

Name of Program/Strategy: Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)

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1. Overview and description

Creating Lasting Family Connections (CLFC), the currently available version of Creating Lasting Connections (CLC), is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their alcohol and other drug (AOD) use. CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. The six modules of the CLFC curriculum, administered to parents/guardians and youth in 18-20 weekly training sessions, focus on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of AOD use among participating youth. The program emphasizes early intervention services for parents and youth and follow-up case management services for families. Manuals for trainers, notebooks for participants, and other materials are available, but the program is intended to be modified with each implementation to reflect the needs of the participants and the skill level of the trainers.

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2. Implementation considerations (if available)

Creating Lasting Connections was an experimental program implemented and evaluated in church communities with the families of high-risk 11- to 14-year-old youth. CLC served as the basis for CLFC, which is now in use.

3. Descriptive Information

| | |
|-------------------------------|---|
| Areas of Interest | Substance abuse prevention |
| Outcomes | 1: Use of community services 2: Parent knowledge and beliefs about AOD 3: Onset of youth AOD use 4: Frequency of youth AOD use |
| Outcome Categories | Alcohol Drugs Family Relationships Tobacco |
| Ages | 6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult) |
| Genders | Male Female |
| Races/Ethnicities | Data were not reported/available. |
| Settings | Home School Other community settings |
| Geographic Locations | Urban Suburban Rural and/or frontier |
| Implementation History | According to the developer, since the publication and distribution of the CLFC curriculum, the program has been implemented by professionals and volunteers in hundreds of cities in almost all 50 States, Puerto Rico, and the U.S. Virgin Islands (St. Thomas and St. Croix). CLFC also has been used in Canada, Ghana, Indonesia, Mexico, Netherlands Antilles (St. Maarten), Spain, and United Arab Emirates. It is estimated that tens of thousands of individuals have participated in the CLFC intervention. |

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|----------------------------------|--|
| NIH Funding/CER Studies | Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No |
| Adaptations | CLFC materials are produced in English and Spanish. In addition, one component of CLFC, the community advocate team (CAT), ensures that the intervention is adapted by each community implementing it. According to program developers, this group (formerly known as the church advocate team) assists with "building a two- way bridge of understanding and acceptance between the participant population and the facilitator(s)" by teaching the program facilitators about local cultural issues. The cultural input provided by the CAT informs appropriate adaptations to the program. |
| Adverse Effects | No adverse effects, concerns, or unintended consequences were identified by the applicant. |
| IOM Prevention Categories | Universal Selective Indicated |

4. Outcomes

Outcome 1: Use of community services

| | |
|-----------------------------------|--|
| Description of Measures | Parents and youth were asked a series of questions about (1) their use of community services when personal or family problems arose, (2) the action they took based on those contacts with community services, and (3) the perceived helpfulness of those actions. |
| Key Findings | One year after the initiation of CLC, compared with individuals who did not receive the intervention, CLC participants reported that they used more community services when personal or family problems arose ($p = .001$ for youth), they took more action based on those contacts with community services ($p = .05$ for parents, $p = .001$ for youth), and they found those actions to be more helpful ($p = .04$ for parents, $p = .001$ for youth). |
| Studies Measuring Outcome | Study 1 |
| Study Designs | Experimental |
| Quality of Research Rating | 3.0 (0.0-4.0 scale) |

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Outcome 2: Parent knowledge and beliefs about AOD

| | |
|-----------------------------------|---|
| Description of Measures | Parents were asked a series of questions about their AOD knowledge and beliefs. |
| Key Findings | One year after the initiation of CLC, compared with parents who did not receive the intervention, parents who participated in CLC reported gains in knowledge about AOD and enhanced beliefs against using these substances ($p < .001$). |
| Studies Measuring Outcome | Study 1 |
| Study Designs | Experimental |
| Quality of Research Rating | 3.0 (0.0-4.0 scale) |

