

Promoting Responsible Fatherhood Initiative: COPES Final Evaluation Report

Promoting Responsible Fatherhood Grant

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**Submitted to:
COPES, Inc.
Louisville, KY**

**Prepared by:
Pacific Institute for Research & Evaluation
Louisville, KY
&
McGuire & Associates
Lewis Center, OH**

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Executive Summary

Introduction: COPES Inc. was awarded a Promoting Responsible Fatherhood grant from the Administration for Children and Families (ACF) in 2006. The implemented program involved an adaptation of Creating Lasting Family Connections (CLFC) for recently released prison inmates that focused on (1) being a positive parental influence, (2) family and child management, (3) communication skills, and (4) HIV/STD prevention.

Method: Data on relationship skills and on recidivism were collected prior to the intervention, after the intervention, and at a follow-up after the intervention for both 387 clients exposed to CLFC and 113 clients exposed to the aftercare programs typically available for recently released inmates.

Results: The data analyzed suggested that the intervention: (1) improved the relationship skills of clients; (2) created improvements in relationship skills that persisted at follow-up; and (3) made clients less likely to recidivate, as clients were almost three times (2.94) less likely to recidivate.

Summary/ Conclusions: Although fatherhood behaviors were not directly measured, the present findings suggest that the requisite skills needed to be a father were improved by the program and a lower level of recidivism by those exposed to CLFC clearly means that these clients are more able to be physically present for their children.

Introduction

In 2006, COPES Inc. was awarded a Promoting Responsible Fatherhood grant from the Administration for Children and Families (ACF). The purpose of the Promoting Responsible Fatherhood program is to promote responsible fatherhood by funding programs that support healthy marriage activities, promote responsible parenting and foster economic stability. The Fatherhood program enables fathers to improve their relationships and reconnect with their children. It helps fathers overcome obstacles and barriers that often prohibit them from being the most effective and nurturing parents.

In support of the purposes outlined for the Promoting Responsible Fatherhood program, the Jefferson County Fatherhood Initiative has established the following goal and objectives:

Goal: To increase the likelihood of marital stability through focusing on relationship skills building for low-income ex-offenders returning to the Metro Louisville area. This will be accomplished by implementing the Creating Lasting Family Connections curriculum annually with 60 individuals, including re-entry fathers. Additionally, their spouses or significant others and/or their children will be served when possible for a total of up to 100 participants per year.

- Objective 1.1: CLFC participants will show a significant *increase in their knowledge and use of effective communication skills.*
- Objective 1.2: CLFC participants will show a significant *increase in their knowledge and use of conflict resolution skills.*
- Objective 1.3: Adult CLFC participants will show a significant *increase in their knowledge and use of effective intra-personal skills.*
- Objective 1.4: CLFC participants will show a significant *increase in their knowledge and use of emotional awareness skills.*
- Objective 1.5: CLFC participants will show a significant *increase in their knowledge and use of emotional expression skills.*
- Objective 1.6: CLFC participants will show a significant *increase in their knowledge and use of inter-personal skills.*
- Objective 1.7: CLFC participants will show a significant *increase in their knowledge and use of relationship management skills.*
- Objective 1.8: CLFC participants will show a significant *increase in their relationship satisfaction.*
- Objective 1.9: CLFC participants will show a significant *increase in their relationship commitment.*

The Jefferson County Fatherhood Initiative, implementing the Creating Lasting Family Connections (CLFC) Program, is hypothesized to reduce negative consequences for participants by sharing with clients the skills of self awareness, relationship, communication, feedback and loving refusal, along with providing information on how alcohol and drug involvement can impair judgment, discernment, and balance in individuals, families, and communities (Strader, Noe, & Collins, 2000). To the extent participants can learn these skills, access greater personal resources through new relationships, and address their possible addiction through support groups, case management, or other referrals, it is assumed that we will see greater self-care, reduced substance use, greater connection to family and community, and therefore, less recidivism. A reduction in recidivism allows for a greater opportunity for fathers to be active in the lives of their children and to obtain gainful employment, both of which improve the quality of life for the entire family. By learning deeper self-awareness, increasing one's ability to honor him/her self, and to relate to others in their family and community in positive, respectful, and caring ways, it is believed that one will naturally avoid many negative

consequences. Based on our prior work with addictions and reentry populations, it is apparent that some people may demonstrate a need for more individualized support than others, so case management services were also offered as additional support.

