osteen (2006) summarize:

> "These findings call attention to the risks of relying on a single, static definition of leadership that may alienate those youth who cannot or do not wish to be cast in that specific part. A broader, more flexible conceptualization of leadership can play to different youth's strengths, improving the likelihood that they will become engaged in the organization and in their communities in meaningful ways. As John W. Gardner (1990) points out, 'Leaders come in many forms, with many styles and diverse qualities'" (p. 402).

Leadership is inherently a social process, the outcomes of which are both individual and collective. Leadership development assists to develop the strengths and qualities of the individual, community and societal interactions, and causes consequent changes across multiple levels (Houwer, 2016).

Resilience Theory

Originating from social psychology, the concept of resilience was influenced by the work of Kurt Lewin in 1943, who emphasized the importance of linking personal characteristics and the environment in which we live (Ungar, 2008). According to Masten (2011), research on resilience began to emerge in the 1970s, as based on monumental longitudinal studies dating back to the 1950s. Nearly four decades of resilience research followed and has since evolved into modern conceptualizations of resilience (Masten, 2007). Zolkoski and Bullock (2012) published a review of the resilience literature, identifying three consecutive waves of resilience research since its inception around 1970. The first wave concerned itself with understanding and preventing psychopathology. At the time, it was argued that understanding and promoting prevention of, resistance to, or recovery from psychopathology, had been profoundly neglected (Zolkoski & Bullock, 2012). Some of the pioneering researchers included Emmy Werner, with her longitudinal study on the Hawaiian island of Kauai (1989), Michael Rutter's Isle of Wight Studies during the 1960's (Rutter, Tizard, Yule, Graham, & Whitmore, 1976), and Norman Garmezy's study (1984) of 200 American children (Garmezy, Masten, & Tellegen, 1984). As Masten (2007) summarized, "Resilience science was shaped in large part by the insights, collaborations, and influences of pioneering scientists and their students, who embarked on a prolonged mission to understand, prevent, and treat mental health problems" (p. 921).

The second wave of research focused on understanding why some adolescents develop into healthy adults in spite of exposure to risks and adversities (Masten & Obradovic, 2006; Masten & Reed, 2002). The primary focus during this time was research on psychobiological stress reactivity and self-regulation (i.e., emotional, cognitive, behavioural, and physiological); e.g., Boyce, 2007; Cicchetti & Curtis, 2007; Gunnar & Vazquez, 2006), along with attachment relationships with significant others and family interactions as potentially protective stress regulators (e.g., Masten & Shaffer, 2006; Sturge-Apple, Davies & Cummings, 2006). Through uncovering the processes that might account for the observed correlates of resilience, researchers also discovered that these potentially protective moderators of adversities also serve as mediators of the effects of adverse experiences (i.e., the protective mechanisms are themselves influenced by adversity and challenges, particularly during early development (see Gunnar & Vazquez, 2006; Masten, 2007).

The third wave of resilience research primarily centered around striving to understand and promote resilience through prevention, intervention, and policy changes. Several of the investigators had competence in clinical/counselling and educational psychology, of which are fields with focus on primary prevention and promoting competence and wellness (e.g., Burt, Coatsworth, & Masten, 2006; Weissberg et al., 2003).

Building on, integrating, and learning from the knowledge obtained from previous waves of research has culminated to the fourth and current wave of resilience studies (Masten, 2007). The combined influences of the preventative and resilience science movement over the past three decades has brought about positive development and strengths-based models into much greater prominence (e.g., Cicchetti et al., 2000; Luthar & Cicchetti, 2000; Masten & Coatsworth, 1998; Masten & Gewirtz, 2006; Weissberg et al., 2003). Much work is dedicated to understanding

protective influences of normative developmental processes (e.g., cellular and behavioral levels), while simultaneously recognizing socioenvironmental systems beyond individual factors (Masten & Obradovic, 2007). The current nature of resilience theory places individuals in their environmental context in order to understand positive adaptations. This socio-ecological framework posits that a person's behaviours cannot be adequately understood without first understanding the individual, contextual, and social variables within their environment (Zimmerman et al., 2013).

Utility of resilience theory to the current study. In the current study, resilience is conceptualized as an experience that can be applied to all individuals in everyday life situations, even in the absence of challenging circumstances, such as poverty and homelessness (Masten, 2015). Resilience theory is significant to the current study as it highlights the various elements, individuals, and circles of influence contributing to positive adolescent development. Fergus and Zimmerman (2005) emphasize using a multidimensional, ecological lens for viewing adolescent development, and move away from conceptualizations of resilience as a static, individual trait. An adolescent girl's health and well-being is a function of her experience in a larger sociocultural system, including the neighborhood within which she resides, her family of origin and the values and beliefs modeled for her, peer and school influences, as well as institutions and community organizations she is a part of. In addition, individual biological factors related to a girl's physical, cognitive, moral, and social development interact with and are affected by the environment within which she resides.

From a resilience model of youth programming, one must enhance the assets (e.g., self-esteem, leadership) and resources (e.g., mentors, family relationships) to foster positive outcomes and mitigate risk. Prevention efforts aimed at bolstering resources recognize the

important influence of other people on adolescent concerns and may serve to empower role models and other mentors to adopt attitudes and behaviours that promote adolescent's health and wellness. Similarly, involvement in community or extracurricular activities may be related to positive outcomes. Efforts must also be aimed at bolstering the strengths of youth (i.e., assets), such as focusing on helping youth develop the knowledge, confidence, and skills for engaging in positive, healthy behaviors (Zimmerman et al., 2013). Further, in accordance with Guerra and Bradshaw's (2008) conceptual model of core competencies (discussed later), there exist specific targets for bolstering adolescents' developmental competencies to promote wellbeing and positive adjustment.

Unifying the Theoretical Framework

As there lacks a well-established framework and theory underpinning the *GirlSpace* program, the theories described earlier in this chapter serve as the theoretical framework for the purposes of the current study. The development of the theoretical framework took place through deconstructing elements of common youth programming practices to identify possible theoretical explanations. The process involved reviewing the literature on youth programming and adolescent-related issues, and through reflecting on which frameworks and models were most relevant to girl-specific programming. It is anticipated that the combination of positive psychology, feminist, resilience, and leadership theories will offer a holistic perspective to the current study, by highlighting the most important elements of the *GirlSpace* program: strengths-based, emphasis on prevention and health promotion, giving voice to youth and advocating for their place in society, and engendering a generation of assertive, strong, and fearless leaders. Together these theories provide a unique and comprehensive conceptualization of the *GirlSpace* program and the mixed methods research study.

Adolescent-Related Concerns

There is much research available on the problem behaviours and pathologies experienced by adolescent girls (e.g., Compas et al., 2017; Cook et al., 2017; Eyre et al., 2019). It is acknowledged that periods of immense change can increase the risk of experiencing emotional and behavioural problems, such as reduced self-esteem and body image, interpersonal violence, self-destructive behaviours, such as substance use and unsafe sex behaviours, and displays of internalizing symptoms, contributing to depressive and anxiety symptomology (e.g., Albert, 2015; Girls Action Foundation et al., 2013; Johnson & Jones, 2011; Kann et al., 2016; Spiroiu, 2018). Stressful life events can increase the likelihood of adolescents embarking on a trajectory towards several possible negative outcomes, such as decreased well-being, impaired mental health, anxiety and depression, and externalizing behaviours, such as self-harm (Troy & Mauss, 2011; Willis & Burnett, 2016). Other studies further point to stressful life events as playing a role in influencing poor academic performance (Deighton et al., 2018) and high school dropout (Dupéré et al., 2018). Societal structures and processes like frequent use of social networking sites (Sampasa-Kanyinga & Lewis, 2015), gendered norms, expectations, and roles (Blum, Mmari, & Moreau, 2017), sexualization of girls in the media (Seabrook, Ward, Cortina, Giaccardi, & Lippman, 2017), bullying (Duarte, Pinto-Gouveia, & Stubbs, 2017), and interpersonal violence and sexual harassment (Gruber & Fineran, 2016) impact girls negatively and contribute to low self-esteem, reduced body image, low self-worth, and difficulty connecting with significant peers and family members.

While much risk research has explored these factors individually, in reality they rarely occur in isolation; instead, they cluster together, interact with one another, and co-occur (Kipping, Campbell, MacArthur, Gunnell, & Hickman, 2012). Researching the effects of

individual risk factors does not account for the complex and interactional relationships between them, meaning that the importance of a single variable can be overestimated (Gerard & Buehler, 1999; Sameroff, Gutman, & Peck, 2003). For example, when exposure to interpersonal violence or bullying may contribute to substance abuse or poor educational outcomes (Flouri & Kallis, 2007), how children growing up in poor communities are much more likely to be exposed to multiple, overlapping stressors (Whipple, Evans, Barry, & Maxwell, 2010), or individuals residing in low SES households often also live in substandard housing in high-crime neighborhoods and attend larger, less well-prepared schools with more inexperienced teachers (Evans, Li, & Whipple, 2013). Further, prolonged engagement in risk behaviours is associated with increased mental health difficulties (Arbour-Nicitopoulos, Faulkner, & Irving, 2012), decreased educational and employment attainment, and reduced physical health (Hale, Bevilacqua, & Viner, 2015). The following section describes the most pressing issues facing adolescent girls as substantiated in recent literature.

Mental Health

Numerous studies show that the rate of mental health concerns begins to rise in adolescence with the onset of puberty, particularly in girls (e.g., Cohen, Andrews, Davis, & Rudolph, 2018; Krause, Bear, Edbrooke-Childs, & Wolpert, 2018; Sallis et al., 2019). Addressing the widespread mental health problems among girls involves recognizing the social context that they reside in and the gendered attitudes influencing their lives (Pearson, 2018). Gender socialization has been identified as an influential factor in the mental health of girls (Girls Action Foundation et al., 2013; Panayiotou, & Humphrey, 2018). Girls receive conflicting messages that they are supposed to be liberated, yet simultaneously bound by traditional expectations of being a woman (Calhoun Research and Development & C. Lang Consulting,

2005; Velding, 2017). Girls continue to be trapped by the idealized standards of femininity, which may limit how they envision themselves and plan for their future (Blum et al., 2017; Zurbriggen et al., 2007). Girls are also implicitly provided with the message that society places a higher value on men than women, implying that they are not as important as boys (Patton, Darmstadt, Petroni, & Sawyer, 2018).

Confidence and self-esteem. Just at the time that girls begin to construct their identity, they are more likely to suffer losses in self-esteem, which follows them through their teenage years to adulthood (Public Health Agency of Canada, 2011; Simmons, 2017). From ages nine to 13, girls are more susceptible to declines in confidence and self-esteem. In Grade Six, 40% of girls say they are self-confident, but by Grade Ten, this has plummeted to only 16% (Freeman et al., 2011). Low self-esteem and confidence are associated with higher risk of negative behaviours, including substance use (e.g., Oshri, Carlson, Kwon, Zeichner, & Wickrama, 2017), poor academic performance and high school dropout (Deighton et al., 2018; Dupéré et al., 2018), diminished physical activity (Lubans et al., 2016), self-harm behaviour (Plener, Schumacher, Munz, & Groschwitz, 2015) and greater likelihood of exposure to interpersonal dating violence (Vagi et al., 2013). Research evidence supports self-esteem as a risk factor for body dissatisfaction in adolescent girls (Holland & Tiggemann, 2016).

Body image. There is ample evidence to show that girls are obsessed with their body shape and weight. Western culture teaches girls to focus on their appearance, a mentality that can foster and promote body obsession. Nearly half a million girls have posted YouTube videos of themselves asking, "Am I pretty, or am I ugly?" (Jolivet, 2013). Girls are bombarded with highly distorted media messages promoting thinness for girls as desirable (Franchina & Coco, 2018). Often such ideals are artificially created through digital manipulation. Research shows that these

ideals set by the media contribute to dissatisfaction with appearance, as such standards are often unrealistic and unattainable for the body size and shape of most girls (Franchina & Coco, 2018).

Body dissatisfaction during adolescence has been associated with a number of negative health outcomes in several studies, most notably the onset of dieting and disordered eating behaviors (Holland & Tiggemann, 2016; Mingoia, Hutchinson, Wilson, & Gleaves, 2017). Higher levels of body dissatisfaction have also been linked to depression (Eisenberg, Franz, Berge, Loth, & Neumark-Sztainer, 2017), substance use (Bornioli, Lewis-Smith, Smith, Slater, & Bray, 2019), and unsafe sex practices (Blashill, & Safren, 2015; Schooler, 2013). Subthreshold disordered eating behaviors, such as dieting and unhealthy weight management practices, affect one third to one half of adolescent girls (Mingoia et al., 2017; Pearson et al., 2017). This is problematic, given longitudinal research demonstrating that individuals will continue to engage in these unhealthy behaviors through young adulthood, and some will experience an increase in symptoms, such as extreme weight control practices (e.g., vomiting, laxative abuse) and binge eating (Pearson et al., 2017).

Depression and anxiety. Girls and young women between the ages of 15 and 24 years are most at risk for mood and anxiety disorders (Statistics Canada, 2012). According to a survey completed in 2012 by Statistics Canada, 6.3% of girls ages 12 to 19 years met the criteria for a mood disorder, nearly tripling the rate of boys. On a weekly basis, one-third of girls in Grades Six through Ten report feeling depressed, compared to one-fifth of boys (Freeman et al., 2011). A key issue of concern is that as adolescent girls move through the grades, their rates of mental health concerns steadily increase, with 35% of girls in Grade Six to 44% of girls in Grade Ten reporting emotional problems. Throughout the same grades, rates of girls' emotional well-being plummets from 46% in Grade Six to 21% in Grade 10 (Freeman et al., 2011). A recent survey

from the Canadian Institute for Health Information (CIHI; 2019) indicates that while the prevalence of mental disorders among children and youth remain unchanged between 2006 and 2018, the rate of which children and youth accessed the emergency department increased by 75%, while hospitalizations for mental health reasons increased by 65% over this time period. Between 2017 and 2018, one in eleven adolescents were prescribed psychotropic medication intended to treat a mood or antipsychotic disorder (CIHI, 2019).

Psychological, environmental, and biological factors explain the reasons for the gender differences in mental health rates, with victimization (i.e., the process of becoming a victim) and marginalization (i.e., being marked as 'different' and experiencing isolation or discrimination) appearing to be two of the most influential factors (Murakumi, 2002). Depression in adolescence is also a risk factor for other problems, including self-harm, suicide, and dropping out of school (PHAC, 2011; Twenge, Joiner, Rogers, & Martin, 2018).

Emotional dysregulation. The literature substantiates deficits in emotion regulation to be a core feature of emotional and behavioural problems in adolescence, such as substance abuse (Wilens, Faraone, Biederman, & Gunawardene, 2003), aggressive behavior (Herts, McLaughlin, & Hatzenbuehler, 2012), and pathological gambling (Rahman et al., 2012), as these behaviours may be used as replacements for coping with the discomfort associated with an emotion. Trying to control unwanted emotions is a maladaptive strategy that paradoxically contributes to their worsening, as it prolongs the experience of negative affect (Campbell-Sills & Barlow, 2007), diminishes cognitive resources (English, John, Srivastava, & Gross, 2012), and heightens physiological arousal (Egloff et al., 2006; Ohira et al., 2006).

Further, poor emotional regulation is associated with decreased interpersonal skills and social functioning (Butler et al., 2003; English & John, 2013). Adolescents displaying poor

emotion regulation skills are likely to manifest behavioral issues and are less likely to achieve both long and short-term goals. For example, exhibiting inappropriate externalizing behaviour may elicit peer rejection (Essau, LeBlanc, & Ollendick, 2017). In contrast, research has shown adolescents who possess the ability to exercise self-regulation are more likely to form strong interpersonal relationships, effectively solve problems, and achieve their goals (Hum, Manassis, & Lewis, 2013).

In addition, an individual's development of their emotional traits will play a critical role in their social development, such that the child who is quick to anger, frightens easily, or frequently smiles will attract and receive differentiated responses based on their behavior (van Reekum & Scherer, 1997). Peers provide feedback about the appropriateness of emotion displays, with aggression, impulsivity, anger, and dominant behaviour all being negatively associated with peer status (Keane & Calkins, 2004). Before children can feel another person's feelings, they must be able to identify, understand, and productively express emotions. Emotional literacy is the key to unlocking empathy, as tuning into the intrapersonal experience motivates a child to care (Borba, 2016).

Self-harm. Adolescent girls are increasingly engaging in self-harm behaviours (i.e., intentional injuring or poisoning of the body without the intent of suicide), with rates increasing 110% between 2009 and 2014 (CIHI, 2014). The rates at which girls were hospitalized for self-harm also rose 90% in the past five years (CIHI, 2014). The higher rates of mental health concerns indicate that girls are more likely to internalize their difficulties, and in turn, resort to self-harm as a means of coping or a cry for help for deeper challenges related to their mental health and well-being (Latina & Stattin, 2018). Reasons for self-harm behaviours in adolescent

girls include: to feel less detached from their body and emotions, to punish themselves, and to reduce emotional distress (Rasmussen, Hawton, Philpott-Morgan, & O'Connor, 2016).

      Suicide. Suicide is the second leading causing of death in adolescent girls, preceded only by accidental deaths (CIHI, 2014). While boys aged 15 to 19 years are twice as likely as girls to complete suicide, rates of suicide for girls have increased over the past thirty years in Canada (Statistics Canada, 2015). Female means of completing suicide are typically less violent than those used by males, with girls and women most likely to die by poisoning (Statistics Canada, 2015). Known risk factors for suicidal ideation and attempts among adolescents include a complex variety of sociocultural, familial, physical and mental health, and developmental factors. There is a clear indication that experiences of marginalization are a key factor in suicide attempts by adolescent girls (Lai, Li, & Daoust, 2017).

Physical Health

      Girls' bodies rapidly change as they transition through adolescence. Certain aspects of girls' physical health, including their sexual health, use of substances, and access to health care services influence their health and well-being in numerous complex ways (Girls Action Foundation et al., 2013).

      Sexual health. Girls' sexuality has received considerable attention recently, with concerns pertaining to sexualization and overly sexual behaviour. Girls with low self-esteem are at greater risk of early and unprotected sex (Lara & Abdo, 2016). However, evidence does not support the concern pertaining to overly sexual behaviour in adolescent girls, since the average age of first intercourse remains stable at 15 years for Canadian females (Langille, Asbridge, Flowerdew, & Allen, 2010).

Rates of teen pregnancy have steadily decreased since the mid-1990s (McKay & Barrett, 2010); however, the rate of adolescent pregnancy remains high for Aboriginal populations, with 8% of Indigenous females between ages 15- and 19-years having children (Xavier, Brown, & Benoit, 2018). Similarly, rates of sexually transmitted diseases (STDs) among female youth are rapidly increasing since the late 1990s, with youth (15 to 24 years) having one of the highest rates of STDs among all age groups (PHAC, 2017). Female youth aged 15 to 24 are twice as likely as their male counterparts to contract an STD (7% versus 3%), including chlamydia, gonorrhea, syphilis, and human papillomavirus (HPV; Fang, Oliver, Jayaraman, & Wong, 2010). Trends in female adolescent contraception use from 2010 to 2014 indicate that approximately 10% fewer girls reported condom use (for a total of 63%), and 10% more girls reported oral contraceptive use (for a total of 58%) during last sexual intercourse (Havaei, Doull, & Saewyc, 2019). It is speculated that girls may have been substituting oral contraceptives for condoms, providing an explanation for reduced teen birth rates; however, resulting in increased rates of STDs among Canadian adolescents (Choudhri, Miller, Sandhu, Leon, & Aho, 2018).

The social context in which girls reside is also becoming highly sexualized. The widespread sexualization of girls and women in our society plays a major role in the deterioration of girls' mental health (Lamb & Coven, 2019). Sexualization occurs when a person's main value is believed to come from their sexual appearance—rather than their intelligence or other qualities—and when they are held to unrealistic standards of physical attractiveness (Lamb & Coven, 2019). Research links sexualization with the three most common mental health problems facing girls: eating disorders, low self-esteem, and depression (Watson, Grotewiel, Farrell, Marshik, & Schneider, 2015). Through constant exposure to sexualized images of women and girls, females learn that their primary value comes from their physical

appearance, rather than from their skills, strengths, and abilities (Ward, Vandenbosch, & Eggermont, 2015). Early sexualization, when combined with low self-esteem, can lead to behaviours such as 'sexting' – sending sexual photos of themselves through text messages. These digital images can quickly be spread to peer groups and beyond, causing great damage to girls' emotional health, and educational achievement (Lamb & Coven, 2019). In addition, research indicates that watching sexually objectified women in media increases the frequency of an individual's sexist statements and endorsements of traditional gender stereotypes (Pennel & Behm-Morawitz, 2015). Tolerance for sexual violence and harassment following objectifying media exposure increases (Galdi, Maass, & Cadinu, 2017), as well as increased rape myth acceptance, victim blaming, and decreased empathy for victims (Fox, Jones, Stiff, & Sayers, 2014; Romero-Sanchez, Krahé, Moya, & Megías, 2018), contributing to reductions in physical safety.

Substance use. Adolescence is a formative stage of development that often involves experimentation with substances, including smoking, alcohol, and drugs (PHAC, 2011). Rates of smoking among adolescent girls has decreased from 15% in 2003 to 7% in 2014, while rates of binge drinking have remained relatively stable over the same period of time (Statistics Canada, 2016). Binge drinking rates range from 38% of Grade Nine girls to 54% of Grade Ten girls reporting engaging in heavy drinking at least once over the course of one year (Freeman et al., 2011).

A study conducted on Grade Nine and Grade Ten girls showed that in 2010, 17% of girls reported using marijuana at least once in the past thirty days, and of those, one in five had used it 20 times or more (PHAC, 2016). Marijuana, pain relievers, ecstasy, LSD, and other hallucinogens were the drugs most frequently reported as used by study participants. Girls

exposed to physical and sexual violence, experiencing depression, and poor peer or family relationships are at greatest risk of substance abuse problems (Niolon et al., 2015). In addition, certain groups, including lesbian and bisexual girls and girls residing in rural settings are at greatest risk of substance misuse (Mitura & Bollman, 2014).

Violence

Violence continues to be a damaging element in many girls' lives, occurring across diverse locations and in a variety of forms (Girls Action Foundation, 2013). It is estimated that girls experience daily instances of both subtle and overt forms of violence (Lundgren & Amin, 2015). The experience of violence is pervasive—occurring at home, in the community, intimate settings, and at school—and often goes unnoticed and unaddressed (Lundgren & Amin, 2015).

At home. At home, girls are much more susceptible to experiences of physical, emotional, and sexual violence than boys. Statistics show that girls are 1.5 times more likely to be the victim of sexual violence from a family member than boys (Statistics Canada, 2015). There are serious effects associated with childhood abuse and neglect, including depression, anxiety, posttraumatic stress, interpersonal challenges, higher rates of delinquency in general, and physical health problems (Cecil, Viding, Fearon, Glaser, & McCrory, 2017; Widom, 2017). These experiences can have lasting effects into adulthood.

At school and in the community. Sexual harassment can include a wide variety of behaviours, including making inappropriate sexual jokes, stares, or comments, grabbing at a girl's clothing, or touching her inappropriately (Shute, Owens, & Slee, 2016). The extent of this form of violence is difficult to measure, as it is often accepted or viewed as a normative, or an "everyday" (p. 269) part of a girl's life (Shute et al., 2016). Girls experience sexual violence at an alarmingly high rate, with over 307,000 sexual assaults of girls between the ages of 15 and 24

years reported to police in Canada in 2009 (Statistics Canada, 2011). This age group has the highest likelihood of being a victim of sexual assault and given that an estimated 10% of assaults are unreported, the actual number of occurrences is likely much higher (Girls Action Foundation et al., 2013; Statistics Canada, 2011).

Bullying and interpersonal concerns. Girls are also susceptible to high rates of bullying and interpersonal concerns, with one in three female adolescents reporting instances of bullying (Salmon, Turner, Taillieu, Fortier, & Afifi. 2018). Bullying takes many forms, including physical violence (e.g., punching, kicking), verbal (e.g., teasing, name-calling), relational (e.g., social exclusion, spreading lies), and cyber-bullying (i.e., bullying that takes place over digital devices, like cellphones, computers, and tablets; Girls Action Foundation et al., 2013). Recent surveys found girls to be more likely to be exposed to verbal bullying, while boys are more likely to be victims of physical violence (Boak, Hamilton, Adlaf, Henderson, & Mann, 2016). Bullying puts girls at risk of immediate and long-term risk for many emotional, behavioural, and interpersonal problems, including higher risk of sexual harassment and dating aggression (Connolly et al., 2015), and may later extend to workplace harassment, as well as spousal, child, and elder abuse (Kowalski, Toth, & Morgan, 2018).

It has been suggested that girls experience heightened vulnerability for the development of emotional difficulties due to greater frequency and stability of certain risk factors (Galambos, Leadbeater, & Barker, 2004). For example, adolescent girls may be particularly susceptible to depressed affect due to higher exposure to interpersonal stressors (Hamilton et al., 2016), earlier onset of puberty (Copeland, Worthman, Shanahan, Costello, & Angold, in press) and ruminative coping styles (Krause et al., 2018). Research indicates that girls are very attuned to the closeness of interpersonal relationships and that it is this focus that contributes to increased distress about

relational concerns (Rankin, Swearingen-Stanborough, Granger, & Byrd-Craven, 2018). Their rumination often centres around the status of their friendships, abandonment, and social approval (Rose & Rudolph, 2006). Rumination about such problems, including relationship issues, can contribute to lowered self-esteem (Moreira, Miernicki, & Telzer, 2016).

Isolation is a negative emotional experience for many girls, with the absence of reciprocal friendships during middle school being linked to internalizing problems, including depression and anxiety (Fredrick, Demaray, Malecki, & Dorio, 2018), externalizing problems (Hussong et al., 2019), peer victimization and loneliness (Schwartz, Lansford, Dodge, Pettit, & Bates, 2015), and reduced academic motivation (DeLay et al., 2016). Likewise, increases in anxiety and loneliness can manifest from being targets of relational or overt aggression in adolescence (Daneel et al., 2019).

Racism and homophobia. Girls with differing sexual preferences and individuals from minority races and religions are at greatest risk of being bullied (Lim & Hoot, 2015). Both overt and subtle forms of racism are aspects of violence with marked impacts on the well-being of girls (Jiwani et al., 2006). The school setting is often the first place where girls with differing ethnic backgrounds or religious preferences experience discrimination (Sulkowski & Lazarus, 2016). Examples take many forms, including giving 'advice' on how to lighten their skin or hair (Jiwani et al., 2006), or being restricted from certain activities based on cultural or religious clothing (Jiwani & Rail, 2010).

Homophobia is an additional form of discrimination faced by girls in Canada. Many girls have reported experiences of social rejection and name calling if they are perceived to be lesbian (Espelage et al., 2019). Compounding this issue is the lack of support by adults within the school setting in addressing homophobic remarks, and the diverse forms of victimization used by

offenders, including verbal, physical, and in online settings (Lin et al., 2018). As a result, many students feel unsafe, with 25% of adolescents between the ages of 15 and 19 reporting being victims of non-physical abuse, such as homophobic comments, while 10% reported experiencing physical violence (Peter, Taylor, & Chamerland, 2019).

Dating violence. Dating violence is a general term used to describe three overarching forms of violent behaviour occurring in intimate relationships—emotional/ psychological (e.g., harassing phone calls), physical (e.g., assault involving a weapon), and sexual aggression (e.g., unwanted sexual advances; Statistics Canada, 2011; Wincentak, Connolly, & Card, 2017). Today's girls face immense pressure to enter into an intimate relationship, which may influence their willingness to forgive or overlook instances of dating violence (Wincentak et al., 2017). For example, 27% of girls in Grades 9 to 11 reported having been pressured into engaging in a sexual act or agreeing to having oral sex to avoid having intercourse (Wolfe & Chiodo, 2008). As a result, dating violence often goes unreported and carries on into adulthood (Statistics Canada, 2011).

Being a survivor of dating violence increases the likelihood that an adolescent girl will engage in disordered eating, substance abuse, suicidal ideation and attempts, and unhealthy sexual behaviour (Temple et al., 2016). The pattern of sexual violence will often repeat itself as girls enter adulthood (Statistics Canada, 2011), with girls being more likely to experience violence in their own relationships if they have witnessed it in their family (Mumford, Liu, & Taylor, 2016)

Education and Career Prospects

Education is a crucial part of a girl's experience and can help set the stage for life skills, economic security, and increased number of career choices (Girls Action Foundation et al.,

2013). Since 1990, the vast majority of girls now complete high school (91%), with many of them continuing to participate in post-secondary education (Turcotte, 2011). While girls continue to experience educational success, further progress can be achieved if educational contexts become safer, harassment free places, where girls of diverse backgrounds are more fully accepted and supported. Compared to international contexts, Canadian girls are far better off than many girls across the globe, most having access to formal education and many more career opportunities than in previous decades (Girls Action Foundation et al., 2013). However, despite these gains, girls in Canada continue to face obstacles at work and in school that limit their potential.

School dropouts. While girls have demonstrated significant gains in completing high school and entering post-secondary education, some fall between the cracks of the educational system (Girls Action Foundation et al., 2013). Although boys' dropout rates in Canada are higher overall, the long-term effects of dropping out are much more significant for girls (Lavoie et al., 2019). A study completed in Quebec revealed that girls who dropped out of school are much more likely than their male counterparts to never to enter the workforce, and if they do, are only able to work part-time in lower-paid jobs (Lavoie et al., 2019). In Canada, women with less than a Grade 9 education earn $20,800, over 50% less of what men with the same education earn (Fortin & Sullivan, 2019).

Barriers to school experience. The reasons associated with poorer educational experiences for girls are many. According to the Youth Transition Survey, many teens reported dissatisfaction with school as the primary reason for dropping out (Arthur & Hannah, 2015). In addition, many girls are faced with no choice but to drop out following unplanned pregnancies

and family issues (Tridenti & Vezzani, 2018). Following school dropouts, girls are more likely to experience mental health concerns, such as depression (Dupéré et al., 2018).

Other complex barriers exist to girls' academic achievement. As alluded to earlier, girls have to navigate violence on a daily basis at school, such as bullying, sexual harassment, racial discrimination, and homophobia, which increases their likelihood of dropping out (Girls Action Foundation et al., 2013). With 25% of Grade 10 girls in Canada reporting that they do not feel safe at school, it is evident that these barriers have a distinct influence on girl's academic experiences (Einberg, Lidell, & Clausson, 2015).

Influence of gender. Gendered stereotyping persists both in access to and experience of these learning and career opportunities. Young people in Canada still face considerable pressure via their peers, the media, and family to conform to traditional male and female roles (Kågesten et al., 2016; Kreager, Staff, Gauthier, Lefkowitz, & Feinberg, 2016). A 2011 online survey among a sample of over 1000 Canadian youth ages 12 to 17 showed 30% of teen boys believe a woman's most important role is to cook and care for her family. Nearly half of the participants (48%) believed men should be responsible for earning income and providing for the family, and 17% of Canadian youth still believe a man should have the final word on decisions in the family home (Kågesten et al., 2016; Plan Canada, 2011).

Studies have shown that girls especially develop a belief that they cannot pursue particular occupations because they perceive them as inappropriate for their gender (Shapiro et al., 2015). Girls continue to be underrepresented in "non-traditional fields," such as engineering, mathematics, and sciences (van der Vleuten, Jaspers, Maas, & van der Lippe, 2016). This is in part due to the pervasive notion that science and technology are "male" domains and misguided stereotypes of girls who pursue these fields. For example, girls believed that their male

counterparts disliked girls who excel in physics, even though this belief was unfounded when boys were surveyed (Riegle-Crumb & Morton, 2017).

In 2016, 3% more women than men held university degrees (Statistics Canada, 2019); however, this has not led to equal pay in the workforce. Women on average earned 30% less than men in 2017 (Fortin, 2019; Statistics Canada, 2019). The most recent data released from Statistics Canada reveal that the wage gap has been consistently closing over the past few decades, with women employed full-time having an average hourly wage that is 87% of those of men (Statistics Canada, 2019).

Further, only 35% of all management positions are held by women (Statistics Canada, 2019). Especially for girls, adolescence is a stage at which their identities are profoundly and rapidly shaped and influenced, including their development of a leadership identity (Hoyt & Kennedy, 2008). Simultaneously, girls are facing the challenges of negotiating their identity as women in personal, interpersonal, and societal domains, and often in contexts where femininity is both expected and devalued. Simultaneously they are encouraged to develop a voice while being silenced by the forces that surround them, often in oppressive social conditions that lessen their social status and power (Brown & Gilligan, 1992). Girls and women are responsive to their own perceived incongruence which in turn limits their leadership aspirations and likely contributes to decreased self-esteem and depression (see Killeen, López-Zafra, & Eagly, 2006). This perspective highlights the influence of a socially constructed leadership ideal that is by design congruent with dominant cultural perspective. Thus, membership in groups with lesser power and influence in respect to race, ethnicity, class, and sexual orientation are positioned to experience greater incongruity and less likely to develop a self-identity as a leader.

The literature describes adolescence as a critical time wherein activities that offer opportunities to demonstrate self-efficacy, provide social support, and give voice to girls may serve as important influences to nurture girls' leadership skills (Hoyt & Kennedy, 2008). In turn, involvement in youth programs in leadership roles has found to correlate to enhanced academic experiences, improved financial success and earning potential, increases desirability in the workplace, and may serve as protective factors to mitigate the propensity for risk during adolescence (Effron, Greenslade, & Salob, 2005; Kuhn & Wienberger, 2005). Given the value of leadership development during adolescence on later outcomes, youth programs must intentionally focus on how leadership capabilities can be developed further during this critical period of life (Rehm, 2014).

Protective Factors

As previously discussed, there exists a large body of literature establishing the importance of identifying the strengths of healthy functioning individuals and communities in order to replicate successful coping techniques with populations that are vulnerable. Research on resilience and protective factors has grown remarkably since the 1950s as researchers have assigned more importance to understanding the experience of health despite stressors and adversity. Michael Ungar (2008) defines resilience as a function of three capacities: (a) the capacity of individuals to navigate their way to resources that sustain well-being; (b) the capacity of individuals' physical and social ecologies to provide these resources; and (c) the capacity of individuals and their families and communities to negotiate culturally meaningful ways for resources to be shared. Researching these capacities at the socioecological levels of individual, family, community, and society helps provide deeper understandings of the characteristics and

processes that are associated with successful development based on contextual factors (Umme-Jihad, 2015).

Experts in the field emphasize a systems perspective to conceptualize resilience development, whereby the resilience of an individual depends on drawing resources from many other systems (Masten, 2014). This involves focus on both intra- and interpersonal protective factors to moderate the effects of individual vulnerabilities or environmental hardships to foster positive adaptation. Individual resilience factors drawn from within involve equipping adolescents with problem-solving capabilities, strategies for self-control and emotional regulation, and installations of hope and empowerment to foster self-efficacy and motivation to succeed (Weir, 2017). External and relational factors also play a pivotal role in fostering resilience, including having supportive primary caregivers, close relationships with non-related adults and peers, and connection to community resources and supports (Weir, 2017).