Outcome 3: Onset of youth AOD use

| | |
|-----------------------------------|--|
| Description of Measures | Youth were asked the age at which they first used tobacco, alcohol, marijuana, cocaine or crack, inhalants, and other drugs. |
| Key Findings | The program produced positive moderating effects on the onset of AOD use among youth when family-level and youth-level resiliency factors targeted by the program also improved. The onset of AOD use was delayed among youth who participated in CLC for 1 year, relative to youth in the comparison group, as parents reported increased AOD knowledge and beliefs consistent with program content ($p = .03$ for alcohol, $p = .04$ for AOD) and youth reported decreased conflict with their parents ($p = .01$ for alcohol, $p = .05$ for AOD). |
| Studies Measuring Outcome | Study 1 |
| Study Designs | Experimental |
| Quality of Research Rating | 2.9 (0.0-4.0 scale) |

Outcome 4: Use of community services

| | |
|--------------------------------|--|
| Description of Measures | Youth were asked how frequently they used tobacco, alcohol, marijuana, cocaine or crack, inhalants, and other drugs in the past 3 and 12 months. Response options ranged from 0 (never) to 4 (more than once per day). |
| Key Findings | The CLC program produced positive moderating effects on the frequency of AOD use at 3- and 12- month intervals among youth when family-level and youth-level resiliency |

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|-----------------------------------|--|
| | <p>factors targeted by the program also improved. In terms of family-level factors, the frequency of alcohol use in the previous 3 months among youth who received CLC was reduced, relative to youth in the comparison group, as parents reported a decrease in their likelihood of punishing youth AOD use ($p = .05$); a decrease in family pathology ($p = .03$); and using more community services when a personal or family problem arose ($p = .05$), taking more action based on those contacts with community services ($p = .04$), and finding that those actions proved to be more helpful ($p = .03$). The program also produced a reduction in the frequency of alcohol and other drug use in the previous 12 months as family pathology decreased ($p < .001$ and $p < .01$, respectively).</p> <p>In terms of youth-level factors, the frequency of alcohol use in the previous 3 and 12 months among youth who received CLC was reduced, relative to youth in the comparison group, as youth reported an increase in being honest about their AOD use ($p < .001$ and $p < .01$, respectively), parents reported an increase in youth bonding with their father ($p = .02$ and $p = .05$, respectively), and youth reported a decrease in rejecting conventional values ($p = .02$ and $p = .03$, respectively). A reduction in the frequency of other drug use was related to an increase in youth being honest about their AOD use ($p < .001$) and schoolwork ($p = .02$) and an increase in parent-reported bonding between the youth and father ($p = .03$).</p> |
| Studies Measuring Outcome | Study 1 |
| Study Designs | Experimental |
| Quality of Research Rating | 2.9 (0.0-4.0 scale) |

5. **Cost effectiveness report** (Washington State Institute of Public Policy – if available)

6. **Washington State results** (from Performance Based Prevention System (PBPS) – if available)

| Scale | Result | Direction | N | Instruments used for this program |
|-------------------------------|---------------|------------------|----------|--|
| Bonding/Attachment | significant | improvement | 77 | AM Bonding/Attachment [Y1] |
| Communication Skills (Parent) | significant | improvement | 40 | AM Communication Skills [P6] |
| Family Management Skills | significant | improvement | 153 | AM Family Management - Skills [P4] |
| Refusal Skills | significant | improvement | 132 | AM Refusal Skills [Y4] |
| Refusal Skills | significant | improvement | 52 | Refusal Skills [Y4i] |

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7. Where is this program/strategy being used (if available)?

| Washington Counties | Oregon Counties |
|---------------------|-----------------|
| King | |

8. Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

| Study | Age | Gender | Race/Ethnicity |
|----------------|---|----------------------------|-----------------------------|
| Study 1 | 6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult) | 57.5% Female 42.5% Male | Data not reported/available |

9. Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Johnson, K., Berbaum, M., Bryant, D., & Bucholtz, G. (1995). Evaluation of Creating Lasting Connections: A program to prevent alcohol and other drug abuse among high risk youth. Final evaluation report. Louisville, KY: Urban Research Institute.