CLFC was adapted for implementation with individuals recently released from prison with a specific focus on those who had received substance abuse treatment services during incarceration. Inmates who choose to attend substance abuse treatment services while incarcerated also agreed to attend the “most comprehensive aftercare programs available in the community upon release.” In the present context, these individuals were invited to voluntarily substitute the CLFC program for a similarly scheduled component of the usual aftercare programming available, or to attend the usual aftercare treatment services available in the Louisville area. This adaptation of CLFC involved the use of the adult CLFC modules only, plus a brief new module on HIV and other sexually transmitted disease prevention and sexual health. This intervention included four CLFC training modules that collectively involved twenty sessions delivered in two hour classes provided once or twice per week.

The four CLFC modules include “Developing Positive Parental Influences”, “Raising Resilient Youth”, “Getting Real”, and “The ABC 3D Approach to HIV Prevention”. A brief description of each CLFC module used in the Promoting Responsible Fatherhood Initiative intervention is outlined in the following:

- “Developing Positive Parental Influences” is a training that offers interactive instruction to adults. Content includes: substance abuse and family dynamics; using personal, genetic, social and lifestyle risk factors to create a personal family prevention plan; and examination of intervention, referral and treatment models; and setting clear family standards for parents and children (Strader, Noe, & Mann, 1998b & 1998b).
- “Raising Resilient Youth” is a training offering interactive instruction regarding a broad range of relationships skills to adults. Content includes: knowledge, attitudes, and behaviors regarding personal and family management practices; communicating effective expectations and consequences in relationships; growth needs of children; managing thoughts and feelings; giving and receiving feedback in healthy relationships; and assisting others, including youth, in making healthy choices (Strader, Noe, & Mann, 1998a).
- “Getting Real”, is a training offering interactive instruction to adults. Content includes a focus on refusal skills; verbal and non-verbal communication; effective communication and negotiation; conflict management; effective listening; communication within the family unit; and establishing and maintaining healthy interpersonal relationships through the appropriate expression of emotions (Strader, Noe, & Mann, 1998b).
- “The ABC 3D Approach to HIV Prevention” is a frank and highly interactive examination of the primary modes of transmission of HIV, hepatitis, and other sexually transmitted diseases and effective preventive measures anyone can take to effectively avoid infection (Strader, 2004).

The CLFC program has previously been shown to reduce substance use and to increase the appropriate use of other community-based resources for family problems and to establish appropriate family boundaries for alcohol and drug use (Johnson et. al., 1996). Further, in 2007, CLFC was reviewed and listed on the National Registry of Evidence-Based Programs and Practices by the Substance Abuse and Mental Health Services Administration.

The present report concerns an adaptation of the CLFC program for those who were incarcerated. Data were collected at pre-test, exit, and follow-up to determine whether the changes in the intervention group were different than the changes in a comparison group. More

specifically, this investigation examined whether there were more positive changes in relationship skills and recidivism outcomes targeted by the initiative in the intervention group.

Method

Participants

The participants for the present study were 500 male individuals who voluntarily participated in the CLFC program (i.e., intervention group) or one of the programs typically offered for those being released from prison (i.e., the comparison group). It is important to note that the majority of clients were released from prison at the time of their participation ($n=389$ or 78%); however, the remainder of the participants were still incarcerated at the time of their participation. Of the 500 clients, 387 participated in the intervention condition and 113 participated in the comparison condition. The clients were in their thirties ($M=33.85$) and predominately Caucasian (62%) or African-American (36%), with very few Hispanic clients (2%) being represented in the sample. Examining the background characteristics of these clients, about one quarter lived with a relationship partner (25%), were independently housed (27%), and had children living with them (27%); however, most clients reported having a child (77%). Most clients had a high school diploma or a GED (94%); however, less than half (43%) were employed.