With its focus on the strengths and adaptive processes of adolescents, the study of resilience offers a positive alternative to research concerned with developmental deficits and psychopathology (Everall, Altrows, & Paulson, 2006). Resilience has also been conceptualized as a positive outcome, the criteria for which commonly includes positive mental health or absence of psychopathology, social competence, positive self-concept and self-esteem, academic achievement, and success at age-appropriate developmental tasks despite exposure to risk (Hennighausen, Hauser, Billings, Schultz, & Allen, 2004; Masten et al., 1999). Resilience has more recently come to be regarded as not a fixed trait, but a dynamic process that evolves over time. With this notion comes great possibility to enhance children's resilience throughout the life cycle, such as through involvement in after-school programming (Hale & Heijer, 2017; Stainton et al., 2019).

Contemporary studies of resilience have taken a variety of approaches to try to identify the factors associated with better adaptations among youth (Masten & Powell, 2003). Beginning with the earliest reviews of research on resilience in adolescence, a common set of findings has emerged and has been reconfirmed repeatedly, of individual attributes, relationship qualities, and community resources and opportunities (Masten, 2001). Table 1 summarizes examples of these attributes of adolescents and the contexts most often associated with resilience:

Table 1

Examples of Attributes of Individuals and Their Contexts Often Associated with Resilience

Individual Differences

Cognitive abilities (IQ scores, attention skills, executive functioning skills)

Self-perceptions of competence, worth, confidence (self-efficacy, self-esteem)

Temperament and personality (adaptability, sociability)

Self-regulation skills (impulse control, affect and arousal regulation)

Positive outlook on life (hopefulness, belief that life has meaning, faith)

Relationships

Parenting quality (including warmth, structure and monitoring, expectations)

Close relationships with competent adults (parents, relatives, mentors)

Connections to prosocial and rule-abiding peers (among older children)

Community Resources and Opportunities

Good schools

Connections to prosocial organizations (such as clubs or religious groups)

Neighborhood quality (public safety, collective supervision, libraries, recreation centers)

Quality of social services and health care   Masten, 2001

These attributes can be seen as protective factors within an adolescent's life that can reduce risk in the face of adversity and promote healthy development. Protective factors are attributes or conditions that decrease the prevalence of problem behaviours and reduce the effects of risk on healthy development (Rutter, 1985). The development of children's well-being has advanced in the form of prevention efforts that focus on risk reduction as well as enhancement of protective factors.

Further, the evolution of resilience research has helped to elucidate age-salient developmental tasks and societal expectations for children of different ages (Cutuli & Herbers, 2018). Contemporary views of resilience view these developmental tasks and transitions as serving as both windows of vulnerability and opportunities for well-timed preventative measures (e.g., Masten et al., 2006; Steinberg et al., 2006). Identifying these developmental milestones has helped to define criteria for developmental competencies, or standards to identify which youth are and are not functioning adequately in important areas (see Burt et al., 2016). As children develop, the criteria that constitute competence change accordingly. The amalgamation of these concepts produced the modern conceptualization of resilience as "competent functioning despite risk" (Cutuli & Herbers, 2018, p. 1207).

Socioemotional Developmental Competencies

Guerra and Bradshaw (2008) proposed a core competency framework that spans developmental, prevention, and health promotion literature. Five core competencies exist as markers of healthy development, each of them aligning closely to the promotive factors[5]

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[5] Promotive factors are positive contextual, social, and individual factors that assist adolescents to mitigate the negative effects of risk exposure and enhance positive development (Sameroff, 2000).

(including both assets[6] and resources[7]) proposed in the positive youth development literature, incorporate developmental science and literature on developmental psychopathology, and augment the powerful influence of health promotion and prevention research (Guerra & Bradshaw, 2008). Research also indicates that these competencies, or lack thereof, are tied to negative outcomes, poor mental health, and risk behaviours (Burt et al., 2016).

Burt and colleagues (2016) provide a summary of the five core competencies, and their associated skills, in this framework: a) positive sense of self (i.e., self-awareness, agency, self-esteem); b) self-control (i.e., ability to regulate and manage one's emotions and actions, as reflected in planfulness, problem-solving ability, willingness to delay gratification and restrain impulses); c) decision-making skills (e.g., capable of coordinating future goals and understanding that the consequences of their decisions); d) moral belief system (i.e., understanding fairness, citizenship, ability to take perspectives of others, and empathy); and e) prosocial connectedness (i.e., attachment and bonding to families, schools, and positive peers; Guerra & Bradshaw, 2008).

In an ideal setting, youth will master each of the five, core social and emotional competencies either through the normative developmental process or through prevention efforts. In turn, the framework posits that youth will be placed on a trajectory towards healthy development, and the likelihood of problem behavior will be minimized (Burt et al., 2016). The framework displays marked similarities and relates well to other recent models of resilience (i.e., Masten, 2001).

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[6] Assets are the promotive factors that reside within the individual, such as self-efficacy, self-esteem, and competence (Fergus & Zimmerman, 2005).

[7] Resources refer to promotive factors external to the individual, such as parents, mentors, and larger sociocultural influences that promote positive youth development (Fergus & Zimmerman, 2005).

Understanding Adversity

Like resilience, several definitions for the term adversity exist. The concept of adversity

has often been used interchangeably with that of risk to denote the presence of significant events

or hardships that heighten the likelihood for negative outcomes for the adolescent (Richman &

Fraser, 2001). Examples include, serious illness or disability (e.g., Carbonell, Reinherz, &

Giaconia, 1998), abuse, neglect, or maltreatment (e.g., Hollister-Wagner, Foshee, & Jackson,

2001), and chronic poverty, resulting in reduced access to basic needs (e.g., Richman & Fraser,

2001). However, adversity may also relate to the accumulation of stressors or mundane daily

hassles, which may have an equal or greater effect as a traumatic incident (Aburn, Gott, &

Hoare, 2016). For example, an ordinary life event such as attending a new school may be

perceived as adversity to an adolescent that has experienced several other mundane stressors

(Aburn et al., 2016; McLaughlin & Sheridan, 2016). Recent research endorses a more

appropriate conceptualization of adversity; essentially, it is a matter of subjective perception,

with an individual's perspective of the stressful event being a crucial component to consider

when studying resilience (Aburn et al., 2016; Everall et al., 2006; McLaughlin & Sheridan,

2016).

Girl-Specific Community Programming

According to a report prepared for the CWF, *Girls in Canada 2005,* a "girl-specific

program" is defined as

"A single-sex program intentionally designed to respond to the specific needs and

strengths of the girls it serves… [T]here is no one experience of being a girl. Gender

combines with race, socioeconomic status, sexual orientation and dis/ability status to

shape girls individually and collectively, and programs for girls need to reflect such

diversity" (Calhoun Research and Development et al., 2005, p. 55).

Girl-specific programs focus on providing room for girls to voice their concerns, explore their

thoughts and understandings, and discuss topics relevant to their experience of being a girl

(POWER Camp National, 2006). These programs are gaining popularity in Canada, and there

currently exists a wide range of community-based activity groups, local social clubs, innovative

social action projects, and other national endeavors (Steenbergen & Foisy, 2006). Many of the

gender-specific programs that are currently operating across Canada are run through well-known

agencies such as Big Brothers and Big Sisters, Boys and Girls Clubs, Girl Guides, Planned

Parenthood, and YWCA.

Much of the current existing literature is of programs oriented to prevention or early

intervention of specific concerns, such as reductions in depressive symptomatology (e.g., Calear,

Werner-Seidler, Torok, & Christensen, 2018), eating disorders (e.g., Breithaupt, Eickman,

Byrne, & Fischer, 2016), substance use (e.g., Kristjansson et al., 2019), delinquent behaviours

(e.g., Anderson et al., 2019), or violence (e.g., De La Rue, Polanin, Espelage, & Pigott, 2017)

compared to programs endorsing generalist outcomes, such as improvements of overall health

and wellness. Other gender-specific programming is oriented to specific populations, for

example, female offenders (e.g., Day, Zahn, & Tichavsky, 2015) or specific cultures, such as

female refugees, African Americans, or Aboriginal youth (e.g., Ellis et al., 2013; Totten, 2010).

While these girl-specific groups may be very much needed for these specific populations and

issues, other girls who do not meet the enrollment criteria may be excluded from youth

programming, which they may need or would benefit from.

Further, a small portion of the literature that explores outcomes of girl-specific programs involve Canadian adolescent populations. Previous research from the United States shows encouraging outcomes of programming specifically for adolescent girls (Chaplin et al., 2006; Roa et al., 2007). Of the research that does exist, results consistently indicate that these programs can play a pivotal role in providing opportunities for the development of protective factors that garner leadership, bolster mental health and social connectedness, and enhance resilience, such as positive self-efficacy and self-esteem, coping strategies, and supportive relationships with other female peers and mentors (Girls Action Foundation et al., 2013; Roa, et al., 2007). For example, Roa and colleagues (2007) conducted a quantitative analysis of *Girls Circle*, an 8- to 12-week program offered weekly for girls ages 10 to 18. The program was intended to offer participants a safe and confidential space to express themselves using creative means with the intent of fostering self-confidence and improve their interpersonal relationships. Pre-post surveys created by the Cere Policy Research group assessing short and long-term outcomes were administered to 278 participants across 19 cities in the United States. Self-efficacy of participants before and after participation was also measured, as well as satisfaction with the program upon program completion. *T*-tests were conducted to evaluate for significant changes from program participation. Several short-term skills were identified from participation, including being able to find commonalities with new people, feeling good about their bodies, and being able to tell adults what they need. Long-term effects were also indicated, showing decreases in self-harm behavior and rates of alcohol use, as well as increases in investment of schooling and self-efficacy (Roa et al., 2007).

A two-stage evaluation of the *Go Grrrls* prevention program was conducted by LeCroy in 2005. The 12-session curriculum was offered at school during lunchtime and was designed to

address developmental objectives considered critical for healthy psychosocial development, including "promoting a more positive sex role self-image" (p. 77) given theoretical literature that indicates the influence of gender-related expectations on adolescent girls' behaviour upon reaching puberty. Additional program objectives included, "build sharing and mutual understanding for enhanced companionship, support, and empathy" (p. 77) to address the developmental task of membership in a peer group during adolescence, as well as "promote responsible decision making by teaching problem-solving skills" (p. 77) in recognition of the propensity for engagement in risk behaviours during adolescence due to cognitive development (LeCroy, 2005). During the first, quasi-experimental study, descriptive data collected from the participants revealed a mean age of 12.7 years of the 55 American adolescent girls who completed the program. Approximately half of the participants were placed in the experimental group, while the other were placed in the control group. Six quantitative measures were administered to participants post-program to assess outcomes of body image, gender role attitudes, self-esteem, relationship beliefs, depression, and willingness to access supports. Using an ANCOVA analysis, the researcher found significant increases in the experimental group's self-esteem, relationship beliefs, and willingness to ask for help than girls in the control group (LeCroy, 2005).

The second stage of the evaluation consisted of a randomized experimental study with a total of 118 female participants, with a mean age of 13.5 years (LeCroy, 2005). Program implementation followed the same procedures as for the quasi-experimental study, except that participants were randomly assigned to either the control group or the experimental group. Eight quantitative measures were used to assess body image, peer esteem, help endorsement, assertiveness, attractiveness, self-efficacy, self-like/self-competence, and hopelessness. An

ANCOVA analysis revealed that hopelessness and help endorsements approached statistically significant changes through program participation. It was acknowledged that caution should be taken when interpreting the result due to low power of the experiment (Keppel, 1991; LeCroy, 2005).

A follow-up study of the *Go Grrrls* program was conducted in 2018, which was targeted specifically toward early adolescent females between the ages of 11 to 15 (LeCroy, McCullough Cosgrove, Cotter, & Fordney, 2018). While earlier studies showed promising outcomes, the researchers acknowledged that curricula on the sexual risk reduction was missing. The program was revised to include this gender-specific content. Participants were approached in school settings where the program was administered primarily as an after-school program. A total of 854 female participants enrolled in the study and were randomly assigned to study conditions. Data collection took place between December 2012 and July 2015, with follow-up assessments completed at posttest, after six months, and 18-months. Quantitative measures of condom technical skills, condom self-efficacy, STD knowledge, sexual risk behaviours, self-efficacy, and self-assertiveness were used. Repeated measures ANOVA was used, as well as several *t*-tests. Results indicated that girls in the experimental group were statistically significantly more likely to show intention to reduce sexual risk behaviors, improved condom technical skills, and greater STD knowledge at the posttest. Results indicated a trend towards significance on the condom self-efficacy scale. Change was maintained over time on key outcome variables when assessed at 6- and 18-month follow-up periods (LeCroy et al., 2018)

Of the literature on Canadian girl-specific programming that exists, one of the most comprehensive body of research that exists was conducted by the Canadian Women's Foundation (CWF), a committed funder of girl-specific programming across Canada. As a first

step, the CWF contracted Calhoun Research and Development to carry out a comprehensive review of girls' programming across Canada in 2005. The research includes three components:

"1) A literature and statistical review to identify what has changed for girls in Canada on key indicators, and what the life of a girl in Canada is like in the year 2005; 2) Key Informant interviews with 14 leaders in the field of research/work with girls in Canada; 3) An environmental scan of programs for girls across North America and globally, with a major focus on Canadian programs, to identify innovative initiatives and best practices" (Calhoun Research and Development et al., 2015, p. 1)

The project was conducted between April and August of 2005. The researchers accessed a number of key surveys while compiling the data, including The National Longitudinal Study on Children and Youth, and The National Population Health Survey, both conducted by Statistics Canada. The literature review focused on specific age groups (i.e., birth to five years; ages six to 11; ages 12 to 18) and an exploration of some issues that affect all ages, for example, impact of the media, physical inactivity, and self-esteem. As well, literature on particular sub-groups (e.g., Aboriginal girls) was reviewed.

As gleaned from the research literature, key informant interviews, and discussions with girls' program leaders, the Calhoun Research and Development and colleagues (2005) compiled a comprehensive checklist of recommended practices that have been learned through research and hands-on practice:

Participant Considerations

- Specifically developed for girls

- Age-appropriate programming developed for different phases of growth and maturation

- Culturally relevant programming that respects and integrates diversity based on location, ethnicity, ability, socioeconomic status, sexual orientation, and girls' multiple roles

Program Content and Delivery

- Strengths and asset-based that builds skills and focuses on girls' strengths

- Participatory and involves girls in program design and facilitation

- Develop a safe and girl-friendly space

- Incorporates critical thinking, skills development and training, and educational aspects

- Encouraging leadership and intergenerational mentoring roles

- Creative and interactive programming (balancing talk and activity)

- Provide an opportunity to make a difference in the community through service and action

- Parental support, connection, and involvement built into the program

Practical Components

- Accessible with regards to fees, time and location, physical ability, and accommodating of childcare or transportation

- Sufficient support, funding, and involvement at community, regional, or national levels (Calhoun Research and Development et al., 2005).

Building off of the research findings, CWF spearheaded a two-phase evaluation of Canadian youth programs designed to build resilience in girls ages 9 to 13. While results of Phase 1 (conducted between 2006 and 2009) are not available, the CWF concluded, "a full evaluation of Phase 1 was conducted, which identified the need for a deeper examination of the relationships between best practices and outcomes, and more focus on the promotion of protective factors identified in the literature" (p. 4).

Phase 2 research was conducted between 2009 and 2012. The CWF conducted a three-year qualitative evaluation of twelve girl-specific community programs across Canada, including YWCA Toronto, Boys and Girls Club of South East British Columbia, and Girls Inc. of Northern Alberta. Each of the evaluations focused on conducting interviews with girls, parents, and staff using open- and closed-ended questions about "program process and program outcomes" (CWF, 2014). A total of 296 girls ranging from ages 9 to 13 participated in the evaluation over the course of the three-year evaluation. Through involvement in community programming, the CWF found that girls can experience greater leadership abilities, feelings of empowerment, strategies for creating change, better self-confidence, critical thinking skills, connectedness with peers, and freedom of movement and expression (CWF, 2014).

Through this evaluation, the researchers identified three critical protective factors developed through the twelve programs: (a) critical thinking skills, (b) connectedness and sense of belonging, and (c) self-confidence. These outcomes were consistently found for each of the twelve program sites (CWF, 2014). Self-confidence was evident by the girls openly and comfortably sharing their opinions and practicing newly acquired skills. Through garnering a safe and supportive sharing environment, the girls exuded a sense of connectedness and belonging with other program members. Critical thinking skills were most evidently displayed in the girls' ability to consider the consequences and outcomes while going through the decision-making process. In addition to the three primary protective factors, other factors were endorsed by the girls including: a) an enhanced focus on personal strengths and skills; b) communication skills; c) problem-solving skills; d) heightened ability to maintain friendships; e) feelings of positive self-esteem; f) garnered supports from adults and mentors; g) greater confidence in school; and, h) increased knowledge and ability to seek resources as needed (CWF, 2014). The

importance of mentors was also substantiated by program attendees, with girls reporting that the mentors were an important source of support, provided someone to talk to, and garnered positive learning experiences and modeled positive behaviours (CWF, 2014).

The literature consistently indicates that programs intended to prevent later concerns through focusing on girls' strengths and competencies rather than on risks and problems are more successful (e.g., Baillie, Maas, Buchholz, & Mutch, 2008; Calhoun Research and Development et al., 2005; Ellsberg et al., 2015; Patton & Morgan 2002; Schwinn, Schinke, Hopkins, Keller, & Liu, 2018; Steenbergen & Foisy 2006; Zurbriggen, 2009). Related to this asset-based methodology is skills development, found to be an important component in girl-specific programs to prevent violence, foster resilience and leadership, and promote good health (Cappella & Weinstein, 2006; Gavin, Catalano, David-Ferdon, Gloppen, & Markham, 2010; Jarrett, Horn, & Zhang, 2009; Noonan & Charles, 2009; Sieving et al., 2011; Tortolero et al., 2010; Williams & Ferber, 2008). Life skills commonly addressed in such programs include healthy friendships and relationships, peer pressure management, coping skills, anti-bullying, stress management, conflict resolution, communication, leadership, goal setting and decision making. Such approaches enhance girls' own abilities to make healthy choices and work towards their own goals. Girls-only community programs developed based on research consistently provide opportunities for girls' development of protective factors, prevent the accumulation of risk factors, and provide girls with resources and opportunities to succeed (Chaplin et al., 2006; Girls Action Foundation et al., 2013; Roa, et al., 2007).

Program Evaluation

Program evaluation is a valuable tool for organizations seeking to strengthen the quality of their program and improve outcomes for the clients they serve (Metz, 2007). Every

organization has an ethical obligation to evaluate their practice to determine whether its clients

are being helped as a result of the offered services (Royse, Thyer, & Padgett, 2010). Evaluative

research refers to the "systematic investigation to determine the success of a specific program"

(Barker, 2014, p. 149), and helps determine whether the needs and goals of these clients are

being met and attained (Royse et al., 2010). Program evaluation builds on evaluative research

and is a practical endeavor with the intention of obtaining information that may be used as a

means to improve program implementation and to understand program effectiveness (Fraser

Health Authority, 2009).

Quite often, social and human services are evaluated because of a need to be accountable

to a sponsoring or funding agency (Royse et al., 2010). Other times, competition for scarce funds

requires evidence to determine whether a program is accomplishing its intended objectives, if it

is worth funding again, or whether it can be executed in a more cost-efficient manner (Royse et

al., 2010). Program evaluations are needed whenever a new intervention is being tried and it is

unknown whether it will be as successful as former methods, or when there is an opinion that

altering the program could lead to improvements (Royse et al., 2010).

Once an organization or agency has decided to proceed with an evaluation, there are

multiple factors to consider (Ontario Centre of Excellence for Child and Youth Mental Health,

2013). Planning the evaluation is a crucial first step requiring a number of elements to consider,

including identifying the need or problem addressed by the program, the purpose and rationale of

the program, the origin and history of the program, the program's organizational structure,

activities, and service providers, its stated objectives, funding sources, and budget. Identifying

and involving the stakeholders (i.e., any person or group with interest in the program being

evaluated, including funders, program staff, clients, etc.) serves to clarify the purpose, need, and

focus of an evaluation (Ontario Centre of Excellence for Child and Youth Mental Health, 2013).

Constructing a program logic model in conjunction with the program's stakeholders can often

serve as an entry point by defining the scope of the evaluation, the program's theory of change,

and its resources, goals, and timelines for achieving those goals (Ontario Centre of Excellence

for Child and Youth Mental Health, 2013).

Specific evaluation questions must be created, as well as identifying the indicators that

will tell the researcher how successfully the program is achieving its intended activities and

outcomes. It is important to identify key outcomes measures that are important to stakeholders

and that focus on measuring the intended effects of the program on the targeted population,

namely short and/or intermediate outcomes such as changes in knowledge, skills, attitudes and

behaviour (Ontario Centre of Excellence for Child and Youth Mental Health, 2013). The

reliability and validity of the evaluation are also important considerations, as they determine

accurate and reliable production of results (Royse et al., 2010).

Selecting the type of evaluation will depend on the goals and objectives of the evaluation.

Formative evaluations are used in the beginning stages of a program to help develop and

stabilize the program. Process evaluations may include the following overarching purposes or

goals, of describing a program, quality assurance (i.e., a program's compliance with a set of

standards), and program monitoring (i.e., checking on a program's progress or success in

meeting certain objectives; Royse et al., 2010). In other words, a process evaluation monitors

whether a program is being delivered as intended, identifies changes to enhance program

delivery, and improves access and participation of the program's targeted population (Ontario

Centre of Excellence for Child and Youth Mental Health, 2013). Finally, outcome evaluation

focuses on measuring the intended effects of the program on the targeted population. This type of

evaluation is used to assess whether or not a program is successful and whether participants are better off as a result of being served by the program (Ontario Centre of Excellence for Child and Youth Mental Health, 2013; Royse et al., 2010). The method and forms of data analysis selected for the evaluation will depend on the factors previously identified.

Effective strategies for using evaluation findings should be considered early in the planning stages and refined over the course of the evaluation. Using the data obtained during the evaluation can take many forms, from the transfer and exchange of knowledge, to moving knowledge into practice, and through uptake of new evidence and findings. Sharing and collaborating with stakeholders to implement changes based on evaluation findings will have important impacts on the quality and effectiveness of the program (Ontario Centre of Excellence for Child and Youth Mental Health, 2013).

Gaps in the Current Literature

With regard to girl-specific programming in Canada, there are many remaining questions. Very little research has been completed on programming for girls in the Canadian context. Within the existing literature, there is an inherent focus on "problem behaviours" experienced by girls and how they enter onto a path of self-destruction. There exist very few studies exploring the protective factors necessary to help girls thrive during adolescence, as well as programs intended to foster these outcomes. The current existing evaluations and analyses on strength-based girl-specific programming document many positive outcomes and benefits for participants of Canadian programs designed specifically for girls; however, these analyses could be increased and expanded. The current research project is intended to bring awareness to the necessity of the *GirlSpace* program in the lives of girls and young women in Edmonton and surrounding area.

Making it even more difficult to determine the effects and importance of girl-specific programming, much of the currently existing literature on youth programming has become 'gender-blind,' not considering the specific needs and interests of girls and the significant disparities girls face in accessing opportunities and resources (Calhoun Research and Development et al., 2005). There is a resistance to the notion of "all-girls" programs, with some critics arguing that it promotes "false gender dichotomies" or is discriminatory against boys (Steenbergen & Foisy, 2006, p. 15). Consequently, many organizations are forced to prove the need for such programming (Steenbergen & Foisy, 2006). Jiwani and colleagues (2006) note that

> "[w]hile the amount of attention that the category "girl" (however loosely defined) has increased in recent years, there remains a propensity among researchers to favour an ostensibly more encapsulating focus on "youth" rather than concentrating on the multifaceted nature of girls' lived realities; to collapse gender differences to examine a theoretical "whole". This tendency has also translated into a blurring of age distinctions by focusing on the category of "women" in general. Either way, any and all elements—as well as the nuances—of "being a girl" vanish (p. x)".

The current research addresses this need for data on girls, specifically addressing whether leadership, resilience, mental health, and social connectedness are improved from participating in the *GirlSpace* program.

Fostering Protective Factors through the *GirlSpace* Program

The *GirlSpace* program adopts many of the recommended practices supported by the literature (Calhoun Research and Development et al., 2005; Girls Action Foundation et al., 2013). The program adopts an overarching focus of promoting better outcomes for female youth through a combination of risk reduction and promotion of protective factors. *GirlSpace* is

considered an asset-based, universal prevention program by supporting all female youth before problem behaviours and adverse outcomes develop (e.g., mental health disorders). The program sets the stage for girls' development into strong, healthy, and empowered young women by promoting protective factors and reinforcing girls' positive attributes, skills, and competencies.

GirlSpace is designed to address unique key social issues and topics influencing the lives of girls in Canadian society. The program curriculum spans 20 weeks with a different module presented each week. Each session runs for two hours. At the onset of each session, group facilitators begin by introducing the weekly module and explaining its relevance. Each module is comprised of activities designed to engage girls as active participants in their own learning by using group discussions and interactive exercises. Girls are presented with opportunities each session to use creative techniques such as brainstorming, drawing, games, and crafts. Facilitators are encouraged to draw upon their own experiences to add and adapt the activities for youth as needed. Participants will have different styles of learning and being able to engage them will rely on the facilitators' creativity and adaptability. The 20-week program curriculum is as follows:

- Week 1: Intro/About Me - Intended to create a comfortable environment for the girls to share, build trust and safety, begin to develop relationships with each other, and establish group rules.

- Week 2: Healthy Relationships - Introduces techniques girls can use to foster healthy relationships with family and non-family members, including female, opposite-sex peers, and cross-cultural peer relationships.

- Week 3: Bullying and Harassment - Address the topic of bullying and harassment and provide girls with techniques to counter bullying behaviours.

- Week 4: Influence of the Media - Teach girls to critically evaluate media and begin to investigate media literacy.

- Week 5: Self-Esteem - Provide information on the importance of self-esteem and strategies for improving it.

- Week 6: Body Image - Introduce the influence of appearance ideals and weight/body-related conversations on girls' health and provide tips to foster a healthy body image.

- Week 7: Digital and Online Safety - Focus on teaching girls about Internet safety.

- Week 8: Mental Health - Teach girls the importance of fostering mental health, provide education on the signs and symptoms of mental health concerns, and offer positive coping strategies.

- Week 9: Physical Health and Nutrition - Introduce the importance of eating healthy and physical activity.

- Week 10: Ethnic and Multicultural Awareness - Intended to foster awareness of cultural traditions, beliefs, and current concerns influencing women from around the world. The girls will also explore their own multicultural and ethnic identities in this group.

- Week 11: Healthy Decision-Making - Increase knowledge of healthy behaviours and critical thinking skills to make healthy choices.

- Week 12: Violence Against Women (Sexual Assault and Consent) - Address issues of personal safety and identify strategies to deal with violence.

- Week 13: Substance Use and Addictions - Provide tools to talk about the issue of substance abuse and the ways in which drugs and alcohol can interfere with a person's physical and social development.

- Week 14: Sexual Health - Increase understanding of the effects of puberty on physical development. Provide an opportunity to discuss issues about this topic.

- Week 15: Sexuality and Gender Identity - Provide information about Canada's LGBTQ community. Address issues regarding sexual preferences and behaviour and the development of gender identity.

- Week 16: Career Development and Professional Skills - Provides concrete skills to assist girls in entering the workforce, including resume and cover letter development, interview skills, and more.

- Week 17: Financial Matters - Focus on the importance of financial management, separating needs from wants, planning for the future, and investment and savings strategies.

- Week 18: Leadership/ Civic Engagement - Increase understanding of what it means to be a leader and ways to get involved in the community.

- Week 19: Women's Rights - Learn about some of the rights that are important to girls and young women.

- Week 20: Program Wrap-Up - Opportunity for the girls to have fun with each other and their mentors and to celebrate the program's successes and individual growth experienced by each participant.

The program was designed to meet the following objectives: (a) build skills, including leadership, teamwork, communication, and critical thinking; (b) foster girls' resilience, autonomy, social connectedness, self-awareness, and self-esteem; (c) increase awareness of key social issues and provide space to talk, listen, and share strategies and resources for coping and overcoming them; (d) work collaboratively with other girls to develop a gender-specific space in

which everyone is respected and feels welcome, and; (e) connect participants to their community

by empowering them to engage in community action and improve girls' awareness of and ability

to access resources in their communities (YWCA Canada, 2014c). Through consultation with

YWCA Edmonton staff, it was determined that the four most important overarching outcomes of

the program are improvements in mental health, social connectedness, leadership, and resilience,

and thus the focus of the current study was to assess whether these four goals are being achieved.

It was hypothesized that social connectedness would be fostered through the

relationships between group facilitators and participants, and amongst participants themselves.

The program is run by trained volunteers who are intended to act as role models and mentors for

the girls by providing positive messaging about being a woman, modelling inclusivity, and

accepting everyone in the group. Facilitators are responsible for fostering cohesiveness amongst

group members and promoting a climate of non-judgment and openness where girls feel safe

disclosing sensitive information. Social connectedness might also be fostered during the initial

stages of the program, when the focus is on building trust, safety, and support through the use of

'icebreakers' and establishing group rules and expectations. In the current study, improvements

in social connectedness were measured using the *Social Connectedness Scale-Revised* (*SCS-R*).

Group facilitators were also hypothesized to play a pivotal role in the development of

leadership abilities by modelling the leadership characteristics they hope to foster in the girls.

Opportunities were present for girls to adopt leadership roles during program participation by

empowering them to work in groups, express opinions, be critical, ask questions, and to be

actively involved in program decisions. Girls were taught communication skills, decision-making

skills, and skills for collaborating with others. Leadership as a concept is discussed during the

Leadership and Civic Engagement module, which educates participants on leadership styles and

qualities, and provides opportunities for girls to practice leadership through community involvement activities. In the current study, change in leadership abilities was measured using *The Youth Leadership Life Skills Development Scale* (*YLLSDS*).

Third, it was hypothesized that improving girls' awareness of and ability to access resources and supports in their communities would foster resilience. Providing girls with skills to strengthen their relationships with important others in their life was also hypothesized to build resilience. The means for seeking out and responding to appropriate comfort and help and developing positive relationships with peers, family members, and others are discussed in the *Healthy Relationships* module. The asset-based approach of the program also focuses on assisting girls to identify their own strengths and equipping them with hands-on skills to cope with challenges. In turn, it was hypothesized that internal assets, such as self-efficacy and competence would increase. In the current study, changes in resilience were measured using the *Child and Youth Resilience Measure* (*CYRM-28)*.

Finally, it was hypothesized that mental health would be influenced by multiple sources in the program. First, it is an explicit focus of the *Mental Health* module in the program. It was hypothesized that through educating participants of the definition and importance of mental health, symptoms of mental health concerns, affirming the importance of self-care, and equipping them coping strategies would contribute to improved mental health outcomes. There are also explicit activities throughout the program intended to bolster self-esteem, confidence, and body image. The importance of achieving enough sleep, eating well, and exercising regularly are also discussed in the *Physical Health and Nutrition* module, and were thought to potentially influence positive mental health outcomes. In the current study, changes in mental health were measured using the *Adolescent Mental Health Continuum-Short Form* (*MHC-SF*).

Chapter Summary

Considerable research focuses on adolescent females as a vulnerable population with great potential to succeed if given the opportunity to do so (Girls Action Foundation, 2005). Research evaluating girl-specific programming intended to mitigate the influence of these barriers, reduce the exacerbation of concerns experienced by adolescent girls, facilitate skill development, and promote healthy development is limited. The current mixed-method study addresses gaps in the literature, with the results of the study being aimed at understanding whether the *GirlSpace* program effectively reduces exacerbation of concerns experienced by adolescent girls and fosters the outcomes of mental health, resilience, leadership, and social connectedness. The outcomes of the study are intended to contribute to current and future program delivery. In the following chapter I describe the research methodology I used to achieve this goal.

CHAPTER 3: METHODOLOGY

This study of the YWCA Edmonton's *GirlSpace* program used a pre-post mixed method design. Mixed method designs are particularly useful in social and health science research, as such inquiries tend to be complex and more insight may be gained from the planned integration of quantitative and qualitative research than from either by itself (Creswell, 2009). While there are many approaches to mixed methods, the proposed evaluation used an explanatory sequential approach (i.e., quantitative data are collected and analyzed, followed by qualitative data; Creswell, 2013b; Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005).

The overarching goal is to contribute to the improvement of program delivery through the completion of a form of program monitoring combined with an outcome evaluation. To accomplish this, I evaluated changes in participants on several identified goals of the program and explored their experiences in the program. Research objectives, questions, and methods are summarized in Table 2 on the next page. The research questions and their operationalization are presented in greater detail later in the chapter.

Table 2

Research Objectives, Questions, and Methods

Research Objectives	Research Questions	Research Methods
1. Investigate whether the protective factors of leadership, social connectedness, mental health, and resilience are improved through program participation	Does completion of the *GirlSpace* program improve girls' leadership skills, social connectedness, mental health, and resilience?	Self-report questionnaires
2. Identify how the program influenced the four protective factors measured in *Research Objective 1*, and determine whether additional protective factors were developed or improved upon through program participation	Which strengths and assets did the girls in the program develop or improve upon, and which of these did they perceive to be most impactful?	Semi-structured telephone interviews
3. To explore girls' experiences in the program and contribute to current and future program delivery by identifying aspects of the program requiring revisions	Which components of the program did girls find most helpful and unhelpful, and why?	Semi-structured telephone interviews
4. To understand the integration and connection of the quantitative and qualitative phases of the study	How do the themes mentioned by the program participants help to explain any quantitative differences in leadership skills, social connectedness, mental health, and resilience?	Self-report questionnaires and semi-structured telephone interviews

It was hypothesized that participating in the program would contribute to improvements in the girls' protective factors of leadership, social connectedness, mental health, and resilience.

Philosophical Assumptions

The current mixed method study is guided by the philosophical assumptions of pragmatism (Creswell & Clark, 2017; Morgan, 2007). Pragmatism as a philosophy is based on the Greek word for "action", which is a central to its understanding (Morgan, 2014). From a philosophically pragmatic point of view, actions cannot be separated from the situations and contexts in which they occur. Through this perspective, it is understood that truth is rooted in life itself, recognizing that life is inherently contextual, emotional, and social (Dewey, 2008; Frega, 2015). Another premise of pragmatism is that the meaning of acts can change over time, whenever the consequences of those acts change. Pragmatism also emphasizes that there exist varying degrees of shared experiences, and therefore actions depend on worldviews that are socially shared beliefs. Taken together, pragmatism is best understood for its emphasis on the nature of experience (Morgan, 2014).

