

Pilot Testing of GROW Together: An Interactive Curriculum for Immigrant and Refugee Youth

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Abstract

OBJECTIVES. The Office of Family Assistance funds organizations to provide relationship education for youth. The U.S. Committee for Refugees and Immigrants (USCRI) is one such organization. The purpose of this study was to pilot a new USCRI curriculum, GROW Together, with immigrant and refugee youth. The program was designed to help young people develop important life skills and become successful in their new country. **METHODS.** Refugee and immigrant youth enrolled in the study. Participants received an interactive 12-hour relationship education (RE) program. We measured changes in four outcome measures: 1) Communication and relationship skills, 2) Conflict resolution/conflict management skills, 3) Healthy marriage and relationship skills, and 4) Attitudes toward finances. Participants also received case management services. All participants completed self-report questionnaires prior to the beginning of the program. After the completion of this pretest questionnaire, participants received the 12-hour curriculum. At the end of the program, participants completed a posttest questionnaire. **RESULTS.** When pretest scores were compared with posttest scores (441 matched), there were statistically significant improvements for communication skills and attitudes toward finances. Female participants improved their scores more than males on conflict resolution skills. Those over 18 improved their scores more than younger participants on conflict resolution skills and attitudes toward finances. Younger participants improved their scores more than older participants on healthy marriage and relationship skills. **CONCLUSIONS.** These findings are encouraging and set the stage for a more rigorous evaluation of the curriculum. Future researchers may also examine the effects of the curriculum on health and health behavior outcomes.

Keywords: adolescent health, minority health, refugees, immigrants

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Introduction

A Pew Research Center Report (Natarajan et al., 2022) indicated the number of international migrants (i.e., people living in a country other than their country of birth), grew to 281 million in 2020. The United States has more international migrants than any other nation at 50.6 million people. When considered as a percentage of new country's total population, however, the United States,

at 15.1%, is in 25th place. The vast majority of immigrants in the

U.S. (77%) are here legally, 45% are naturalized citizens, and another 27% are lawful permanent residents. They represent almost every country in the world (Budiman, 2020). In 2021, refugees under 25 years of age resettling in the U.S. comprised 42 percent of the total number of refugees admitted. Young people in the 15-24 age

group comprised 21 percent of the total (Baugh, 2022).

Relationship Education for Youth

The Office of Family Assistance (OFA) has been providing grants for the implementation and evaluation of relationship education interventions under a program titled Relationships, Education, Advancement, and Development for Youth for Life (READY4Life). These funded projects provide education and services for young people ages 14-24, designed to support healthy relationships and marriage (Office, 2020). This Federal program does not specifically target immigrant and refugee youth. The four elements of this program, however, Relationships, Education, Advancement, and Development, while important for all young people, are an especially good fit for refugee and immigrant youth. Researchers have addressed the issue of whether relationship education programs (whether funded by OFA or not) are effective in helping young people develop healthy relationships skills and actual healthy relationships.

Several authors have commented on the need for young people to learn important life/relationship skills to help them make a successful transition from adolescence to adulthood. This includes work that demonstrates programming that teaches youth about topics such as interpersonal education, conflict management, and healthy relationships, which can contribute to positive outcomes (Adler-Baeder et al., 2007; Ma et al., 2014).

Prior studies have evaluated adult-focused curricula adapted for refugee and immigrant populations. The first (Young et al., 2021) involved a curriculum originally developed for the general U.S. adult population and later adapted for adult refugees and immigrants. The second (Young et al., 2024) tested a further adaptation of that adult-focused

curriculum for refugee and immigrant youth; while effective, the program remained largely lecture-based and was not designed specifically for adolescents. In that study, intervention participants made significant improvements from pretest to six-month follow-up compared to control participants on three of four outcome variables: (1) Communication and relationship skills, (2) Conflict resolution/conflict management, and (3) Attitudes toward finances.

The present study is the first to examine GROW Together, a new 12-hour relationship enhancement curriculum developed by the U.S. Committee for Refugees and Immigrants (USCRI) to help refugee and immigrant youth adapt to life in the United States while making a successful transition from adolescence to adulthood. Unlike the earlier adaptations, GROW Together uses interactive, participatory methods and content tailored to the developmental, cultural, and literacy needs of adolescent participants. While existing research indicates that youth relationship education programs can be effective—particularly in increasing healthy relationship knowledge—many evaluations have lacked methodological rigor, often omitting control groups or post-intervention follow-up, and few have included participants from highly diverse populations.

