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## Intervention Summary

# Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP)

The Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP) is designed for fathers, men in fatherlike roles (e.g., mentors), and men who are planning to be fathers. The program was developed to help individuals who are experiencing or are at risk for family dissonance resulting from the individual's physical and/or emotional separation (e.g., incarceration, substance abuse, military service). Premised on social learning theory and on moderating risk and enhancing protective factors, 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, and (3) minimize the likelihood of further personal problems (e.g., substance abuse, violence, risky sexual behavior, prison recidivism).

Two certified trainers implement the program with a group of 8-20 participants during 2-hour sessions that are held weekly or twice weekly over 8-20 weeks, for a total of 16-20 sessions. The program consists of three standard modules and one optional module:

- **Developing Positive Parental Influences.** This standard module is intended for participants who are interested in positively influencing youth. Participants are expected to develop a greater awareness of facts and feelings about chemical use, abuse, and dependency; to review effective approaches to prevention; and to develop a practical understanding of intervention, referral procedures, and treatment options. This module includes an examination of 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 marriages and families.
- **Raising Resilient Youth.** This standard module is intended to help participants in raising youth who can withstand life challenges and social and environmental pressures. In this module, participants learn and practice effective communication skills with their families, including listening to and validating others' thoughts and feelings and successfully managing personal thoughts and feelings. Participants also examine and enhance their ability to develop and implement expectations and consequences with others, including spouses, coworkers, friends, and children. Participants are taught how to include children's active participation in setting expectations and consequences. This encourages dialogue, which enhances a sense of competence, connectedness, and bonding between parent and child.
- **Getting Real.** This standard module encourages participants to examine their responses to the verbal and nonverbal communication they experience in their interactions with others. 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 module 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 and meaningful messages to others.
- **The ABC 3(D) Approach to HIV, Hepatitis and Other Sexually Transmitted Diseases Prevention.** This optional module describes the primary modes of transmission of HIV, viral hepatitis, and other sexually transmitted diseases. The module concludes with a discussion of effective preventive measures to reduce or eliminate the risk of infection. Healthy sexual expression is recognized, discussed, and supported. During this component, participants are also offered free, confidential, on-site HIV testing.

Case management is a critical component of CLFCFP, and program implementers are strongly encouraged to have an understanding of how to assess the needs of participants and link participants to additional support services in the community. Before delivering the program, all trainers must become certified through a 6- to 8-day implementation training; also, it is recommended that trainers be a certified substance abuse prevention specialist and/or a certified alcohol and drug counselor.

In one study reviewed for this summary, CLFCFP was delivered to men and women. Both reviewed studies included all four CLFCFP modules. In one reviewed study, all participants had been recently released from prison, and in the other study, 78% of all participants had been released from prison. Participants in both reviewed studies also received substance abuse treatment services during incarceration.

Creating Lasting Family Connections programs have been developed for use with other targeted populations. The Creating Lasting Family Connections/Creating Lasting Connections program has been designed for use with families of high-risk youth, 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

<b>Areas of Interest</b>	Mental health promotion Substance abuse prevention Substance abuse treatment
<b>Outcomes</b>	<b>Review Date: January 2013</b> 1: Recidivism 2: Relationship skills 3: Knowledge about sexually transmitted diseases 4: Intention to binge drink 5: Spirituality
<b>Outcome Categories</b>	Alcohol Crime/delinquency Family/relationships Quality of life
<b>Ages</b>	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	Correctional Other community settings
<b>Geographic Locations</b>	Urban Suburban Rural and/or frontier
<b>Implementation History</b>	CLFCFP was first implemented in 2006 in two federally funded and evaluated projects in Louisville, Kentucky: the Connect-Immunity Project and the Jefferson County Fatherhood Initiative. CLFCFP is currently being implemented in two 3-year projects (one in Louisville, Kentucky, and one in Chicago, Illinois) funded by the Administration for Children and Families. Since 2006, approximately 1,200 participants have received the program.
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
<b>Adaptations</b>	No population- or culture-specific adaptations of the intervention were identified by the developer.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the developer.
<b>IOM Prevention Categories</b>	Selective Indicated

### Quality of Research

Review Date: January 2013

### 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

McGuire & Associates & Pacific Institute for Research and Evaluation. (2011, March). Connect-Immunity Project: Final evaluation report.