Morgan (2007) presents pragmatism as an alternative to positivism/postpositive and constructivism/interpretivism paradigms, making it a suitable philosophical assumption for mixed methods research. Advocates of mixed methods research strive for an integration of quantitative and qualitative research strategies and thus, this approach does not fall comfortably within one or the other worldview described above (Feilzer, 2010). Ultimately, pragmatism rejects the polarity between quantitative and qualitative approaches by suggesting that the most important question is whether the research has helped "to find out what [the researcher] want[s] to know" (Hanson, 2008, p. 109). The questions asked are of primary importance over the methods used and the fundamental guiding idea is to employ 'what works' (Creswell & Clark,

2017). When applied to research, pragmatism is an outcome-oriented philosophical stance that purports that the best research methods are those that help to most effectively answer the research question. It has been referred to as an "approach" rather than a paradigm, an important distinction as pragmatism does not offer an all-encompassing worldview and instead offers specific ideas as to what constitutes knowledge (Biesta, 2010). Its inherent focus is on the problem to be researched, the consequences of the research, and in determining the meaning of things (Shannon-Baker, 2016). Its emphasis is on the "shared meanings" created as a result of the integration phase of mixed methods research and offers a balanced approach to the dichotomy between the relative objectivity of quantitative methods and relative subjectivity of qualitative methods (Morgan, 2007).

Further, pragmatism advocates for researchers to ask how much of the knowledge gained from a study might be useable in other settings, rather than assuming that the methods or approach to research determines whether or not the results are transferable to other contexts (Morgan, 2007). It is based on the belief that theories can be both contextual and generalizable by analyzing them for "transferability" to another situation, which allows researchers to use both distance and closeness between researcher and participant. Taken together, pragmatism as a research paradigm supports the use of a mix of different research and a continuous cycle of abductive reasoning (i.e., an inference to the best explanation) while being guided primarily by the researcher's desire to produce socially useful knowledge (Feilzer, 2010).

Pragmatism is an appropriate philosophical assumption as its central tenets relate well to those of the utilization-focused framework that is being used for the current evaluation. Similar to the utilization-focused framework, pragmatism is outcome-oriented, with its emphasis on the product of the research and finding solutions to the research problem. Further, combining

quantitative and qualitative approaches is believed to complement the advantages and disadvantages present within each (Morgan, 2007). Having pragmatism as the guiding philosophical foundation for the current mixed methods study enabled the use of intersubjectivity, by being able to maintain both subjectivity in my reflections of the research process of the data while also remaining objective during the collection and analysis of data. Finally, relying on pragmatic assumptions while completing this mixed methods research project allowed me to engage in both deductive and inductive approaches and to use both formal and informal language as required to answer the research questions (Creswell & Plano Clark, 2011).

Theoretical Framework of the Program Evaluation

There are a variety of theories to choose from when planning a program evaluation. Adhering to the parameters of a theory are intended to improve how program evaluation is conceived and conducted by providing a framework for thinking, highlighting relevant concepts, and suggesting dynamic relationships between those concepts (Mertens & Wilson, 2018). This program evaluation relied on a utilization-focused framework developed by Patton (2008).

A utilization-focused evaluation is an approach based on the principle that an evaluation should be motivated by its usefulness to its intended users. Its emphasis is on the utility of both the findings and process of the evaluation with the intention of informing decisions, identifying revisions, and improving outcomes of the program. Therefore, its focus is on the pragmatic and concrete use of an evaluation by its intended users (Patton, 2008). A utilization-focused evaluation requires a shift from the general and abstract to the real and specific. It recognizes that intended users of evaluation data are more likely to engage in the research process if they feel ownership over the evaluation or if they have been actively involved from an evaluation's inception to finish. In a utilization-focused evaluation it is expected that it is not the evaluator's

responsibility to make decisions independently of the intended users; rather, intended users are actively consulted and engaged in the decision-making process. The evaluator acts as a facilitator of dialogue and decision-making between the stakeholders that will be applying the evaluation findings and implementing recommendations. In turn, it is anticipated that an evaluation's outcome becomes more highly valued as it is planned for and facilitated at the onset of the evaluation. In this instance, a strong working relationship between the evaluator and users is of benefit due to their active involvement (Patton, 2008).

An advantage of a utilization-focused evaluation is that it can be used with any kind of evaluative purpose, data, design, and focus, making it an easily applicable and widely used framework. There are five phases involved in Patton's (2008) originally proposed utilization-focused evaluation. First, those with vested interest in evaluation findings (i.e., stakeholders) are to be identified. As there are multiple stakeholders, the first step involves narrowing down the list to a more specific group of intended users, prioritizing them according to their intended use of the evaluation findings. Second, the evaluator and prioritized stakeholders commit to the proposed evaluation and collaboratively determine the focus of the evaluation. Third, the methodology of the evaluation is decided. Fourth, evaluation findings are analyzed, and findings are interpreted. Evaluation users are consulted during this stage, assisting to make judgments and generating recommendations. Finally, the findings of the evaluation are disseminated as previously decided between the evaluator and users. Though seldom simple and linear, utilization-focused evaluations offer a focused and clear framework for executing an evaluation (Patton, 2008).

Participants

The *GirlSpace* program ran at five different locations across Edmonton, with three to seven girls enrolled in each group. A total of 31 girls participated in the program. To qualify for participation in the study, participants were required to attend a minimum of 17 out of 20 groups/meetings, resulting in a total of 24 participants to be included in the study. Study participants ranged from age 11 to 18 years, as per age restrictions outlined by YWCA Edmonton. Girls in the program were referred from local educators based on their assessment of the girls' vulnerability to poor psychosocial outcomes, as well as through advertisements administered by YWCA Edmonton to local community youth organizations and schools. Participants were also selected based on their willingness and commitment to participate in the 20-week program. Parent/guardian consent was required for program participation.

Group Facilitators

The program was run by trained female volunteers who were intended to act as role models and mentors for the girls by providing positive messaging about being a woman, modelling inclusivity, and accepting everyone in the group. Volunteer facilitators were selected based on their willingness and availability to commit to co-leading the program for the entire 20-week duration. To be considered a candidate for a facilitator position, interested candidates were required to hold post-secondary or graduate education in Social Work, Counselling Psychology, School and Child Clinical Psychology, Education, or related fields. Experience facilitating and/or developing youth-focused programs was required, as well as previous experience and knowledge with handling disclosures and reporting requirements. Volunteers with interpersonal, presentation, verbal and written communication skills were sought after, as well as those who held the ability to multitask and have an energetic personality. Criminal Record/Vulnerable

Sector Checks and Youth Intervention Record Checks were completed as a final screening measure.

Ten total leaders were selected to facilitate the *GirlSpace* groups, with two facilitators being assigned to each of the five program locations. The volunteers were between the ages of 25 and 40 years of age, all with previous experience working with youth individually or in a group setting. Six of the facilitators had graduate education in either Counselling Psychology or School and Applied Child Psychology, with the four remaining volunteers having educational backgrounds in Social Work, Dietetics, Sociology, and Business. Two of the women had previous experience volunteering as leaders for the *GirlSpace* program. Complementary pairings were made between facilitators by considering their educational background, experience working with youth, and personalities. A four-hour training session was provided prior to the onset of the program. Facilitators were taught their responsibilities as group leaders by the Director of Counselling and Youth Programming, who is also a Registered Psychologist. The training included information on how to develop rapport, foster cohesiveness through team building activities, how to facilitate dialogue between group members through using active listening skills, and strategies for de-escalating conflict. Information was provided on the signs and symptoms of potential risk factors and concerns that participants may be experiencing (e.g., bullying, violence, depression), as well as ways to provide support and address the concerns. Facilitators were instructed on how to respond to disclosures and critical incidents and to involve YWCA staff, who would contact the participant's parents and provide intervention as necessary. YWCA Edmonton Counselling Services were made available for single session/crisis intervention counselling services to participants and/or their families in the event that a disclosure was made that was likely to impact the well-being of the participant.

Facilitators were allowed and encouraged to bring in guest speakers if they felt their contributions would be helpful to consolidating the learnings of the module. Weekly session summaries were completed and submitted by facilitators that included participant attendance, observations regarding group dynamics and feedback regarding program materials and modules used. Their volunteer responsibilities also included assisting with the promotion of the program to interested attendees and parents and liaising with program parents/participants, other volunteer facilitators, and YWCA staff as required. Prior to the onset of program, group leaders were supplied with the program curriculum to review the material and organize their associated activities well in advance of each weekly group. Volunteer leaders were also provided with a case filled with materials to facilitate the group, including participant workbooks, paper, pens, and crafting materials. They were given a pre-paid credit card in order to purchase healthy snacks for each group.

Program Facilities and Locations

The program was made accessible to Edmonton and area participants by being offered at five separate locations across the city: two high schools and two junior high schools, as well as at YWCA Edmonton. Each facility was located in a separate quadrant of the city to increase accessibility and ease of access to the program. Participants were able to select their preferred location upon registration for the program. A private room was reserved within each of the schools for the *GirlSpace* program during its scheduled hours after school. The program usually ran from 4:00 pm to 6:00 pm. The rooms were more spacious than a typical classroom, each having plenty of room to move around for the activities that required physical activity. Each room contained tables and chair, a white board, computer, and access to a projector. The spaces varied from a drama classroom to multi-purpose rooms specifically designed for youth groups

and casual youth interactions. The only non-school location was YWCA Edmonton, located in downtown Edmonton. The room provided at this location contained couches, a whiteboard, computer, and access to a projector. A teacher or support staff was available at each school for the facilitators to contact in case issues arose during programming hours (e.g., doors/classroom locked, additional supplies needed).

<div align="center">**Measures**</div>

Registration Form

Participants were asked to report their name, birth date, age, ethnicity, socioeconomic status, official languages spoken, and residency status. Whether the participants were currently or had been previously involved in school-based or community programming outside of *GirlSpace* was also collected in order to determine external influences on the outcomes of the study. Participants were also provided with the opportunity to explain in written form how they heard about the program and what led them to be interested in participating. Registration forms were anonymized and coded by the researcher to protect client confidentiality. Further, all of the program locations, including the YWCA Edmonton office, were assigned a code (e.g., School 1).

Youth Leadership Life Skills Development Scale

The *Youth Leadership Life Skills Development Scale (YLLSDS)* is a 30-item self-report scale developed at the New Mexico State University (Seevers, Dormody, & Clason, 1995). The *YLLSDS* measures an individual youth's perceptions of their own leadership life skills while involved in a youth program and may be administered both as a formative or summative evaluation. Each item in the scale begins with the phrase, "As a result of my [program name] experiences…" and includes sample questions such as "…[willing] to speak up for my ideas" and "…[can] solve problems as a team." The measure includes seven subscales assessing

communication skills (2 items), decision making skills (5 items), skills in getting along with others (7 items), learning skills (4 items), management skills (3 items), skills in understanding yourself (6 items), and skills in working with groups (3 items; Seevers et al., 1995). Responses are reported on a four-point Likert scale ranging from 0 = no gain to 3 = a lot of gain (Seevers et al., 1995). As recommended by the scale developers, this study considered scale scores between 0 and 30 on the *YLLSDS*, as none to slight leadership life skills development, moderate development from 31 to 60, and high development from 61 to 90. Individual scores were also summed to acquire a total leadership score, with a greater score indicating higher levels of leadership ability (Seevers et al., 1995).

The *YLLSDS* has been deemed a reliable and valid measure in the literature (Morris, 1996; Seevers et al., 1995). In a study with 262 youth, Morris reported internal reliability ranging from .79 to .83 for the *YLLSDS* subscales, and .97 for the total score (Morris, 1996). Similar reliabilities have been reported with youth participating in a leadership program with reliability ranging from .67 to .97 for the subscales, and .98 for the total score (Seevers & Dormody, 1994).

A panel of experts comprised of educational administrators and statisticians assessed face and content validity of the *YLLSDS*. Item analysis procedures were completed to assess for low variance and extreme skewness as a test of construct validity (Seevers et al., 1995). Items with an inter-correlation below .40 were eliminated to ensure internal structure construct validity.

Finally, cross structure construct validity was evaluated by comparing test items to other concepts with presumed theoretical relationships with youth leadership skills, including self-esteem and enrolment in leadership programs (Morris, 1996). Scale items with low associations to the validators were eliminated. Taken together, these studies demonstrate that the *YLLSDS* is both valid and reliable.

In the present study, participants' scores were totalled using suggested ranges and participants were assigned either a slight, moderate, or high leadership development score (Seevers et al., 1995). It was predicted that increases in leadership development would occur following participation in the *GirlSpace* program.

Social Connectedness Scale – Revised

Lee and Robbins (1995) developed and then later revised the *Social Connectedness Scale – Revised (SCS-R)* to test the degree to which youth feel connected to others in their social environment, as well as difficulties establishing and maintaining a sense of closeness (Lee, Draper, & Lee, 2001). *The SCS-R* is a self-report measure comprised of 20 items using a 6-point Likert scale ranging from 1 = strongly agree to 6 = strongly disagree, with ten positive and ten negative questions (Lee & Robbins, 2000). Sample items include "I feel disconnected from the world around me" and "I don't feel related to anyone". Items are summed with scores ranging from 20 to 120, with negatively worded items reverse coded. Therefore, when interpreting the overall score, higher scores indicate more connectedness to others (Lee et al., 2001).

The *SCS-R* has shown good internal reliability and validity, as well as good convergent and discriminant validity (Lee et al., 2001). Lee and Robbins (1995) used a validation sample of 626 students to determine a total score internal reliability estimate of .91. A separate sample of 18 participants was chosen to analyse test-retest reliability. Test-retest correlations revealed good test stability over a two-week period (r = .96 and .84, respectively; Lee & Robbins, 1995). These results suggest that responses to the measure are relatively stable. During this seminal study, good criterion validity was established between the construct of social connectedness and another belongingness construct, social assurance. Results revealed a correlation of .34, suggesting that they are moderately related, but remain independent factors (Lee & Robbins,

1995). Throughout the development of the scale, a panel of judges determined content validity and consistency with the operational definitions, with revisions being made until consensus was reached on all of the items.

Multiple follow-up validation studies of the *SCS-R* were conducted since 1995. Using samples ranging from 100 to 387 students, good convergent validity was established between the *SCS-R* and measures of independent self-construal (i.e., seeing oneself as a unique individual who is fundamentally separate from others; $r = .37$), self-esteem ($r = .49$), and social identity (Lee & Robbins, 1995, 1998; Lee et al., 2001). For divergent validity, significant negative correlations were found between presumed unrelated constructs of social connectedness, including loneliness ($r = -.80$), social avoidance ($r = -.57$), socializing challenges ($r = -.64$), depression ($r = -.45$), anxiety ($r = -.63$), social discomfort ($r = -.28$), hostility ($r = -.24$), and distress ($r = -.55$; Lee & Robbins, 1995, 1998; Lee et al., 2001). Taken together, these studies demonstrate that the *SCS-R* is both valid and reliable.

Participant's scores were summed to determine their total social connectedness rating. It was predicted that the participants in the current study would report higher levels of social connectedness upon completion of the *GirlSpace* program.

Adolescent Mental Health Continuum – Short Form

Participants' mental health was measured using the *Adolescent Mental Health Continuum – Short Form (MHC-SF*; Keyes, 2002). The *MHC-SF* was derived from a number of instruments that assess the three core components of the WHO definition of mental health: of emotional, psychological, and social well-being in the Survey on Midlife Development in the United States (MIDUS; Keyes, 2002). The *MHC-SF* was developed to measure how often a positive mental health event occurs within the past month. Specifically, the *MHC-SF* assesses emotional well-

being and aspects of psychological and social functioning in order to classify respondents'

mental health as either flourishing (i.e., high positive emotions and functioning), languishing

(i.e., low positive emotions and functioning), or moderate (i.e., neither flourishing nor

languishing). The 14-item measure includes subscales assessing emotional well-being (3 items),

social well-being (5 items), and psychological well-being (4 items). Each question begins with,

"In the past month, how often did you feel..." and is rated on 6-point Likert scale (1 = everyday,

2 = almost every day, 3 = about 2 or 3 times a week, 4 = about once a week, 5 = once or twice, 6

= never). Flourishing requires a response of a '1' or '2' to one or more of the three emotional

well-being questions, and to six or more of the 11 positive functioning questions. Languishing

requires a response of '5' or '6' to one or more of the three emotional well-being questions, and

to six or more of the eleven positive functioning questions (i.e., social and psychological well-

being). Moderate mental health refers to those who may be classified as neither flourishing nor

languishing.

The *MHC-SF* has been deemed a reliable and valid measure in the literature using both

adolescent (ages 12 to 18) and adult samples in the United States, the Netherlands, and South

Africa (Keyes, 2005, 2006, 2007). A first evaluation of the *MHC-SF* was carried out with a

sample of 1050 adults in South Africa, showing that the instrument is reliable and valid (Keyes,

Wissing, Potgieter, Temane, Kruger, & van Rooy, 2008). Confirmatory factor analyses

determined that the structure of the *MHC-SF* displayed high internal consistency of .74 and good

criterion validity. The total score on the *MHC–SF* correlated 0.52 with a measure of positive

affect, between 0.35 and 0.40 with measures of generalized self-efficacy and satisfaction with

life, and between 0.30 and 0.35 with measures of coping strategies, sense of coherence, and

community collective self-efficacy (Keyes et al., 2008).

Subsequent studies have supported these results, finding total internal reliability estimates ranging from .74 to .89 (Lamers, Glas, Westerhof, & Bohlmeijer, 2012; Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2010), and ranging from .70 to .83 for the subscales (Keyes et al., 2008; Lamers et al., 2010; Lamers et al., 2012). The subscales displayed good internal reliability and each of the subscales was predictive of the corresponding subscale at follow-up of three and nine months, with the average correlation of approximately .50. The *MHC-SF* displayed moderate test-retest reliability, suggesting that the measure is both sensitive to change and stable over time (Lamers et al., 2012).

Lamers and colleagues conducted a follow-up study to confirm the validity of the *MHC-SF* (2012). Using data collected in December 2007 with a sample of students in the United States ($N = 1662$), the *MHC-SF* was found to have good convergent validity with corresponding measures of well-being and functioning, with low to moderate correlations. The study also confirmed good discriminant validity of the *MHC-SF* by showing mental health and mental illness as distinct indicators of well-being instead of two ends of a single continuum (Lamers et al., 2012). In other words, the absence of psychopathology does not indicate the presence of well-being and optimal functioning in both individual and social life. Conversely, the presence of psychopathology is not sufficient to conclude that an individual experiences a low emotional, psychological, and social well-being. This conceptualization of mental health fits with the overarching objective of the *GirlSpace* program as a strengths-based, prevention program.

The present study scored each measure and assigned each participant with flourishing, languishing, or moderate mental health. Every participant's score was also summed, and a grand mental health score was provided, as per the scale developer's recommendation. It was predicted that improvements in mental health would occur after participation in the *GirlSpace* program.

Child and Youth Resilience Measure - 28 Item

The *Child and Youth Resilience Measure (CYRM-28)* is a measure of the resources available to youth that may increase their resilience (Ungar & Liebenberg, 2011). The measure was developed at Dalhousie University in 2011 as part of the International Resilience Project (IRP), by evaluating 14 communities around the world (Ungar & Liebenberg, 2011). The *CYRM-28* has three subscales accounting for individual factors (i.e., personal skills, peer support, social skills), relational factors (i.e., relationship with primary caregiver, physical caring, psychological caring), and community/cultural factors (i.e., spiritual, education, cultural) available to individuals that may bolster their resilience. The measure is comprised of 28 items rated on a 5-point scale from 1 = *does not describe me at all* to 5 = *describes me a lot*, with higher scores indicating higher resilience. Sample questions include: "My family stands by me during difficult times" and "I am aware of my own strengths" (Ungar & Liebenberg, 2011).

Liebenberg and colleagues (2012) used a Canadian sample of 497 youth with complex needs to validate the *CYRM-28*. Findings of the validation study confirmed the measure as a reliable and valid self-report measure of resilience, with total internal reliability estimates ranging from .65 to .91 (Liebenberg, Ungar, & Van de Vijver, 2012). Reliability of the three subscales ranged from .79 to .83 (Liebenberg et al., 2012). For all three components of the *CYRM-28*, a paired sample *t*-test showed no significant differences across the span of three to five weeks, suggesting good cross-temporal stability. A confirmatory factor analysis completed on the three-factor structure of the *CYRM-28* found high and significant correlations, suggesting that all components of resilience are positively correlated, yet distinct in this sample (ranging from .56 to .71). It also confirms strong construct validity, by suggesting the presence of resilience as the underlying theoretical construct of the model (Liebenberg et al., 2012).

Later validation studies performed on a sample of 589 French Canadian youth confirmed the internal consistency of the *CYRM-28*, with subscale estimates ranging from .64 to .84, and .88 for total scores (Daigneault, Dion, Hébert, McDuff, & Collin-Vézina, 2013). Correlations between the three subscales ranged from .38 to .48, indicating significant relationships among resilience features as well as their distinctiveness (Daigneault et al., 2013). Test-retest correlations after two weeks ranged from .73 to .84, suggesting high stability of scores across time. Significant positive correlations (approximately $r = .53$) were also found between all *CYRM-28* subscales and presumed related constructs of self-esteem, mindfulness, and sense of empowerment, suggesting good construct validity (Daigneault et al., 2013). These studies suggest good psychometric properties of the scale.

Resilience process scores were summed for each participant. It was predicted that the participants in the current study would report increased resilience after participation in the *GirlSpace* program.

Client Experiences

The second part of the project was a qualitative evaluation, which served the purpose of deepening, expanding, and elaborating the quantitative data to assist in understanding girls' experiences in the program (Hanson et al., 2005). A follow-up written survey was used (see Appendix A). With this approach, participants answered a series of open-ended questions which were incorporated into YWCA Edmonton's final evaluation questionnaire: a) how girls were led to accessing the program and why they were interested in participating, b) girls' overall experience with the program, c) circumstances influencing girls' experience with the program and whether they had previously attended or currently were attending another youth program, d) strengths and assets developed through completion of the program, e) most helpful and least

helpful aspects of the program, and f) suggested improvements for the program. The questions were framed in an open-ended manner, allowing experiences and topics that were most salient to each respondent to become part of the discussion (Creswell, 2013b).

Procedures

Participant Recruitment

Recruitment for the current study was conducted using a convenience sampling method (Morse, 1991) based on the parents or guardians who provided consent for their daughter's participation in the evaluation. YWCA Edmonton staff was responsible for making initial contact with participants of the *GirlSpace* program that was facilitated between September 2017 and March 2018. The parents or guardians of the participants had the option to provide written consent to be contacted for research purposes, as included in the YWCA Edmonton *GirlSpace* Registration Form. Within the Registration Form was a section that informed the parent or guardian that the YWCA *GirlSpace* program was undergoing an evaluation and explained the purpose and process of the study. YWCA Edmonton staff compiled a list of all potential participants who provided consent to be contacted by the principal investigator.

Making contact. The principal investigator contacted each of the consenting parents or guardians by telephone to provide them with a detailed description of the study and to obtain their home address to send the consent form. Parents or guardians were informed that their daughters would be completing a series of questionnaires and a written survey. They were also told that all participants would be contacted to complete a 30- to 45-minute telephone interview to clarify and seek elaboration on their child's written responses to the surveys. Parents or guardians were informed during the initial phone call that the researcher would contact them

following their daughter's completion of the program to schedule a time to complete the interview.

The researcher attended each of the initial *GirlSpace* groups at the five program locations to explain the purpose and process of the study to potential participants using a language that was understandable and appropriate. Each of the girls whose parents or guardians provided consent for their child's participation in the study were required to sign an assent form. Both the parents or guardians and potential participants were informed during the initial contact that each of the consenting participants who participated in both parts of the study were to receive a $10 Starbucks gift cards to thank them for their time.

Data collection. The quantitative data was collected over a period of five months during facilitation of the group between September 2017 and March 2018. All parents or guardians of the *GirlSpace* participants completed a Registration Form prior to beginning the program, regardless of consent provided for the current research project. The telephone interviews with consenting participants were completed once the program was complete between March and May 2018.

Questionnaire completion. Pre-group measures were administered to all 31 *GirlSpace* participants during the first group in September 2017. All participants of the *GirlSpace* program, regardless of consent provided for the current research project, were provided with a package of empirically validated questionnaires to assess their current level of leadership, social connectedness, mental health, and resilience. Participants completed the *Youth Leadership Life Skills Development Scale* (Seevers et al., 1995), *The Social Connectedness Scale – Revised* (Lee et al., 2001), *Adolescent Mental Health Continuum-Short Form* (Keyes, 2002), and *The Child and Youth Resilience Measure (CYRM)-Youth Version* (Ungar & Liebenberg, 2011).

Twenty-four participants completed the same package of questionnaires during the final group in March 2018, in addition to the qualitative survey questions. Six participants withdrew from enrolment in the program and one participant could not be reached following program completion, and thus post-data surveys from her were not collected. Only those participants who attended a minimum of 17 out of 20 weeks of programming were included in the study, which was all of the twenty-four remaining participants. Post-data was collected simultaneously, collecting the post-change quantitative survey data related to girls' ratings of social connectedness, mental health, leadership, and resilience, at the same time as the written qualitative survey data. Consenting participants were reminded at this time that they would be contacted via telephone by the principal investigator to complete a follow-up interview.

Interview format, structure, and process. Parents or guardians were contacted following completion of the program to schedule a time to complete the interview with their participating child. Interviews were completed with all 24 participants, as decided by the researcher, with the intent to augment the small quantitative sample by interviewing more participants than originally proposed. The telephone interviews took place in a quiet, private place within the researcher's home, and lasted between 30 and 45 minutes. The researcher hired a transcriptionist to transcribe all of the interviews verbatim. The transcribed interviews were double checked by the researcher to ensure accuracy of the transcriptions. See Appendix B for the telephone interview script.

Data Analysis using Mixed Methods Sequential Explanatory Design

The mixed methods sequential explanatory design used in this study consisted of two distinct phases: quantitative followed by qualitative (Creswell et al., 2013b). In this design, the quantitative data, in the form of pre- and post-change scores, were collected and analyzed first (Hanson et al., 2005). The findings of the quantitative data informed qualitative data collection

(in the form of written responses and follow-up interviews) and analysis (Ivankova, Creswell, & Stick, 2006). The qualitative data was collected and analyzed second in the sequence to help elaborate on the results obtained during the quantitative phase. The quantitative data and their analysis provided a general understanding of the research problems, while the qualitative analysis refined and explained the statistical results by exploring study participants' views in more depth (Ivankova et al., 2006). A visual model of the mixed methods procedures is provided in Figure 1.

In this study, priority was given to quantitative data collection and analyses, while the qualitative data was used to enhance and deepen the quantitative findings. This decision was influenced by the multiple research objectives of the study. As outlined earlier in Table 2, the study intended to investigate whether the protective factors of leadership, social connectedness, mental health, and resilience improved from program participation, as determined through quantitative data collection and analysis. The second and third research objectives were to identify how the program influenced these four protective factors, determine whether additional strengths/assets were developed through program participation, and explore girls' experiences in the program. The fourth and final research objective was to identify how the amalgamation of the quantitative and qualitative components enriched the findings of the study. Assigning priority to the quantitative phase of the study, while allowing the qualitative data to deepen, expand, and elaborate on the statistical data offered a more robust and nuanced understanding of the program outcomes and effectiveness.

Quantitative Analysis

Scores for all surveys were descriptively analyzed and tested for normality prior to analysis (Tabachnick & Fidell, 2007). Preliminary analyses and descriptive statistics were

obtained prior to completing the main analyses. Data from the 24 participants was analyzed using paired samples *t*-tests to assess for significant differences between pre-post scores on the four outcome measures.

Qualitative Analysis

Girls' experiences in the program were analyzed using thematic analysis, a qualitative methodology that is rigorous yet accessible to qualitative researchers (Braun & Clarke, 2006). Thematic analysis identifies, analyzes, and reports patterns within data. This approach provided a detailed and nuanced account of the data and was appropriate for developing a richer understanding of the qualitative questions that were administered (Vaismoradi, Turunen, & Bondas, 2013). The analysis was guided by the following comprehensive six step process (Braun & Clarke, 2006): 1) Becoming familiar with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report. The exploration into additional strengths/assets and participants' experiences with the *GirlSpace* program will illustrate this process.

Data Integration

The integration of quantitative and qualitative data can dramatically enhance the value of mixed methods research (Creswell, Klassen, Plano Clark, & Smith, 2011). Mixed methods data in the current study was integrated at multiple stages. Integration was first completed at the study design level by introducing both quantitative and qualitative research questions, as well as a mixed methods research question as previously outlined in Table 3 (Ivankova et al., 2006).

QUANTITATIVE Data Collection
Four paper-based self-report measures
Administered pre and post program
(N=24)

QUANTITATIVE Data Analysis
Paired samples *t*-tests

Integration
Purposeful selection of interview sample
Developing interview questions

Qualitative Data Collection
Semi-structured telephone interviews
N=24

Qualitative Data Analysis
Thematic analysis

Integration
Of quantitative and qualitative results

Figure 1. Visual model of the mixed methods procedures

The quantitative and qualitative data was integrated in the intermediate stage to help generate the qualitative sample (Creswell et al., 2013b; Ivankova et al., 2006). All participants who participated in the quantitative component of the study were purposefully included in the qualitative follow-up analysis. The decision to complete telephone interviews with all of the individuals who completed both pre-post questionnaires was based on the relatively small sample size of participants who completed the quantitative data collection phase of the study ($N = 24$). By engaging in qualitative interviews, the 24 participants' unique perspectives of the *GirlSpace* program could be more fully represented than if a sub-sample was collected. The firsthand, in-depth data obtained from all study participants allowed the researcher to provide a detailed description of acquired strengths/assets, provide further insight into participants' quantitative scores, and incorporate nuances of participant experience. In this way, the qualitative data was able to augment, add breadth to, and enrich the limited sample of the quantitative analysis (Creswell & Plano Clark, 2017. Finally, through consultation with YWCA Edmonton and re-visiting the goals of the study, the researcher decided that interviewing all participants would provide the most helpful understanding of the *GirlSpace* program for YWCA Edmonton as well as provide the information needed to answer the research questions guiding the study.

Another point of integration was when developing the interview questions for the qualitative data collection based on the results of the statistical analyses (Ivankova et al., 2006). A series of questions were explicitly designed to explore with participants how the protective factors of mental health, social connectedness, resilience, and leadership were changed through program participation. Significant predictors were noted, and follow-up questions were designed in order for participants to explain their thoughts about the predictors (Creswell & Plano Clark, 2017; e.g., How did the *GirlSpace* program increase your sense of feelings connected to other

people? How did you notice it changed since beginning the program? Why do you think it increased? What components of the program helped?). Questions were also designed to explore non-significant predictors (e.g., What components of the program could have been improved upon or incorporated to increase your leadership abilities? Were there factors or events during the program that affected your sense of leadership? What does leadership mean to you?).

The data was also merged during the interpretation stage to explain the findings from the quantitative data and to develop a robust and meaningful picture of the research problem (Creswell, 2013b; Hanson et al., 2005). The qualitative data obtained during the telephone interviews were used to explain the participants' scores on the four measures. For example, participant quotes from the interviews were specially selected that were thought to provide the best explanations for the phenomenon found during the study. During the results section, the final report is written in three phases with the quantitative data being presented first, followed by the qualitative data, and ending with the integrated analysis. Integrating the quantitative and qualitative data in this manner assisted to answer the four research questions, gain a broader perspective on girls' experiences in the program, and shed light on the factors influencing any significant quantitative changes in leadership, resilience, mental health, and social connectedness, as well as any contradictions between the quantitative results and qualitative findings (Ivankova et al., 2006).

Special Issues and Ethical Considerations

Issues Pertaining to Conducting Research with Minors

A number of ethical and practical considerations exist for evaluators when conducting research with minors. The guiding document in Canada for the ethical conduct of human research is the Tri-Council Policy Statement (TCPS; Canadian Institutes of Health Research

(CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), Social Sciences and Humanities Research Council of Canada (SSHRC), 2010; Fernandez, 2008). Contained within the TCPS are seven guiding ethical principles that are used as a framework for conducting research involving human subjects, including respect for human dignity, respect for free and informed consent, respect for vulnerable persons, respect for privacy and confidentiality, respect for justice and inclusiveness, balancing harms and benefits, minimizing harm, and maximizing benefits (CIHR, NSERC, & SSHRC, 2010). The development of research with children highlights several key issues for the research process concerning consent and assent, confidentiality, and protection from harm (Neill, 2005). Prior to participant recruitment and survey administration, ethical approval was obtained from the Research Ethics Board (REB; Study ID Pro00075097) at the University of Alberta. Although the study was unlikely to cause participant distress or discomfort, ethical considerations of informed consent, safety, and participant confidentiality were made.

Informed consent. Unique concerns arise when obtaining consent from minors, who may not have the capacity to give it (Truscott & Crook, 2004). As this research took place with children, consent was obtained from both the child and the parent or guardian, where the child had sufficient understanding of all of the research project parameters (CIHR, NSERC, & SSHRC, 2010). Consistent with REB standards, all parents and/or guardians were required to sign informed consent forms (Appendix A), while adolescent research participants were required to sign assent forms prior to for participation (Appendix B). The assent and consent forms included (a) contact information for the study researchers, (b) a brief description of the study and what participants would be asked to do, (c) risks and of the study, (d) participant rights, and (d) what would happen to their information to be collected. Data was only included from those

participants who signed the consent form and participation in the research study did not affect the access participants had to the program.

In Canada when administering psychological services or engaging in research, every jurisdiction has a determined legal age of majority. Individuals not of this age are considered not competent to provide consent for themselves (Truscott & Crook, 2004). Even when the child is not thought to have such an understanding, they should still have the opportunity to express their wishes in a meaningful way by providing their assent (Neill, 2005). Through the informed consent process, children were told about the research in an age-appropriate manner (Fernandez, 2008; Neill, 2005). Dissent (i.e., the voicing of a desire not to take part in research), although did not surface as an issue during the study, was to be respected. While a reason for dissent is not required, the reasons for dissent would have been explored between the researcher, parent, and child to determine their validity (Fernandez, 2008).

Safety and confidentiality. Children are considered a vulnerable population, and as a result, ethical obligations to vulnerable individuals in the research enterprise will often translate into special procedures to protect their interests (CIHR, NSERC, & SSHRC, 2005). The notion of harm is understood differently in children than in adults, as harm induced in children may have longer-term consequences to their growth and development. Every researcher must consider the possibility of the child suffering anxiety, pain, or injury as a result of participation in research, and must develop and implement suitable precautions and ameliorating measures (CIHR, NSERC, & SSHRC, 2005). No harm arose from participation in this study. However, the need to protect children from harm and the professional duty to maintain confidentiality for children can often come into conflict in situations where child protection is an issue. Children were told at the outset of research that if information is released indicating they or other children

are at risk, appropriate steps would be taken to protect them (Neill, 2005). For example, parents or guardians were informed if their child was suicidal or experiencing violence (Truscott & Crook, 2004). This issue arose when one program participant disclosed sexual abuse. Parents were notified accordingly, and intervention was provided. YWCA Edmonton's Youth Programming Director was immediately consulted, and the girl's parents were notified. Consent was provided for individual counselling and the participant was connected with a Registered Psychologist at YWCA Edmonton. It was mutually decided between the girl and her parents to press charges. The researcher later was informed that criminal charges were laid against the perpetrator and he received a custodial sentence.