Selectivity Biases

Two alternative explanations for putative study findings are that (1) intervention effects could be due to non-random assignment of individuals to the intervention and comparison groups (i.e., a quasi-experimental design) and (2) intervention effects could be due to participants who are likely to exhibit negative outcomes being more likely to drop out of the study, especially in the intervention group. Both of these potential sources of selectivity biases were addressed using a Heckman two-step procedure (Heckman, 1976, 1979). This approach involves regressing either (1) intervention group or (2) attrition status on participant background characteristics in the first step using a probit regression model. The second step involves producing predicted scores, where these scores are transformed to an inverse Mill's ratio (IMR), and the IMR is included in all inferential analyses. These methods are not subject to the same biases that characterize propensity methods.

Prior to performing the first step probit models, missing background characteristic data were imputed using the Expectation Maximization (EM) algorithm in SPSS 18.0. EM employs maximum-likelihood estimation to ensure consistency between the variance-covariance matrix derived from the observed data and the imputed data (Dempster, Laird, & Rubin, 1977). All background characteristics mentioned in the participants section were used as predictors and outcomes in the EM model. Due to the necessity of eliminating any case with any missing background characteristic, we felt that imputation posed fewer inferential risks than eliminating entire cases.

Our first probit model examined selectivity biases due to assignment to the intervention or comparison group. Our model suggested that individuals who were Hispanic were more likely to be in the comparison group, $z=-2.12$, $p=.03$; however, the overall model did not predict assignment, $\chi^2(489)=501.45$, $p=.34$. As we did have one significant predictor of assignment, we did produce an IMR representing selectivity bias due to assignment. We performed our analyses initially including the IMR as a covariate in all of our inferential models; however, it was not a statistically significant predictor in any model ($ps>.05$). As such, all final models reported here excluded the IMR as a predictor.

Our second probit model examined selectivity biases due to attrition. Considering attrition, 136 clients (or 27%) did not participate at post-test or follow-up. Of the 500 participants at pre-test, 385 (or 77%) participated at post-test and 364 (or 73%) participated at follow-up. There was no evidence to suggest than any of the background characteristics predicted attrition

($p > .05$) and the overall model did not predict attrition, $\chi^2(489) = 498.37$, $p = .38$. As there was no evidence of bias due to attrition, we did not create an IMR representing this source of selectivity bias.

Procedure

Initial relationships were developed with the Kentucky Department of Corrections prior to implementing a system of acquiring participants for the intervention and comparison conditions. Participants were assigned the intervention and comparison conditions using a semi-random process. Due to assignment not being completely random assignment (i.e., every participant did not have an equal probability of being assigned to the intervention or comparison condition), this study must be considered as a quasi-experimental study.

As there is a constant stream of individuals being released from the prison system, individuals released within a span of several months were clustered together into cohorts for a total of 22 cohorts. These participants were released from prison between the years of 2006 and 2011. The only thing defining cohort is when individuals were released from prison, which is a function of sentencing. Thus, there is nothing to suggest that there should be variability among cohorts, such as a violation of the stable use treatment value assumptions (SUTVA, Rubin, 1974). For large cohorts, every other person was assigned to the intervention group.

The survey was administered to all participants at pre-test, post-test, and follow-up. Surveys were administered by program staff. Informed consent was first required from all participants before completing the survey. All participants were informed that their participation in the survey was voluntary and their decision to not complete the survey would not affect their participation in the program. Additionally, participants were informed that their responses were anonymous and would not be shared, except in aggregate form for reporting purposes. Full proctoring (i.e., staff reading the survey to participants) was offered to those participants who had difficulty reading. Completed surveys were placed in a sealed envelope and sent to the evaluator for data entry and analysis.

Measures

Questionnaire. Clients completed a questionnaire at each of the three waves of the study that included 71 items inquiring about various relationship skills using a 1 (strongly disagree) to 5 (strongly agree) scale. Nine facets of relationship skills were assumed to be measured by these items. We examined whether all items purported to measure an underlying construct were measuring the same underlying construct by calculating Cronbach's alpha at time one for each scale. Scale scores were calculated by taking the average of responses to items comprising each scale. The psychometric properties of these measures appear in Table 1. The nine scales measured in the data with example item content were as follows.