McKiernan, P., Shamblen, S. R., Collins, D. A., Strader, T. N., & Kokoski, C. (2013). Creating Lasting Family Connections: Reducing recidivism with community-based family strengthening model. *Criminal Justice Policy Review*, 24(1), 94-122.

### Study 2

McKiernan, P., Shamblen, S. R., Collins, D. A., Strader, T. N., & Kokoski, C. (2013). Creating Lasting Family Connections: Reducing recidivism with community-based family strengthening model. *Criminal Justice Policy Review*, 24(1), 94-122.

Pacific Institute for Research and Evaluation & McGuire & Associates. (2011, April). Promoting Responsible Fatherhood Initiative: COPES final evaluation report.

## Outcomes

### Outcome 1: Recidivism

#### Description of Measures

Recidivism was assessed with data obtained from the Kentucky Department of Corrections at posttest (immediately following the end of the program) and at follow-up (from 3 to 6 months after the posttest assessment). These data indicated whether each participant had a revocation (e.g., parole or probation violation resulting in subsequent reincarceration), was arrested, or absconded.

#### Key Findings

A study was conducted with men and women who were recently released from prison and who received substance abuse treatment services during incarceration. Participants voluntarily participated in CLFCFP (intervention group) or in other programs typically offered to those being released from prison, such as residential reentry centers, training and job assistance, substance abuse treatment, and group-based substance abuse support (e.g., Alcoholics/Narcotics Anonymous) (comparison group). At the follow-up assessment, participants in the intervention group were 3.70 times less likely than participants in the comparison group were to recidivate (odds ratio = 0.27;  $p < .01$ ).

Another study was conducted with men who received substance abuse treatment services during incarceration and who voluntarily participated in CLFCFP (intervention group) or in other programs typically offered to those being released from prison, such as residential reentry centers, training and job assistance, substance abuse treatment, and group-based substance abuse support (e.g., Alcoholics/Narcotics Anonymous) (comparison group). Most of the participants (78%) had been released from prison at the time of their study participation. From posttest to the follow-up assessment, participants in the intervention group were 2.94 times less likely than participants in the comparison group were to recidivate (odds ratio = 0.34;  $p < .05$ ).

#### Studies Measuring Outcome

Study 1, Study 2

#### Study Designs

Quasi-experimental

#### Quality of Research Rating

3.2 (0.0-4.0 scale)

### Outcome 2: Relationship skills

#### Description of Measures

This outcome was measured by a 71-item questionnaire that assessed varying relationship skills across nine scales:

- Communication Skills (e.g., "I am able to express my true feelings to those whom I trust")
- Conflict Resolution Skills (e.g., "Even when in a conflict with someone I trust, I can respectfully share my thoughts and feelings")
- Intra-Personal Skills (e.g., "I am honest with myself about what I feel and need")
- Emotional Awareness (e.g., "Those I trust can really understand my hurts and joys")
- Emotional Expression (e.g., "I often let others know what I am feeling")
- Inter-Personal Skills (e.g., "I'm open and honest with what I say to those I trust")
- Relationship Management Skills (e.g., "I know I can count on some of the people in my life")

	<ul style="list-style-type: none"> <li>Relationship Satisfaction (e.g., "I am happy with how conflict is resolved in my relationships")</li> <li>Relationship Commitment ("I trust my partner enough to stay with them")</li> </ul> <p>Using a score ranging from 1 (strongly disagree) to 5 (strongly agree), participants rated each item. Scale scores were calculated from the average scores of items in each scale, then all nine scale scores were averaged to create a relationship skills aggregate summary measure for all skills examined.</p>
<b>Key Findings</b>	<p>A study was conducted with men who received substance abuse treatment services during incarceration and who voluntarily participated in CLFCFP (intervention group) or in other programs typically offered to those being released from prison, such as residential reentry centers, training and job assistance, substance abuse treatment, and group-based substance abuse support (e.g., Alcoholics/Narcotics Anonymous) (comparison group). Most of the participants (78%) had been released from prison at the time of their study participation. All participants were assessed at pretest; at posttest, immediately following the end of the program; and at follow-up, from 3 to 6 months after the posttest assessment. From pretest to the follow-up assessment, participants in the intervention group had an improvement in the relationship skills aggregate summary measure relative to participants in the comparison group (<math>p &lt; .01</math>). Specifically, participants who received CLFCFP had a large improvement from pre- to posttest and then a slight improvement from posttest to the follow-up assessment; those in the comparison group had relatively constant relationship skills from pretest to the follow-up assessment. The same pattern of results was found for all nine scales (<math>p &lt; .01</math> for each scale).</p>
<b>Studies Measuring Outcome</b>	Study 2
<b>Study Designs</b>	Quasi-experimental
<b>Quality of Research Rating</b>	3.0 (0.0-4.0 scale)