Further, efforts were made to ensure the confidentiality of participant data. First, although the questionnaires gathered identifying information, once all data was collected and matched, all identifying information was removed and coded. Second, the questionnaires were kept in a locked filing cabinet in the principal investigator's office, which only appropriate members of the research team (supervisor and transcriptionist) had access to. To ensure the confidentiality of participants' personal information, the transcriptionist was pre-screened prior to hiring to ensure that they were experienced in dealing with highly sensitive information and understood the parameters surrounding confidentiality. The transcriptionist signed a confidentiality agreement prior to providing services.

Issues Pertaining to Program Evaluation

According to the Canadian Evaluation Society National Council (2008), evaluation standards exist in the following four categories: (a) utility standards (i.e., ensuring that the necessary and desired information is acquired through the evaluation); (b) feasibility standards (i.e., the evaluation is realistic and practical); (c) propriety standards (i.e., legal and ethical

completion of the evaluation), and; (d) accuracy standards (i.e., the evaluation measures what is intended). Both the evaluator and the evaluated organization hold a responsibility together to assure ethical relationships, open communication, and clear agreements about the purpose and the use of the data (Lieberman, Fagen, & Neiger, 2014).

A checklist exists detailing all thirty standards relating to the utility, feasibility, propriety, and accuracy and must be considered during the evaluation process. During the planning phase, all individuals in or affected by the evaluation are to be identified in order to appropriately address their needs (Stufflebeam, 1999). The person planning and conducting the evaluation must be both trustworthy and competent to perform the evaluation in order for the findings to achieve maximum credibility and acceptability. Any potential conflicts of interest are to be identified early in the evaluation and dealt with openly and honestly in order to preserve the validity of the results (Stufflebeam, 1999).

Following completion of the evaluation, evaluators have a responsibility to fully and transparently disclose the findings of the study, even those that may be less favourably received by the organization. Accordingly, organizations and agencies, and programs have an ethical responsibility to use the data to effectively and appropriately address the problems they seek to resolve (Lieberman et al., 2014).

It is the responsibility of the researcher to uphold the standards outlined by the Canadian Evaluation Society National Council (2008). In this program evaluation I endeavoured to do so with appropriate rigour. In this study, I upheld utility standards by relying on previous program evaluation coursework and experience to guide the study, through involving the relevant stakeholders in the evaluation, and by timely reporting of the results of the evaluation following its completion. I consulted with the YWCA Director of Youth Programming and CEO during the

planning stages of the evaluation to determine the mission, aims, and goals of the program, the purpose and rationale of the program, the origin and history of the program, and how the goals of the program are to be assessed. The YWCA Fund Development team was consulted to ensure that the intended objectives of the study would be of value to the funders of the program. Finally, the YWCA Director of Youth Programming was consulted during the analysis phase of the study to ensure the findings and proposed recommendation of the evaluation were of merit to the organization. These meetings clarified the purpose, need, focus, and utility of the evaluation (Ontario Centre of Excellence for Child and Youth Mental Health, 2013).

Feasibility standards were addressed by acknowledging the parameters and limitations of the current study. The current study is considered a form of program monitoring combined with an outcome evaluation (Royse et al., 2010). Its scope was limited to checking on the *GirlSpace* program's success in meeting its objectives, whether participants are changing in the way the program expects them to, and to identify changes to enhance program delivery.

Propriety standards were upheld by respecting the rights of participants in the study and through disclosing conflicts of interest. As a former employee of YWCA Edmonton, I recognize that my credibility to evaluate the findings may have been influenced, even unconsciously, by my allegiance to my previous employer. To address my biased perspective and increase objectivity in order to produce clear and accurate findings, I took several steps to remain objective and produce credible findings, as outlined in the next section.

Quality Assurance

To increase trustworthiness of the study findings, I took several steps to remain objective and reduce influence on participants during both components of data collection.

Quantitative Rigour

Steps taken to increase trustworthiness in the quantitative component of the study included: (a) using an appropriate study design to match the outlined research questions, (b) choosing psychometrically supported scales and utility with the adolescent sample, (c) selecting an appropriate framework that guides the study, (d) choosing robust and appropriate statistical tests, and (e) collecting data in a way that led to reliable and valid scores (e.g., remaining at a distance from participants as they completed the survey packages to reduce response bias and researcher influence; Creswell & Plano Clark, 2017).

Qualitative Rigour

The researcher aimed to represent as closely as possible client's subjective experiences with the *GirlSpace* program. In order to ensure rigorous techniques to produce clear and accurate findings, the researcher adhered closely to Lincoln and Guba's (1985) measures of rigour designed to assess trustworthiness in qualitative studies.

Credibility. To ensure credibility (i.e., confidence in the 'truth' of the findings) I took several steps including (a) peer debriefing, (b) prolonged engagement with the interview transcripts, (c) negative case analysis, and (d) transcribing the interviews with accuracy.

Peer debriefing. As a doctoral student, I did not have the resources to hire a team of individuals to assess the accuracy of the analysis. Instead, this issue was addressed with careful supervisory oversight. In order to ensure credibility (i.e., confidence in the 'truth' of the findings), I engaged in peer debriefing, by presenting early versions of significant statements and themes to my Doctoral peers and academic supervisor, as it was important to cross-check the consistency of data from various sources at different times (Creswell, 2013a). Through their

feedback, I received assurance that the accumulated data and preliminary themes adequately represented client experiences with the program.

Prolonged engagement. I was mindful to spend sufficient time immersing myself fully in the research process; by spending sufficient time interviewing participants to learn and understand their experiences with the program (Creswell, 2013a); Lincoln & Guba, 1985). I also ensured to reach saturation across participants during the interviews (Creswell, 2013a), regardless of the time spent interviewing. Similar themes arose across participants as I progressed with the interviews.

Negative case analysis. Negative case analyses were completed by searching for and discussing elements of the data that did not support or appeared to contradict explanations that were emerging during the data analysis (Creswell, 2013a). The researcher ensured to view contradictory information from the interviews as equally valuable for gaining insight into the phenomenon.

Accuracy. Finally, I ensured the transcriptionist accurately transcribed each of the interviews, ensuring they kept close record of euphemisms and intonations in participants' speech (Creswell, 2013a). The transcribed interviews were double checked by the researcher to ensure accuracy of the transcriptions.

Confirmability and dependability. Confirmability (i.e., fairness of data) was ensured by closely following self-reflexive practices. Prior to completing data collection, I took time to reflect on my biases and assumptions and strived to set aside my own experiences and prejudgments. I also paid attention to and incorporated critical comments and inquiries from my Doctoral peers and academic supervisor by constantly revising the document, and ensured to document highlights, challenges, and ongoing questions or concerns.

Dependability (i.e., showing that the findings are consistent and could be repeated) was completed by constant note taking during the study development and analysis. I was mindful to document throughout the analysis process, making sure to record notes and codes while engaging in the thematic analysis process, both during the initial reading and the subsequent readings of the interview transcripts. Each of these practices assisted to establish "trustworthiness" of in the qualitative component of the study (Lincoln & Guba, 1985).

Mixed Methods Rigour

A separate set of expectations exists for mixed methods study beyond those for quantitative and qualitative research (Creswell & Plano Clark, 2017). For the current study, the researcher adhered to the criteria outlined by Creswell and Plano Clark (2017) to strive towards ensuring a high quality mixed methods study as follows: (a) rigorously collect and analyze both quantitative and qualitative data, (b) intentionally mix or integrate both forms of data and their results, (c) provide logic for conducting the mixed methods study, and (d) providing a theoretical and philosophical framework for the study. Abiding by these parameters assisted the researcher to establish the credibility of the mixed methods study (Creswell & Plano Clark, 2017).

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Chapter Summary

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This chapter presented the research methodology of explanatory sequential mixed methods comprised of both quantitative and qualitative data collection. The participants, data collection, and data analysis procedures were described in order to identify how girls' ratings of social connectedness, mental health, resilience, and leadership changed with participation in the *GirlSpace* program, as well as to explore their experiences in the program. The concluding part of the chapter has covered the special and ethical considerations in conducting program

evaluation and when pursuing research with minors. The next chapter will explore the findings of this mixed methods study.

CHAPTER 4: RESULTS

The purpose of this chapter is to present the results of the mixed methods data analysis. The aim of the study was to investigate the effectiveness of the *GirlSpace* program on measures of resilience, leadership, social connectedness, and mental health, as well as to gain a clear sense of participants' experiences with the program. The primary guiding questions of the study were: (1) Does completion of the *GirlSpace* program improve girls' leadership skills, social connectedness, mental health, and resilience?; (2) Which strengths and assets did the girls in the program develop or improve upon, and which of these did they perceive to be most impactful?; (3) Which components of the program did girls find most helpful and unhelpful, and why?, and; (4) How do the themes mentioned by the program participants help to explain any quantitative differences in leadership skills, social connectedness, mental health, and resilience?

In previous chapters, I outlined the significance of this research, reviewed relevant theories and literature pertaining to the study foci, and described the mixed methods research process. This chapter presents the findings of the research, which in turn will provide the basis for the conclusions, discussion, and recommendations to follow in the next chapter. The quantitative data will be presented first, followed by the qualitative data. The integration of the quantitative and qualitative data will then be presented.

Quantitative Findings

Preliminary Analyses

Before conducting the preliminary or main analyses, the data were examined for accuracy of data entry, missing values, and fit between their distributions and the assumptions of univariate analysis. All 24 participants were screened for missing values on all of the study

variables and no missing values or values out of range were discovered. Each variable was screened for non-linearity, non-normality, and outliers. Pairwise linearity was checked by Q-Q scatterplots and assessed as satisfactory. The Shapiro-Wilk test is an appropriate test of normality for sample sizes smaller than 50 (Tabachnick & Fidell, 2007) and its analysis confirmed the assumption of normality was met. No outliers were found through investigating the histograms and box plots for the study variables for each of the dependent variables.

Demographic characteristics of participants. The breakdown of the demographic and clinical characteristics of the sample is presented in Table 3. The distribution of participants at each program location was as follows: School 1 (16.7%, four participants), School 2 (25%, six participants), School 3 (20.8%, five participants), School 4 (25%, six participants), and School 5 (12.5%, three participants). The mean age of the sample was 12.67 years (SD = 1.86); 70.8% of participants were Caucasian, while the remaining 29.2% of girls were Aboriginal/Indigenous, Latin, American/Hispanic, and South Asian (e.g., East Indian; see Table 3 for breakdown).

Yearly household incomes, as approximated by using after-tax median household income and cut-offs for low income category based on the official cut-offs published by Statistics Canada (2019), are reported in Table 3 (two participants declined to report yearly household incomes). The majority of *GirlSpace* participants resided within middle and upper-middle class families (as determined by the 2017 after-tax median household income of $70,300 per year in Alberta (Statistics Canada, 2019). According to the Low Income Measure (LIM) individuals live in low income if their household after-tax income falls below half of the median after-tax income (Statistics Canada, 2019). Using the parameters provided by Statistics Canada as a guide, for the purposes of the current study, low income families were classified as falling below the after-tax

income of approximately \$30,000; lower-middle income between approximately \$31,000 and \$60,000, middle income between \$61,000 and \$90,000, and upper income being above \$90,000.

Of all of the participants, 45.8% reported that they had previously or concurrently been involved in youth programming. Of the 31 participants that participated in the *GirlSpace* program, 24 completed both pre-post questionnaires and were included in the quantitative analysis. Six of the participants did not complete post-surveys due to attrition from the program. One of the participants did not complete post-surveys as she was not present for the final group and was not reachable following completion of the program.

Table 3

Demographic Characteristics of the Participants

Variable	*n*	Percentage
Program Location		
School 4	6	25%
School 3	5	20.8%
School 1	4	16.7%
School 2	6	25%
School 5	3	12.5%
Ethnicity		
Caucasian (e.g., European)	17	70.8%
Aboriginal/Indigenous	3	12.5%
Latin American/Hispanic	2	8.3%
South Asian (e.g., East Indian)	1	4.2%
Unknown (unreported)	1	4.2%
Yearly After-Tax Household Income		
$0-30k	2	8.3%
$31-60k	5	20.8%
$61-90k	9	37.5%
$90k+	6	25.0%
Previous Programming		
Yes	11	45.8%
No	13	54.2%

To investigate if there were any pre-existing differences between the participants that might confound the findings for the outcome measures, an ANOVA was conducted to determine the course of any effects due to program location. The assumptions of independence, normality, and homogeneity of variance were satisfied for all of the ANOVAs with the exception of the *AMH-SF* difference score, for which Levene's test was statistically significant, $F(4,19) = 4.83, p < .007$. The analysis further revealed that there were no statistically significant differences between the program locations on any of the outcome measures. Differences existed on scores of social connectedness between program locations, although the results only approached statistical significance, $F(4,19) = 2.87, p < .051, d = .60$.

Chi-square tests were conducted to investigate if there were any differences between program locations on the demographic variables. The results revealed that there were statistically significant differences between program location and yearly household income, $X^2(4, N = 22) = 23.10, p < .027, V = .59$. Post-hoc tests, using standardized residuals as suggested by Sharpe (2015), indicated that both the participants at School 4 with household incomes between $0 to $30,000 and participants at School 3 with household incomes of $31,000 to $60,000, were statistically significant. There were no statistically significant differences between the program locations on ethnicity, age, and involvement in previous programming.

Cronbach's alpha coefficients were computed for all measures pre- and post-testing (see Table 4). All measures were internally consistent. Pre- and post-group correlations between the four measures are presented in Table 5. Correlational analysis between pre-group measures indicates the presence of statistically significant correlations between all measures. Resilience was found to correlate strongly with all of the other measures at the onset of program. Strong correlations between measures were also found post-program, except between social

connectedness and leadership, $r(22) = .34, p < .05$. Participants with higher social connectedness post-program were found to also endorse better mental health. Resilience also correlated positively with leadership when assessed at the end of program.

Table 4

Reliability Analyses for Measures Pre- and Post-Test

	Pre-Test	Post-Test
Resilience (CYRM-28)	.94	.95
Leadership (YLLSDS)	.93	.96
Social Connectedness (SCS)	.93	.92
Mental Health (AMH-SF)	.95	.97

Table 5

Pre- and Post-Test Correlations Between Measures

	CYRM-28	YLLSDS	SCS	AMH-SF
Resilience (CYRM-28)	---	.79**	.74**	.81**
Leadership (YLLSDS)	.71**	---	.53**	.66**
Social Connectedness (SCS)	.57**	.34	---	.68**
Mental Health (AMH-SF)	.69**	.50*	.79**	---

Note: Pre-test correlations below diagonal.
 *p < .05
 **p < .01

Main Analyses

Means and standard deviations for each of the dependent variables are presented in Table 6. Paired sample *t*-tests were used to compare pre-post scores on the four outcome measures to determine effects of the program on participants' ratings of resilience, leadership, social connectedness, and mental health. As displayed in Table 6, social connectedness improved from the beginning of the *GirlSpace* program ($M = 31.92$, $SD = 10.51$) and the end of the *GirlSpace* program ($M = 36.08$, $SD = 10.33$), $t(23) = 3.17$, $p < 0.004$. The effect size for this analysis ($d = .66$) was found to exceed Cohen's (1988) convention for a medium effect ($d = .50$). On average, social connectedness was approximately 4.17 points higher upon completion of the *GirlSpace* program. Adolescent mental health also improved from pre- to post-treatment, although the results only approached statistical significance, $t(23) = 1.88$, $p < .073$, $d = .39$. While mean ratings for resilience and leadership increased from onset to conclusion of the program, statistically significant differences were not found.

Table 6

Pre- and Post-Test Differences

	Pre-Test *M* (SD)	Post-Test *M* (SD)	Difference *M* (SD)	95% CI for Mean Difference	*t*	*p*	*d*
CYRM-28 (Resilience)	108.88 (20.14)	113.42 (20.37)	4.54 (17.52)	-2.86, 11.93	1.27	.217	.26
YLLSDS (Leadership)	69.33 (13.25)	73.33 (14.28)	4.00 (15.29)	-2.46, 10.46	1.28	.213	.27
SCS (Social Connectedness)	31.92 (10.51)	36.08 (10.33)	4.17 (6.44)	1.45, 6.89	3.17	.004	.66
AMH-SF (Mental Health)	44.71 (16.07)	49.08 (18.08)	4.38 (11.40)	-.44, 9.19	1.88	.073	.39

Note: CYRM-28 = Child and Youth Resilience Measure; YLLSDS = Youth Leadership Life Skills Development Scale; SCS = Social Connectedness Scale; AMH-SF = Adolescent Mental Health, Short Form
CI = confidence interval, degrees of freedom = 23 for all tests

More detailed analyses of the measures were completed to determine which items on these scales showed the most improvement from program participation. A paired samples *t*-test was used to compare item-by-item analysis of the eight items of the SCS, as presented in Table 7. Tests were conducted using Bonferroni adjusted alpha levels of .006 per test (.05/8). One of the eight items of the SCS displayed statistically significant increases from pre- to post-treatment. As displayed in Table 7, following completion of *GirlSpace,* participants endorsed improvements in feeling less distant from others (Item 3; $t(23) = 3.197, p = .004, d = .67$). Their feelings of connection to the world around them (Item 1; $t(23) = 2.17, p = .040, d = .45$) and their sense of participation with others (Item 8; $t(23) = 2.17, p = .040, d = .45$) also improved from pre- to post-program, although these results only approached statistical significance.

Item-by-item analysis was also conducted for the *AMH-SF* (see Table 8). The three subscales of emotional (three items), psychological (six items), and social well-being (five items) were assessed to determine changes from pre- to post-group. Tests were conducted using Bonferroni adjusted alpha levels of .02 per test (.05/3). Results of the paired-samples *t*-test of the subscales approached statistically significant differences between pre-post measures on the total score of the subscale of psychological well-being, $t(23) = 2.43, p = .023, d = .51$. The emotional and social well-being subscales were each found statistically nonsignificant. None of the six items on the subscale of psychological well-being displayed statistically significant increases between pre-post observations (as conducted using Bonferroni adjusted alpha levels of .004 per test [.05/14]). Paired *t*-tests revealed that participants endorsed improvements in feeling as if their life has a sense of direction or meaning to it (Item 14; $t(23) = 3.11, p = .005, d = .65$), their ability to confidently think or express their own ideas and opinions (Item 13; $t(23) = 2.48, p = .021, d = .52$), and feelings of having warm and trusting relationships with others (Item 11; $t(23)$

$= 2.02, p < .055, d = .42$), although the results only approached statistical significance. The

remaining eleven items comprising the *AMH-SF* were found statistically nonsignificant.

Table 7

Item-by-Item Analysis for SCS

	Pre-Test M (SD) (n=24)	Post-Test M (SD) (n=24)	Difference M (SD) (n=24)	t	p	d
Item 1: I feel disconnected from the world around me.	3.83 (1.40)	4.46 (1.53)	.625 (1.40)	2.17	.040	.45
Item 2: Even around people I know, I don't feel that I really belong.	3.50 (1.64)	4.00 (1.72)	.500 (1.44)	1.70	.103	.35
Item 3: I feel so distant from people.	3.54 (1.72)	4.54 (1.44)	1.00 (1.53)	3.20*	.004*	.67
Item 4: I have no sense of togetherness with my peers.	4.00 (1.56)	4.54 (1.77)	.541 (1.56)	1.70	.102	.35
Item 5: I don't feel related to anyone.	4.29 (1.60)	4.38 (1.74)	.083 (1.25)	.327	.747	.07
Item 6: I catch myself losing all sense of connectedness with society.	4.29 (1.60)	4.17 (1.88)	-.125 (1.57)	.390	.700	.08
Item 7: Even among my friends, there is no sense of sisterhood.	4.63 (1.56)	5.17 (1.24)	.542 (1.59)	1.67	.108	.35
Item 8: I don't feel that I participate with anyone or any group.	4.25 (1.75)	4.83 (1.60)	.583 (1.32)	2.17	.040	.45

Note: SCS = Social Connectedness Scale
*$p < .004$ (calculated using Bonferroni correction)

Table 8

Subscale and Item-by-Item Analysis for AMH-SF

Subscales	Pre-Test M (SD) (n=24)	Post-Test M (SD) (n=24)	Difference M (SD) (n=24)	t	p	d
Emotional Well-Being	9.79 (3.46)	10.75 (4.06)	.958 (3.13)	1.50	1.47	.31
Social Well-Being	15.13 (6.78)	15.96 (7.34)	.833 (5.34)	.765	.452	.16
Psychological Well-Being	19.79 (7.34)	22.38 (7.59)	2.58 (5.21)	2.43	.023	.51
Item 11: How often in the past month did you feel that you had warm and trusting relationships with others?	3.29 (1.46)	3.88 (1.36)	.583 (1.41)	2.02	.055	.42
Item 13: How often in the past month did you feel confident to think of express your own ideas and opinions?	3.13 (1.62)	3.83 (1.24)	.708 (1.40)	2.48	.021	.52
Item 14: How often in the past month did you feel that your life has a sense of direction or meaning to it?	3.13 (1.70)	3.79 (1.44)	.67 (1.05)	3.11	.005	.65

Note: AMH-SF = Adolescent Mental Health, Short Form
Analyses of the subscales conducted using Bonferroni correction, $p < .02$
Analyses of the items conducted using Bonferroni correction, $p < .004$

Item-by-item analysis was conducted for the *CYRM-28* (see Table 9). The three subscales of individual capacities/resources (eleven items), relationships with primary caregivers (seven items), and contextual factors that facilitate a sense of belonging (ten items) were assessed to determine changes from pre- to post-group. Subscales are further divided into eight categories of personal skills, peer support, social skills, physical caregiving, psychological caregiving, spiritual, education, and cultural. Results of the paired-samples *t*-test of the subscales, using Bonferroni adjusted alpha levels of .01 per test (.05/3), revealed improvements between pre-post measures on the subscale of individual capacities/resources; however, results only approached statistical significance, $t(23) = 1.93, p = .066, d = .40$. Analyses of the categories comprising the individual subscale were executed using Bonferroni adjusted alpha levels of .004 per test (.05/11). Findings displayed that increases in social skills approached statistical significance, $t(23) = 2.40, p = .026, d = .50$), while personal skills and peer support were found statistically nonsignificant. Of the four items assessing social skills, participants demonstrated improvements from the start to finish of program in their abilities to know where to go in their community for help, $t(23) = 3.29, p = .003, d = .69$; however, results only approached statistical significance (using Bonferroni adjusted alpha levels of .002 per test (.05/28). The remaining items comprising the social skills subscale were statistically nonsignificant. The remaining two subscales of relationship with primary caregiver and contextual factors, along with their items were found to be not statistically significant from pre- to post-treatment.

A paired samples *t*-test was used to compare item-by-item analysis of the thirty items of the *YLLSDS*. Analyses of the categories comprising the individual subscale were executed using Bonferroni adjusted alpha levels of .002 per test (.05/30). None of the items were found to be statistically significant (see Table 10). Of the thirty items assessing leadership skills, participants

indicated increases from pre- to post-treatment in being willing to speak up for their ideas, $t(23)$ = 2.70, p = .013, d = .56, considering input from all group members, $t(23)$ = 2.23, p = .036, d = .46, being able to clarify their values, $t(23)$ = 2.15, p = .043, d = .45, and in their ability to use rational thinking; although the results only approached statistical significance, $t(23)$ = 2.00, p < .057, d = .42.

Table 9

Subscale and Item-by-Item Analysis for CYRM-28

Subscales	Pre-Test M (SD) (n=24)	Post-Test M (SD) (n=24)	Difference M (SD) (n=24)	t	p	d
Context	37.17 (8.29)	38.71 (7.98)	1.54 (6.05)	1.25	.224	.26
Relationship with Primary Caregiver	29.00 (5.12)	28.83 (4.99)	.167 (5.08)	.1.61	.874	.03
Individual	42.71 (7.81)	45.88 (8.22)	3.17 (8.05)	1.93	.066	.40
Individual: Social Skills						
Item 4: I know how to behave in different social situations.	3.83 (1.34)	4.25 (.989)	.42 (1.44)	1.42	.170	.30
Item 15: I know where to go in my community to get help.	3.33 (1.31)	4.17 (1.01)	.83 (1.24)	3.294	.003	.69
Item 20: I have opportunities to show others that I am becoming an adult and can act responsibly.	3.96 (.95)	4.13 (1.15)	.17 (1.31)	.624	.539	.13
Item 25: I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others).	4.25 (.944)	4.38 (.923)	.125 (1.08)	.569	.575	.12

Note: Child and Youth Resilience Measure – 28 item
Analyses of the subscales conducted using Bonferroni correction, *p* < .006
Analyses of the items conducted using Bonferroni correction, *p* < .002

Table 10

Item-by-Item Analysis for YLLSDS

	Pre-Test *M* (SD) (*n*=24)	Post-Test *M* (SD) (*n*=24)	Difference *M* (SD) (*n*=24)	*t*	*p*	*d*
Item 13: I am willing to speak up for my ideas.	1.75 (.897)	2.33 (.761)	.583 (1.06)	2.70	.013	.56
Item 14: I consider input from all group members.	2.42 (.717)	2.79 (.509)	.375 (.824)	2.23	.036	.46
Item 26: I can clarify my values.	2.20 (.833)	2.54 (.658)	.333 (.761)	2.15	.043	.45
Item 27: I use rational thinking.	2.17 (.868)	2.50 (.590)	.333 (.817)	2.00	.057	.42

Note: YLLSDS = Youth Leadership Life Skills Development Survey
Analyses of the subscales conducted using Bonferroni correction, *p* < .002

Qualitative Findings

Personal Reflection

Analyzing qualitative data using the thematic analytic method offers a structured, yet flexible, phased approach for examining the perspectives of different research participants, highlighting similarities and differences, and generating unique insights (Braun & Clarke, 2006). The qualitative analysis for this study began with the self-reflexive process of identifying my own assumptions, biases, values, and life experiences and how they might influence the data process. In this process, I set aside my own experiences and prejudgments in order to understand those of the participants in the study (Creswell, 2013a). Through this process, I recognized the potential influence, even if unconscious, of my allegiance to my former employee, YWCA Edmonton. Additionally, I acknowledged my previous experiences of supporting close friends and family members with mental health concerns during adolescence, and how these experiences might influence the data collection and/or analysis process. Finally, I acknowledge my role as a Registered Psychologist with vested interest in and experience working with adolescents. Recognizing that there is a high degree of continuity between adolescent mental health concerns into adulthood, I view health promotion and preventative efforts as essential to facilitate trajectories leading to positive outcomes.

Familiarizing myself with the data was the next phase in the thematic analysis process through reading and re-reading the transcribed interviews, as well as listening to the audio-recorded data when clarification of the textual descriptions was required. Initial analytic observations were noted. Second, the analytic process of coding began, completed by reading the transcribed interviews carefully to identify meaningful units of text relevant to the research topic. Once complete, the codes were gathered into one document.

Next, the codes were searched for meaningful and coherent patterns, placed together into analytic categories, and then given provisional themes. At this phase of the thematic analysis, some of the same themes were included in more than one category and thus, the compiled list was reviewed, and I reflected on whether the themes told a compelling story about the data. My preliminary themes were reviewed by a Doctoral peer and my supervisor, which resulted in some themes being collapsed or discarded, while others were split into two or more themes. Finally, the data were systematically reviewed to ensure that a name, definition, and exhaustive set of data to support each grouping were identified.

Three principal themes emerged as central to the participants' experience of the *GirlSpace* program, including: (1) positive program experiences and components, (2) program outcomes and impacts, and (3) barriers to positive program experience. The first primary theme, positive program experiences and components, included six subthemes: (a) leader characteristics and skills; (b) emphasis on safe, supportive, non-judgmental, and confidential support; (c) development and maintenance of peer relationships; (d) focus on diverse, psychoeducational, engaging and creative topics and program delivery; (e) well-paced program frequency and convenient location, and; (f) gender-specific space. The second primary theme, program outcomes and impacts, included six subthemes: (a) fostered awareness, strengthening, and appreciation of supports; (b) increased awareness of, regulation, and ability to express emotion; (c) improvements in emotional wellness; (d) development of social skills, ability to connect with peers, and comfort in social settings; (e) improved ability to overcome adversities and rational decision-making/critical thinking, and; (f) greater confidence and leadership ability. The third primary theme, barriers to positive program experience, included five subthemes: (a) reduced interest and engagement with activities resembling school-based

curriculum delivery; (b) age gap too widespread and underpopulated group sizes; (c) inconvenient program timing and room selection; (d) repetitive, uncomfortable/disinteresting, and age-inappropriate topics, and; (e) abbreviated program duration, rushed program curriculum, and lacking emphasis on processing personal concerns. The themes and subthemes are presented below, along with textual descriptions from the participants in order to provide a better understanding of their perspectives.

Principal Theme One: Positive Experiences and Components

The majority of participants rated their overall experience with the *GirlSpace* program favourably. Additionally, participants described aspects of the program that they found to be positive. These aspects assisted participants to feel comfortable with the program and motivated them to return every week. Central positive components of the program are further described in the following subthemes.

Subtheme 1: Leader characteristics and skills. Participants highlighted the characteristics and dispositions of their group leaders as a helpful component of the program. Leaders were described as honest, kind, genuine, and easy to talk to, which provided participants with a sense of safety and trust to openly share their concerns with them. Speaking to the trustworthy nature of leaders, one participant noted, "I think it was all the girls, but [the leaders] really did make us feel like we could all trust each other here. They really made it feel very personal…" (Participant 18). Another shared her experiences with the leaders, "I felt like if I said something, they wouldn't go to, like, tell everybody and stuff like that" (Participant 4).

Leaders were also described as relatable, with participants describing efforts of their leaders to share information about themselves. This disclosure of personal information was most apparent through the leader's participation during the "check-in" process at the onset of

the group, where group members would share how they were feeling and reflections from the past week. This was described as helpful for fostering a sense of trust, as noted by one participant, "I felt that I could trust them because they were nice, and I could relate to them" (Participant 7). Another participant stated, "It helped that we could relate to our leader" (Participant 13).

Participants described leaders as being knowledgeable, competent, and helpful through their ability to help participants understand concepts, provide tips and guidance on topics, and their apparent ability to provide pragmatic information to participants. As one participant described, "…They gave us a lot of tips about everything. Like every topic that we discussed every week they gave us, like, tips about it at the end or during the lesson" (Participant 8). Speaking to the leader's knowledge of community resources, "Yeah, the leaders even talked to my school. They talked to my school's assistant principal and got me in touch with a school counsellor, which helped too" (Participant 18). The knowledge and helpfulness of group leaders was also apparent in their ability to respond appropriately to a group member's disclosure of a sexual assault: "Like, I mentioned, a really serious topic in the group. It was about the time I was sexually assaulted. And then, I talked about that. And I was really upset because they brought it up to people. And I had to go talk to police or whatever. And then I realized, like, 'Oh, well, that's actually a good thing'" (Participant 16).

The final characteristic embodied by the leaders that was consistently emphasized by group participants was their light-hearted and joyful nature. As one participant described, "They always brought a joy to the room and stuff. And if there was any negativity, they took it away" (Participant 4). Another described, "They would make us feel better… they would tell us some joke that was funny" (Participant 24).

Subtheme 2: A safe and confidential space. Safe, supportive, non-judgmental, and confidential support was seen as an essential component in program satisfaction and outcomes. It was frequently cited throughout the interviews that the social aspect was one of the most well-liked and helpful aspects of the program. Participants described the supportive group climate as conducive to feeling a sense of being heard and understood through the constant support and presence of the other group members and leaders. As Participant 18 described, "But when we talked about our days, it felt like people would actually listen to what I have to say. I guess that helped me." The "check-in" process at the onset of the group was described as a particularly helpful component of the program, with girls reportedly being provided ample time to share how they were feeling, debrief their issues, challenges, or highlights from the past week, and receive support from other members. Speaking to sharing personal issues, one participant noted, "I would actually take it to *GirlSpace* because that's where a feel I can put most of my trust. And I have lots of friends who I trust but I'm not sure I can really delve into all of my personal problems" (Participant 18). Another participant reflected on the ease of sharing with members from outside of their school:

> "Um, I remember that a group from when I was younger, it was harder to open up
> because it was my peers from my classroom. It was small groups from the classroom.
> So, it was people that I've known for a while and that I didn't really trust, so it was
> harder to open up. But with a new group of people and then, once I, like, trusted them it
> was a lot easier to open up with them" (Participant 19).

Many members indicated feeling as if they were able to discuss their personal issues in a confidential space without fear of judgment. As described by one member, "Like, I just felt like I can actually look dumb. It was a good first impression" (Participant 19). Another said, "I

think they made me feel more, like, that the stuff was not bad things. And these weren't things that I should feel weird talking about, that I have some people to help me" (Participant 22). Further, through the supportive climate fostered through the group, one member reported feeling safe enough to disclose their sexual assault:

"Well, when we were talking, I can't remember, like, what the subject was. We were talking about, like, really bad things that happened in our life. We were talking about, like, all these things that happened, and we were supporting each other so then I talked about it, cuz like, I thought they were safe enough to trust because, like they were opening up so why can't I, you know what I mean?" (Participant 16)

Several participants alluded to a set of group rules that were established at the onset of the program and enforced throughout. They described these rules as helpful for setting the tone of the group as a safe, non-judgmental, and confidential space. One participant described these rules: "… In, like, the beginning first classes of *GirlSpace*, they had us set group rules. And one of the rules was whatever we talked about in *GirlSpace*, stays in *GirlSpace*. I really liked that rule" (Participant 11). In reference to the group rules, another stated, "On the first day we wrote down rules and stuff like, always be nice to everybody, not to bring up things that could be triggering to others, which was nice" (Participant 19).

Participants' sense of safety appeared to be a priority by the program's inherent emphasis on collaborative, open, and self-paced dialogue. Participants were encouraged to contribute to the group and share personal information according to their own level of comfort and readiness. It was frequently reported that participants had ample time to acclimate to the group setting, develop rapport with the leaders and other group members, and did not feel pressured or coerced to share with the group. The emphasis on self-paced dialogue was

described by one member, "Sometimes they're there to, like, give examples of what to do when you need help, and sometimes they're be there to support you when you need help. They're always like there. And they're not really too pushy. They don't force you to talk about it, but they're there to help you if you need it" (Participant 14). Another described, "Oh, well, I mean, at first, it was really awkward. But I feel like after the second time, we did 'check-in' and then we just talked. They let us just talk and get to know each other and not like, make us do something" (Participant 16).

Subtheme 3: Relationships and belonging. Through meeting new people, participants felt that they were able to expand their social networks and form new friendships that continued past the ending of the program. Participants consistently cited the value of developing and maintaining peer relationships, with one describing these relationships formed during the program as "special bonds" (Participant 9). One participant, when asked to describe what she enjoyed best about the program responded, "the girls I met" (Participant 8). When speaking to the strong relationships formed in groups, another participant stated "Just, like I remember walking into [the school] and the girls would be waiting for me at the doors and they would all say 'hi.' That made me feel like really welcome and it made my day (Participant 19). Several members reported that the friendships formed during group persisted after the group ended. One participant described, "I got some of the other girls' numbers and *Snapchat* and we talked, like, even when we weren't in the group anymore" (Participant 19). As one participant explained, the ability to develop relationships stemmed from the social aspect of the program and encouragement of the leaders to meet new members: "We all just started talking. It kind of encouraged us to be like, more friendly, not like, stick with one person, just like talk to everyone so that we can make friends" (Participant 14).

