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CLFC Fatherhood Program

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Name of Model

The *Creating Lasting Family Connections*[®]
Fatherhood Program: Family Reintegration
(CLFCFP)

Introduction

The *Creating Lasting Family Connections Fatherhood Program (CLFCFP)* is a manualized intervention designed to help men (and women) in paternal roles experiencing (or at risk for) family dissonance through any form of physical or emotional separation who wish to return to their paternal role in their own family and community. Family separation might be due to marital difficulties, military service, mental health or substance use disorder treatment, incarceration, out-

of-town work assignments, or other challenging circumstances. The CLFCFP consists of three standard modules (parenting and family relationship skills, effective communication/refusal skills and family alcohol and other drug prevention and intervention) delivered in 16 to 18 two-hour sessions.

CLFCFP is designed to modify the attitudes of participants and help them to (1) strengthen families and establish strong family harmony, (2) enhance parenting skills for intergenerational prevention, and (3) minimize the likelihood of further personal problems for all family members (e.g., substance use, violence, risky sexual behavior, prison recidivism).

The Three Standard CLFCFP Modules

Raising Resilient Youth. Participants learn and practice effective communication skills to use with their families, friends, and co-workers, including listening to and validating others' thoughts and feelings. Participants also enhance their ability to develop and implement expectations and consequences with others, including spouses, coworkers, friends, and children. This training enhances a sense of competence for achieving connectedness and bonding between marriage partners, parents and children, and workplace relationships (Strader and Noe 1998a).

Getting Real. Participants examine their responses to the verbal and nonverbal communication they experience with others. In a

group setting, participants receive personalized coaching on effective communication skills, including speaking with confidence and sensitivity, listening to and validating others, sharing feelings, and matching body language with verbal messages. This promotes the skills of self-awareness and mutual respect while focusing on helping participants combine thoughts, feelings, and behavior in a way that leads them to generate powerful, meaningful, and palatable messages to others (Strader et al. 1998).

Developing Positive Parental Influences.

Participants develop a greater awareness of facts and feelings about substance use, abuse, and dependency; review effective approaches to prevention; and develop a practical understanding of intervention, referral procedures, and treatment options. This module includes an examination of childhood and family experiences involving alcohol/drugs, personal and group feelings, and attitudes toward alcohol and drug issues, as well as an in-depth look at the dynamics of chemical dependency and its impact on relationships and families (Strader and Noe 1998b).

The CLFCFP program also includes an optional module covering HIV prevention (2 to 3 sessions that may include HIV testing) for at-risk populations: *The ABC 3(D) Approach to HIV, Hepatitis and Other Sexually Transmitted Diseases Prevention*. This optional module is a candid examination of the primary modes of transmission of HIV, hepatitis, and other sexually transmitted diseases. This training concludes with effective preventive measures to reduce or eliminate risk of infection. Healthy sexual expression is recognized, discussed, and supported (Strader 2012).

The CLFCFP includes case management and referral capability. A 6- to 9-day CLFCFP Certification Training is required for access to implementation materials.

The *CLFC Fatherhood Program* is one of three programs comprising the *Creating Lasting Family Connections (CLFC) Curriculum Series*. The Series also includes the *Original CLFC Program* and the *CLFC Marriage Enhancement Program*. The *CLFC Curriculum Series* addresses the

intergenerational and chronic nature of addiction and the family's role in both recovery and prevention. *The CLFC Series* represents the intersection of treatment and prevention services for families (Strader et al. 2013). Each of the three CLFC programs is separately listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

Prominent Associated Figures

Drawing on earlier works with Dr. Tim Noe and Warrenetta Crawford Mann, the *CLFC Fatherhood Program* was developed in the early 2000s by Ted N. Strader, M.S., a Certified Chemical Dependency Counselor, a Certified Prevention Specialist and Executive Director of the Council on Prevention and Education: Substances, Inc. Teresa Strader, L.C.S.W, and Christopher Kokoski assisted with the development of support materials. The CLFCFP curriculum has been recognized on the National Registry of Evidence-based Programs and Practices (NREPP) and as a winner of the Exemplary Program Award provided by the National Association of State Alcohol and Drug Abuse Directors, SAMHSA's Center for Substance Abuse Prevention and the National Prevention Network. In 2013, the John C. Maxwell Leadership Team named Mr. Strader one of the top 10 leaders in the USA serving youth and families.