### Outcome 3: Knowledge about sexually transmitted diseases

<b>Description of Measures</b>	<p>Knowledge about sexually transmitted diseases was assessed with 18 true/false items (e.g., "only people who look sick can spread the HIV/AIDS virus"). Each participant's score was determined as the percentage of correct responses, with higher scores indicating greater knowledge about sexually transmitted diseases.</p>
<b>Key Findings</b>	<p>A study was conducted with men and women who were recently released from prison and who received substance abuse treatment services during incarceration. Participants voluntarily participated in CLFCFP (intervention group) or in other programs typically offered to those being released from prison, such as residential reentry centers, training and job assistance, substance abuse treatment, and group-based substance abuse support (e.g., Alcoholics/Narcotics Anonymous) (comparison group). All participants were assessed at pretest; at posttest, immediately following the end of the program; and at follow-up, from 3 to 6 months after the posttest assessment. From pretest to the follow-up assessment, participants in the intervention group had a greater increase in knowledge about sexually transmitted diseases relative to participants in the comparison group (<math>p &lt; .01</math>).</p>
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Quasi-experimental
<b>Quality of Research Rating</b>	2.9 (0.0-4.0 scale)

### Outcome 4: Intention to binge drink

<b>Description of Measures</b>	<p>Intention to binge drink was assessed with a single item: "In the next 6 months, how likely are you to drink five or more alcoholic drinks in one sitting?" Response options ranged from 1 (not at all likely) to 4 (very likely).</p>
<b>Key Findings</b>	<p>A study was conducted with men and women who were recently released</p>

	from prison and who received substance abuse treatment services during incarceration. Participants voluntarily participated in CLFCFP (intervention group) or in other programs typically offered to those being released from prison, such as residential reentry centers, training and job assistance, substance abuse treatment, and group-based substance abuse support (e.g., Alcoholics/Narcotics Anonymous) (comparison group). All participants were assessed at pretest; at posttest, immediately following the end of the program; and at follow-up, from 3 to 6 months after the posttest assessment. From pretest through the follow-up assessment, intention to binge drink remained relatively constant for participants in the intervention group but increased for participants in the comparison group ( $p < .05$ ).
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Quasi-experimental
<b>Quality of Research Rating</b>	2.9 (0.0-4.0 scale)

<b>Outcome 5: Spirituality</b>	
<b>Description of Measures</b>	Spirituality was assessed with three items: (1) "In general, how important are religious or spiritual beliefs in your day-to-day life?" (2) "When you have problems or difficulties with your school (education), work, family, friends, or personal life, how often do you seek spiritual guidance and support?" and (3) "How spiritual or religious would you say you are?" Each item used a different Likert-type response scale, and all items were transformed to a 1-4 response scale prior to calculating the mean rating.
<b>Key Findings</b>	A study was conducted with men and women who were recently released from prison and who received substance abuse treatment services during incarceration. Participants voluntarily participated in CLFCFP (intervention group) or in other programs typically offered to those being released from prison, such as residential reentry centers, training and job assistance, substance abuse treatment, and group-based substance abuse support (e.g., Alcoholics/Narcotics Anonymous) (comparison group). All participants were assessed at pretest; at posttest, immediately following the end of the program; and at follow-up, from 3 to 6 months after the posttest assessment. From pretest to the follow-up assessment, participants in the intervention group had an increase in spirituality, and those in the comparison group had a decrease ( $p < .01$ ).
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Quasi-experimental
<b>Quality of Research Rating</b>	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
<b>Study 1</b>	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	77% Male 23% Female	53% Black or African American 45.8% Race/ethnicity unspecified 1.2% Hispanic or Latino
<b>Study 2</b>	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	100% Male	57% White 37% Black or African American 3% Hispanic or Latino 2% Race/ethnicity unspecified 1% American Indian or Alaska Native