A sense of belonging and community was consistently emphasized from participants throughout the interviews. Participants described feeling a sense of community, inclusion, and acceptance through participation in the program. This was made evident through Participant 7 stating, "I think just the whole idea of the program made it feel like there is community… Just to know that you're not alone I guess." Along with these experiences, participants spoke to feeling connected and accepted by the group, contributing to less feelings of loneliness. One participant described this sense of acceptance: "All the girls were very, really accepting and nice and, like, they included me in everything. I didn't feel left out or anything" (Participant 19). She also noted,

> "Yeah, because we all talked about how our week was going. So, lots of the girls, when they say something bad happened, like the same thing that happened to them, I could think in my head like, "Oh that's happened to me before," and it made me feel more, made me feel less alone about all the stuff".

Another participant highlighted how having shared experiences and concerns with other members fostered a sense of commonality, connection, and cohesiveness within the group: "Everyone told about their day, and them showing activities about themselves made us connect and see what we have in common; what they like to do. So, it made it easy to have a conversation" (Participant 14). This sense of connection was fostered by some girls being similar ages, experiencing similar concerns (e.g., self-esteem, social media pressures, relational issues, experiences of mental health issues, etc.), and sharing similar extracurricular activities and hobbies. One participant described these shared experiences, stating, "Because I realized that I'm not the only with these issues. Everyone else has these issues too, and they are actually very common" (Participant 15).

Subtheme 4: Engaging and educational. The curriculum and methods of program delivery were seen as crucial components in program satisfaction and helpfulness. The topics presented weekly were described as educational and engaging, with participants frequently describing the benefit of learning new concepts and being able to relate them to their own experiences and lives. The program curriculum was described as diverse and enjoyable with new topics presented weekly, with several of the topics being described as helpful as they were not previously learned in other contexts. Program delivery was described as engaging, creative, and diversified, using several interactive activities to administer the curriculum. With components including physical activities, crafts and artwork, and discussions, participants felt eager to continue attending the program each week. One participant described creating a self-esteem mask and completing an interactive healthy decision-making activity: "I really liked the one where you had to go to one side of the room whether you think it was right or wrong, and what you think it means. And I really liked making the masks, because we were able to put our personality and what we think about ourselves on it" (Participant 14). Another reflected on other interactive activities: "And sometimes we would play games, which I really liked when we did. I liked *Jeopardy*. And we did a paper bag game. There were objects in the paper bag, and we had to look them up and see which one we wanted. One would have an onion in it. Another one had a little piece of paper that has like "I owe you $100, just kidding" (Participant 19).

Several of the twenty topics were described as being most helpful or enjoyable. Learning about relationships was consistently cited as a helpful program topic, including learning how to build healthy relationships, differentiating between toxic and healthy relationships, and how to overcome relational disputes. One participant described,

"Well, there was this one module that we were learning about healthy relationships. I feel that talk was kind of an eye-opener, you know kind of realizing what makes a person a good person, and what to watch out for, and stuff. I feel like that made me more aware of social relationships" (Participant 18).

Education surrounding signs and symptoms of mental health concerns and learning means of coping were also frequently identified as helpful components of the curriculum. The mental health module facilitated awareness and insight into participants' own and others' experiences of mental health, as described by Participant 14, "I kind of just talked about how it's okay to feel upset and like, have mental health concerns, but to always ask an adult about it. But, just like, not be ashamed that you have it and just better to let someone know so you can get help".

Finally, learning about how to be a good leader, giving presentations, and qualities of a good leader were all components of the leadership module that participants described as helpful. Several other topics, including career and professional development, healthy eating and nutrition, self-esteem, and substance use and addictions were also cited as helpful by several participants, albeit to a lesser extent than leadership, mental health, and healthy relationships.

Subtheme 5: Frequency and location. Participants described the value of organizational components of the program, including its weekly frequency, the program schedule, and its location sites across the city. With several sites offered across the city, participants felt that the program was convenient to travel to after school, with one describing, "I liked that it was in a school, because it was close to where I lived" (Participant 16). Through offering the program on a weekly basis, participants described feeling consistently engaged with the program. Participants cited the frequency of the program as conducive to developing close relationships,

reducing a sense of boredom, and being able to consistently spend meaningful time away from home dedicated to extracurricular activities after school. When describing her overall experience with the program, Participant 11 stated, "Well it was really fun, and it was great to have something to do during the week. It kept me busy". One participant described how introducing a new topic each week helped to keep her interested in attending the program:

"I liked having a new topic each week because if we would be talking about the same topic for two classes for like two times it would be boring and then I would lose interest. It was always good to have a new topic each week" (Participant 8).

Subtheme 6: Gender-specific space. Participants spoke to the importance of girl-specific programming, emphasizing the value of being able to express themselves and have their collective voices as young women be heard. The all-female group setting provided participants with the freedom to share different elements of their experiences as girls alongside other girls, allowing them to discuss gender-relevant matters in private, away from their male counterpoints. Participants cited several reasons for preferring a girls-only space, including fear of judgment from boys, feeling awkward or uncomfortable discussing sensitive topics in the presence of the opposite sex, and feeling safer and more protected to share personal concerns. For instance, one participant valued the girl-only space because she trusted girls more than boys. She stated, "I feel I can trust girls more than boys and I feel safe to talk in girls' group" (Participant 6). One participant described feeling better understood having only girls in the program and her fear of judgment from boys, noting, "Girls kind of understand what other girls are going through. And then guys, if they heard like the issues that girls are going through, they would be more judgmental" (Participant 15). Another participant described girl-specific groups as important for being able to relate to and develop connections with other girls. She stated, "I think it's important

for girls to have a space to talk, because we can relate and get to know each other more"
(Participant 8).

Principal Theme Two: Program Outcomes and Impacts

In addition to the positive experiences and components of the program, participants
identified several outcomes and impacts. These aspects were considered strengths, assets, or
characteristics that participants acquired or improved upon from participation in the program. Of
the program outcomes and impacts, participants reported that their development of social skills,
ability to connect with their peers, and comfort in social settings was most impactful, as well as
their increased awareness of, strengthening, and appreciation of their support system.

Subtheme 1: Supports. Through engagement with other leaders and group members,
participants believed that they were able to gain a greater awareness and appreciation of the
supportive figures in their lives. Participants displayed increased willingness to ask for help,
learning that it is okay and helpful to talk to a supportive person if assistance is needed. It was
evident that participants were encouraged and empowered to do so during the program. Speaking
to her awareness of supportive figures in her life, a participant commented, "I decided to talk
about [my problems] and decided to talk more often to my friends and people. They may help me
figure out what's wrong and what I need to do" (Participant 22).

Along with this awareness and appreciation of supports, they spoke to the strengthening
of the relationships with their current supportive figures. Participants cited an improved ability
to talk more openly with other people, including their friends, parents/guardians, and educators
about how they feel and when they need help. Speaking to this experience, one participant
noted, "I feel like I can turn to [my mom] more and talk to her about things, like what I
wouldn't talk to her about before" (Participant 8). Another noted, "It was a really good

experience for me to open up and find a 'new me' to be honest. I did not like talking to people at all, like, I would not even talk to my mom about some things. It helped me get a new perspective on things like that" (Participant 8). Others explained how participating in the program fostered their ability to be open and more trusting with others: "I learned to be more honest and open, because I was always quite guarded" (Participant 3).

Subtheme 2: Emotional intelligence. Participants spoke to their development of emotional intelligence through socialization with other group members and leaders. Participants described becoming more aware of, better able to regulate, and express their emotion. Emotional intelligence was evident by participants' descriptions of becoming more self-aware and open with their feelings, and able to de-escalate themselves when feeling emotional. As one participant described, "[The group] helped me develop my emotions so that I stopped breaking down" (Participant 1). Another described an increased sense of patience, specifically pertaining to interpersonal stressors: "It just helped me by, like, if somebody is being mean to me, then I can just walk away instead of using my voice and yelling all the time".

Further, participants consistently spoke to their development of empathy and regard for others' well-being and emotional states. This was evident in their expressed ability to identify others' emotional states and imagine what their peers might be thinking or feeling. Describing her experiences with empathy, one participant stated: "And empathy, like because when several girls would say something had happened to them and sometimes, I wouldn't relate to what they were saying, I still understood that it must be hard what they're going through. I tried to, like, put myself in their shoes" (Participant 19). Through experiencing improvements in empathy, participants described feeling kinder, more compassionate, and more willing and better equipped to support and provide help to their peers during challenging times. As one

participant described, "I'm able to pretty much feel others' emotions and help them through their tough times like I did to my one friend" (Participant 1). Describing her improved abilities to provide compassionate action, one participant noted, "And I feel like that, I kind of learned how to talk with other people about what they're going through, like my friends, they usually have troubles too. So, I feel like I'm more able to talk to them about it in a way that's not too forceful" (Participant 18).

  Subtheme 3: Emotional well-being. Through engagement with program facilitators and fellow group members, participants felt that they were able to experience improvements in emotional wellness and mental health, notably in areas including mood, anxiety, self-esteem, and body image. Participants indicated improvements in their mood, through reports of feeling happier, healthier, and more hopeful for the future. One participant described how participating in the program improved her mood and reduced her need for psychological services, "I didn't really feel the need for it because I was only going like once a month, and I have *GirlSpace* instead once a week. I felt like I was in a better headspace… I was a lot happier. And I didn't feel like I really needed it" (Participant 19). She also noted that improvements in her mood resulted in reduced need for psychotropic medication: "Before the program I was on a higher dosage of Zoloft, and I've lowered that. And I think that *GirlSpace* has helped me lower that" (Participant 19).

  Participants indicated experiencing improvements in their self-esteem and body image as seen through feeling more confident in who they are, an improved ability to accept their perceived flaws and imperfections and feeling less self-critical. Reflecting on the influence of the *GirlSpace* program on her self-esteem, one participant said, "I used to, as I said before, like struggle a lot with self-confidence. And, I guess that over time being in the program, it really

helped me with that, and I've grown as a person and am feeling better myself" (Participant 18).

Another described her experiences with body image, "Like, I went in there not feeling the best about my body and really my appearance, but they helped me embrace it and be like, 'Hey, you are who you are, have fun', you know what I mean" (Participant 16).

Participants described the value of the program facilitators helping them to apply practical, specific tools into their existing lifestyles for mental health improvement. Tools focused on areas, including healthful means for emotional expression, coping with stress, and techniques to bolster confidence. Speaking to creative means for emotional expression, one participant noted, "…Being able to do the arts and stuff; the crafts. Because I just got to express my creativity and what I am inside, under my skin and inside my heart (Participant 1). When queried what tools she learned to better manage stress, Participant 9 stated, "I count to ten and just breathe so I don't get mad". These tools were not only implemented during the program, but also had the potential to be maintained long-term.

Subtheme 4: Social skills. The majority of participants reported the development of social skills as one of the most significant outcomes of the program, as well as improvements in their ability to connect with their peers and an increased sense of comfort in social settings. Speaking to her improved social abilities, one participant noted, "It helped me communicate a lot more. And what they said made me feel more confident, even easier to express what I was saying. It made me feel more social. And nowadays I am even more talkative with my friends and spend time with other people other than just my friends (Participant 18).

Participants cited several specific social skills that they acquired through program participation, including how to initiate and maintain a conversation, explain concepts to others, and active listening skills, including paraphrasing, open body language, and making eye

contact. In addition to these skills, participants indicated learning the value of loyalty, truthfulness, and honesty, which in turn improved their ability to maintain healthy relationships. It was evident that acquiring these skills was essential to fostering relationships with their peers by reducing shyness and increasing participants' comfort, confidence, and competence communicating with others. These social skills were evident to foster and improve relationship formation during the group, but also had the potential to be applied to other social settings outside of the program. Speaking to her improved paraphrasing skills, one participant stated, "Now I'm a lot better at communicating because we spent time talking about paraphrasing. So that was, like, learning how to communicate better and keeping the conversation going. So now I'm more confident in that area. And I'm confident when it comes to eye contact" (Participant 12). Another participant noted in reference to her improved active listening skills, "I tried to make sure that everybody that I talked to, like, whenever they come to me with a problem, that I try to focus on what they say, and not just be a person saying 'Okay, great, anyways, my day was…' you know. I try to, like, listen to another person. And if they do have a problem, I want to really listen to what they're saying" (Participant 18).

From participants' self-reports, the program appeared to be structured in a way that was conducive to experiential learning and acquisition of social skills. Participants described consistent opportunities to practice socializing each week through participating in "check-in", engaging in informal conversations with their peers, and through roleplays, group discussions, and other activities involving socialization with other group members. Reflecting on how the weekly "check-in" contributed to improved listening skills, one participant noted, "Well, I guess I kind of learned that from the discussions that we have before we get into anything, because in the library it is kind of less focused on the modules and more on how we're feeling

and stuff. So, I would always listen in to what everybody's saying. And I'd always, you know, try to give, like appropriate advice whenever they're asking for any" (Participant 18).

Subtheme 5: Overcoming adversity and decision-making. Through learning the program curriculum and engaging in discussion with their peers and facilitators, participants felt that they were better equipped to cope with challenges and hardships in their life, including resisting drug use, overcoming bullying, addressing school concerns, and identifying unhealthy relationships. Describing her ability to recognize unhealthy relationships: "Yeah, we've talked about, like lots of life issues. I haven't come across like any of them yet, but we talked about abusive relationships and the 'red flags'. So, I didn't know half of the stuff that they were considering 'red flags'. So now if I find myself in that situation, I feel like I can use the skills I learned from *GirlSpace* to help me" (Participant 19). Along with the ability to cope with challenges, participants described feeling better able to make rational decisions, think critically, take others' perspectives, and solve problems. Describing her decision-making processes, one participant stated, "Well, instead of jumping to conclusions, I would think about stuff. And I would think before I would say anything or do anything" (Participant 20).

Characteristics of perseverance, dedication, and resilience were evident in participants' reports of their acquired ability to overcome challenges. As one participant described, "Sometimes there can be harder challenges and sometimes there can be easier challenges. And sometimes you just got to like, try to do them. No matter how long it takes. Some people go at different paces, and never give up on a hard challenge. That you really, like, want to do it" (Participant 14). Another noted, "Because it made me feel more like, how I can work harder in my life to have a better future and how I can become more responsible and more like, active and all, you know" (Participant 21).

Subtheme 6: Confidence and leadership ability. Through the program's emphasis on acquiring applicable and practical skills, participants felt that they were able to gain improved leadership abilities and confidence. Participants spoke to being provided opportunities to practice leading group activities and were encouraged to voice their opinions and practice speaking in front of the group. In turn, participants described feeling greater confidence when making presentations and speaking in front of a group, setting goals for the future, and working as a team. When speaking to her improved leadership abilities, one participant stated, "I feel like I'm better at talking or just being in front of crowds. Like, just even presenting school projects. I feel more confident doing that. They are just easier" (Participant 13). Another noted, "So I now after *GirlSpace*, I feel like I can really do anything, be anything I want. And they gave me great opportunities to show people that I can be a good leader. And that I'm a very kind person" (Participant 9).

Better leadership was also apparent in participants' reports of their improved ability to serve as role models and mentors to their peers. Describing her role as a mentor to her peers, one participant stated, "I already knew some of the stuff we went over and so I felt that I was more doing or doing a lot of like explaining and talking and helping them understand it. I'm glad I got to do that too. I enjoyed doing that (Participant 12). Further, participants highlighted improved abilities to practice assertive behavior by standing up for their own and others' rights, as well as a greater sense of assuredness when vocalizing their opinions. One participant described, "It helped me become a better leader by listening, and say, like, if someone is bullying you, or if you see someone bullying you can go up to them and tell them to stop bullying your friend or somebody" (Participant 4). Another described, "I now have more confidence to say what I have to say. Now, I feel like people will actually listen" (Participant 5).

Principal Theme Three: Barriers

Despite the participants identifying many positive aspects of and outcomes as a result of the *GirlSpace* program, they also acknowledged several barriers to their skill development and experiences. The barriers identified were grouped into five subthemes, as explored below. The severity and influence of each barrier varied between participants.

Subtheme 1: Too short and too fast. Several participants reported dissatisfaction with the length of the program and expressed interest in extending it past the scheduled twenty weeks. Most of the participants who reported the length of the program as too short indicated a desire for it to persist for the duration of the academic school year. Participants noted that having the program available from September to June would have provided a consistent source of support and connection while enrolled in school. As one participant described, "Um, it went by really fast. I was really sad when it ended. I really enjoyed it and I was like, 'Oh, it's been 20 weeks already'. I wish it would be extended until the end of the school year" (Participant 19). She continued, "I mean, I know, like I struggle a lot during the school year so I'm usually in a better headspace in the summer, but having it the full school year, it kind of would be like a support system for the times I struggle because the school year isn't a very good time of the year for me" (Participant 19).

In addition to reports of the abbreviated program length, several participants reported that at times, the program curriculum delivery seemed rushed. As one participant described, "I feel like we didn't fully cover some of the topics and I felt like we changed topics too early" (Participant 1). Participants expressed a desire to lengthen the program in order to spend more time discussing certain topics of interest and their personal concerns, rather than be restricted by the program schedule of delivering one program topic per week for twenty weeks. At times,

participants felt that certain topics of interest could have spanned more than one week. Further, several participants indicated they felt limited in their ability to share during the "check-in" at the onset of each group, knowing that their facilitators were required to present a module each week according to the outlined schedule. They expressed a desire for the program to incorporate more time for unstructured conversations with the group where they could share their personal concerns and discuss their experiences from the past week.

Subtheme 2: Repetitive, dry, and age-inappropriate topics. Despite positive reports of the program's focus on diverse and psychoeducational curriculum, participants indicated that certain topics were repetitive, uncomfortable, disinteresting, or appropriate for more mature audiences. As one younger participant described, "Some stuff, it wasn't like bad, but we were a little bit young, so we didn't get it. So, it took a lot more for us to understand" (Participant 14). The topics that were cited most frequently as being oriented to older adolescent audiences were substance use, finances, careers, financial matters, gender and sexual identity, and sexual health. Describing her discomfort discussing sexual and gender identity, Participant 1 stated, "It just made me and my friend very, very uncomfortable. We wanted to leave the room while we were talking about it because we just didn't feel comfortable speaking about it". Several participants reported digital and online safety and body image as modules that they had previously learned about in other settings, including school, from their parents, or other professionals involved in their care (i.e., psychologists, school counsellors, dietician, etc.). Further, although several participants described the modules of leadership, healthy eating and nutrition, and self-esteem as helpful, they also indicated learning about them in settings outside of *GirlSpace*. As a result, some participants described these topics as disinteresting and repetitive compared to other subject matter they discussed during the program.

Subtheme 3: Practical components and feasibility/scheduling. Several of the participants reported frustrations with the timing of the program after school as well as the location that the program was held in at each site. One participant stated, "The constant stress of getting off school almost immediately to be able to go to the club and being constantly stressed and tired from my entire day of school, I think that starting later would have made it a little bit better for me" (Participant 1). As a result, some participants suggested the start of the program begin later in the day, "I would probably change the time to like 4:00 pm to 6:00 pm instead of from 3:30 pm, because I end school right at 3:30 pm and I would never make it on time" (Participant 4).

Other participants at School 3 location reported frustration for having individuals not enrolled in the program entering the room while program was running, "People were kind of walking in and out sometimes and it was kind of the distracting" (Participant 11). In addition to being described as a distraction, participants at this location shared that it reduced their sense of safety when sharing sensitive information with the group.

Subtheme 4: Age gap and group size. Participants also expressed dissatisfaction with the age range of the program, reporting some degree of difficulty connecting or relating to certain members of the group. Some younger participants identified not understanding some of the discussions had by older participants, while older adolescent participants reported struggling to connect or relate to younger participants. As one younger participant described, "It was pretty good, but I thought it would be better if we were, like, a year or two apart, because there were some people in high school that were more than two years older. So, they were talking about lots of stuff that we kind of didn't understand" (Participant 14). Another said, "Most of the girls were quite a lot younger than me, so it was kind of a little bit awkward. With ages, when you are older, you know more, and you've had different opinions rather than people who are younger? I

don't know, just maturity wise" (Participant 17). The majority of participants indicated that they would have preferred to be accompanied by members in their group within approximately two years older or younger.

Further, participants also reported disappointment surrounding the small group sizes at some of the program locations. This feedback was specific to participants enrolled in the *GirlSpace* programs at School 4 and School 5, where registration was limited to less than five participants per group. As one participant noted, "It was just that sometimes when one of them wasn't there neither of them were there, so I was just kind of alone some of the time" (Participant 22).

Subtheme 5: Overlap with school curricula. Finally, while the majority of participants reported many of the activities during the program as helpful, several described feeling less interested and engaged in the activities that would be normally be completed during school. Worksheets were cited by some participants as boring and disinteresting as they resembled school and were prohibitive to socializing and interacting with their peers. One participant said, "I didn't like the worksheets that much, just because like it felt like school again, like doing worksheets and stuff. But I think that we could just like talk more or do more like hands-on activities" (Participant 13). Instead, many participants preferred and wished for more active and engaging activities, like discussions with their peers, physical activities, or creative activities, including crafts and painting.

Overall, there were many consistencies between the quantitative findings obtained through statistical analysis and participants' perspectives obtained through the interviews. It was very evident throughout the post-program interviews that social connectedness and relational factors were strongly emphasized through program participation, which is consistent with the

medium effect size obtained through the quantitative analysis. A small to medium effect size was found for mental health, while small effect sizes were obtained for resilience and leadership. Notably, several items on the measures overlapped with items on other measures (e.g., feelings of having warm and supportive relationships as assessed by the *AMH-SF* versus the *CYRM-28* assessing relationships pertaining to resilience outcomes). As previously discussed, participants described various degrees of improvements in each of these areas, albeit to a smaller extent that social connectedness.

Chapter Summary

In this chapter, the findings from the quantitative and qualitative evaluation were presented. First, the quantitative data was shown, beginning with the initial screening and analyses of the data followed by the main statistical analysis. Several paired samples *t*-tests were used to compare pre-post scores on the four outcome measures to determine changes due to program participation on ratings of resilience, leadership, mental health, and social connectedness. As indicated above (see Table 5), mean social connectedness scores demonstrated significant improvements from the beginning of the *GirlSpace* program to the end at the .05 significance level ($d = .66$). Pre-post ratings of mental health also improved; however, the results only approached statistical significance ($d = .38$). Results indicate that while mean pre-post ratings for resilience and leadership increased, differences at the .05 significance level were not found. Next, the qualitative data were presented, with the thematic analysis revealing several rich participant descriptions of positive aspects of the program, acquired or honed strengths and assets, and barriers to positive program experience.

In the final chapter, the integrated data will be presented to explain how the qualitative data informed the statistical analysis to offer a more robust and nuanced understanding of the

program outcomes and effectiveness. A discussion of the findings is provided, with reference to the initial four questions related to understanding participant experiences with the program pertaining to resilience, leadership, mental health, and social connectedness. Next, a discussion of implications for community-based prevention efforts, strengths and limitations of the study, and directions for future research is provided. Finally, the document concludes with recommendations to enhance the *GirlSpace* program, based on the research findings.

CHAPTER 5: DISCUSSION

This chapter addresses the implications, limitations, and strengths of this research, as well as areas meriting future research. First, the integrated data is presented to explain how the qualitative data informed the quantitative, statistical analysis. Next, the findings on social connectedness, mental health, resilience, and leadership are discussed and connected to relevant literature. Then, the current findings are discussed in terms of the literature pertaining to girl-specific youth programming. Finally, implications for counselling psychology and the study's strengths and limitations of the current study are presented. The chapter concludes by discussing the potential for future research.

The objective of this study was to explore the influence of the YWCA Edmonton's *GirlSpace* program on participants' measures of resilience, social connectedness, leadership, and mental health, as well as participants' subjective experiences with the program. Using a mixed-method research design, an evaluation was conducted using 24 participants to understand the four research questions. Pre- and post-program questionnaires were administered to participants to understand whether changes occurred in the four measures of relevance to the current study. Follow-up telephone interviews were conducted to gain insight into the subjective experiences of participants, and also to learn what skills and assets were gained or improved upon from their time spent in the program.

First, the quantitative data were analyzed statistically using several *t*-tests. The findings indicate that significant changes were found in social connectedness between pre- to post-program, while changes in mental health approached significance, and resilience and leadership shifts were non-significant. Data obtained from the telephone interviews were analyzed using thematic analysis, with participants reporting several positive components, acquired or honed

skills, and critical feedback from their experiences in the program. According to mixed methods analysis, the quantitative and qualitative findings were integrated to shed light into how the data obtained from the post-program interviews provided a deeper and richer understanding of the quantitative findings obtained through statistical analysis. The results of the analyses revealed a number of key findings, that when integrated with current literature, the value of girl-specific prevention programming is further substantiated.

Integration of Data

Further examination of the integrated data reveals several noteworthy findings. Pre- to post-program changes captured by the four quantitative measures of resilience, social connectedness, mental health, and leadership were explained by the participants' self-reported changes on each of the measures to elaborate and deepen the results. Greater weight was given to quantitative data. Table 11 provides specially selected participant quotes from the interviews that were thought to provide the best explanations for the quantitative phenomenon found during the study for each outcome variable.

Integration of Social Connectedness Findings

Social connectedness is an area where the qualitative data easily built on and explained the statistical results obtained through quantitative analysis. The effect size for social connectedness was medium ($d = .66$); however, quotes from the interviews indicate participants thought significant improvements had occurred in this area. Throughout the interviews, participants consistently reported meeting new people and forming lasting friendships as one of the most valued components of the program. Developing and maintaining peer relationships within the program, as well as strengthening supports with individuals outside of program were very evident themes comprising participants' experiences in *GirlSpace*. Participants strongly

emphasized their positive experiences of receiving empathetic, non-judgmental and confidential support in a cohesive, trusting, and gender-specific space. A sense of increased belonging and togetherness was apparent throughout the interviews. It was very evident that acquiring social skills was essential for participants to foster relationships with their peers by reducing shyness and increasing their sense of comfort, confidence, and competence communicating with others in the program and in other contexts. Therefore, it makes sense that of all the measures, social connectedness had the greatest effect size.

Further, item-by-item analyses of the *SCS-R* revealed that the most impactful component of social connectedness identified by participants was feeling less distant from others. More detailed analysis also identified that feeling a greater connection to the world and feelings of participating with other people or groups were also paramount in participants' experiences of social connectedness. This suggests, and is confirmed in later sections, that the presence of relationships alone is not enough to generate a sense of connectedness. Instead, the perceived quality of the relationship, including the feeling of being accepted by peers, connected to the sociocultural environment, and being a member of a group are primary components to warm, trusting, and mutually fulfilling supports, which in turn, foster positive psychosocial outcomes.

Mean pre-and post-program scores of social connectedness increased four points from 31.92 to 36.08 (out of 48 total points), with higher scores indicating more connectedness to others. This indicates that participants entered program already experiencing some degree of social connectedness. Furthermore, the *SCS-R* captures all three aspects of belongingness, including connectedness, affiliation, and companionship. It is possible that some of these components may not have been related to participants' experiences of relationship formation throughout the program. During the interviews, several participants said they joined the

GirlSpace program with hopes of meeting new people. They reported that this goal was very important to them given previous struggles to make friends in other contexts, to expand their social networks, or to develop a source of support. This points to the significance of participants' subjective reports of improved social connectedness post-group.

Social Connectedness in Adolescent Girls

It was hypothesized that participants' levels of social connectedness would increase through participation in the *GirlSpace* program. Looking at the results of the analysis, it was revealed that there was a statistically significant change between pre-post measures of social connectedness, with participants reporting that they felt better connected by the end of *GirlSpace*. The large-moderate effects demonstrated for social connectedness items suggests that they represent a meaningful improvement from start to completion of the *GirlSpace* program. These findings were explained remarkably with subjective reports obtained during the interview, with participants confirming the findings of the quantitative results by reporting their experiences of forming new friendships, developing a sense of togetherness and belongingness, and fostering the strengths of their current relationships.

A large body of literature exists that supports the importance of meaningful connection for adolescent girls, given their increased vulnerability to social isolation that exists during this developmental period (e.g., Pace et al., 2016). The physical maturation that takes place during adolescence is associated with increased feelings of separation from parents, which in turn, contributes to adolescents becoming increasingly reliant on support from their peers (Christie & Viner, 2005). Relationships with same-age classmates and peers have been shown to be more impactful than family and non-family members (i.e., teachers, mentors) for girls during mid to late adolescence (Tennant et al., 2015). This is consistent with the common age-salient

developmental task of middle childhood of forming and maintaining peer friendships with increasing levels of interpersonal intimacy (Gifford-Smith & Brownell, 2003). Girls especially rely on other people for emotional support and value social support more so than boys, especially once they reach high school (Collins et al., 2009). Further, prosocial connectedness, including attachment and bonding to positive peers, is classified as an important developmental competence of adolescence, as identified in the core competency framework developed by Guerra and Bradshaw (2008).

The finding that girls benefitted from the safe and confidential setting with peers outside of *GirlSpace* is supported by the literature. Girls' sense of safety and security is strongest when they are in trusting relationships (Lanctôt, Lemieux, & Mathys, 2016). Further, girls attending the *GirlSpace* program reported benefitting from a stable, cohesive group that met on a consistent basis, especially with peers from outside of their school settings. For example, some participants endorsed a distrust of peers from school which affected their sense of openness when sharing in peer groups within their class. This coincides with literature on this topic. Literature suggests that although most girls develop friendships, these relationships can be highly unstable during adolescence. Girls are often challenged when navigating subgroups and cliques, competition for status and boys, and having to cope with exclusion and betrayal within the school context, contributing to reduced feelings of trust, safety, and increased isolation (Havik, Bru, & Ertesvåg, 2015). It was evident that participants benefitted from being able to disclose personal information to peers from outside of school without fear of judgment.

During the program, a participant disclosed a prior sexual assault and intervention was provided accordingly. During her interview, this particular participant who bravely disclosed sexual violence indicated that the mutual sharing of sensitive information by her peers cultivated

her openness to share her own issue. Further, hers' and other participants' sense of openness and trust in their current supports (i.e., relationships with parents, other adults, and peers) was strengthened, as per participants self-reports during the interviews. These findings are consistent with research on supportive peer relationships in adolescence. For example, friendships offer companionship, safety, emotional security, social protection, motivation to participate, positive self-evaluation, and connection to culture and community. The experience of reciprocity and mutual exchange gives youth a sense of validation and well-being, which in turn facilitates the development of self-concept (Bukowski, Motzoi, & Meyer, 2015). Close relationships to one's peers also provide opportunities for mutual disclosure of sensitive information, giving and receiving validation of one's hopes and fears, and providing help for concerns and problems. Girls' self-disclosures to a trusted person makes their relationship more intimate and therefore higher in quality (Cuadros & Berger, 2016).

In addition, during the interviews, participants consistently alluded to their development of empathy and regard for others' well-being and emotional states. For example, this was evident in their expressed ability to identify others' emotional states and imagine what their peers might be thinking or feeling, contributing to an increased sense of compassion and kindness toward their peers. In this way, the elements associated with close peer relationships (e.g., nurturance, support) contains a moral quality in the sense that they foster the development of a "shared self" (Kohlberg, 1963), in turn leading to increased sensitivity and attention to a friend's perspectives and needs (Bukowski et al., 2015). As research suggests, friendships can promote the growth of interpersonal sensitivity by being able to give and receive affection to another person and provide empathy to their peers during challenging times (Bagwell & Schmidt, 2011). This

coincides with an important developmental core competency during adolescence of acquiring the ability to take perspectives of others and display empathy (Guerra & Bradshaw, 2008).

Further, participants reported improved ability to overcome adversities through program participation, including coping with bullying and addressing relational concerns at home and with their peers. The literature suggests that strong peer relationships can offset the risk implications of problematic family environments, including low parental support, marital conflict, and maltreatment (Collishaw, Pickles, Messer, Rutter, Shearer, & Maughan, 2007; Rubin et al., 2004). In addition, substantial evidence exists demonstrating the importance of having a friend for fostering positive adjustment, particularly for youth who are at-risk due to their individual characteristics (e.g., aggressive, withdrawn) of experiencing peer conflict or victimization (Bukowski et al., 2009). In turn, the presence of a supportive friend may serve as a preventative factor for internalizing and externalizing problems for children who are victimized by their peers (Cuadros & Berger, 2016). Research also supports the presence of a parent, teacher, and community adult support as important for supporting adolescent well-being (Capp et al., 2016).

The sense of connection that girls derive from the sharing of emotion and experience within close peer relationships is assumed to enhance one's sense of emotional well-being and to protect at-risk youth from problems within their personal lives (Bukowski et al., 2015). In this way, social connectedness can be conceptualized as both a buffer against life stressors and adverse outcomes as well as a crucial factor to promote wellness. These outcomes were evident throughout the current study. The literature strongly supports the findings of the research through demonstrating the vital effect of social connection in girls' growth and development.

***GirlSpace* as a social microcosm.** Participants consistently reported that they improved their abilities to actively listen, engage in appropriate non-verbal body language, and respond effectively to their peers. Comfort and competence interacting with their peers was acquired, which in turn assisted to foster relationships with their peers and reduce interpersonal shyness and withdrawal. In this way, the *GirlSpace* group served as a social microcosm for the girls by providing an opportunity for learning and behavior change through observation and modelling of their peers.

Learning and social learning theory is an approach that has provided considerable influence on research on children's peer relationships. The basic tenet of the social learning approach to development is that children learn about their social worlds and how to behave within these contexts, through direct instruction and observation of their parents, peers, and other significant others (Bandura, 1977). From this perspective, peers are viewed as agents of change through facilitating behavior control and behavior modification for one another. Children learn through a trial-and-error process by ignoring or punishing non-normative or socially unacceptable behaviour, and through praising or rewarding actions viewed as culturally appropriate. In turn, peer rejection may result when children behave in non-normative ways, while positive peer relationships may be facilitated when children behave in a socially appropriate manner (McDonald, Malti, Killen, & Rubin, 2014).

Youth groups act as a social world by providing a source for social comparison and feedback, experiencing relationships, and trialling appropriate social behaviour. They function as a social microcosm in which members can exchange information, interact socially, exercise new behaviors, imitate socially appropriate behavior, modify unsuitable interactions, and engage in interpersonal learning (Goldberg & Hoyt, 2015; Whittingham, 2018). Groups provide a

framework in which members can have a range of interpersonal experiences, facilitate learning

about their intrinsic experiences, and by examining their behavior within the social context the

group provides. Experiencing and observing other patterns of behavior and social interactions

enables individuals to experience growth, development, and change (Goldberg & Hoyt, 2015).

When this process occurs productively, adolescents gain confidence in their ability to function

without parental or other adult guidance. Further, this process becomes self-reinforcing. The

dominance of the peer group can produce consistently meaningful and positive changes in this

age group and facilitate the development of social competence (Bukowski et al., 2015).