Theoretical Framework

The *CLFC Fatherhood Program* integrates an eclectic combination of personal, couple, family, and community strengthening theoretical frameworks. These frameworks are translated into a structured series of sequential, developmental, and experiential activities for participants. CLFCFP incorporates Experiential Learning Theory (Kolb 1975) by providing an interactive program with a strategic mix of role plays, games, brainstorming, guided imagery, reflective exercises, demonstrations, and group discussions. Participants are invited to involve themselves in practicing or "experiencing" the ideas, concepts, and skills shared in the sessions and to engage in

reflective thought and group discussion (Johnson 1997; Satir 1983).

Risk and Resiliency Theory (Hawkins et al. 1992) serves as a major underpinning of the program. Specific exercises build resiliency across the domains of self, family, work, and community. Building from strengths, the program focuses on both intra- and interpersonal skill development including verbal and nonverbal communication (with an emphasis on listening and validation), how to say no (refusal skills) and family management practices to help prevent negative outcomes and mitigate known risk factors. Further, CLFCFP combines Social Learning Theory (Bandura 1977) and Therapeutic Alliance (Bordin 1979) through the positive rapport established between staff and participants and through staff modeling of appropriate relationship behaviors. Developing respected interpersonal connections is key in promoting growth in both personal and family behavioral dynamics. For example, in the group “educational sessions,” two program staff serve in roles often perceived more as facilitators of information and role models of new possibilities rather than as “therapists.” A range of non-judgmental, inclusive, and positive facilitation skills (Strader and Stuecker 2012) result in a Therapeutic Alliance between the CLFCFP trained facilitators and participants. This alliance can be carried into private case management sessions that, when needed, can lead to deeper personal work or other necessary referrals for more specific therapeutic interventions.

Key elements of Cognitive Behavioral Therapy (Beck 1993) are incorporated into group exercises. Participants are invited to participate in a process of individualized coaching and personal reflection to examine new possible ways to self-correct unhelpful thinking and behaviors. CLFCFP integrates this system of established theories which are expressed in the program design, exercises, activities, and implementation protocols. Each of these theories relates to the central belief described in *Building Healthy Individuals, Families and Communities* that “deep healthy connections build strong protective shields to prevent harm and to provide both nurturing and healing support” (Strader et al. 2000,

p. 17). The book refers to this concept as “connect-immunity.”

Populations in Focus

The CLFC Fatherhood Program was developed for Caucasian and African American men (and women in paternal roles) from urban, suburban, and rural areas in the US experiencing (or at risk for) family dissonance through any form of physical or emotional separation who wish to return to their paternal role in their own family and community. Family separation might be due to marital difficulties, military service, mental health or substance use disorder treatment, incarceration, out-of-town work assignments, or other challenging circumstances. The program is implemented in gender-specific (all male or all female) groups of selective and indicated populations as designated by the Institute of Medicine (IOM) Classification System.