- *Communication Skills* ($\alpha = .78$, $n \text{ items} = 8$). Example item: I am able to express my true feelings to those whom I trust.
- *Conflict Resolution Skills* ($\alpha = .52$, $n \text{ items} = 6$). Example item: Even when in a conflict with someone I trust, I can respectfully share my thoughts and feelings.
- *Intra-Personal Skills* ($\alpha = .66$, $n \text{ items} = 9$). Example item: I am honest with myself about what I feel and need.
- *Emotional Awareness* ($\alpha = .78$, $n \text{ items} = 9$). Example item: Those I trust can really understand my hurts and joys.
- *Emotional Expression* ($\alpha = .85$, $n \text{ items} = 9$). Example item: I often let others know what I am feeling.
- *Inter-Personal Skills* ($\alpha = .80$, $n \text{ items} = 8$). Example item: I'm open and honest with what I say to those I trust.

- *Relationship Management Skills* ($\alpha=.59$, $n\ items=8$). Example item: I know I can count on some of the people in my life.
- *Relationship Satisfaction* ($\alpha=.89$, $n\ items=7$). Example item: I am happy with how conflict is resolved in my relationships.
- *Relationship Commitment* ($\alpha=.77$, $n\ items=7$). Example item: I trust my partner enough to stay with them.

Alphas were low for the Conflict Resolution Skills and Relationship Management scales; however, alphas were acceptable for the remainder of the scales. The two problem scales were not easily remedied, as alpha was not substantially improved by dropping a small number of items. As such, findings for these two scales should be interpreted with caution, as it means that the scales were not necessarily measuring the same underlying construct.

Preliminary examination of the data indicated that these nine relationship skills were highly correlated at each wave. We performed a factor analysis at each wave using principal axis factoring to determine whether all of these relationship skills loaded on a single relationship skills factor. This was indeed the case, as all loadings were greater than .49 for the factor analysis at each time period. Further, alphas were high at pre-test (.91), post-test (.92), and follow-up (.93). As such, we created a relationship skills aggregate, which serves as a summary measure for all of the relationship skills examined.

Recidivism was assessed by determining at waves two and three whether each participant had a revocation, they were arrested, or they absconded. Recidivism data were provided directly from the Department of Corrections for each participant, and these data were not collected using the questionnaire. Recidivism data were only available for the 389 participants who were not currently incarcerated.

Table 1: Psychometrics for Outcome Measures

	<i># Items</i>	<i>Range</i>	<i>Alpha Time 1</i>
<i>Communication Skills</i>	8	1-5	.78
<i>Conflict Resolution Skills</i>	6	1-5	.52
<i>Intra-Personal Skills</i>	9	1-5	.66
<i>Emotional Awareness</i>	9	1-5	.78
<i>Emotional Expression</i>	9	1-5	.85
<i>Inter-Personal Skills</i>	8	1-5	.80
<i>Relationship Management Skills</i>	8	1-5	.59
<i>Relationship Satisfaction</i>	7	1-5	.89
<i>Relationship Commitment</i>	7	1-5	.77
<i>Recidivism Time 2</i>	1	0-1	n/a
<i>Recidivism Time 3</i>	1	0-1	n/a

Analysis

Our primary analysis of interest is concerned with examining whether the changes in the intervention group between waves one and three were more positive than the changes in the comparison group between waves one and three. Thus, this design reflects a quasi-experimental or correlational research design.

HLM was used to deal with multiple observations being nested within each participant (i.e., multiple wave repeated observations) for nearly all analyses. Although simpler general linear models can be used to handle these data, HLM performed in this manner confers the benefits of being able to use all of the data, regardless of whether a participant has all three repeated observations (*cf.* Raudenbush & Bryk, 2002) and this approach is more consistent with an intent-to-treat approach. All models were posed as random intercept models, which assume that variability may arise among individuals due to nesting. More specifically, at level one (i.e., the repeated observation level), all outcomes were seen as being predicted by orthogonally coded linear (-1, 0, 1) and quadratic contrasts (1, -2, 1; i.e., “u”-shaped) time contrasts:

$$\text{Outcome} = \pi_0 + \pi_1(\text{Linear}) + \pi_2(\text{Quadratic})$$

At level two (i.e., the individual level), the level one intercept was seen as being predicted by a coded contrast (-1 vs. 1) representing the intervention group:

$$\pi_0 = \beta_{00} + \beta_{01}(\text{Intervention}) + r_0$$

The remaining level two equations represented the cross-level interactions between time and intervention group:

$$\begin{aligned}\pi_1 &= \beta_{10} + \beta_{11}(\text{Intervention}) \\ \pi_2 &= \beta_{20} + \beta_{21}(\text{Intervention})\end{aligned}$$

This approach was used to examine relationship skills; however, recidivism was examined using a simple, multiple logistic regression model. These logistic regression models regressed recidivism status at times two and three in separate analyses on intervention status. All models were run using SPSS 18.0.