This pilot study examined whether participants in the GROW Together program improved from pretest to posttest on four outcome measures: (1) Communication and relationship skills, (2) Conflict resolution/conflict management, (3) Healthy relationship and marriage skills, and (4) Attitudes toward finances. Although the design does not permit causal conclusions, positive results provide preliminary efficacy evidence and a strong rationale for conducting a more rigorous, controlled evaluation of the curriculum in future research.

Methods

Participants

Participants were young people who identified as immigrants or refugees and were between 14 and 24 years of age, regardless of the length of time they had lived in the United States. Participants provided informed consent prior to participation in the program and prior to collection of any data. For participants under age 18, written parental consent and participant assent were secured. Participants received the new interactive curriculum, GROW Together, plus case management. The study was implemented in six different cities: Miami, Florida; Philadelphia, Pennsylvania; Twin Falls, Idaho; Des Moines, Iowa; Cleveland, Ohio; and Raleigh, North Carolina.

Intervention

The intervention used in the project was GROW Together. The curriculum promotes the development of social and emotional competencies needed to build healthy relationships and meaningful lives, grounded in the Social and Emotional Learning (SEL) framework developed by the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2020). This framework identifies five core competencies—self-awareness, self-management, social awareness, relationship skills, and responsible decision-making—that are associated with improved interpersonal relationships, emotional well-being, and academic success. Large-scale meta-analyses of SEL programs demonstrate significant improvements in these competencies, with benefits that persist months to years after program completion (Durlak et al., 2011; Taylor et al., 2017), and recent scholarship emphasizes systemic, equity-focused SEL as particularly relevant for diverse youth populations, including immigrant and refugee youth (Mahoney et al., 2021; Weissberg, 2019). The 12-hour GROW

Together curriculum was delivered in one- or two-hour sessions (up to four hours per week) using instructional methods tailored for auditory, visual, and kinesthetic learners. Content addressed healthy relationship building, cultural orientation, education, employment, and financial literacy. Participant materials were available in multiple languages, including English, Arabic, Burmese, Dari, Farsi, French, Pashto, Nepali, Somali, Spanish, Swahili, and Ukrainian.

Training of Curriculum Facilitators

At each project site, the curriculum implementation was led by the site's program coordinator or case manager. These staff members all had prior experience in providing services to refugee and immigrant communities. They all received 24 hours of training, either in-person face-to-face or live online training from the curriculum developers.

Curriculum Implementation

Facilitators taught the curriculum as it was written. When needed, interpreters were used to assist in the curriculum delivery. Facilitators met with the interpreters before the program started to explain the skills that would be taught. Interpreters also received all materials prior to curriculum implementation. This gave them an opportunity to review and become familiar with the material to be taught.

Case Management

All participants were also assigned to case management. This was the standard of care provided to all refugees and immigrants served by the agency. It included one-on-one appointments with case managers or program coordinators and involved the establishment of a support service plan, as well as links to social adjustment services, health and medical referrals, and educational support.

Evaluation Design

The evaluation design was a one-group pretest and posttest. Positive results in the pilot study will set the stage for a more rigorous follow-up study.

Testing Instruments

The testing instrument consisted of a self-report questionnaire. It was developed by the local evaluation team in cooperation with USCRI. It was used at pretest and posttest and was available to participants via Qualtrics.

The questionnaire items for the local evaluation addressed four outcome measures: (1) Communication and relationship skills, (2) Conflict resolution/conflict management skills, (3) Healthy marriage and relationship skills, and (4) Attitudes toward finances. All items in three of the outcome measures were statements, to which participants responded on a four-point Likert-type scale indicating their degree of agreement or disagreement (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). For the fourth outcome measure, Healthy relationship and marriage skills, participants responded to items concerning behaviors using a seven-point scale (1=very unlikely to 7=very likely) to indicate the likelihood of their participation in a stated behavior.

Outcome Measure 1, Communication and relationship skills, included 10 items. A sample item is, "It is important to see things from the other person's point of view." In a previous study (Young et al., 2021), internal consistency (Cronbach's alpha) for the 10 items comprising the scale was .87 at pretest and .89 at posttest. In the current study, internal consistency was .869 at pretest and .874 at posttest.