Integration of Mental Health Findings

The effect size for mental health as measured by the *AMH-SF* was medium. In addition,

the majority of participants' pre-group scores fell within the flourishing or moderate range for

mental health. This indicates that the average participant entered the program with optimal or

average levels of mental health. This could help explain a potential reason for why the effect size

from pre- to post-program was medium and not larger. It is possible that the cohort of

participants that completed the *GirlSpace* program had less of a need for programming compared

to individuals with lower levels of mental health. Further, the *AMH-SF* is a measure of positive

mental health, comprised of items assessing emotional well-being, psychological well-being, and

social well-being. The measure is intended to assess for symptoms of positive mental health and

in turn, would have been limited by not screening for the presence of mental illness.

In addition, it is possible that when asked about their mental health post-program, that

participants demonstrated improvements in only certain components of positive mental health

and not in others. This notion is corroborated by deeper analysis of the findings. While all of the

subscales on the *AMH-SF* increased from pre- to post-treatment, psychological well-being was

the only one which approached statistically significant differences. Item-by-item analysis indicated that the most impactful dimension of psychological well-being endorsed by participants was feeling that their life has a sense of direction or meaning to it. This suggests that program participants' abilities to set goals in life, assign a sense of meaning to their present and past lives, hold a sense of purpose, and identify aims and objectives for living had the greatest influence on their overall levels of mental health. Research supports this conceptualization of psychological well-being (Ryff, 2018). The qualitative analysis corroborated statistical findings, with participants' reporting subjective increases of hope for the future, positive outlook on life, and belief that their life has meaning.

More detailed statistical analysis also revealed that participants endorsed feelings of having warm and trusting relationships with others as notably impacting positive mental health outcomes. It makes sense that participants endorsed improvements on this item in particular, given its close relation to social connectedness (as assessed by the *SCS-R*), which displayed statistically significant improvements from the start to end of program as discussed in the previous section. As per Ryff (2018), the concept of psychological well-being includes social elements, including participants' perception of having satisfying and trusting relationships, their care or concern about the welfare of other people, capability to display strong empathy, affection, and intimacy, and understanding the mutuality of relationships.

The psychological well-being dimension of autonomy was also found to play an important role in improving mental health outcomes. Participants' self-reports confirmed improvements in autonomy through their reports of demonstrating better ability to confidently think or express their own ideas and opinions and engage in independent action. Research supports better independence and self-determining behaviour, ability to resist social pressures to

think and act in certain ways, regulating one's own behavior, and evaluating the self by personal standards as comprising the concept of autonomy (Ryff, 2018).

While the effect size of psychological well-being is moderate, the qualitative data certainly indicates increases in overall mental health. There were consistent indications of improved emotional intelligence, through reports of increased awareness of, regulation, and ability to express emotion. Participants indicated being able to accept themselves more, including their bodies and perceived character flaws and imperfections. They credited several of their improvements in mental health to the learning of specific tools for wellness improvements, like journaling and deep breathing. Participants also credited receiving psychoeducation on mental health for gaining insight into their own and others' signs and symptoms, as well as for reducing the stigma associated with the presence of mental illness. This in turn may have affected participants' experiences with mental health in a positive way.

Mental Health in Adolescent Girls

Given the wealth of literature that exists which substantiates the vital influence of social connectedness (e.g., Bukowski et al., 2015; Masten, 2001; Nilsen et al., 2013), including its mitigating effects on emotional problems, it is no surprise that pre-post changes in mental health approached statistical significance. Although not significant, trends suggest that improvements in mental health may have emerged if there was more statistical power on the measure, as small-moderate effects were evident at both time-points. Participants consistently reported increases in mental health from program participation, including improved mood, lessened anxiety, and better body image. Further, participants spoke to feeling included and accepted by the group, contributing to less feelings of loneliness. Research supports that feeling safe and comfortable through connecting to a group of peers may counteract the influence of social isolation and

promote a sense of wellness. Further, having a high-quality, encouraging friend has been linked to positive psychological well-being (Bukowski et al., 2015). It is well known that adolescents who develop intimate and emotionally supportive relationships with their peers, parents, and teachers, are at a decreased risk for poor psychological outcomes, including social anxiety, depressive symptoms, and loneliness (Bukowski et al., 2015; Nilsen, et al., 2013; Rueger et al., 2016).

Providing opportunities for social skill development during the *GirlSpace* program through learning how to actively listen, respond effectively, and display appropriate non-verbal body language may have contributed to improvements in mental health as well as social connectedness. Literature supports that girls' tendency to express their feelings and seek support from their peers may act as a buffer from emotional distress. By turning to their peers for help, girls may be provided with reassurance that their concerns can be solved and that they are valued members of their social group. In turn, their likelihood lessens for experiencing emotional concerns, including reduced self-esteem, excessive worrying, sadness, or other types of emotional distress (Monti, Rudolph, & Miernicki, 2017). Further, being socially skilled serves as a protective factor from developing internalizing problems because they often result in positive interpersonal interactions (Dirks, Persram, Recchia, & Howe, 2015). Research substantiates that adolescents with low social skills in early adolescence may receive less social support from people in their lives, including their friends, teachers, and parents. Perceiving less support might predict increasing depressive symptoms during adolescence, especially so for girls, given their heightened relational focus (Zimmer-Gembeck & Skinner, 2016).

Emotional regulation. The improvement in emotional regulation skills through completion of the program was evident through participants' reports of becoming more aware of,

better able to regulate, and express their emotions through program participation. As per developmental literature, given the hormonal, developmental, and neurological changes characterizing adolescence, affecting both the valence and intensity of positive and negative emotions, the acquisition of regulatory skills during this time is necessary (Criss et al., 2016). As children reach adolescence, their emotional regulation competencies shift from relying on support from adults to becoming increasingly self-reliant, instead using a variety of coping strategies to modulate their emotional response (Zimmer-Gembeck & Skinner, 2011).

Shifting one's perspective of the situation in order to think about it differently was described by participants as a newly acquired emotional regulation strategy. According to the literature, cognitive reappraisal is a technique that involves changing a person's interpretation of a situation in order to shift the thoughts, behaviours, and emotional impact associated with the event (Essau et al., 2017). Participants also endorsed improved ability to problem-solve as a strategy for managing their emotional experiences. Problem solving, as supported by previous research, is a behavioural emotional regulation strategy whereby alternatives to a problem are considered and active effort is given to change the situation (Sarfan, Gooch, & Clerkin, 2018). These strategies have been shown to be an effective method for managing emotions in adolescence, in comparison to other strategies, such as rumination or suppressing an emotion (e.g., Klemanski, Curtiss, McLaughlin, & Nolen-Hoeksema, 2017). When compared to cognitive reappraisal, emotional suppression has been associated with several negative health outcomes in adolescence. Trying to control unwanted emotions is a maladaptive strategy that paradoxically contributes to their worsening, as it prolongs the experience of negative affect (Jeffries, McLeish, Kraemer, Avallone, & Fleming, 2016), including increased negative affect and depressive symptomology (English et al., 2012), decreased positive affect (Kalokerinos, Greenaway, &

Denson, 2015), increased stress-related symptomology and physiological arousal (Egloff,

Schmukle, Burns, & Schwerdtfeger, 2006; Moore, Zoellner, & Mollenholt, 2008), and obsessive

thinking (Corcoran & Woody, 2009). Thus, acquiring adaptive strategies is critical during the

formative years of childhood and adolescence so as to minimize the host of negative

repercussions that may result from the use of emotional suppression. In this way, the *GirlSpace*

program may serve as an important setting for the acquisition of such emotional regulation skills.

Body image. Participants reported improvements in their self-esteem and body image as

seen through feeling more confident in who they are, an improved ability to accept their

perceived flaws and imperfections and feeling less self-critical. Research evidence exists

purporting low self-esteem is a causal risk factor for body dissatisfaction and therefore

improving self-esteem will contribute to a reduction in body dissatisfaction (Holland &

Tiggemann, 2016). Given the preponderance of literature that exists endorsing the deleterious

effects of poor body image, low self-esteem, and body dissatisfaction, including heightened risk

of developing eating- and weight-related concerns during adolescence (e.g., Bornioli et al., 2019;

Eisenberg et al., 2017), the relative stability of this issue over the past decade, and the wide range

of detrimental consequences, it is essential to identify successful prevention programming

focused on bolster body image and self-esteem and preventing eating disturbances from

developing or becoming chronic (Ciao, Loth, & Neumark-Sztainer, 2014).

Many body image researchers argue that prevention efforts and early intervention

provides the greatest opportunity to address body image concerns and appearance ideals before

young people's ideas about appearance and dissatisfaction become fixed (Rohde, Stice, & Marti,

2015; Shaw & Stice, 2016). A summary of the literature by Ciao and colleagues (2014)

highlights common elements of successful eating disorder prevention program, including

targeting specific risk factors (e.g., body dissatisfaction), providing content on healthy eating/nutrition, media literacy/sociocultural pressure, and body acceptance/body satisfaction. The study's results also indicated the importance of including interactive content that are group-based and include multiple sessions. The findings further demonstrated that successful prevention programs tend to be universal, targeting all individuals within a specified group, regardless of risk status (Ciao et al., 2014). Given the *GirlSpace* program's inclusion of these features, it is no surprise that participants reported improvements in body image, self-esteem, self-acceptance, and body acceptance.

Integration of Resilience Findings

Small change seems to be indicated by both qualitative and quantitative data on measures specific to resilience. Participants pre-group scores for resilience were approximately 108 out of 140, with higher scores indicating greater resilience levels. Scores of resilience increased approximately five points to approximately 113 from pre- to post-group. Several interpretations of the term *resilience* exist, with the author of the *CYRM-28* providing a definition for resilience as being framed in the context of "significant adversity" (Ungar, 2008). It is a possibility that the small effect size in resilience could potentially be attributed to participants having entered the program with protective factors that reduced the negative effect of adversity, contributing to increased levels of resilience. For example, according to the demographic information obtained from all participants pre-program, 62.5% of girls resided in households with yearly incomes reports of over $61,000, which falls slightly below the median after-tax household income of $70,300 per year in Alberta in 2017 (Statistics Canada, 2019). Although income level by itself does not always accurately represent environmental conditions contributing to outcomes, the potential benefits associated with higher levels of income may result in less exposure to many of

the hardships typically associated with low income (e.g., living in a dangerous environment, decreased access to resources; Devenish, Hooley, & Mellor, 2017). Other protective factors participants may have begun program with include low parental discord, attendance at effective schools, low exposure to prior adversity, and nurturant parenting (Masten & Reed, 2002).

Further, the *CYRM-28* captures three factors known to positively influence resilience: individual (i.e., personal skills, peer support, and social skills), relationships with primary caregivers (i.e., physical caregiving, psychological caregiving, and contextual factors (i.e., spiritual, education, and cultural). It is possible that the *CYRM-28* was not sensitive to the full experience of participants, or that the program only influenced some of the factors comprising resilience as measured by the *CYRM-28*. Analyses of the subscales comprising the *CYRM-28* indicate that items assessing individual capacities and resources approached statistical significance, including improved social skills and greater knowledge of where to go in their communities for help. The acquisition of social skills, although captured by the measure of resilience, overlaps with participants' self-reports from the interviews as skills which assisted them to foster greater social connectedness, through developing close relationships with their peers and facilitate communication with others in the program and in other contexts. Further, several descriptions in the post-group interviews demonstrate some improvements in resilience, namely in participants' reports of feeling better equipped to overcome challenges in their lives, including resisting drug use, overcoming bullying, addressing school concerns, and identifying unhealthy relationships. Several participants indicated feeling perseverant and dedicated to achieving their goals, despite being faced with potential hardships or barriers.

As previously discussed, there was great significance attached to participants' experiences of developing high quality relationships with other group members, in turn receiving

important sources of support from their same-age peers. This social connectedness seemingly extended past intragroup relationships and into their personal lives, with reports of participants identifying that the quality of support received from primary caregivers also improved. Also, participants described their leaders as fulfilling an important position as role models. The forming and strengthening of these relationships are speculated to have fostered resilience in program participants. Further, participants described acquiring several personal skills through program participation, including improved ability to make rational decisions, critical thinking skills, and social skills that in turn, may have fostered greater resilience. Although assessed by the measure assessing leadership (i.e., *YLLSDS*), the quantitative analysis also identified that participants improved in their ability to use rational thinking.

Resilience in Adolescent Girls

At post-test, compared to the onset of program, girls reported increases in measures of resilience. Although the findings suggest that the program may have had an impact on resilience, these effects were small and thus require further investigation. Acquiring social skills was alluded to as a promotive factor of resilience gleaned from program participation, as it enabled participants to develop close relationships with their peers within and outside of the program. Descriptions of improved relationships with primary caregivers and others was evident, with participants describing better awareness of the importance and abundance of supports available to them. Although not significant, the large-moderate effect demonstrated for knowing where to go in the community for help represents a meaningful change in girls' awareness of available supports.

Perspective shifts and decision-making. Participants described acquiring several personal skills through program participation, including improved ability to make rational

decisions, critical thinking skills, and social skills that in turn, may have fostered greater

resilience. It was evident that attendees benefitting from receiving group feedback, finding it

helpful for focusing on the positive aspects in their life and adopting a shift in perspective. The

shift in perspective and recognition of personal control was evident through participants reports

of feeling better equipped with greater strategies, supports, and agency to handle problems in

their lives as they arose. *GirlSpace* participants were evidently engaging in purposeful and goal-

directed action to change their situations, for example, by speaking to a peer to remedy an

interpersonal concern.

There is strong support for the acquisition of problem-solving skills and problem-focused

coping strategies for garnering resilience in adolescence (e.g., Sharma, 2015). Adopting a

problem-focused perspective enables youths to address difficulties in their life head-on, by

creatively developing solutions and reaching out to external resources and supports for help

(Cruz et al., 2018). Decision-making skills (i.e., feeling capable of coordinating future goals and

understanding that the consequences of one's decisions) has been identified as an important

developmental task during adolescence (Guerra & Bradshaw, 2008). Similarly, the belief that

one has power to shape their life and control events that happen to them (i.e., internal locus of

control) has also been found to strongly correlate to resilience outcomes (Morris, Squeglia,

Jacobus, & Silk, 2018). By acting, it is anticipated that a greater sense of self-efficacy and

personal control will continue to evolve and positively influence resilience levels (Everall et al.,

2006).

The presence of mood and anxiety concerns, resisting drug use, overcoming bullying,

addressing school concerns, and identifying unhealthy relationships were just a few of the

stressors and barriers identified by *GirlSpace* program participants, which may have influenced

resilience ratings at post-test. These issues may or may not have been viewed as adversities, depending on each individual's interpretation of the events and whether they provided an influenced their resilience outcomes accordingly. Recent literature suggests that engaging with stressors may have positive consequences for longer-term healthy emotional development (e.g., Shapero, Abramson, & Alloy, 2016), with the potential to increase an individual's personal capacity to effectively cope with stressors in the future (Oken, Chamine, & Wakeland, 2015).

Hope and optimism. Evident throughout the research process were participants' reports of perseverance and dedication towards goal-achievement, even in the presence of hardships or barriers. Statements of increased hope for the future, positive outlook on life, and belief that their life has meaning were consistent pieces of feedback provided by the girls. Being able to recognize 'the good' in their lives evidently also fostered feelings of joy, optimism, and gratitude in participants. Although it does not appear that YWCA Edmonton intentionally incorporated curricula dedicated to fostering hope and optimism, participants evidently had outcomes in these areas.

Hope and optimism have been depicted as valuable psychological resources that serve as protective factors for both mental and physical health (e.g., Schaefer, Howell, Schwartz, Bottomley, & Crossnine, 2018). An optimistic attitude towards life and the future has been reported to be an essential component to developing resiliency to overcome adversities and hardships (Pathak & Lata, 2018; Seligman, 1990). Dispositional optimism in particular, defined as the generalized expectancy that positive outcomes are attainable, has been shown to correlate with positive coping and to predict positive outcomes after adverse events (Carver & Scheier, 2018; Scheier & Carver, 2018), peer acceptance in early adolescence (Oberle, Schonert-Reichl, & Thomson, 2010), and to benefit overall health and well-being (Bouchard, Carver, Mens, &

Scheier, 2017). In addition, individuals scoring high on self-efficacy tend to also be optimistic; they believe that they can take control of events in their lives, overcome hardship, and creatively solve problems (Phan, 2016). Self-efficacy and optimism are essential components in resilience and in turn, foster hope (Schwarzer & Warner, 2013). Consideration may be given to include activities intended to cultivate hope and optimism, given their association with a variety of positive outcomes. Possibilities include educating teens on ways to challenge negative self-talk and pessimistic beliefs, learning how to set realistic goals, and negotiation and assertiveness training (Phan, 2016; The Trustees of the University of Pennsylvania, 2019).

 Social and emotional development. Several models have been proposed for understanding the mechanisms that protect or serve as buffers for mental health difficulties and problem behaviors in adolescents. The bulk of current theoretical and empirical literature supports a socioemotional competence perspective in which children with positive social and emotional skills demonstrate resiliency when confronted with stressful situations, such as the ones experienced by *GirlSpace* attendees (Masten & Motti-Stefanidi, 2009; Nangle et al., 2010).

 Research has consistently found a positive correlation between measures of children's social and emotional skills and measures of later psychological health and resiliency (e.g., Eisenberg et al., 2010). There is great need for prevention efforts targeting these skills early before mental health difficulties emerge. Attention to adolescents' experience, expression, and management of emotions and the ability to establish positive and rewarding relationships was evidenced by portions of the *GirlSpace* curriculum focused on providing strategies to identify and understand one's own feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and their expression in a constructive manner, to regulate one's own behavior, to develop empathy for others, and how to establish and maintain

relationships (National Scientific Council on the Developing Child, 2004; see mental health and social connectedness outcomes discussed earlier in the chapter). Given the program's apparent emphasis on activities intended to promote social and emotional development, it is curious why there remained a small effect size on the measure of resilience. Social and emotional learning targets many of the same skills that predict resilience: self-awareness, self-management, responsible decision-making, social awareness and relationship skills (Weir, 2017).

The *GirlSpace* curriculum seemingly contained prevention activities intended to improve several protective factors proven to bolster resilience. However, given the small quantitative change in resilience measures, dedicated efforts to review and revise such activities is warranted. Given the overlap between socioemotional development and resilience, YWCA Edmonton may benefit from a thorough review of their activities intended to foster social and emotional competencies and ensure they are aligned with evidence-based curricula. Consideration might be given to address additional protective factors known to enhance resilience that received less emphasis during the program, including cognitive abilities (e.g., IQ scores, attention skills, executive functioning skills), temperament and personality (e.g., adaptability, sociability), and close relationships with competent adults (e.g., parents, relatives, mentors; Masten, 2001). For example, given that *GirlSpace* only spans 20 weeks, YWCA Edmonton might consider referring participants to another youth program, or encourage enrolment into a mentorship program, such as *Big Brother Big Sisters*, upon completion for continuation of care.

Further, the literature is clear that nurturing, stable, and consistent relationships with supportive adults is essential for healthy growth, development, and learning (National Research Council and Institute of Medicine, 2000). While the presence of high-quality, supportive adult mentors was cited as a factor that increased positive outcomes, it is essential to consider that

GirlSpace attendees spend the majority of their time engaged with other adults, including parents and/or guardians and teachers. Currently, YWCA Edmonton does not offer programming focused on improving parenting. Group-based programs for parents of *GirlSpace* participants may be considered to bolster post-test resilience levels for future programming. Alternatively, program developers might consider ways to increase communication with or further involve caregivers throughout *GirlSpace*, for example, by updating them on their child's status or communicating ways to continue fostering their skill development at home.

Integration of Leadership Findings

Finally, in terms of leadership, both quantitative and qualitative data suggest similar findings on this measure. A small effect size was found, which is consistent with participants' reports during the post-program interview of improvements in their leadership ability. Better confidence was the largest change identified by participants during the post-program interviews, namely when making presentations and speaking in front of a group, setting goals for the future, and working as a team. Although only approaching statistical significance, the quantitative analysis corroborated participants' subjective reports, with participants reporting greater willingness to speak up for their ideas and consider input from all group members (as assessed by the *YLLSDS*) and demonstrating better ability to confidently think or express their own ideas and opinions (as assessed by the *AMH-SF*). Further, the *YLLSDS* identified that participants were better able to clarify their values by the end of program. Despite these reported improvements, it was evident throughout the interviews that some participants were uncertain whether they were actively displaying leadership behaviours on a regular basis. As one noted, "I haven't really seen a change yet. I guess there's one thing I've noticed I've gotten a lot better at, which is making eye contact since *GirlSpace*. Because that was one thing I said I wanted to work on, and I've gotten a

lot better at it" (Participant 12). This description is consistent with several other participants. It seems evident that when asked about leadership, participations identified improvements in several social skills, including eye contract, listening ability, and improved confidence speaking with others and giving presentations. The *YLLSDS* captures seven factors known to comprise youth leadership: (a) communication skills, (b) decision-making skills, (c) skills in getting along with others, (d) learning skills, (e) management skills, (f) skills in understanding yourself, and (g) skills in working with groups. Therefore, it is possible that the *YLLSDS* merely captured part of participants' experiences with leadership in the program, most notably the factors involving communicating and getting along with others. It is possible that participants developed some of the foundational, soft skills for leadership from program participation, which have yet to manifest into observable improvements in their leadership behaviour. Perhaps with maturation, education, and interactions with their community, skills for leadership will be honed and further developed. Further, participants began the program already reporting high leadership development as acquired in other contexts, and thus it is a possibility that there was a low likelihood for significant improvements to occur in this area over the course of the 20-week program.

Leadership in Adolescent Girls

Critical examination of leadership variables is warranted, given the small changes that occurred from pre- to post-program. While improved confidence, public speaking ability, setting goals for the future, working as a team, and feeling better able to identify their values were leadership-related outcomes endorsed by participants, both quantitative and qualitative reports indicate that these shifts were insignificant. Critical examination of the literature indicates that

there are several areas in which YWCA Edmonton could potentially augment the *GirlSpace* program to bolster leadership outcomes.

Developmental leadership tasks. There exists the possibility that the tasks and activities intended to improve youth leadership could benefit from greater attention to developmental considerations. As previous research suggests, leadership tasks most likely correspond with important developmental tasks for youth in each age range. In understanding the leadership tasks for each age, first a child must be ready cognitively, emotionally, and socially to take on a leadership role (Murphy, 2012). YWCA Edmonton might consider implementing a separate peer mentorship program intended for middle and older adolescents to foster leadership outcomes in late adolescence (Meschke et al., 2012). Resources that contrast the various stages of adolescent development allow for youth workers to more readily appreciate and implement programming strategies, such as scaffolding or providing age appropriate leadership and skill building opportunities for youth (Meschke et al., 2012). Given the value of leadership development during adolescence on later outcomes, youth programs must intentionally focus on how leadership capabilities can be developed further during this critical period of life (Rehm, 2014).

Fostering meaningful youth participation. Study results reveal that program participants reported acquiring and improving several foundational leaderships skills; yet there were few, if none at all, endorsements of active engagement in leadership behaviours. It is well recognized that simple participation in youth programming is insufficient to promote leadership outcomes in adolescents. The idea that adolescents will receive leadership development solely from participation in after-school programming or extra-curricular activities is a fallacy (Whitehead, 2009). Lilley (2010) summarizes this idea:

"... there is a void in identifying, providing practice of and the teaching skills required for student leadership. This highlights another problematic area; it is not enough for students to be given leadership opportunities and then be expected to absorb the skills by some sort of experiential osmosis" (p. 19).

Lilley emphasized that while developing opportunities to teach, train and develop adolescent leadership is prime and necessary, it must be intentional. Providing youth with the opportunity to actively plan, develop, and shape program activities, initiatives, and projects serve as opportunities for practicing leadership skills (Restuccia & Bundy, 2003). This may include selecting and researching program content, serving as peer facilitators with adult support, or strategizing participation recruitment efforts. The importance of youth involvement in decision-making has been identified as important for successful development of health and well-being (Lawford, Ramey, Rose-Krasnor, & Proctor, 2012). For example, providing early adolescents opportunities for autonomous decision-making has been found to positively influence academic success (Zimmer-Gembeck, Chipuer, Hanisch, Creed, & McGregor, 2006), foster healthy relationships with parents (Bumpus, Croutter, & McHale, 2001; Smetana, Campione-Barr, & Daddis, 2004), and contributed to higher levels of overall self-esteem (Gutman & Eccles, 2007).

YWCA Edmonton might achieve more effectiveness in leadership training if they ensure that participants have opportunities for meaningful input into the program, perhaps through the creation of relevant policies and procedures, offering suggestions for relevant topics of discussion, and by offering support and training to adult leaders in how to promote youth voice. This latter strategy might be especially worthy when geared toward early adolescents. YWCA Edmonton might also consider providing youth with the opportunity to rotate positions as the designated facilitator to provide a valuable opportunity to facilitate discussion. Doing so

facilitates leadership development while facilitating the natural growth that occurs during this developmental period (Meschke et al., 2012). When youth are involved in the planning and execution of the programs in which they participate, they consistently show higher levels of responsible behavior, solve problems and resolve conflicts more readily, and develop and exercise leadership skills. Further, giving youth a meaningful role in the program will heighten their sense of belonging to the program, fostering deeper relationships with the adult staff and other youth participants, as well as incorporating relevant developmental considerations (Restuccia & Bundy, 2003).

Several for-profit and non-profit organizations, including the YWCA Edmonton, offer programs claiming to enhance teen leadership behaviours. However, methods suggested for achieving these goals are often broad and include common competencies like effective communication, character-building, public-speaking skills, and responsible decision-making (Rehm, 2014). While such competencies certainly serve as important precursors to leadership, they are insufficient on their own (Murphy & Johnson, 2011). Further, decision-making, public speaking, collaboration, problem-solving, and conflict resolution are typically essential competencies for all high school graduates in the 21st century. While the degree of interaction and crossover between youth programs and school curricula varies, these learning outcomes can be redundant if already addressed through the school (Rehm, 2014). Components taught specifically for leadership should be different from items found elsewhere in the curriculum.

Community involvement. YWCA Edmonton's incorporation of a module dedicated to civic engagement is consistent with the community-service activities suggested in the literature to bolster leadership outcomes. Extending past the discussions and brainstorming of needed community service activities discussed during the module to incorporate experiential civic

engagement activities is recommended in light of research on youth leadership development. Further, developmental literature suggests that leadership exercises in late adolescence should be focused on more managerial and community leaderships roles, such as commencing service activities or social justice initiatives to address community needs with the goal of creating change to benefit the common good. Through these experiences, teens build responsibility and character and develop into contributing members of society by giving them confidence and team skills and also by focusing specifically on the skills that youth need for effective leadership (Murphy, 2012).

However, engagement in community accomplishment activities might not result in the same outcomes for early adolescents as it does for later ages. Instead, suggested leadership activities for early and middle adolescence include coordinating teams for fundraising or student projects, running for student government activities, public speaking to gain support for a cause, and focusing on bolstering self-management skills (e.g., goal setting, self-observation and evaluation; Murphy & Johnson, 2011).

There is ample evidence, which suggests meaningful civic involvement and leadership development are beneficial for youth and for communities (Houwer, 2016). Contrary to pervasive stereotypes and media messages lamenting youth apathy, research demonstrates that youth desire to contribute to their communities and that doing so provides them not only with pro-social skills, attitudes, and knowledge, but with a sense of purpose and feelings of self-efficacy (Jones, 2009). Opportunities for civic engagement through leadership is also suggested to help to cultivate a social identity that combats the deleterious effects of social exclusion (Galabuzi, 2004; Ghosh, Mickelson, & Anyon, 2007). Through civic engagement, youth identify issues that are meaningful to them and become active in addressing these issues. In turn, they

learn how to interact with diverse peers and adults, while balancing personal self-interest with

the needs of the community (Borden & Seriodo, 2009). As Borden and Seriodo state (2009),

"understanding the process that links program participation to engaged citizen becomes even

more important when we consider disenfranchised youth who often lack important social and

emotional support and have limited access to opportunities to develop their skills and use them to

contribute to the larger community" (p. 426).

Self-awareness and self-efficacy. In addition to developmentally appropriate

experiential activities and community involvement, the task of leadership requires the ability to

become aware of and manage the self (Murphy, 2002). YWCA Edmonton's assignment of young

female mentors to each *GirlSpace* group, as well as discussions about famous female leaders

aligns with suggested means of fostering self-efficacy. In alignment with previous

recommendations, YWCA Edmonton might also consider providing ample practice opportunities

for youth to put their ideas of leadership into practice, as research indicates that experiential

activities are absolutely essential for the development of a sense of self-efficacy in relation to

one's leadership capabilities (Houwer, 2016).

Dedicated self-efficacy activities, for example, by exposing teens to young adult leaders

or mentors with empowering stories to share (Rehm, 2014). Lewis-Charp, Cao Yu, Soukamneuth

and Lacoe (2003) suggest "youth are best able to demonstrate decision-making in settings where

they have discrete roles and responsibilities that do not directly overlap with adult roles" (p. 23).

Leadership mentors serve youth leadership development needs best when they provide positive

feedback, and model and support leadership development but do not interfere or overwhelm

(Houwer, 2016). Furthermore, a leader's level of self-efficacy has the potential to in turn affect

an adolescent female's interpersonal context by instilling a sense of self-efficacy and confidence

in their followers (Murphy, 2012; Rosch, Ogolsky, & Stephens, 2017), highlighting the importance of a relationship-based framework for youth adolescence (Komives et al., 2006).

In sum, while YWCA Edmonton made evident strides to bolster the precursory leadership characteristics of *GirlSpace* participants, such as social competence and assertiveness, there remain several areas where the program could be adjusted to increase outcomes. It is anticipated that instead of offering a "one-size-fits-all" approach to leadership programming, multiple learning techniques should be employed. YWCA Edmonton might tailor the learning experiences to provide a better outcome, based on sound developmental literature as to what leaders of a particular age group actually do. Incorporation of experiential learning opportunities, including role play, experiential activities, and community service-learning activities can be used to provide multiple methods for acquiring leadership skills (Murphy, 2011). In addition, incorporation of self-management strategies and involvement of parents may also be considered. The research is clear in suggesting that youth are motivated to participate in meaningful purpose-driven action; therefore, it is essential that the purpose behind the exercise of leadership should be deliberately operationalized (Haber, 2011).

Table 11

Side-by-Side Comparison of Qualitative and Quantitative Indices of Change

	Post-program Interview Quotes	Effect size
Social Connectedness	"Yeah, because we all talked about like, how our week was going. So, lots of the girls, when they say something bad happened to them, I could think in my head like, 'Oh that's happened to me before', and it made me feel less alone about all that stuff." (Participant 19)	
	"I think just the whole idea of the program made it feel like there is community… Just to know that you're not alone I guess." (Participant 7)	medium
	"I would actually take it to *GirlSpace* because that's where a feel I can put most of my trust. And I have lots of friends who I trust but I'm not sure I can really delve into all of my personal problems." (Participant 18)	
Mental Health	"I kind of didn't really feel the need for [counselling] because I was only going, like, once a month, and I have *GirlSpace* instead once a week. I felt like I was in a better headspace… I was a lot happier. And I didn't feel like I really needed it." (Participant 19)	
	"[The group] helped me develop my emotions so that I stopped breaking down." (Participant 1)	medium
	"Like, I went in there not feeling the best about my body and really my appearance, but they helped me embrace it and be like, 'Hey, you are who you are, have fun,' you know what I mean." (Participant 16)	
Resilience	"Yeah, like, we've talked about lots of life issues. I haven't come across any of them yet, but we talked about, like, abusive relationships and the 'red flags'. So, I didn't know half of the stuff that they were considering 'red flags'. So now if I find myself in that situation, I feel like I can use	small

the skills I learned from *GirlSpace* to help me in that situation." (Participant 19)

"Sometimes there can be harder challenges and sometimes there can be easier challenges. And that sometimes you just got to like, try to do them. No matter how long it takes. Some people go at different paces, and never give up on a hard challenge. That you really, like, want to do it." (Participant 14)

"I feel like I can turn to [my mom] more and talk to her about things like what I wouldn't talk to her about before." (Participant 8)

Leadership   "I feel like I'm better talking or just being in front of crowds. Like, just even presenting school projects. I feel more confident doing that. They are just easier." (Participant 13)

"So, now after *GirlSpace*, I feel like I can really do   small anything, be anything I want. And they gave me great opportunities to show people that I can be a good leader. And that I'm a very kind person." (Participant 9)

"I now have more confidence to say what I have to say. Now, I feel like people will actually listen." (Participant 5)

Relevance to Counselling Psychology

The purpose of this section is to situate this study in the larger field of counselling psychology. This will be done primarily with regard to the salient presence of positive psychology within girl-specific programming. One of the main aims of positive psychology is to overcome the fixation on flaws, weakness, and psychopathology, and instead focus on strengths that allow individuals to survive and grow even in the face of adversity (Seligman & Csikszentmihalyi, 2000). The literature consistently substantiates girl-specific programs that are strengths and asset-based, citing these programs as best practice for youth programming (e.g., Baillie, Maas, Buchholz, & Mutch, 2008; Calhoun Research and Development et al., 2005; Patton & Morgan 2002; Steenbergen & Foisy, 2006; Zurbriggen 2009). This broader focus of "reducing the incidence of psychological and physical health problems and of enhancing social competence and health" (Cowen, 1983; Weissberg & Greenberg, 1998) combines prevention and intervention efforts, health promotion, as well as aspects of positive psychology. Through incorporating each of these perspectives, engaging in youth programming intended to foster protective factors and reduce risks are good for all adolescents, providing them with supportive and meaningful relationships and opportunities to see themselves and others as having valuable contributions to make to the world (MacNeil, 2006).

The underlying influence of positive psychology is very evident in the *GirlSpace* program. *GirlSpace* has an asset-based, positive focus, and intends to develop the skills of program participants. One of the program's overarching objectives is to recognize that each person has a unique set of talents, abilities, and assets that can be identified and enhanced. The program focuses on bolstering participants' strengths and competencies rather than remediating deficits. It incorporates a positive psychology approach to functioning by recognizing that well-

being exists on a spectrum from extremely negative to positive (Seligman & Csikszentmihalyi, 2000). Positive functioning does not occur simply by ameliorating negative conditions, rather it requires a comprehensive focus on bolstering the psychological, physical, social, and mental well-being of individuals. Negative outcomes and risky behaviour are addressed if necessary, but in fitting with the mandate of YWCA Edmonton of "advancing the wellness and growth" (YWCA Canada, 2014c) of girls, the program prioritizes the development of positive attributes, skills, and assets. In turn, it is anticipated that girls will follow a trajectory towards a healthy, empowered, and well-adjusted life.

Preparing, not "Fixing" Girls

As girls learn skills in community programming, they develop a sense of autonomy and are encouraged to take action in their lives. Actions falls on a continuum from personal actions (i.e., refocusing negative self-talk), to global action to change inequitable social policies. This is the essence of a productive gender-based community programming model (Poole et al., 2015). An empowerment model that incorporates principles and practices from strength-based, popular education, and civic engagement approaches is a modern alternative to approaches where the focus is not centred on learning coping skills or educating girls to make better choices and lead healthier lifestyles. The literature consistently supports the mobilization of girls and young women to unite for the purpose of social change; to recognize and work towards eliminating social problems, such as racism, sexism, and other power imbalances that act as barriers and lead to inequities in girls' lives (Poole et al., 2015).