Results

Relationship Skills

We first examined the pattern of means for relationship skills by condition and wave, which appears in Table 2. As can be seen in the table, the pattern of changes in means by condition for most scales is similar. The contrast of changes in the intervention and comparison groups appears in Table 3. Statistically significant effects of particular interest appear in the columns five and six (i.e., Intervention X Linear and Intervention X Quadratic) of Table 3. The findings for the individual scales and the aggregate relationship skills scale appear in both tables. Findings were in the same direction for all scales; however, the Intervention X Quadratic interaction failed to reach a conventional level of significance for Conflict Resolution Skills and Intra-Personal Skills. As all findings were in the same direction and the majority was significant, we only interpreted the Relationship Skills aggregate in the interest of brevity. As can be seen in Figure 1, the general pattern of results suggested that relationship skills remained relatively constant for the comparison group; however, relationship skills improved for the intervention group. More specifically, relationship skills exhibited a large increase between pre- and post-test for the intervention group; and the level of relationship skills remained high and stable between post-test and follow-up for the intervention group.

Figure 1: Relationship skills as a function of intervention group and time.

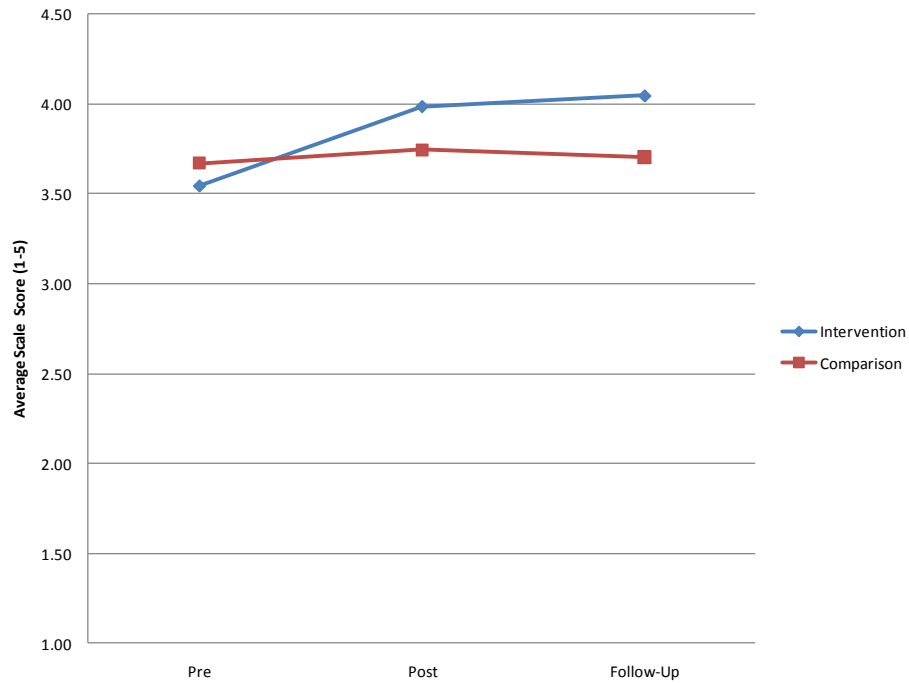


Table 2: Unadjusted study cell means and percentages for outcomes

	<i>Intervention</i>			<i>Comparison</i>		