Outcome Measure 2, Conflict management skills, included six items. A sample item is, "I follow through on promises and agreements." In a previous study (Young et al., 2021), internal consistency

(Cronbach's alpha) for the six items comprising the scale was .83 at pretest and .89 at posttest. In the current study, internal consistency was .820 at pretest and .795 at posttest.

Outcome Measure 3, Healthy marriage and relationship skills, included seven items. A sample item is, "Both my partner and I express our feelings to each other." In a previous study (Fluegeman et al., 2020), internal consistency (Cronbach's alpha) for the seven items comprising the scale was .73 at pretest. In the current study, internal consistency was .741 at pretest and .740 at posttest.

Outcome Measure 4, Attitudes toward finances, included six items. A sample item is, "I have a plan to save money." In a previous study (Young et al., 2021), internal consistency (Cronbach's alpha) for the six items comprising the scale was .83 at pretest and .84 at posttest. In the current study, internal consistency was .741 at pretest and .798 at posttest.

Procedures

Prior to implementation of the curriculum, all participants completed pretest (baseline) self-report questionnaires. After completion of the pretest questionnaires, participants attended READY4Life classes. Immediately following the completion of the intervention programming, all participants completed a post-program questionnaire.

Data Collection Training

Each of the six sites had a data collection specialist. They, as well as other project staff at each site, were trained in standardized data collection protocols. Included were protocols developed by OFA for their questionnaires and protocols developed by the local evaluators for using the local evaluation instrument. All data collection specialists, other staff at each site, and members of the

Table 1*Participant characteristics at pretest*

| | |
|-------------------------|------------|
| | N= 475 |
| Age in Years, mean (SD) | 16.9 (2.7) |
| Sex, n*(%)** | |
| Male | 248 (52.2) |
| Female | 227 (47.8) |
| Race, n(%) | |
| White | 106 (23.0) |
| Black | 120 (26.0) |
| American Indian | 72 (15.6) |
| Hispanic/Latino | 55 (11.9) |
| Other | 32 (6.9) |
| Multiple | 23 (4.8) |
| Employment Status, n(%) | |
| Full-time | 10 (2.1) |
| Part-time | 30 (6.4) |
| Unemployed | 430 (91.5) |
| Partner Status, n(%) | |
| Do not have Partner | 427 (91.2) |
| Have partner | 41 (8.8) |
| Education, n(%) | |
| No Degree or diploma | 351 (74.7) |
| GED/High School | 88 (18.7) |
| College or above | 31 (6.6) |

*The numbers do not always add to 475 due to non-response to that demographic item.

**The percentage is based on the total number who did respond to that item.

evaluation team completed ethics training involving the protection of human research participants provided through Protecting Human Research Participants (PHRP) Online Training, Inc.

Data Analysis

Frequency counts and percentages were used to report the characteristics of the sample. Cronbach's alpha was used to examine internal consistency of the items comprising each of the four scales. Descriptive statistics (means and standard deviations) were used to report scores for each of the four outcome measures. To determine whether there was a difference

between the participants' pretest and posttest score for the four outcome measures, data were analyzed using a t-test. A t-test was also used to determine whether there was a difference in scores by participant sex (male/female) and by participant age (under 18/18 and older).

Results

Sample Characteristics

Participants represented 25 countries and at least 19 different language groups. This study included 475 participants with matched pretest-posttest questionnaires. Participants ranged in age from 14-24, with a mean age of

Table 2*Summary of descriptive statistics for outcome variables pretest-posttest**

| Outcome | Stage | # of Items | N | Mean | Min | Max | Variance |
|---|----------|------------|-----|------|------|------|----------|
| Communication and Relationship Skills | Pretest | 10 | 431 | 3.25 | 3.12 | 3.43 | 0.007 |
| | Posttest | 10 | 419 | 3.38 | 3.30 | 3.48 | 0.003 |
| Conflict Resolution Skills | Pretest | 6 | 454 | 3.28 | 3.18 | 3.48 | 0.011 |
| | Posttest | 6 | 424 | 3.32 | 3.25 | 3.44 | 0.005 |
| Healthy Marriage and Relationship Skills+ | Pretest | 7 | 218 | 5.82 | 5.23 | 6.19 | 0.145 |
| | Posttest | 7 | 223 | 5.91 | 5.01 | 6.26 | 0.173 |
| Attitudes Toward Finances | Pretest | 6 | 427 | 3.16 | 2.97 | 3.33 | 0.02 |
| | Posttest | 6 | 427 | 3.24 | 3.12 | 3.42 | 0.013 |

*To be included, a participant must have responded to all of the items comprising that scale. For example, at pretest, 431 participants responded to all 10 items comprising the communication skills scale. At posttest, a smaller number of participants, 419, responded to all 10 items comprising the scale. The average (mean) item score was calculated by summing the responses for each of the items comprising the scale, then dividing by the number of items in the scale.