Johnson, K., Bryant, D. D., Collins, D. A., Noe, T. D., Strader, T. N., & Berbaum, M. (1998). Preventing and reducing alcohol and other drug use among high-risk youths by increasing family resilience. *Social Work*, 43(4), 297-308.

Johnson, K., Strader, T., Berbaum, M., Bryant, D., Bucholtz, G., Collins, D., et al. (1996). Reducing alcohol and other drug use by strengthening community, family, and youth resiliency: An evaluation of the Creating Lasting Connections program. *Journal of Adolescent Research*, 11(1), 36-67.

Supplementary Materials

Johnson, K., Noe, T., Collins, D., Strader, T., & Bucholtz, G. (2000). Mobilizing church communities to prevent alcohol and other drug abuse: A model strategy and its evaluation. *Journal of Community Practice*, 7(2), 1-27.

Johnson, K., Young, L., & Collins, D. (2004). The Creating Lasting Family Connections program: Evaluation kit. Louisville, KY: Resilient Futures Network.

Strader, T., Collins, D., Noe, T., & Johnson, K. (1997). Mobilizing church communities for alcohol and other drug abuse prevention through the use of volunteer church advocate teams. *Journal of Volunteer Administration*, 15(2), 16-29.

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Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

| Outcome | Reliability of Measures | Validity of Measures | Fidelity | Missing Data/Attrition | Confounding Variables | Data Analysis | Overall Rating |
|--|-------------------------|----------------------|----------|------------------------|-----------------------|---------------|----------------|
| 1: Use of community services | 3.8 | 3.3 | 2.5 | 3.0 | 2.5 | 3.0 | 3.0 |
| 2: Parent knowledge and beliefs about AOD | 3.8 | 3.3 | 2.5 | 3.0 | 2.5 | 3.0 | 3.0 |
| 3: Onset of youth AOD use | 3.5 | 3.0 | 2.5 | 3.0 | 2.5 | 3.0 | 2.9 |
| 4: Frequency of youth AOD use | 3.5 | 3.0 | 2.5 | 3.0 | 2.5 | 3.0 | 2.9 |

Study Strengths

The research team used items from well-known, well-developed measures with acceptable psychometric properties, including reliability, cultural relevance, and construct validity. Implementation fidelity was monitored in a systematic fashion using process measures for trainer behavior, content of the class, and setting of the class. Members of the church advocate team, who recruited families and participated in project implementation, received extensive training to perform their role. Attrition and some potentially confounding variables were taken into account in the analyses.

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Study Weaknesses

One third of the participating families were lost to attrition. The control group was not matched to the intervention group for attention. Church advocate team members were encouraged to adapt elements of the program and recruitment strategy, but it is unclear how such modifications were tracked. There were a few issues that might be confounds in explaining the results, such as the involvement of participating families in other AOD programs and the participation of church advocate team members and their families in the intervention. Because the sample size was small, power may have been an issue in some of the analyses.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

Council on Prevention and Education: Substances, Inc. (Producer). (2005). Creating Lasting Family Connections. Developing positive parental influences: The intoxication curve [Motion picture]. United States: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (Producer). (2005). Creating Lasting Family Connections. Getting real: "Adult role play" (with trainer's notes) [Motion picture]. United States: Resilient Futures Network.