	<i>Time 1</i>	<i>Time 2</i>	<i>Time 3</i>	<i>Time 1</i>	<i>Time 2</i>	<i>Time 3</i>
<i>N</i>	387	303	302	113	100	87
<i>Communication Skills</i>	3.87	4.33	4.36	4.06	4.12	4.03
<i>Conflict Resolution Skills</i>	2.98	3.21	3.34	3.14	3.12	3.12
<i>Intra-Personal Skills</i>	3.13	3.52	3.58	3.19	3.30	3.21
<i>Emotional Awareness</i>	3.42	3.94	4.02	3.54	3.70	3.61
<i>Emotional Expression</i>	3.59	4.21	4.26	3.73	3.87	3.86
<i>Inter-Personal Skills</i>	3.58	4.10	4.14	3.73	3.79	3.78
<i>Relationship Management Skills</i>	3.65	3.98	4.02	3.75	3.72	3.72
<i>Relationship Satisfaction</i>	3.53	4.11	4.20	3.68	3.82	3.80
<i>Relationship Commitment</i>	4.12	4.49	4.48	4.21	4.27	4.25
<i>Relationship Skills (avg. of 9 prior skills)</i>	3.54	3.99	4.05	3.67	3.75	3.71
<i>Recidivism Time 2 (%)</i>	13.97	-	-	14.86	-	-
<i>Recidivism Time 3 (%)</i>	5.08	-	-	13.51	-	-

Recidivism

Examining recidivism, there were no differences between the intervention and comparison group on recidivism between pre- and post-test; however, as can be seen in Table 4, there was a significant difference between the intervention and comparison group in recidivism between post-test and follow-up. This difference suggested that clients in the comparison group were 2.94 times (or the inverse of the .34 odds ratio in Table 4) more likely to recidivate than clients in the intervention group. The percentage of clients in each group recidivating at each time period appears in Figure 2.

Figure 2: Percentage of clients recidivating as a function of intervention group and time.

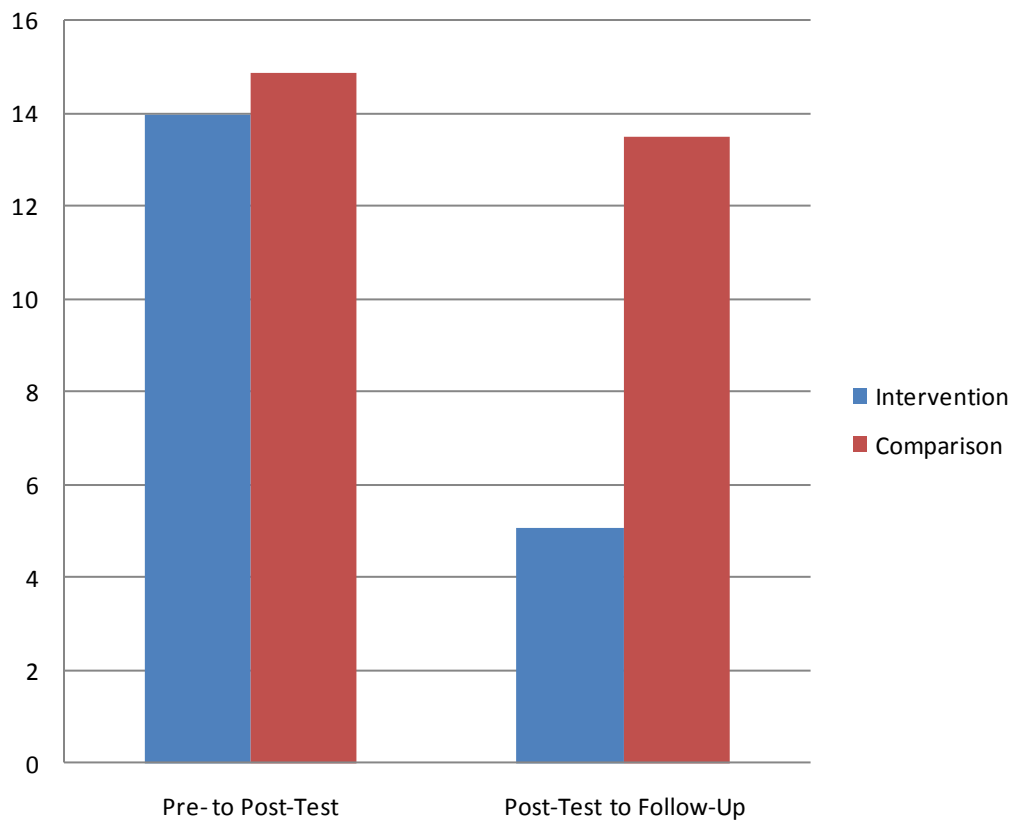


Table 3: Intervention effect unstandardized regression coefficients, effect sizes, and statistical significance.