+In a question prior to the healthy marriage and relationship skills, participants were asked about relationship status. If they indicated they had never previously been in a romantic relationship, then they were blocked from seeing the items comprising the healthy marriage and relationships scale. This resulted in a substantial reduction in sample size.

Table 3*Statistically significant outcomes before and after intervention**

| Outcomes | Pretest | | Post-test | | Difference between Pretest and posttest | | | Effect Size |
|---------------------------------------|---------|-------------|-----------|-------------|---|-------------|---------|-------------|
| | N | Mean (SD) | N | Mean (SD) | Mean Difference (pre-post) | t (df) | p value | Cohen's d |
| Communication and Relationship Skills | 434 | 3.24 (0.48) | 434 | 3.36 (0.49) | -0.13 (0.60) | -1.33 (433) | <0.001 | 0.48 |
| Attitudes Toward Finances | 415 | 3.17 (0.50) | 415 | 3.23 (0.51) | -0.06 (0.62) | -2.08 (414) | 0.038 | 0.51 |

*To be included, a participant must have answered at least 80 percent of the items comprising a scale. To compute the average (mean) item score for a scale, the value for each item in the scale was summed and divided by the number of the items in the scale to which the participant responded. For the communication skills scale, which was comprised of 10 items, participants responding to at least eight of the items, at both pretest and at posttest, were included.

Table 4*Statistically significant outcome before and after interventions by sex*

| Outcomes | Male | | Female | | Difference between male and female | | | Effect Size |
|----------------------------|------|-------------|--------|--------------|------------------------------------|------------|---------|-------------|
| | N | Mean (SD) | N | Mean (SD) | Mean (Male-Female) | t (df) | p value | Cohen's d |
| Conflict Resolution Skills | 231 | 0.03 (0.65) | 210 | -0.10 (0.57) | 0.137 | 2.35 (439) | 0.019 | 0.61 |

Table 5*Statistically significant outcomes before and after interventions by age group*

| Outcomes | Age <18 Years | | Age 18 Years or older | | Difference between younger and older age group | | | Effect Size |
|--|---------------|---------------------------------|-----------------------|---------------------------------|--|-------------|---------|-------------|
| | N | Mean difference (pre-post) (SD) | N | Mean difference (pre-post) (SD) | Mean (young-old) | t (df) | p value | Cohen's d |
| Conflict Resolution Skills | 302 | 0.01 (0.61) | 135 | -0.12 (0.62) | 0.13 | 2.12 (435) | 0.035 | 0.62 |
| Healthy Marriage and Relationship Skills | 116 | -0.18 (1.09) | 59 | 0.32 (1.70) | -0.49 | -2.32 (173) | 0.021 | 1.43 |
| Attitudes Toward Finances | 291 | 0.01 (0.65) | 120 | -0.22 (0.53) | 0.23 | 3.41 (409) | 0.001 | 0.59 |

16.9. More than half of the participants (52.2 percent) were females. Participant characteristics at pretest are shown in Table 1.

Descriptive Statistics: Outcome Measures

Descriptive statistics were calculated showing means and variances for the four outcome measures by time (pretest, posttest). These are shown in Table 2.

Pretest – Posttest Differences

When pretest scores were compared with posttest scores (441 matched), there were statistically significant improvements for communication skills ($p < 0.0001$, $d = .48$) and

attitudes toward finances ($p = 0.034$, $d = .51$). See Table 3.

Female participants scored higher than males on conflict resolution skills ($p = 0.019$, $d = .61$). See Table 4. Older participants (those over 18) improved more than younger participants on conflict resolution skills ($p = 0.035$, $d = .62$) and attitudes toward finances ($p = 0.001$, $d = 0.59$).

Younger participants improved more than older participants on healthy marriage and relationship skills ($p = 0.021$, $d = 1.43$). These comparisons are shown in Table 5. In interpreting Cohen's d , values must be .20 to .49 to be considered small, .50 to .79 to be

considered moderate, and .80 or above to be considered large.