Further, through its emphasis on bolstering protective factors, recognizing sociocultural pressures and issues, and building or strengthening connections with peers, girl-centred support challenges the narrowly focused health-issue approaches, which do not address the context of

girls' lives and the broader determinants of girls' health and well-being. Instead, its focus is on health promotion and prevention, through empowering girls and enhancing the development of protective factors associated with health risks, including unhealthy relationships, substance use, mental illness, and physical inactivity. By providing a safe, non-judgmental space where girls can create connections with their peers and mentors, and work through the problems and concerns they are experiencing, girls in turn experience improved confidence and the acquired skills to make decisions about their health and cope with other challenges in their life (Poole et al., 2015).

Combining prevention and health promotion efforts. Given the interrelationships among problem behaviours and their developmental trajectories, comprehensive prevention and health promotion programs are designed to address common personal, family, school, and community risk and protective factors for diverse outcomes rather than being structured primarily to reduce problem behaviours in a single area (Jessor, 1993). Socio-environmental approaches to prevention are important, as they target different aspects of the social and cultural context for change, with the goal of enhancing protective factors and preventing future problems (Austin, 2012). From a socio-environmental view on prevention, one must target the micro-level system (e.g., family, peers), as well as the macro-level system (e.g., laws, media regulations; Piran & Mafrici, 2012). Community programs that include policy changes and media campaigns are more effective when they are coordinated with family, peer, and school components (Wandersman & Florin, 2003). Parents, siblings, and peers can play an "ancillary, supplementary, supportive, or even primary role" in providing support to the child (Kazdin, 2003, p. 256).

Prevention efforts oriented towards the community aim to change the complex macro-level environment within which the developing child is located (Piran & Mafrici, 2012). These efforts extend past individually targeted strategies that tend to place the responsibility on the individual (Sánchez-Carracedo, Neumark-Sztainer, & López-Guimerà, 2012), and assist to offset the development of concerns (e.g., eating disorders) as well as comorbid behaviours (e.g., depressed affect, suicidality; McVey, Tweed, & Blackmore, 2007). Many concerns are somewhat symptomatic of larger socio-environmental problems, and awareness of the sociocultural influences may assist to increase awareness of social scientists, policy makers, and advertising agencies of the importance of fostering resilience and reducing risk among non-symptomatic populations (McVey et al., 2007). The *GirlSpace* program exists within this socio-environmental view on prevention as a "positive institution," (p. 5) defined as an "[institution] that moves individuals toward better citizenship, responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic" (p. 5; Seligman & Csikszentmihalyi, 2000). The program guides its participants to be caring, responsible, and productive people in society (Peterson, 2006).

Directly turning attention to the family setting may involve developing programs specifically designed to equip parents with skills necessary to foster the assets of their teens (Hart, Cornell, Damiano, & Paxton, 2014; Kazdin, 2003). The *GirlSpace* program strives to include parents and significant others in the program, by providing them with progress updates and sending information to parents on group topics if requested. Similarly, teaching teens how to support one another through positive peer modelling and building self-esteem can foster a healthy and respectful environment (Kazdin, 2003; McVey et al., 2007).

Timing of prevention efforts. Given the effects that spread over time for some kinds of concerns including anxiety, depression, and eating disorders, timely and targeted prevention efforts could interrupt negative cascades before spreading or promote positive cascades to help develop adaptive behaviour (Masten & Cicchetti, 2010). Well-timed and developmentally appropriate efforts may also reduce problems in one area (e.g., poor body image, anxiety) that often cascade to cause other concerns (e.g., disordered eating; Striegel-Moore & Bulik, 2007). Or, targeting improvements in adaptive behaviour (e.g., fostering self-esteem) may increase the likelihood of improving function in other areas (e.g., increased confidence; Masten & Cicchetti, 2010). In other words, by considering cascading effects, programs may be designed to change the mediating process and thus the outcome of the individual (Masten & Cicchetti, 2010). Addressing subthreshold adolescent-related concerns early on may prevent them from reaching clinical significance, and the individual could perhaps be directed to follow a pathway towards adaptive behaviour (Mash & Barkley, 2014). Prevention programming is most effective if it is continuous and comprises a series of socioculturally appropriate and coordinated programs for each particular stage of development (Weissberg et al., 2003). It is recommended for prevention efforts to begin earlier than adolescence and to be more intensive when targeting populations with higher levels of risk (Zigler & Berman, 1983).

The *GirlSpace* program is offered to participants as early as 11 years of age, a period just prior to the onset of adolescence. Research suggests that the "window of opportunity" is around this age, a time when girls begin to enter puberty and when they become aware of their role in society as females (Calhoun Research and Development et al., 2005). The realization that society places a greater emphasis on boys and men occurs at this age, which can directly impact a girl's self-esteem (Iglesias & Cormier, 2002). *GirlSpace* is offered to girls at this critical period of time

and extends into adolescence. It is intended to target girls prior to the development of concerns and direct them on a trajectory towards adaptive behavior (Freeman et al., 2011).

   The role of counsellors. Findings from the current project are relevant and impactful for counsellors assisting adolescent individuals and their families. Upon completion of a community-based prevention program such as *GirlSpace*, girls requiring further support might be offered a referral to a counsellor (Bell-Gadsby et al., 2006). Counsellors may be viewed as individual assets and resources to the larger community and to the young girls to whom they provide support (Calhoun Research and Development et al., 2005). Counsellors may assist adolescents to navigate the many challenging choices they must make during adolescence, to further explore the meaning of the coping in their life and assist them to develop new and healthier tools (Bell-Gadsby et al., 2006). Effective psychological treatment that enhances adolescents' social, emotional, and ethical behaviour and empowers them to establish positive goals and make good decisions in turn will foster the development of healthy and engaged adults (Weissberg et al., 2003). By bolstering assets and providing resources, counsellors are providing evidence-based treatment not only as preventers and interveners of adolescent-related concerns, but promoters of a holistic view of health, emphasizing the physical, mental, emotional, and social aspects of the individual (McVey & Ferrari, 2005; WHO, 1998).

Limitations and Direction for Future Research

   This study offers several unique contributions to the field of girl-specific programming. The current evaluation of the *GirlSpace* program and the limited research on other community-based youth programs highlights the need for greater research in the area and contrasts with the recent success of mixed-gender programs (e.g., Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Gavin et al., 2010). A strength of the current study was that it evaluated a prevention

program offered for a female-only population, as few studies have evaluated youth prevention programs, let alone those for girls. Further, the current research study implemented a mixed methods analysis, while the majority of previous research studies on gender-specific programs relied on either solely quantitative or qualitative assessments. Executing a mixed methods design allowed for a more robust and deeper understanding of the variables of interest.

There are several limitations in this study. First, the findings need to be considered in light of methodological limitations that may be resolved in future research in order to enhance statistical power. Consideration may be given in future evaluations to incorporate a control group to serve as a benchmark, such as female adolescents with similar demographics as program participants, in order to compare the treatment group to the control group to see what sort of impact changes to the independent variables produced. Another shortfall of this study was the relatively small sample size, resulting in limited power to detect pre-post changes in program participation. Should future research be completed on the *GirlSpace* program, intentional efforts should be dedicated to gathering a larger sample size to increase confidence in the statistical findings. Future research would benefit from evaluating *GirlSpace* using more rigorous scientific methods.

Using self-report measures can be limiting as they are vulnerable to both intentional and unintentional distortion by the participant resulting in response bias. For a variety of reasons, participants may provide either exaggerated or minimized results (Heppner, Wampold, & Kivlighan, 2008). Additionally, respondents may have been hesitant to reveal private details and opinions, especially when the researcher solicited constructive feedback on the program. The potential also existed for participants to have been cued to the outcomes of interest and the desired response of the researcher and respond accordingly. To address this, the researcher

avoided leading questions, instead relying on carefully planned developmentally appropriate open questions and probes to allow respondents to express their thoughts and views (Heppner et al., 2008; Mack, Giarelli, & Bernhardt, 2009). Reassurances of anonymity and confidentiality were provided to each participant prior to completing the interviews to increase privacy and bolster their willingness to openly self-disclose. Consideration was also given to avoid an unintentional imbalance of power between the adult researcher and adolescent participants (Daley, 2013). Care was given to maintain participants language and terminology throughout the research process to preserve their conceptions and meanings (Gubrium & Holstein, 2001). Future evaluation of the *GirlSpace* program might consider combining group and individual interviews to provide adolescents with a more relaxed atmosphere in the supportive company of their peers (Daley, 2013)

The focus of the current outcome evaluation was to measure program effects in the target population of adolescent female program attendees. To further clarify the specific challenges, strengths, and helpful and unhelpful program components, observational methodology should also be used in conjunction with self- and other-report. Although interviewing the adolescent participants added important information to the study, limitations exist with the use of interviews. There are aspects of adolescent's cultures that are challenging to put into words, and these aspects are best captured through direct observation. There is merit in extending the focus of the evaluation by conducting key informant interviews with other individuals who have particularly informed perspectives on an aspect of the program being evaluated. This might include obtaining feedback from facilitators, given their direct contact with participants and program material through facilitating weekly groups. Parents also may provide invaluable contributions to future research by offering their perspective of improvements or challenges of

their children as demonstrated outside of the program setting. Gathering this additional qualitative data may clarify and further enhance modification to the *GirlSpace* program, through incorporating the opinions, observable phenomena, and experiences of other key informants.

While the current study implemented an outcome and monitoring evaluation, future research on the program might incorporate other evaluation types. Given the revisions that may be implemented to the existing *GirlSpace* program in light of the recommendations gleaned from the current study's findings, a formative evaluation may be beneficial to assess whether the proposed revisions are likely to be needed, understood, and accepted by the population that is intended to be reached in order to maximize the likelihood of the altered program's success (Royse et al., 2015). Implementing a process evaluation would allow YWCA Edmonton to determine how well the program is working, the extent to which the program is being implemented as designed, and whether the program is accessible and acceptable to its target population. Given that YWCA Edmonton is a not-for-profit organization and relies on donations from supporters across Canada to fund its programming endeavours, consideration may be given to conduct an economic evaluation (i.e., cost-benefit analysis) of the *GirlSpace* program, to determine what resources are being used in a program and their costs compared to outcomes. This would provide program managers and involved stakeholders a way to assess cost relative to effects, consequently increasing YWCA Edmonton's accountability to its funders (Royse et al., 2015).

Next, it is recommended that future research incorporate follow-up testing in order to increase the ability to draw accurate and comparative conclusions regarding ongoing program effects. Where possible, this research could be strengthened by a follow-up period, as it is not

clear whether program effects were sustained, or indeed if greater differences may have emerged over time (Wilksch & Wade, 2009).

Finally, further evaluations of community-based, youth prevention programming is indicated, given the limited body of research that exists in this area. The lack of well-defined and properly designed research makes it extremely challenging to offer any evidence-based programming recommendations. Measures of mental health, leadership, resilience, and social connectedness should continue to be regularly incorporated into evaluations of other prevention programs; at the same time, it would be extremely helpful to include a greater number of protective factors, health and coping behaviors, and positive psychology measures in these surveys to document a wider array of positive outcomes. Therefore, future research is needed that investigates the effectiveness of current youth programs in larger samples, with a greater number of measures, adequate methodological sturdiness, involving key informants, and with appropriate follow-up assessment.

CHAPTER SIX: RECOMMENDATIONS FOR FUTURE PROGRAMMING

A review of recommended practices for gender-responsive community-based programming in Canada targeting adolescent female youth clearly substantiates the specific needs of females required for prevention efforts to be effective (e.g., APA, 2007; APA, 2018; Calhoun Research and Development et al., 2005; CWF, 2014; Johnstone & Millar, 2012; Steenbergen & Foisy, 2006). Emerging from the limited literature in the area of girl-specific programming exist a set of practice guidelines relevant to the developmental needs of female adolescents, that highlight the importance of programs that are tailored to the developmental and unique needs of this population, are research-based, and incorporate recommended practices (see Burt et al., 2016; Calhoun Research and Development et al., 2005; Gerry & Bradshaw, 2008; Nangle et al., 2010). Such guidelines incorporate research findings from a substantial body of literature on positive youth development, developmental science, developmental psychopathology, and health promotion and preventive research (Guerra & Bradshaw, 2008). Heeding these guidelines is especially indicated given the limited improvements demonstrated on the outcomes of resilience and leadership, as well as participants reports of repetitive, dry, or age-inappropriate topics (e.g., gender and sexual identity, sexual health). Comparing the existing *GirlSpace* curriculum to recommended practice guidelines is warranted in order to rectify current areas of weakness and improve upon future administration of the program.

Further, tailoring programs to meet female adolescent needs and following what works in the community is an ethical responsibility of organizations serving youth, as well as youth practitioners (APA, 2007). Best practices for girl-specific groups include any research-informed or experientially-validated projects, initiatives, practices, programs, techniques, or activities that expand upon or enhance the overall objective of improving overall health outcomes through

work with adolescent females (APA, 2007; Bell-Gadsby et al., 2006; CWF, 2014; Johnstone & Millar, 2012; Steenbergen & Foisy, 2006). Girl-specific prevention groups based on research are effective in supporting participants through their inherent focus on fostering the protective factors needed to combat the challenges they are exposed to throughout their life (APA, 2007). Programs that do not encompass best practices have not been validated by research and are not considered to be effective for this specific population (Marshall, 2016).

Prevention Strategies

Despite recent advances in the field, many of the existing school-based prevention programs are limited in certain ways (e.g., Bond & Hauf, 2004). First, many of the available programs aimed at promoting adolescent's overall health and wellness, resilience, and socioemotional competence lack scientific theory and research in their content, structure, and implementation. Translating theory into practice is a common challenge for several organizations offering youth programming. Second, many of the programs focus on only one developmental domain of competence (e.g., conflict resolution) and do not take a comprehensive approach to promoting a range of social and emotional skills. Third, many programs are of very short duration and are not easily integrated and extended into the regular school curriculum. Fourth, many of the existing programs have focused primarily on reducing problem behaviors or addressing specific concerns (e.g., aggression, eating disorders) and have not kept pace with recent advances in the field on the ways in which to cultivate and foster the development of positive human qualities and traits associated with well-being (e.g., optimism). The results of the current study substantiate these limitations and it is recommended that YWCA Edmonton strive to continue adding to the array of theoretically-based evaluations on prevention programming for adolescent females (Marshall, 2016).

Successful programs aim to increase protective factors and use strategies, techniques, activities, and education grounded in research that reflects female needs and realities (e.g., Johnstone & Millar, 2012). This must include lifting financial barriers to participation as well as acknowledging that girls' lives are complex and diverse, and that a "one-size-fits-all" approach to programming is not effective (CWF, 2014; Bell-Gadsby et al., 2006; Johnstone & Millar, 2012). Practitioners and organizations committed to increasing gender equity and the engagement of ethno-cultural communities must recognize differences by building programs based on the needs, values, interests, strengths and experiences of these participants (CWF, 2014).

Implications for Gender-Responsive Community-Based Programming

The perspectives of girls are rarely taken or considered when designing or executing programs for them (Poole et al., 2015). Yet, it is the invaluable and informed viewpoints of girls that can augment and enrich the very community programs that are offered to them and their peers. Through incorporating the results of the statistical data and the invaluable insights that emerged from the interviews, several recommendations for enhancing the *GirlSpace* program can be made.

Lengthen Duration of the Program

First, based on the feedback about the abbreviated program duration, it is recommended to extend the program for the duration of the entire academic school year. Lengthening the program would benefit *GirlSpace* participants by offering invaluable support during the stressful period of the school year, while also allowing for the program curriculum to be delivered at a slower pace and certain topics of interest to be discussed over the span of several weeks if necessary. Further, participants also expressed a desire for increased time to engage in informal

conversations with their peers, which extending the program would allow for while also providing participants more time to develop warm, supportive, and empathic peer relationships.

It is recommended that the program continue to be offered in a psychoeducational format which allows for reciprocal influence between the group process and content. The content proposed by the leader provides stimulus for interaction among group members, while this interaction provides stimulus for further content provided by the leader. The leader's role is to "switch" between content and group process, to combine, focus, add to, occasionally teach new content, to help implement skills, and sometimes to reflect on and process the issues of the group (Schwartz, Chan, Rhodes, & Scales, 2013).

Smaller Age Ranges or Creation of Separate Age Groups

Much of the Canadian research shows that the majority of adolescent girl group participants are ages 12 to 18, from low-income families and marginalized communities, and live in single-parent families (Chen, Weiss & Nicholson, 2010; Steenbergen & Foisy, 2006). The need for the promotion of children's health and wellness is particularly indicated during the transition from childhood to adolescence (Hertzman & Power, 2006). It is during this developmental period in which children's personalities, behaviors, and cognitive competencies may consolidate into forms that persist into adolescence and adulthood (Eccles & Roeser, 2009). The current research on this developmental period indicates that the changes that occur are incredibly dynamic, particularly between the ages of nine and twelve years. It is during this time that teens become more self-aware, contemplative, less self-centred and are able to consider the feelings and perspectives of others. The rapid and simultaneous nature of change during early adolescence puts social support at a premium (Darling, Cumsille, Caldwell, & Dowdy, 2006). Further, the literature endorses this developmental period as a pivotal time with massive potential

for positive psychological growth (Coleman, 2011). Historically, transition periods are considered as times of risk where children are particularly vulnerable to adverse effects; alternatively, transitions may also be thought of as "windows of opportunity" with immense potential for cultivating positive development. It is during these times which adolescents may be provided with opportunities to promote success and foster the development of protective factors that move the individual onwards and upwards on a trajectory towards success and competence (Schonert-Reichl & Lawlor, 2010). Keeping this in mind, efforts should especially be dedicated to ensuring that the children in the younger age group (i.e., 11 to 13 years) continue to have access to the *GirlSpace* prevention program, should YWCA Edmonton decide to divide the groups according to age group (Schonert-Reichl & Lawlor, 2010).

Developmentally appropriate programming. Careful attention to developmentally appropriate practice is warranted, given the preponderance of feedback from participants regarding the age gap of program attendees. The range of enrollment spanned from 11 to 18 years. It was evident from feedback that age differences precluded some degree of connection to and understanding between members. For example, younger participants identified not understanding some of the discussions had by older participants, while older adolescent participants reported struggling to connect or relate to younger participants. Further, specific topics were identified by younger participants as being misunderstood, or believed to be catered towards older adolescents, including sexual education (i.e., sexual health, gender and sexual identity), financial matters, career development, and substance use. The literature is clear in its endorsement of establishing clear linkages between findings from adolescent research with practice strategies when creating developmentally appropriate programming (e.g., Gerry & Bradshaw, 2008).

Although topics pertaining to sexual education, financial literacy, career development, and substance use were identified by participants as topics that may be better suited to older adolescents, it is evident in the literature that programming addressing each of these areas are important but require appropriate linkage to developmental science. Recommendations for the aforementioned topics are outlined.

Addressing risk behaviour. In light of developmental research on adolescence, prevention programming to address experimentation and risk-taking behaviours are indicated during adolescence. Risk-taking comes in many forms, including substance use and engagement in sexual activity. The literature acknowledges that adolescents are exposed to risky behavior at a much earlier age than in the past, including substance use and sexual activity (e.g., Johnston, O'Malley, & Bachman, 2013). Research has revealed that particular types of strategies work better for different age groups. Activities tailored for sexually inexperienced youth, or young teens who are recently sexually active, can promote risk reduction before patterns of sexual risk behaviors are established.

Substance use. During young early adolescence (i.e., approximately age 8 to 11 years), children begin to develop a moral compass and the concept of "cause and effect" is learned. Developmentally appropriate conversations regarding substance use might involve discussing the following negative consequences, including (a) any family history of alcohol/drug and addiction problems; (b) laws related to alcohol/drugs and reasons for these laws; (c) making safe decisions; and, (d) how alcohol/drugs affects one's body, as well as conversations pertaining to how to resist peer pressure (Government of Saskatchewan, 2015). Given the cognitive development of young early adolescents, programming to reduce their risk behaviors should focus on immediate, concrete consequences (Steinberg, 1991). For example, explaining that smoking gives you bad

breath is more likely to be an effective prevention message for younger adolescents than discussing the potential of lung cancer (Meschke et al., 2012).

Preventing drug use in early adolescence (i.e., between 11 and 14 years) is most effective if the adolescents are taught refusal skills by older peers (Tobler et al., 2000). It appears that age 14 is the peak age of antisocial peer conformity (Monahan, Steinberg, & Cauffman, 2009). Substance use peaks at during late adolescence (Johnston et al., 2013). At this time (i.e., 18 to 19 years), program content that addresses the risk related to substance use is very relevant, as intimacy and sexuality are focal issues for this age group (Mosher, Chandra, & Jones, 2005). Finally, as unstructured and unsupervised time with peers increases the likelihood of delinquent behaviour, structured activities with peers has been recommended as most beneficial for promoting prosocial behaviour (Meschke et al., 2012). Alcohol consumption has been related to other risky behaviours, including earlier sexual activity (Stewart & Power, 2003).

Sexual health. Adolescence is regarded as just one phase in a life-long process of sexual health. Instead, the suggested use of comprehensive sexual health education from the beginning of elementary school through to the end of high school is consistently recommended within the literature and public health guidelines (e.g., McKay, 2012). Such programs should be developmentally appropriate and respectful of the cultural background of students and diversity of values and beliefs represented in the community (McKay, 2012). Quality sex education incorporates more than risk reduction (e.g., prevention of STDs and unintended pregnancy) to promote healthy sexual development more generally by including an understanding of developmental changes (e.g., puberty), healthy relationships, effective assertiveness and communication skills, developing media literacy, prevention of STDs, effective contraception methods, information on sexual violence, sexual orientation and gender identity, and a critical

examination of evolving gender-roles and expectations (e.g., Committee on Psychosocial Aspects of Child and Family Health, 2001; Future of Sex Education Initiative, 2012; Mullen, Ramirez, Strouse, Hedges, Sogolow, 2002). As outlined in the Canadian Guidelines for Sexual Health Education (2008), sexuality education is most effective when young people not only receive information but are also given the opportunity to explore their own attitudes and values and to develop or strengthen social skills. A wide variety of teaching methods and activities is recommended to foster learning such as interactive discussions, role plays, demonstration, individual and group research, group exercises, and homework assignments (McKay, 2012).

Adolescents' sexual health decision-making can be enhanced by addressing both the immediate and the long-term consequences of sexual behavior (Pedlow & Carey, 2004). Activities adapted for younger adolescents are important for a number of reasons. The literature encourages developmentally appropriate sexual health programming during early adolescence prior to first intercourse, which occurs at a median age of 17 years (Alan Guttmacher Institute, 2002). Prevention efforts prior to the onset of sexual activity have the ability to promote healthy sexual practices before risk behavior becomes established and more difficult to change, including promoting contraceptive use, influencing peers' perceptions and norms, and coping with peer pressure (Pedlow & Carey, 2004). Generally speaking, different behavioral experimentation is seen in early adolescence, risk taking in middle adolescence, and later adolescents learns to assess their own risk taking given the development of abstract reasoning and thinking (Klein, 2005).

It is recommended that activities reflect the range of cognitive skills comprising adolescence (Marcus et al., 2004). For example, activities tailored for young adolescents (under 14 years of age) must ensure that abstract concepts (e.g., risk appraisal, long-term consequences)

are addressed in clear, concrete terms, given that abstract reasoning and decision-making improves with age (Keating, 2004). Further, younger adolescents tend to make sexual decisions based on immediate gratification rather than on long-term consequences, and they are not able to generate alternatives or identify possible consequences as readily as older adolescents. As with recommendations for preventing substance use, programming to improve sexual health in younger adolescents should focus on immediate, concrete consequences (Steinberg, 2007). Cognitive immaturity is an important limitation on young adolescents' ability to apply their knowledge to their own behaviour, to appraise risk, and to execute the skills necessary to make healthy decisions. As a result, younger teens may require extensive instruction to protect themselves. They may also benefit from additional training in risk appraisal, decision-making, and problem solving (Pedlow & Carey, 2004). Finally, for many youths, the emotional sequelae resulting from initiating sexual activity may hinder their ability to engage in rational decision-making; skills for anticipating, identifying, and regulating emotions associated with sexual activities are indicated (Prause, Janssen, & Hetrick, 2008).

Gender identity and sexual orientation. The increase in studies over the decade on adolescent sexual development have provided deeper understanding of how gender identity and sexual orientation develops during adolescence (Tolman & McClelland, 2011). Contemporary understandings of adolescent sexual identities suggest the possibility for fluidity (Morgan, 2013) and diversity across dimensions of sexuality: attraction, behavior, and identity (Savin-Williams, 2008). The literature suggests that the most successful contemporary sexuality education is comprehensive, identifies variability in patterns of development and potential fluidity in sexual orientation over adolescence and young adulthood, especially for young women (Saewyc, 2011).

Because middle school (i.e., ages 12 to 15 years) is a time that youth in general continue to explore both their gender identity and sexual orientation, community programs should also take an active role in ensuring that these two identity processes are not confused. For instance, people often confuse sexual orientation and gender identity (DePaul, Walsh, & Dam, 2009); therefore, a thorough understanding of the differences in these terms and must be developed by program facilitators to be able to educate others on their meaning (Singh & Burnes, 2009).

Facilitators should be aware of younger adolescents limited cognitive ability affecting their ability integrate abstract concepts. Younger children may not be ready for certain complex or abstract terminology comprising the topics of gender identity and sexual orientation. Concrete examples, pictures, or models can be very helpful in these early conversations and when discussing more complex topics. Abstract thinking and other executive functions continue to develop but still are not fully formed by middle adolescence (Tulloch & Kaufman, 2013). Finally, all discussions surrounding sexuality should be prefaced by assurances of confidentiality (as well as instances when confidentially must be breached) in order to facilitate nonjudgmental, nongendered, and open discussions regarding sexual health concerns (Tulloch & Kaufman, 2013).

Vocational and financial matters. Financial literacy encompasses an important set of life skills, as it enables adolescents to fully participate in modern society, manage their financial well-being knowledgably and confidently, and set the stage for a successful future (Scerbina, Deussing, O'Grady, & Tao, 2019). By adolescence, many teens make independent financial decisions, hold their own bank accounts, and have access to online payment methods. With financial literacy, adolescents can guide their everyday monetary choices and major life decisions (Organisation for Economic Co-operation and Development [OECD], 2014). The

Program for International Student Assessment's (PISA) financial literacy content areas include money and transactions (e.g., knowledge of how to manage simple monetary transactions such as everyday payments), planning and managing finances (e.g., the process of managing, planning, and monitoring income and expenses and understanding how to enhance wealth and financial well-being); risk and reward (e.g., the ability to identify ways of balancing and covering risks); and the financial landscape (e.g., knowing the rights and responsibilities of consumers in the financial marketplace; OECD, 2014).

The literature acknowledges that acquiring financial literacy relies on several cognitive processes, including the ability to understand, analyze, evaluate potential mathematical solutions and apply relevant financial concepts. As such, developmental issues related to adolescence must be considered. Evidence suggests that future-orientation (i.e., the ability to develop an understanding of the past and to adopt a new outlook on the future (Seginer, 2008) develops during adolescence and is important for financial literacy, namely learning how to save money (Otto, 2013). Conversely, young children mainly live in the present. Further, the maturation of cognitive monitoring skills, meta-cognition, delay of gratification, and emotional regulation skills in throughout adolescence are suggested to facilitate youth's saving abilities and understanding of various savings strategies, like banks and savings accounts (Flavell, Miller, & Miller, 2002). These developmental considerations should be considered and may help understand why children and early adolescents may struggle to grasp certain financial topics. For the mid- to late adolescent, the future becomes more meaningful and life goals are developed (Shanahan, 2000). In addition to developmental abilities, how knowledgeable children and adolescents are of economic concepts also depends on other factors, including social

environment and cultural context (Bonn & Webley, 2000) and participation in economic life, income, and control of expenses (Leiser & Ganin, 1996).

Breitbard and Reynolds (2003) provide examples to cater financial education to younger populations. In young, early adolescence (i.e., 9 to 11 years), youth might learn how people can acquire income through basic sources, such as wages and gifts; in early adolescence (i.e., 12 to 14 years) education on acquiring incomes through indirect means, such as rent or interest may be understood. By mid- to late adolescence (i.e., 16 to 18 years), youth are able to comprehend that income levels vary according to different choices of education, jobs, and careers.

Career development. The literature substantiates activities that are guided by an assumption that development continues across a person's life span and therefore use the strategies based on the changing needs of children and youth at different stages of their life (Solberg, Howard, Blustein, & Close, 2002). Developmentally, cognitive and moral changes in early adolescence (i.e., 12 to 16 years) facilitate experiences of ambiguity, value-identification, ideals, and fairness as adolescents strive towards the task of identity formation and role confusion (Akos, Konold, & Niles, 2004). Career indecision is normative during this developmental period. It is at this time that youth benefit from career exploration activities that facilitate understanding into how their crystallizing identity relates to future career options (Super, 1984). If not engaged by middle school, it is suggested that adolescents are at risk of becoming ill-prepared to complete essential career development tasks, including identifying postsecondary plans and field of specialization, and deciding on and developing employability skills as required by late adolescence (Akos, Lambie, Milsom, & Gilbert, 2007).

Suggested activities for early adolescence include creating a "reservoir of career information" (Akos, Konald, & Niles, 2004, p. 60) instead of providing explicit career decision-

making assistance. Youth at this time are confronted with educational or curriculum choices rather than explicit career choices and may struggle with long-term decision making due to cognitive immaturity (Akos et al., 2004). Forcing adolescents to make a career decision before ready or able to engage in future-orientation thinking has the potential to affect their career maturity (Prideaux & Creed, 2001). Instead, helping young, early adolescents to understand that their choices in middle school affect subsequent educational and career options is recommended. Other suggested activities for early adolescence include helping youth construct a narrative for their life and potential vocation by assessing youth's values, completion of interest inventories, and identification of strengths (Akos et al., 2004).

Despite advanced cognitive ability, middle and late adolescents do benefit from guidance in making important life decisions (Darling, Bogat, Cavell, Murphy, & Sánchez, 2006). Late adolescents may experience mixed feelings during their movement to young adulthood, independence, and separation from their family (Barrett, 1996).

To summarize, there exists a possibility that these four modules could be reviewed to ensure that the concepts covered are accurate, age-appropriate, and are based on theories and techniques that have been proven effective and in turn, may be more well-received by future participants. Program developers may also be well-served by considering girls' preparedness to participate in discussions of each of the twenty modules, by giving a brief overview of the curriculum in its entirety to participants during the first session, in addition to outlining the expectation of mutual sharing and discussion. By incorporating these revisions, the *GirlSpace* program can become an environment in which the members can openly discuss and receive education on important and relevant topics to adolescent female audiences, shaping behavior in a psychologically and physically healthy, confident way.

Implementing Minimum and Maximum Enrolment Numbers

Disappointment was evident in participants' reports of small group sizes (i.e., less than five participants per group) at two of the program locations. Group size matters when undertaking learning and enrichment activities, depending on the type and complexity of the activity (Vandell, 2000). While literature does not exist endorsing minimum group numbers, it is suggested that group size should not exceed thirty participants in any case, as groups exceeding this number tend to lose their learning function. There is considerable variability in recommended sizes for youth groups with an emphasis on mentorship; on average across, most groups consist of approximately six to ten youth (Herrera, Sipe., McClanahan, & Arbreton, 2000). Further, groups exceeding eight to ten people (including mentors) may make group exercises challenging to facilitate (Malekoff, 2015; Sherk, 2006).

By limiting group sizes, youth have more positive interactions with program facilitators and other participants (Capp et al., 2016; Grossman & Rhodes, 2002). Staff support is strongly related to positive youth outcomes, with quality after-school programing literature recommending low ratio of youth to staff/volunteers. For example, it was suggested in the National Mentoring Partnership's recently revised Elements of Effective Practice (MENTOR/National Mentoring Partnership, 2003) that ratios much larger than one-to-four risk becoming counterproductive; however, there is little evidence to support this ratio (Karcher, Kuperminc, Portwood, Sipe, & Taylor, 2006). Programs must have enough staff so the young people in the program feel safe at the program and build deep and continuous relationships with adults. It is especially important that ratios and group sizes should be kept small when students are learning a new or difficult skill or concepts (de Kanter, 2001); this might be indicated for the topics identified as reportedly being catered towards more mature audiences (e.g., substance use,

sexual health, etc.). In light of the literature recommending small group sizes and low volunteers to youth ratio, along with participants feedback the YWCA Edmonton might consider implementing minimum and maximum enrolment numbers at each program location in order to maximize a sense of safety and trust, strengthen the relationships between peers and the facilitators, and increase the likelihood of sustained engagement in the program.

Revision of Program Content and Means of Program Delivery

A review of the program curriculum is essential in light of the feedback provided and concerns raised by participants. Certain topics were described as redundant due to participants' experiences previously learning the content in other contexts, including school or other youth programs. Of the topics, digital and online safety, leadership, and nutrition were the three most commonly cited topics with overlap between school curriculum. It was evident that participants were less engaged during the presentation of these topics. In light of these concerns, a review of the Edmonton Public and Catholic School Board curricula is recommended to identify topics overlapping with the *GirlSpace* program curriculum. To avoid redundancy, there is the potential to link skills taught in school with those taught in after-school programs to help girls carry the sense of competence and achievement they have developed (Restuccia & Bundy, 2003), or to eliminate overlapping program content all together. Meaningful and relevant gender-specific topics include: information related to violence prevention; healthy relationships and sexuality; body image; drugs and alcohol; critical thinking skills; community engagement; self-esteem building; identity development; anti-oppression, and; racism and gender identity (CWF, 2014; Bell-Gadsby et al., 2006; Johnstone & Millar, 2012).

Psychoeducational, engaging, and creative curricula. The *GirlSpace* curriculum was described as diverse and enjoyable with new topics presented weekly, with several of the topics

being described as helpful as they were not previously learned in other contexts. Program delivery was described as engaging, creative, and diversified, using several interactive activities to administer the curriculum. With components including physical activities, crafts and artwork, and discussions, participants felt eager to continue attending the program each week.

The literature suggests that most success in community programming comes from using a psychoeducational model by integrating and synergizing psychotherapeutic and educational approaches (Corey, Corey & Corey, 2010). This approach must be informative yet collaborative and include the voices and experiences of participants in order to present topics that are important and relevant to the receiving audiences (CWF, 2005; Bell-Gadsby et al., 2006; GAF, 2009; Johnstone & Millar, 2012). Incorporating the interests of the youth into the curricula and activities can foster engagement and challenge students to build a wide variety of skills (Restuccia & Bundy, 2003). Further, designing activities that draw on the different kinds of learning styles and intelligences of youth is essential when planning skill building activities. Incorporating written activities, visual demonstrations, and physically active tasks increases the likelihood of engaging and retaining young people's participation, while maximizing each individual's competencies and life skill development. When youth are both challenged and engaged, they become attentive and receptive to learning (Cruz, Daraio, Gravino, Piha, & Fabiano, 2018).