	<i>Intercept</i>	<i>Linear Change</i>	<i>Quadratic (U-Shaped) Change</i>	<i>Intervention</i>	<i>Intervention X Linear</i>	<i>Intervention X Quadratic</i>	<i>ICC</i>
<i>Communication Skills</i>	4.13(.99)**	.12(.22)**	-.05(-.16)**	.06(.12)*	.13(.24)**	-.03(-.09)*	.14(.43)**
<i>Conflict Resolution Skills</i>	3.15(.99)**	.09(.16)**	-.01(-.03)	.02(.04)	.09(.18)**	-.01(-.04)	.12(.40)**
<i>Intra-Personal Skills</i>	3.32(.99)**	.12(.23)**	-.04(-.15)**	.09(.18)**	.11(.21)**	-.01(-.04)	.12(.43)**
<i>Emotional Awareness</i>	3.70(.99)**	.17(.33)**	-.05(-.19)**	.09(.16)**	.13(.25)**	-.02(-.07)*	.15(.47)**
<i>Emotional Expression</i>	3.92(.99)**	.20(.35)**	-.06(-.19)**	.10(.17)**	.14(.24)**	-.04(-.12)**	.17(.46)**
<i>Inter-personal Skills</i>	3.86(.99)**	.16(.30)**	-.04(-.15)**	.08(.15)**	.12(.24)**	-.04(-.13)**	.15(.48)**
<i>Relationship Management Skills</i>	3.81(.99)**	.09(.20)**	-.02(-.09)*	.08(.16)**	.10(.23)**	-.03(-.12)**	.10(.46)**
<i>Relationship Satisfaction</i>	3.85(.98)**	.20(.29)**	-.05(-.14)**	.09(.13)**	.14(.21)**	-.03(-.08)*	.21(.43)**
<i>Relationship Commitment</i>	4.30(.99)**	.10(.20)**	-.04(-.14)**	.06(.13)**	.08(.16)**	-.03(-.09)*	.10(.38)**
<i>Relationship Skills (avg. of 9 prior skills)</i>	3.78(.99)**	.14(.34)**	-.04(-.19)**	.08(.17)**	.11(.29)**	-.02(-.12)**	.09(.50)**

Note: ** $p < .01$, * $p < .05$, + $p < .10$; Unstandardized regression coefficients listed first, and in parentheses t -values with accompanying degrees of freedom were transformed to an effect size r , using the formula presented in Cohen (1988).

*Table 4: Intervention recidivism effects
unstandardized regression coefficients, odds
ratios, and statistical significance.*

	<i>Intercept</i>	<i>Intervention</i>
<i>Recidivism Time 2</i>	-1.75(.17)**	-.07(.93)
<i>Recidivism Time 3</i>	-1.86(.16)**	-1.07(.34)*

Note: ** $p < .01$, * $p < .05$, + $p < .10$; Unstandardized coefficients come first and odds ratios appear in parentheses

Summary/Conclusions

The present study used a quasi-experimental study that examined whether male clients, most of who were recently released from prison, exhibited more positive relationship skills and recidivism outcomes as a result of attending the CLFC intervention, relative to a comparison group exposed to the typical aftercare programming. The data analyzed suggested that the intervention:

- improved the relationship skills of clients,
- created improvements in relationship skills that persisted at follow-up, and
- made clients less likely to recidivate, as clients were almost three times (2.94) less likely to recidivate.

These findings suggest that there is a direct and positive impact of the intervention on relationship skills and recidivism.

The data collected for the present study do not speak directly to fatherhood behaviors; however, the data collected do speak to the necessary skills for being a father to one's children. More specifically, the relationship skills measured are necessary for family communication and the ability to effectively communicate with and discipline children. Further, these relationship skills are necessary for being able to acquire and maintain a job, as well as handling conflict without resorting to violence. Being a financial provider, providing love, and providing discipline are all large components of fatherhood. Moreover, not engaging in further criminal activity and staying out of jail, as indicated by a lack of recidivism, allow for the physical presence of fathers in the lives of their children.

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