Discussion

The purpose of this evaluation was to assess the impact of GROW Together, a 12-hour relationship education program for refugee and immigrant youth. Statistically significant improvements were observed in communication and relationship skills ($p < .001$, $d = .48$) and in attitudes toward finances ($p = .038$, $d = .51$). Prior studies of relationship education generally report small-to-moderate effects (Adler-Baeder et al., 2007; Ma et al., 2014; Davila et al., 2021; Huntington et al., 2022). This study contributes uniquely to the literature by demonstrating positive outcomes in a diverse population of refugee and immigrant youth—a group rarely included in prior evaluations.

Differences by sex and age were also observed. Females showed greater improvement than males in conflict resolution skills ($p = .019$, $d = .61$), which may reflect a greater willingness to take on more of a peacemaker role. Older participants improved more than younger ones in conflict resolution ($p = .035$, $d = .62$) and attitudes toward finances ($p = .001$, $d = .59$), whereas younger participants improved more in healthy marriage and relationship skills ($p = .021$, $d = 1.43$). These findings suggest that developmental stage and gender dynamics may influence how participants benefit from specific curriculum elements, highlighting the importance of tailoring interventions to subgroups.

It should be noted that, while the raw pre-post differences were modest, the corresponding effect sizes were substantial. In the context of brief, skills-based educational programs, such effect sizes are noteworthy. Prior research on similar interventions has often reported small or negligible effect sizes (e.g., $d < 0.20$),

making these findings encouraging with respect to the potential impact of the intervention.

Limitations

Limitations include reliance on self-reported data, the absence of a control group, and no long-term follow-up. The study population was highly diverse in culture, language, and literacy levels, which increases external validity but also complicates generalizability to non-immigrant youth. Despite these limitations, the results are encouraging and provide a foundation for future, more rigorous evaluations of GROW Together. Future studies should incorporate randomized controlled designs with longitudinal follow-up to determine whether improvements persist and to further examine subgroup differences.

Implications for Health Behavior Research

Refugee and immigrant youth face the dual challenge of adapting to a new culture while navigating the transition to adulthood. Relationship and financial skills are central to this adjustment and may have downstream effects on health behaviors and outcomes. Our findings suggest that relationship education can positively influence communication and financial attitudes among these youth, aligning with broader research that links financial health to physical and mental health (Weida et al., 2020).

For health behavior research, these findings underscore the need to:

1. Examine how improvements in relational and financial skills translate into longer-term health outcomes.
2. Integrate health-related content (e.g., sexual/reproductive health, violence prevention) into relationship education curricula for this population.

3. Employ rigorous designs that include subgroup analyses to understand how age and gender shape program impact.

By situating relationship education within the broader framework of adolescent health promotion, researchers can provide evidence to inform program developers, policymakers, and resettlement organizations in supporting the healthy development of immigrant and refugee youth.

Discussion Questions

This was a pilot study. There was no control group and no follow-up beyond the posttest. To what degree is a study like ours, one that does not have a rigorous evaluation design, of value? A number of relationship education programs have been found to produce small, but statistically significant results. How can health behavior researchers know what these findings may mean for adolescents relative to health behavior and health status? Health behavior researchers may observe immediate improvement or even six-month improvement in study variables. How can researchers develop outcome measures that are reflective real-world outcomes? How can they tell if interventions that produce immediate to six-month changes in outcome variables also result in a long-term (e.g., five to 10 years) improvement in quality of life?

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the following statement: “These analyses represent interim findings from an ongoing grant program and do not demonstrate program effectiveness or impact.”

Human Subjects Ethical Approval Statement

The Principal Investigator submitted materials to the WCG IRB to secure IRB approval for this project. On March 2, 2021, the IRB issued an “IRB EXEMPTION-REGULATORY OPINION.” That IRB opinion reads in part, “We believe the study is exempt under 45 CFR 46.104(d)(1) because the research is conducted in established or commonly accepted educational settings and the research specifically involves normal educational practices that are not likely to adversely impact students’ opportunity to learn required educational content or the assessment of educators who provide instruction. WCG IRB does not impose an expiration date on its IRB exemption determinations.” A copy of the letter will be provided upon request. Participants provided informed consent prior to participation in the program and prior to the collection of any data. For participants under age 18, written parental consent and participant assent were secured.

Conflict of Interest Disclosure Statement

The authors have no conflicts of interest to declare.

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