Creating Lasting Family Connections: Implementation Training

Creating Lasting Family Connections: Implementation Training Packet

Creating Lasting Family Connections: Information Packet
Creating Lasting Family Connections: Master Trainer's Binder
Data collection and other instruments:

- CLFC Fidelity Instrument
- CLFC Readiness Assessment and Scoring Key
- Facilitator interview report
- Suggested questions for facilitator interviews

Handouts:

- CLFC Order Information
- CLFC Prevention Specialist Job Description
- CLFC Trainer Characteristics
- CLFC Training, Technical Assistance, and Certification Information

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Johnson, K., Young, L., & Collins, D. (2004). The Creating Lasting Family Connections program: Evaluation kit. Louisville, KY: Resilient Futures Network.

Program Web site, <http://www.copes.org>

Strader, T., Collins, D., & Noe, T. (2000). Building healthy individuals, families, and communities: Creating Lasting Connections. New York: Kluwer Academic/Plenum.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Developing independence and responsibility manual. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Developing independence and responsibility notebook. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Developing a positive response manual. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Developing a positive response notebook. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Developing positive parental influences manual. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Developing positive parental influences notebook. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Raising resilient youth manual. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., & Noe, T. (1998). Creating Lasting Family Connections: Raising resilient youth notebook. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., Noe, T., & Crawford Mann, W. (1998). Creating Lasting Family Connections: Getting real manual. Louisville, KY: Council on Prevention and Education: Substances.

Strader, T., Noe, T., & Crawford Mann, W. (1998). Creating Lasting Family Connections: Getting real notebook. Louisville, KY: Council on Prevention and Education: Substances.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

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| Implementation Materials | Training and Support Resources | Quality Assurance Procedures | Overall Rating |
|---------------------------------|---------------------------------------|-------------------------------------|-----------------------|
| 3.9 | 3.6 | 3.7 | 3.7 |

Dissemination Strengths

Implementation materials are clear and comprehensive. The core resources needed for implementation are clearly specified. The program developers provide optional training and technical assistance for various levels of expertise. Tools for outcome and implementation fidelity, a logic model, and technical assistance on evaluation are available to support quality assurance.

Dissemination Weaknesses

Guidance for implementation is provided in many different documents and sources, making it somewhat difficult for the reader to get an overall picture of program implementation. Though training is optional, the complexity of the readiness and community mobilization component of the program may make training necessary. Limited information is provided on common implementation problems and solutions. Materials do not specify how and when to use the fidelity tool.

11. Costs

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

| Item Description | Cost | Required by Program Developer |
|--|----------------|--------------------------------------|
| Curriculum material | \$1,125 | Yes |
| Individual CLFC training module kits | \$250 each | No |
| Replacement manuals | \$50 each | No |
| Replacement participant notebook sets | \$99.95 for 25 | No |
| Standard evaluation kit with one each of Youth and Parent Survey, Construct Definitions, and Psychometric Properties | \$300 each | No |
| Additional Youth Survey Booklets set | \$49.99 for 25 | No |
| Additional Adult Survey Booklets set | \$49.99 for 25 | No |

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|---|--|----|
| Retrospective Survey Kit | \$300 each | No |
| CLFC Program Training Assessment Survey | \$150 each | No |
| 5-DVD set | \$499 each | No |
| Getting Real: It Takes Two to Know You DVD | \$100 each | No |
| Getting Real: Role Plays with Adults (with trainer's notes) DVD | \$114 each | No |
| The Intoxication Curve DVD | \$114 each | No |
| High, Drunk, or State of Mind DVD | \$114 each | No |
| Problem Drinking or Alcoholism DVD | \$114 each | No |
| 5-day CLFC Implementation Training at COPES, Inc., in Louisville, KY (includes technical assistance for 1 year) | \$500-\$750 per person depending on the number attending | No |
| On-site CLFC Implementation Training (includes technical assistance for 1 year) | \$5,000-\$7,500 | No |
| Additional on-site technical assistance | \$300-\$1,250 per day plus travel expenses | No |
| Fidelity instrument | Free | No |

12. Contacts

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Learn More by Visiting: <http://www.copes.org>, OR, <http://myresilientfuturesnetwork.com>