Popular education. Considering YWCA Edmonton's aim to give voice to the unique lived experience of female adolescents, its incorporation of popular education is indicated. This type of education is based in feminist theory and its objective is to undo hierarchical structures where only a select few experts possess knowledge (Marshall, 2016; Steenbergen & Foisy, 2006). Unlike traditional curriculum models that undervalue the female lived experience, this

method values members as experts. Historical uses of popular education have been successful when implemented with marginalized people to legitimize their voices and concerns, when previously their voices have been silenced. Where formal educational systems have generally reinforced the ideologies that keep certain populations in subordinate positions, historically many women's groups used popular education to raise awareness about sexism, violence, racism, poverty and gender inequality in society (Alliance of Five Research Centres on Violence [AFRCV], 2002; Marshall, 2016). The popular education curriculum structure is flexible and focuses on personal experience in relation to political ideologies, institutions, and practice that is relevant to girl-specific groups (Steenbergen & Foisy, 2006).

Paralleling the aims of the *GirlSpace* program, incorporating popular education topics into the curriculum allows for the identification and use of personal and collective knowledge and resources intended to foster youth empowerment (AFRCV, 2002; Marshall, 2016; Steenbergen & Foisy, 2006). Producing curricula relevant to adolescent girls promotes critical reflection on the socioeconomic and political conditions they exist in. In turn, they imagine possibilities for something much better and emerging from the oppressor-oppressed dynamic both inter-personally and institutionally to create a better world while instilling a habit of lifelong learning—capacities that will equip girls for a rapidly changing world (Lloyd & Young, 2009)

Shifting adolescents' belief systems. Revising the approach of delivering the activities oriented to fostering resilience and leadership may also be indicated, given the lack of significant improvements found between pre- and post-program, as well as participants' subjective reports pertaining to these outcomes. Skill-building youth programs, such as *GirlSpace*, may target meaningful, malleable skills but do so in ways that teens do not internalize—that is, they may not show a willingness to implement the skill in a different setting when they do not have to (Yeager,

2017). Programs with the sole focus of teaching skills and rehearsing those skills over the course

of several groups work well with children, but have limited success with middle adolescents (i.e.,

approximately ages 14 to 17; Yeager, 2017). When programs feel to adolescents like a mother

telling them how to make their personal choices, null effects should not surprise us. Adolescents

might find it condescending to be given information they have already acquired. For example,

most teens already know that smoking is harmful. Further, limited success of skill-acquisition

intended to mitigate long-term risks and life-long health may also in part be attributed to

developmental factors; it is well-established that short-term, self-seeking, immediate rewards are

often much more salient that long-term outcomes during adolescence. For example, opting for

future health outcomes, such as dying of lung cancer from smoking may conflict with teens'

present desire for social acceptance (Yeager, 2017). More effective methods can frame a

behavior in a way that lets adolescents opt for both future health and the immediate feelings of

social respect.

Heeding developmental considerations, YWCA Edmonton might incorporate activities to

harness adolescents' values by aligning healthy, long-term, self-oriented behaviors with the

shorter-term desire to have or display status and value. Acquiring a sense of independence and

autonomy is a developmental milestone of adolescence (Ruck, Abramovitch, & Keating, 1998),

and it is important to incorporate this drive into youth programs. Adolescents experience

pleasure when they are able to make their own choices and discover for themselves the

consequences of their actions. The neural circuits involved in decision-making are known to be

highly active during adolescence, and they create a strong intrinsic motivation to learn and

internalize messages from youth programming if it offers choice and exploration (Crone, 2016).

When youth programs offer adolescents a route to feelings of status, respect, and independence,

it is likely that they will internalize acquired skills and apply them in the real world. Effective programs find ways to motivate young people in terms of the values that matter most to them and they try to change how young people see the world. Such activities offer adolescents a purpose larger than their own self-interest to adopt a positive behavior (Yeager, 2017).

Given the small effect sizes that were found in measures of resilience and leadership, program developers of *GirlSpace* may benefit from revision of content intended to foster these two outcomes. This might include incorporating activities designed to foster autonomy and independence, for example, by allowing participants choice in the topics discussed. Greater emphasis on shifting adolescent's belief system in addition to providing skill development may also be beneficial, in light of recommendations in the literature.

Ease of Access

Frequency of programming. The literature clearly indicates that individuals must receive an adequate dosage for an activity to have an effect (Durlak, Weissberg, & Pachan, 2010). Analyses of several afterschool programs found that attendance is positively related to youths' personal well-being and adjustment (e.g., Roth, Malone, & Brooks-Gunn, 2010; Simpkins, Little, Weiss, & Simpkins-Chaput, 2004). Participants in the study described the value of meeting on a weekly basis, as it fostered engagement with the program. Further, the frequency of contact with their peers was described as helpful for being able to spend meaningful time away from home engaged in extracurricular activities, reducing a sense of boredom, and for facilitating close relationships. However, attendance is only one aspect of participation (Durlak et al., 2010), with program attendees' level of engagement in each activity being a second important factor. For example, studies suggest that youths' level of engagement relates positively to social and academic outcomes (Shernoff, 2010).

Location. The location of the *GirlSpace* groups in each quadrant of the city was frequently cited as a positive component of the program for improving accessibility. The literature supports flexibility in programming to accommodate cultural differences. It is recommended that program developers educate themselves to understand the needs of female attendees, including obligations to work, school and family as a priority in their culture (Collins & Arthur, 2010; Schwartz, 2013). For example, many female participants and their families worry about safety. Some programming issues to take into consideration include programming hours, location, closeness to public transportation, and availability of proper equipment and lighting to ensure safety (Bell-Gadsby et al., 2006; CWF, 2012; GAF, 2009; Schwartz et al., 2013). Further, girl-specific groups must be in safe and supportive spaces in which private and confidential conversations are possible, fostering a sense of trust and safety to disclose sensitive information. Feedback provided from the interviews indicated that at times, participants felt uneasy when non-program individuals entered their space without warning. It is recommended that YWCA Edmonton address this with their program locations for future programming.

"Girls Only"

Gender-specific space. A theme emerged from the girls' reflections on their experiences with *GirlSpace* that their group provided a refuge; a safe and protective space away from their stressors and the perceived judgments and differing perspectives of their male counterparts. Safety in an institutional space involves safety to explore the experience of women and to create new knowledge based on this exploration. It also involves being safe from harassment, violence, and silencing gender constructions. The creation of safety in the space in which transformation occurred and consciousness was raised was a consistent and emergent theme that arose through

the research process. An environment of mutual respect and learning was frequently touted as a facilitator to the changes the participants experienced as a result of the program.

Additionally, the existence of a primarily female space was also emphasized. Within this space, they spoke of what an enlightening and eye-opening experience it was to learn and discuss relevant topics. Providing a safe, girl-specific space to discuss topics that are normally avoided or regarded as taboo, provides an opportunity for girls to obtain reliable and accurate information. Topics such as sexuality, identity, relationships, and body image may result in girls feeling restricted, embarrassed, and vulnerable discussing if in the presence of the opposite gender (Paxton, 2002). By providing a safe, girl-specific space, girls may feel freer in what they say, how they say it, how they dress, and what they believe. In turn, they are likely to develop an openness to be themselves and to speak openly about their lives (Poole et al., 2015). MacPherson and Fine (1995) have discussed a process in which adolescent girls, within a supportive feminist environment of mutual exploration, eventually begin to 'do difference', where girls begin to challenge each other in a collaborative unity. In the current study, participants spoke of the importance of mutual respect as an element of change. The emphasis placed on communal exploration further emphasizes this more cooperative perspective on learning (Hoyt & Kennedy, 2008).

The literature is clear regarding the importance of all-girl groups as a forum for promoting health behaviors and skill-building through psychoeducation and popular education (AFRCV, 2002; Bell-Gadsby et al., 2006; CWF, 2014; Johnstone & Millar, 2012; Steenbergen & Foisy, 2006). As previously discussed, girls may be more inclined to rely on interpersonal connection and can be at greater risk for developing internalizing symptoms than boys because of the increased influence of gender socialization (Cyranowski, Frank, Young, & Shear, 2000).

Groups are an ideal format for adolescent girls, primarily because of the importance of relationships and connections at this stage of development, as well as allowing girls to express themselves and be heard.

According to developmental literature, between the ages of nine and thirteen years, much pubertal maturation typically occurs, which can contribute to increased self-consciousness about the body (WHO, 2017). Accompanying the decreases in self-esteem that can occur during puberty is the tendency to withdraw from discussions. In turn, separating by gender might encourage participation (Ferrara & Ferrara, 2004). An all-female group setting provides freedom to express different elements of gender identity from their own point of view alongside other girls, allowing them to discuss gender-relevant matters apart from boys (AFRCV, 2002; Garcia, Lindgren & Kemmick-Pintor, 2011).

Competence and Qualifications of Facilitators

Group facilitator qualities, competencies, and mentorship. Participants highlighted the characteristics and dispositions of their group leaders as especially helpful components of the program; therefore, attention to this component is indicated when making recommendations for future programming. Positive adult role models are instrumental to youth engagement through encouraging attendance and skill development (Schwartz et al., 2013). Research suggests that caring non-parental adults who provide young people with ongoing support and guidance play an important role in healthy development, and adaptive outcomes across a range of developmental domains (James, Smith, & Radford, 2013; Schwartz et al., 2013). Because of the high value that adolescent girls place on intimacy and connection, a close, warm mentoring relationship may be well-received and essential during times of stress (Darling et al., 2006).

Unrelated adults fill a unique role in adolescents' lives in that they have greater experience than youth and thus represent a mature point of view, but are assumingly less judgmental than parents (Darling, Hamilton, & Shaver, 2003). After-school program facilitators are often afforded unique opportunities to engage in the sorts of informal conversations and enjoyable activities that can give rise to close bonds with youth (Rhodes, Grossman, & Resch, 2000). Moreover, because many of the adults who volunteer or work for youth programs are relatively young and may have similarities to the participants they serve, they are well positioned to connect with adolescents (Hirsch, Mickus, & Boerger, 2002). This view is supported by the findings of the analysis, which elicited the characteristics that youth identified in an ideal mentor.

However, young facilitators may be unprepared or unqualified to deal with some of the challenging discussions that arise during the program in satisfying ways. Although older mentors might be better equipped to manage such difficult themes, it is also possible that group participants feel more comfortable raising difficult issues with mentors who were close to their own age. Program developers are encouraged to weigh the potential advantages and disadvantages to each approach (DuBois & Karcher, 2014).

Facilitator competencies are very significant in the success and efficacy of all-girl groups. As a basic necessity, facilitators must create a safe, caring, inclusive and non-judgmental environment, hold group facilitation skills, an awareness of community resources, and basic programming competencies (DuBois & Karcher, 2014; Garcia et al., 2011; Schwartz et al., 2013). Knowledge of group therapeutic factors, such as how to foster cohesiveness, shared understanding, and a safe environment which to test social skills are recommended (DuBois & Karcher, 2014; Yalom & Leszcz, 2005). The group leader must work collaboratively with the group, focus on girls' strengths, understand what is important and relevant to them, have

knowledge of gender issues, and teach coping skills (DuBois & Karcher, 2014; Garcia et al., 2011; Marshall, 2016; Schwartz et al., 2013). Inherent focus of all activities should be to foster empowerment, leadership, acquisition of strengths and assets, and building connection, regardless of the topic (see Marshall, 2016).

A qualified and competent facilitator strives to develop rapport with all members in order to understand the unique, individualized needs of group members. A "one-size-fits-all" approach is not effective, as the needs of girls programming are continuously evolving, and facilitators must be aware of culturally relevant topics and issues (Poole et al., 2015). A demographic analysis from 79 Canadian representatives who facilitate girls' groups revealed the majority of participants enrolled in girl-specific programming are Aboriginal and racialized girls (Chen et al., 2010; Steenbergen & Foisy, 2006). Similar demographics exist in the *GirlSpace* program; many participants are marginalized or vulnerable youth with intersecting, non-dominant identities. Most youth programs with similar demographics employ feminist principles placing an emphasis on empowerment, collaboration, power-sharing, relationship building and strength-based approaches (Marshall, 2016). Therefore, it is recommended that facilitators consider working from an anti-oppressive, feminist perspective (Collins & Arthur, 2010; Marshall, 2016). Doing so would foster cultural awareness and competency by developing an understanding of the power differential between adult facilitators and marginalized program attendees, thus facilitating egalitarian relationships regardless of culture (Collins & Arthur, 2010).

Further, participants expressed a desire for the facilitators to incorporate more time for unstructured conversations with the group where they could share their personal concerns and discuss their experiences from the past week (Legerski, Biggs, Greenhoot, & Sampilo, 2015). Incorporating informal facilitator-youth interactions within the outlined curricula is substantiated

by the literature; by offering opportunities for unstructured conversations, facilitators will become familiar with youths' outside lives (e.g., at home and at school), refining social and emotional skills, and develop insight into their ongoing concerns and progress to gain insight into program effectiveness (Anastasia, Skinner, & Mundhenk, 2012). A trusting, stable relationship with an adult mentor, in conjunction with social interaction, namely conversation, can play a major role in refining and acquiring youth's cognitive abilities (Hamre & Pianta, 2001).

Similar to their peers, program facilitators can influence youth by exemplifying desired knowledge, skills, and behavior by observing and comparing their own and program facilitators performance, adolescents can begin to adopt new behaviors. This modeling process is thought to be reinforced through the support, feedback, and encouragement of program facilitators. The influence of program facilitators can extend past their roles as models of positive behaviour; they can be influential by teaching new skills and educating youth to select more socially desirable or respectful peer groups, who may gradually influence their choices in a positive way (Anastasia et al., 2012

In light of research-supported best practices for group leaders, extensive screening of *GirlSpace* facilitators is recommended to assess for the outlined competencies and skills of a successful group leader; alternatively, comprehensive training may be provided. It is important to pay particular attention to training in facilitation of group dynamics and peer relationships. It may be helpful to engage the assistance of a child therapist with group expertise (Kuperminc & Thomason, 2013).

YWCA Edmonton's stringent applicant requirements seemingly parallel the recommendations outlined in the literature group facilitators. As certain youth enrolled in the

program are in vulnerable positions, it is important that enhanced screening procedures for mentors are implemented for those who are qualified to work with this group. For example, mentors should be asked to provide several personal and professional references and screened via a criminal record and child intervention record check (New York City Administration for Children's Services, 2005). Further, when using multiple mentors, consideration should be given to how they might complement one another with regard to skills, experience, and roles (gender, personality, etc.). For example, teaming an experienced older mentor with a younger, less experienced mentor is advised (DuBois & Karcher, 2014).

Interested *GirlSpace* facilitators are required to have experience working with youth and adolescents in a group setting and are encouraged to be working towards or hold a degree in Counselling Psychology, Social Work, Education, or Child and Youth Work. Several personal and professional references are required for all applicants and once accepted, participants are required to complete both a criminal record and child intervention check. Given that the current *GirlSpace* facilitators are recruited on a volunteer-basis, YWCA Edmonton might consider offering paid positions to incentive higher qualified and competent facilitators, pending available funding. In many cases, non-profit organizations struggle to find the resources to hire, train, and retain staff capable of delivering high-quality youth development programming. In others, programs cannot find or access the professional development that their staff need and desire (Pittman & Yohalem, 2002). In order to foster programming outcomes, donors, systems, and the organizations that support non-profits must generate the resources to offer excellent, ongoing professional development to staff. Alternatively, YWCA Edmonton might consider budgeting accordingly to be able to offer funded positions with incentivizing salaries to attract and retain a workforce consisting of the community's strongest educators (Pittman & Yohalem, 2002).

Clarifying the Program Logic Model

Many evaluation experts agree that the use of a logic model is an effective way to plan for and monitor success (Knowlton & Philips, 2013). In light of the outlined recommendations in the current study, YWCA Edmonton might benefit from constructing a program logic model as they commence the revision process. Creation of a program logic model is strongly recommended, given the absence of foundational literature and principles used to design the curriculum. It is anticipated that the findings from the current evaluation can assist YWCA Edmonton to clarify or determine the intended program outcomes in order to establish itself as a reputable community youth program. A program logic model would serve to foster understanding and clarity about *GirlSpace* through outlining the resources and activities that comprise the program and the expected changes (Frechtling, 2007). For example, given the limited gains in some of the outcomes assessed in the study, a program logic model may be concurrently designed as the YWCA Edmonton revises its current strategies and activities intended to augment leadership, resilience, mental health, and social connectedness. Program developers might consider consulting the best practice youth leadership development research while undergoing the revision and logic model formation process. In turn, it may be used to identify gaps in current programming and ease the revision process (Taylor-Powell, Jones, & Henert, 2003). Further, it is recommended that YWCA Edmonton establish a theoretical framework for the *GirlSpace* program, perhaps by incorporating some of the theories used to conceptualize the current study.

Ideally, a logic model should be developed as part of the program design; however, it still has considerable utility once a program has already been executed by enriching the pattern of results from an evaluation (Frechtling, 2007). The results of the current research project may be

used to assist YWCA Edmonton to identify the resources required for *GirlSpace* and the

sequencing of activities intended to effect short-term, intermediate, and long-term outcomes; this

would serve to generate the clarity and specificity required for program success and improved

effects on program participants (Knowlton & Philips, 2013). It makes sense that with ongoing

evaluations of *GirlSpace*, the logic model, if developed, would be revisited and revised several

times as components and connections are changed with new insights. A logic model would

further benefit YWCA Edmonton during the ongoing implementation and management of

GirlSpace, as it requires them to focus energies on achieving and documenting results, while also

serving to consider and prioritize the program aspects most critical for tracking and reporting and

adjust as necessary (Frechtling, 2007). The logic model is both a tool for program planning, by

determining whether future *GirlSpace* programs will lead to its desired outcomes, and also for

evaluation, by making it easier to see what evaluation questions the YWCA Edmonton should be

exploring in future evaluations.

Conclusion

Over the last decade, there has been a gradual shift in both research and community

practices away from the focus on supporting young people in distress, towards the concept of

well-being and resilience. The trend towards fostering strengths, well-being, and optimal

functioning is consistent with a positive psychology approach (Duckworth et al., 2005; Roffey,

2012). While adolescence is often described as a period of significant risk with many social

and developmental changes occurring at the same time, recent research indicates that most

youth pass through the developmental period without undue stress or hardship (e.g., Moneta et

al., 2014). The program of interest in the current study, *GirlSpace*, is a strengths-based, after-

school program which operates from a proactive, universal preventative approach intended to

bolster adolescent female well-being and reorient those individuals on a trajectory towards negative outcomes.

The findings of the current mixed methods study indicated that participation in *GirlSpace* bolstered the outcomes of interest to the host organization, of leadership, resilience, mental health, and social connectedness. Of the outcomes, social connectedness was found to be endorsed most strongly by participants. These findings are important as they reinforce existing research which highlights the significance of supportive and enriching relationships during adolescence (e.g., Lee et al., 2018). It may be particularly useful to target the components in future *GirlSpace* programming intended to foster rapport between program attendees, with each other, their mentors, and significant figures in their lives. Findings also indicate that program attendees acquired or bolstered strengths and assets, including socioemotional competence, confidence, and critical thinking skills. The findings are anticipated to assist YWCA Edmonton to improve its programming for future female adolescent cohorts through making revisions where indicated, enable program developers and staff to make evidence-informed decisions, and setting the stage for future evaluations. Further, the current study adds to the limited body of literature on girls-only community programming in the Canadian context, highlighting the efficaciousness of youth programs which operate from a strengths-based, positive, proactive model.

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Appendix A

GirlSpace **Evaluation Survey**

(Please Print)

Today's date (mm/dd/yyyy):
Location: ❑ [School 4] 　　　　　　❑ [School 1] 　　　　　　❑ [School 2] 　　　　　　❑ [School 3] 　　　　　　❑ [School 5]
Please take some time to provide us with your feedback of GirlSpace. Your information will help us improve the program for future participants. This form will be kept private and confidential.
1. How did you find out about GirlSpace? 　❑ Google Search/Advertisement 　❑ YWCA Edmonton Website 　❑ YWCA Social Media 　❑ School Newsletter 　❑ School Event (e.g. Club Days) 　❑ Presentation 　❑ School Staff (Teacher, Counsellor, etc.) 　❑ Poster/Flyer 　❑ Camp Yowochas Newsletter 　❑ From a friend/classmate 　❑ Other (Please Specify): _____
For each of the questions, please use the following scale and circle the number that is most correct for yourself OR write an answer that is true for you.

1 = Strongly Disagree	**2 = Disagree**	**3 = Agree**	**4 = Strongly Agree**			

2. I am sad that GirlSpace is over.	1	2	3	4
3. I would like to participate in GirlSpace again.	1	2	3	4
4. I felt safe to share when I was in GirlSpace.	1	2	3	4
5. I was excited to come to GirlSpace each week.	1	2	3	4
a. If you were ever not excited, can you explain why?				
6. The program turned out to be what I was expecting.	1	2	3	4

a. If the program was different than you were expecting, please describe how?					
7. I felt I could trust my leaders.	**1**	**2**	**3**	**4**	
a. What helped you feel like you could trust them, OR what made you feel like you couldn't trust them?					

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree				
8. It is important to me that this group is for girls only.	**1**	**2**	**3**	**4**
a. Why or why not?				
9. What is an area that you have come to love and accept about yourself through GirlSpace?				
10. What are some things others would say you are good at?				
11. I have friends that are supportive of me.	**1**	**2**	**3**	**4**
a. What are some things you or your friends do to show support to one another?				
12. I can go to my parent(s)/caregivers for advice or support.	**1**	**2**	**3**	**4**
13. I have other people that I can go to for advice and support.	**1**	**2**	**3**	**4**
a. **If yes, please describe your relationship with this person/these people.** (e.g., sibling, teacher, counsellor, etc.)				
14. I can talk to my parent(s)/caregiver about the topics we discuss in GirlSpace.	**1**	**2**	**3**	**4**

a. If not, what prevented you from talking about GirlSpace?				
15. I feel more comfortable talking about the topics covered in GirlSpace because I got to practice talking about them in the group.	**1**	**2**	**3**	**4**
16. List two things you are awesome at:				
17. List a personal goal you have: **a. What is an action you can take to work toward achieving that goal?**				
18. I feel **more** confident as a result of participating in GirlSpace.	**1**	**2**	**3**	**4**
19. GirlSpace helped me to be **more** comfortable interacting with people.	**1**	**2**	**3**	**4**
1 = Strongly Disagree　　**2 = Disagree**　**3 = Agree**　**4 = Strongly Agree**				
20. I am a **better** leader as a result of participating in GirlSpace.	**1**	**2**	**3**	**4**
a. How has participating in GirlSpace made you a better leader?				
b. What is something new you learned about leadership?				
21. GirlSpace helped me know **more** about mental health issues.	**1**	**2**　**3** **4**		
a. What are a few things you do to help yourself when you are feeling upset?				
22. I am **more** excited about my future after participating in GirlSpace.	**1**	**2**　**3** **4**		
23. I feel **happier** about my life after participating in GirlSpace	**1**	**2**　**3** **4**		

24. I feel **better** about myself as a person as a result of participating in GirlSpace.	**1**	**2** **4**	**3**
25. I like who I am **better** after completing the GirlSpace program.	**1**	**2** **4**	**3**
26. I feel like I can overcome the hard times in my life **better** as a result of participating in GirlSpace.	**1**	**2** **4**	**3**
27. I know where I could go for help if I, or someone I know needed it.	**1**	**2** **4**	**3**
28. I became friends with other participants in GirlSpace.	**1**	**2** **4**	**3**
29. I felt connected to the participants in the GirlSpace program.	**1**	**2** **4**	**3**
30. I felt connected to the leaders of the GirlSpace program.	**1**	**2** **4**	**3**
31. I am **better** able to develop relationships with other people as a result of participating in GirlSpace.	**1**	**2** **4**	**3**
32. I think I interact **more** respectfully with people.	**1**	**2** **4**	**3**
33. GirlSpace helped me to **better** understand how I deserve to be treated by others.	**1**	**2** **4**	**3**
34. I am **better** able to recognize what a healthy and safe relationship is.	**1**	**2** **4**	**3**
35. I I feel like I could deal with bullying situations in a helpful way from what I learned in GirlSpace.	**1**	**2** **4**	**3**
36. GirlSpace helped me to understand that not everything I see in the media is true.	**1**	**2** **4**	**3**
37. GirlSpace helped me know **more** about how and why women are often portrayed in the media.	**1**	**2** **4**	**3**

38. GirlSpace helped me to feel **better** about my body.	**1** **2** **3** **4**
39. GirlSpace helped me feel **more** comfortable talking about my body.	**1** **2** **3** **4**
1 = Strongly Disagree **2 = Disagree** **3 = Agree** **4 = Strongly Agree**	
40. I know **more** about how to be safe online after participating in GirlSpace.	**1** **2** **3** **4**
41. GirlSpace helped me to want to make healthy decisions about food and nutrition.	**1** **2** **3** **4**
42. I understand the importance of physical health from participating in GirlSpace.	**1** **2** **3** **4**
43. I am **more** aware of my own and others' cultural identity.	**1** **2** **3** **4**
44. GirlSpace helped me to make **better** decisions in my life.	**1** **2** **3** **4**
45. I know and understand my rights as a woman from participating in GirlSpace.	**1** **2** **3** **4**
46. I **better** understand what "consent" means and that I have the ability to say "no."	**1** **2** **3** **4**
47. GirlSpace helped me to know **more** about safe decisions about alcohol and drugs.	**1** **2** **3** **4**
48. GirlSpace helped me to want to make healthy decisions about my sexual health.	**1** **2** **3** **4**
49. I believe that I have skills for when I decide to enter the workforce from participating in GirlSpace.	**1** **2** **3** **4**
50. GirlSpace helped me know more about why it's important to have money management skills.	**1** **2** **3** **4**
51. I would like to become **more** involved in my community.	**1** **2** **3** **4**

52. I know **more** ways to get involved with my community.	1 2 3 4
53. I feel able to create change in my community.	1 2 3 4
a. If no, what is preventing you from creating change?	
b. What is <u>one</u> thing that you would like to <u>change</u> about your community?	
54. Where else have you learned about the topic areas discussed in the GirlSpace Program? (Ex. Friends, family, internet, movies, another youth program?)	
55. What did you like **<u>BEST</u>** about GirlSpace?	
56. What did you like the **<u>LEAST</u>** about *GirlSpace*?	
57. What is one **<u>strength</u>** or **<u>skill</u>** that you developed as a result of participating in GirlSpace?	
58. What was **<u>most helpful</u>** about the *GirlSpace* program?	
59. What was **<u>least helpful</u>** about the *GirlSpace* program?	
60. If I was in charge of running GirlSpace, I would **<u>change</u>**…?	

Thanks for your feedback and your participation in GirlSpace!

Appendix B

GirlSpace Follow-Up Telephone Interview Script

1) How did you find out about the GirlSpace program? Why were you interested in participating?

2) What was your overall experience with the GirlSpace program?

3) Did the GirlSpace program help you to become a better leader?

      i. If yes, how? If no, why not?

4) Did the GirlSpace program help you feel better about yourself? (e.g., better self-esteem, confidence). Did it improve your MH?

      i. If yes, how? If no, why not?

5) Did the GirlSpace program help you to feel like you can overcome challenges and hard times in your life better? What do you do when you need help? Who do you turn to?

      i. If yes, how? If no, why not?

6) Did the GirlSpace program help you to feel more connected to others? (e.g., other participants, friends, family, etc.) Do you feel more similar or different to other girls your age? Explain. 20 weeks – good?

      i. If yes, how? If no, why not?

7) Have you previously attended another youth program? Please specify.

8) Was there been an event or incident that influenced your experience of the GirlSpace program? For instance, family issues, academic problems, etc.?

9) What was the **most helpful** aspect of the GirlSpace program? How was your experience having a new topic to talk about each week?

10) What was the **least helpful** aspect of the GirlSpace program?

11) What would you **change**, if anything, about the GirlSpace program? Age range?

12) What were some **strengths** or **skills** that you developed as a result of participating in GirlSpace? What are you now better at?

13) Is there anything you would like to add to what we have discussed?

Appendix C

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
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Study Title: An Evaluation of YWCA Edmonton's *GirlSpace* Program

Research Investigator:

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Faculty of Education, University of Alberta

6-123G Education N

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Dear Parent/Guardian:

Background
You are receiving this form as your daughter is currently participating in the GirlSpace program. You provided us with permission to contact you to participate in this study in the GirlSpace registration form. This consent form is only part of the informed consent process.

Purpose of the Study
The purpose of this study to complete an evaluation of the GirlSpace program at YWCA Edmonton for my Ph.D. research project. The program focuses on helping girls learn the skills they need for healthy development. The program runs during the school year for 20 weeks, starting in September 2017 and ending in February 2018. Each week a new topic is discussed that is important in the lives of Canadian girls. Understanding the helpfulness of the program by asking your daughter for her feedback will let YWCA Edmonton make changes to the program based on your daughter's feedback. We will be able to decrease the issues and barriers faced by future participants and help them to become stronger and more resilient by using the results of this study.

Study Procedures - What Will My Child Be Asked to Do?

Your daughter will be asked to fill out four questionnaires during the first and last session of the GirlSpace program on subjects including, resilience, leadership, mental health, and relationships. We will also be asking fifteen of the participants to participate in a follow-up, recorded telephone interview about her experience in the program that will take approximately 30 minutes. Receiving your child's feedback will allow us to learn the importance of the GirlSpace program and increase its helpfulness. Your daughter will be able to look over her answers given during the interview.

Are There Risks or Benefits If My Child Participates?

<u>Benefits</u>: By participating in this study, your daughter will be encouraged to think about her experiences during the GirlSpace program, her likes and dislikes, and what she thinks could be improved. She will also asked to think about changes in her levels of mental health, relationships, resilience, and leadership through participation in YWCA Edmonton's GirlSpace program. This may help you in making decisions about future youth programs, and could help your daughter understand how the program benefitted her. We hope that the information we get from doing this study will help us better understand how the GirlSpace program helps its participants and allow us to improve future programming based on the feedback received.

In appreciation of your child's participation, she will be entered into a raffle to win one of ten $10 Starbucks gift cards. The odds of winning a gift card is 1 to 9. Each of the fifteen girls selected to complete a follow-up telephone interview will be given an additional $10 Starbucks gift card in appreciation for her participation.

<u>Risks</u>: The risk to participation is very small, but will require some of yours and your child's time. You must read, sign, and mail back this consent form to me. While unlikely, completing the questionnaires and 30-minute telephone interview may be boring, uncomfortable, or tiring for your child. To decrease these discomforts, the questionnaires will be given during the first and final group of the program, and the telephone interviews will be scheduled at a time that is best for your child.

Voluntary Participation

Your child is not forced to participate in this study. Participation is completely your choice. Even if you agree for your child to be in the study, she is not forced to answer any specific questions, and you can change your mind and take her out from the study at any time without punishment. If you choose to remove your child, we will continue to use the information we receive from her until two weeks following the final GirlSpace session, or two weeks following the scheduled date of the telephone interviews (for those participants selected to complete an interview).

Confidentiality & Anonymity - What Happens to the Information My Child Provides?

Participation is completely confidential (i.e., private). However, we are legally required to report evidence of child abuse or neglect. No one except myself and my supervisor will be allowed to see any of the completed questionnaires or answers to the interview. The questionnaires, interview transcripts, and recordings will be kept in a locked cabinet in a locked office only accessible by myself and my supervisor at the University of Alberta. The interviews will be copied into a digital document, which will be saved in

an encrypted file on a password protected computer. The questionnaires, interviews, and audio recordings, will be securely stored for five years in a locked cabinet in the researcher's locked office, at which time it will be permanently destroyed. Personal information about your child will be destroyed immediately after data analysis is finished.

The results of the study will be written into a paper and shared with YWCA Edmonton in order for them to make changes to the GirlSpace program based on your child's and others' feedback. Codes will be used to replace your child's name, ensuring that no one will be able to identify them in the published paper.

Further Information
If you have any further questions or want me to explain anything about this research and/or your child's participation, please contact Wendy Salvisberg at 780 423 9922, Ext 306 or salvisbe@ualberta.ca.

The Research Ethics Board at the University of Alberta has reviewed and approved the plan for this study. For questions about your child's rights, ethical conduct of research, or if you have concerns about this study, please contact the Research Ethics Office at (780) 492-2615. This office has no direct involvement with this project.

Consent Statement
I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to allow my child to participate in the research study described above. I will receive a copy of this consent form after I sign it.

Child's Name: (please print) _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Researcher's Name: (please print):_____

Researcher's Signature: _____ Date: _____

Appendix D

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
FACULTY OF EDUCATION

University of Alberta
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Tel: 780.423.9922, Ext 306
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Project Title: An Evaluation of YWCA Edmonton's *GirlSpace* Program

Principal Investigator: Wendy Salvisberg   **Phone Number:** 780 423 9922, Ext 306
Supervisor: Dr. William Whelton   **Phone Number:** 780 492 7979

What is a research study?
A research study is a way to find out new information about something. Children do not need to be in a research study if they do not want to.

Why are you being asked to be part of this research study?
You are being asked to take part in this research study because we are trying to learn more about your experiences in the *GirlSpace* program. We are asking you to join the study because you are participating in the *GirlSpace* program this year. About 80 children will be in this study.

If you join the study what will happen to you?
If you agree to join this study, you will be asked to complete some questionnaires about your experiences in the *GirlSpace* program, how you feel, your leadership abilities, and the people and resources in your life. Fifteen people will be asked after the program is finished to answer questions over the phone about their experiences in the GirlSpace program for about 30 minutes. You will be able to look over your answers after the interview.

Will any part of the study hurt?
We have no reason to believe that you will be hurt in any way if you decide to participate in this study. It is possible that you may feel bored or tired from completing the questionnaires, but we will do our best to help you answer the questions as quickly as we can.

Will the study help you?
We do not know if being in this study will help you. This study will help us to find out about your experiences in the *GirlSpace* program in order to make it a better experience for future participants.

What do you get for being in the study?
You will be entered to win one of ten $10 Starbucks gift cards for being in the study. The fifteen participants who are selected to complete a telephone interview will each receive another $10 Starbucks gift card.

Do you have to be in the study?
You do not have to be in the study. It is up to you. No one will be upset if you do not want to do this study. If you join the study, you can change your mind and stop being part of it for up to two weeks after the final GirlSpace group, or two weeks after the scheduled date of the telephone interview (for those participants selected to complete an interview). All you have to do is tell us. It is okay, the researchers and your parents will not be upset.

Do your parents know about this study?
This study was explained to your parents/guardians and they said that we could ask you if you want to be in it. You can talk this over with them before you decide.

Who will see the information collected about you?
The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research. The study information about you will not be given to your parents. The researchers will not tell your friends or anyone else.

After the research study is done, we will share what we find with YWCA Edmonton so that they can make future programs better. Your name and other personal information will not be given to them so that you cannot be identified.

What if you have any questions?
You can ask any questions that you may have about the study. If you have a question later that you did not think of now, either you can call or have your parents call Wendy at 780 423 9922, Ext 306.

Other information about the study.
- If you decide to be in the study, please write your name below.
- You will be given a copy of this paper to keep.

Would you like to be in this research study?

_____ Yes, I will be in this research study.   _____ No, I don't want to do this.

Child's name	Signature	Date

Person obtaining Assent	Signature	Date