Strategies and Techniques Used in Model

The CLFC Fatherhood Program incorporates a rich variety of strategies and techniques to appeal to the full range of adult learning styles, cultural differences, personalities, and preferences. Learning strategies and techniques include brief lectures, role plays, guided imagery, reflections, discussions, brainstorming, facilitator demonstrations, storytelling, and interactive games. CLFCFP facilitators are trained and certified to implement the program. CLFCFP provides facilitators of differing gender, age, race, and experience to relate to the largest number of participants. CLFCFP facilitators role model the skills of the *CLFC Fatherhood Program*, therefore providing information within a relational and nonjudgmental context. Facilitators listen and validate participant thoughts and feelings, provide clear and sensitive feedback, and express their own emotions as a means to manage group participation and interaction throughout the program sessions. The concept of “influence versus control” is

threaded throughout the entire *CLFC Fatherhood Program*. Facilitators both role model and manage the program under the belief that participants learn best when they can voluntarily choose their own preferred level of participation (i.e., active discussion, interactive practice, quiet listening, etc.) for each activity in each program session. Throughout the *CLFC Fatherhood Program*, facilitators incorporate motivational interviewing and trauma-informed care techniques into interactions with participants (Strader and Stuecker 2012). Culturally sensitive case management and ongoing supports supplement the program content. Facilitators refer participants to appropriate service providers, as needed.

Research About the Model

The *CLFC Fatherhood Program* was implemented in two projects, funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Children and Families (ACF) between 2005 and 2011, with 345 and 500 participants, respectively. Participants had received substance abuse treatment while incarcerated. Both projects included all four CLFCFP modules and case management services. In the SAMHSA-funded project, there were 249 individuals in the intervention group and 96 in a comparison group. Participants were predominately male, in their mid-thirties, of low socioeconomic status, and 53% in both groups were reportedly African-American. A majority had a high school diploma or GED. In the ACF-funded project, there were 387 individuals in the intervention group and 113 individuals in the *treatment as usual* comparison group. Most were in their mid-thirties. Almost two-thirds (62%) were White and 37% African-American. Less than half were employed at baseline. A majority had a high school diploma or GED. Most reported having a child.

For the SAMHSA-funded project, questionnaires completed at three waves included demographic data and measures of substance use and other behaviors, risk, and protective factors. Recidivism data were provided by the KY

Department of Corrections for this project. For the ACF-funded project, questionnaires at three waves included measures of nine relationship skills (e.g., communication skills, conflict resolution skills, emotional awareness, relationship satisfaction). Recidivism data were provided by the KY Department of Corrections for this project as well. For both projects, the evaluation examined whether the changes in the intervention group were more positive than the changes in the comparison group. Hierarchical Linear Modeling (HLM) was used for nearly all analyses. For recidivism, a simple logistic regression analysis was used. Results for the SAMHSA-funded project showed intervention significant effects on HIV knowledge, spirituality, and intentions to binge drink. Results for the ACF-funded project showed intervention effects on nine separate relationship skills. At follow-up, results showed that for program participants in the first project the odds of recidivating were 3.7 times less likely than for participants in the comparison group. Similarly, for the second project, the odds of recidivating for the program participants were 2.9 times less likely than for the comparison participants (McKiernan et al. 2013).

In another SAMHSA-funded project (Collins et al. 2017), the CLFCFP program was implemented with African-American females. The same modules were used as in the standard CLFCFP program, with sensitivity to the African-American female target population. The program was implemented with 175 women and their results were compared to a convenience sample of 44 women who were similar on background characteristics. Results showed significant increases in the proportion of individuals getting HIV tested and getting the results from the tests, a larger decrease in intimate partner abuse over the past 3 months, and larger increases in all three relationship skills measured relative to the comparison group.

Case Example

Having been recently released from prison, Austin (fictitious name used here to protect his identity)

