

Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)

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 supports problem identification and referrals to other community services for participants when necessary. 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.

Creating Lasting Connections was an experimental program implemented and evaluated in church and school 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.

CLFC programs have been developed for use with other targeted populations. The Creating Lasting Family Connections Fatherhood Program has been designed for use with fathers, men who are in fatherlike roles, and men who plan to be fathers, and the Creating Lasting Family Connections Marriage Enhancement Program has been designed for use with couples; these programs have been reviewed separately by NREPP.

Descriptive Information

Areas of Interest	Substance abuse prevention
Outcomes	Review Date: June 2007 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	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.
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 developer.
IOM Prevention Categories	Universal Selective Indicated

Quality of Research

Review Date: June 2007

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

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.

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)

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: Frequency of youth AOD use

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	<p>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 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).</p>

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 ($p = .03$).

Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.9 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

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

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.

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.

Readiness for Dissemination

Review Date: June 2007

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new 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

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.

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](#).

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.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by 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
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

Replications

No replications were identified by the developer.

Contact Information

To learn more about implementation, contact:

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://www.copes.org>
- <http://myresilientfuturesnetwork.com>