chose to voluntarily participate in the *CLFC Fatherhood Program (CLFCFP)* from October 2012 to February 2013 as part of his reentry aftercare plan. Even as he answered the questions on the Screening and Program Placement Survey, he began to understand the destructive nature of his relationship with substances. While quietly participating at first, Austin warmed up to the two program facilitators and connected to the entire group that included several other previously incarcerated individuals. In the Developing Positive Parental Influences module, Austin began to understand how powerfully his addiction had affected his relationship with his children. Subsequently, Austin recommitted to attending his Alcoholics Anonymous meetings. Six weeks into the program, Austin voluntarily accepted and completed a referral to an economic stability program on job search and job readiness skills at Goodwill Industries through which he eventually gained part-time employment. As Austin volunteered for several role-plays in the Getting Real module, he made a second discovery. In one of the role plays, he exclaimed, “I never realized how much my tone of voice and the words I use affected other people.” He made a personal and public commitment to the group to “do better” for his children by trying to use a more sensitive tone and choosing words that were less likely to hurt his children’s feelings. Austin had another realization during the Raising Resilient Youth module. He discovered how to manage his feelings by embracing and nurturing them instead of ignoring them or covering them up with episodes of intoxication. He commented: “I can’t wait to share this with my kids.” After finishing the CLFCFP, Austin reported excitement because he acted upon his dream to enroll in college. Subsequently, Austin successfully completed his first year of college while maintaining his part-time position. Later Austin reported that he had obtained a full-time position doing sanitation work, while maintaining his sobriety and continuing to attend his Alcoholics Anonymous meetings. He also completed all requirements of his parole and reported that he now has more time to spend with his two children.

Cross-References

- ▶ [Creating Lasting Family Connections \(CLFC\) Program](#)
- ▶ [Creating Lasting Family Connections Marriage Enhancement Program](#)

References

- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs: Prentice Hall.
- Beck, A. T. (1993). *Cognitive therapy of substance abuse*. New York: Guilford Press.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16, 252–260.
- Collins, D. A., Shamblen, S. R., Strader, T. N., & Arnold, B. B. (2017). Evaluation of an evidence-based intervention implemented with African-American women to prevent substance abuse, strengthen relationship skills, and reduce risk for HIV/AIDS. *AIDS Care*, 29(8), 966–973.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64–105.
- Johnson, D. W. (1997). *Reaching out: Interpersonal effectiveness and self-actualization*. Boston: Allyn & Bacon.
- Kolb, D. A., & Fry, R. (1975). Toward an applied theory of experiential learning. In C. Cooper (Ed.), *Theories of group process*. London: Wiley.
- McKiernan, P., Shamblen, S., Collins, D., Strader, T., & Kokoski, C. (2013). Creating lasting family connections: Reducing recidivism with community-based family strengthening model. *Criminal Justice Policy Review*, 24, 94–122.
- Satir, V. (1983). *Conjoint family therapy*. Palo Alto: Science and Behavior Books.
- Strader, T. N. (2012). *ABC 3(D) approach to HIV, hepatitis and other sexually transmitted diseases prevention trainer manual and participant notebook for the creating lasting family connections® program*. Louisville: Resilient Futures Network.
- Strader, T. N., & Noe, T. (1998a). *Raising resilient youth training manual and participant notebook for the creating lasting family connections program*. Louisville: Resilient Futures Network.

- Strader, T. N., & Noe, T. D. (1998b). *Developing positive parental influences training manual and participant notebook for the creating lasting family connections program*. Louisville: Resilient Futures Network.
- Strader, T. N., & Stuecker, R. (2012). *Creating lasting family connections®: Secrets to successful facilitation*. Louisville: Resilient Futures Network, LLC.
- Strader, T. N., Noe, T. D., & Crawford-Mann, W. (1998). *Getting real training manual and participant notebook for the creating lasting family connections program*. Louisville: Resilient Futures Network.
- Strader, T. N., Noe, T., & Collins, D. (2000). *Building healthy individuals, families, and communities: Creating lasting connections*. New York: Kluwer/Plenum Publishers.
- Strader, T. N., Kokoski, C., & Shamblen, S. R. (2013, July 25). Intersection of treatment and prevention: Prevention and recovery-informed care. *SAMHSA Recovery to Practice E-Newsletter, 14*. Retrieved from <http://www.npnconference.org/wp-content/uploads/2017/09/Strader-Kokoski-Shamblen-ENewsletter.pdf>.