**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
<b>1: Recidivism</b>	3.1	3.1	3.5	3.0	3.0	3.5	<b>3.2</b>
<b>2: Relationship skills</b>	2.5	2.5	3.5	3.0	3.0	3.5	<b>3.0</b>
<b>3: Knowledge about sexually transmitted diseases</b>	2.3	2.3	3.5	3.0	3.0	3.5	<b>2.9</b>
<b>4: Intention to binge drink</b>	2.3	2.3	3.5	3.0	3.0	3.5	<b>2.9</b>
<b>5: Spirituality</b>	2.3	2.3	3.5	3.0	3.0	3.5	<b>2.9</b>

#### Study Strengths

The psychometric properties of all outcome measures ranged from fair to good. The measure used to assess relationship skills was adapted from a validated measure to more closely align with the principles and content of the intervention. Fidelity was addressed in several ways, yielding high rates of adherence; for example, implementers received training in the delivery of the intervention, and activity logs were kept for each session to determine whether the content was delivered as intended. Statistical techniques were used to address attrition. Statistical analyses used current conventions and were appropriate for the data and study questions.

#### Study Weaknesses

Intention to binge drink was measured by only one item. Cronbach's alpha values were low for three of the nine scales of the validated measure used to assess relationship skills, and it is unclear how this measure was adapted to meet the needs of the diverse sample. Although the measures have face validity, no data were provided to support other forms of validity. The study did not use randomization to conditions, raising some concerns about confounding variables. Although statistical approaches controlled for confounding variables, the approaches had limitations.

#### Readiness for Dissemination

Review Date: January 2013

#### 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. (2005). Creating Lasting Family Connections. Developing Positive Parental Influences: High, drunk or state of mind? [DVD]. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2005). Creating Lasting Family Connections. Developing Positive Parental Influences: Problem drinking or alcoholism [DVD]. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2005). Creating Lasting Family Connections. Developing Positive Parental Influences: The intoxication curve [DVD]. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2005). Creating Lasting Family Connections. Getting Real Adult role play [DVD]. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2005). Creating Lasting Family Connections. It takes two to know you! [DVD]. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2007). Creating Lasting Family Connections. Developing Positive Parental Influences manual. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2007). Creating Lasting Family Connections. Developing Positive Parental Influences notebook. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2007). Creating Lasting Family Connections. Getting Real manual. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2007). Creating Lasting Family Connections. Getting Real notebook. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2007). Creating Lasting Family Connections. Raising Resilient Youth manual. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2007). Creating Lasting Family Connections. Raising Resilient Youth notebook. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections. ABC 3(D) Approach to HIV, Hepatitis and Other Sexually Transmitted Diseases Prevention notebook. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections. ABC 3(D) Approach to HIV, Hepatitis and Other Sexually Transmitted Diseases Prevention trainer manual. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections Fatherhood Program: Family Reintegration. Adaptation guidebook. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections Fatherhood Program: Family Reintegration. Case management services and optional joint intervention meeting (JIM) guide. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections Fatherhood Program: Family Reintegration. Implementation training guide, fidelity package, national training and certification system. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections Fatherhood Program: Family Reintegration. Master training certification training materials. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections Fatherhood Program: Family Reintegration. Retrospective survey kit. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections Fatherhood Program: Family Reintegration. Survey kit for outcome evaluation. Louisville, KY: Resilient Futures Network.

Council on Prevention and Education: Substances, Inc. (2012). Creating Lasting Family Connections: Secrets to successful facilitation. Louisville, KY: Resilient Futures Network.

Program Web site, <http://www.copes.org/explore-fatherhood.php>

### 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
4.0	4.0	4.0	<b>4.0</b>

**Dissemination Strengths**

The implementation and training materials are organized and easy to follow. A preimplementation assessment tool is available to help organizations determine their readiness to implement the program. The facilitation guide provides information on the roles and characteristics of a successful group facilitator as well as several suggested scripts, and the adaptation guidebook provides additional implementation support, if needed. Training is required and can be tailored to the needs of the adopting organization. The materials for the master training option include session-by-session instructions, preparation guidelines, goals, objectives, and notes for each program module. Quality assurance is addressed in the comprehensive fidelity package and the outcome evaluation kit. The quality assurance instruments are designed to be used throughout the implementation process, and materials allow trainers and management to assess fidelity during the implementation process.

**Dissemination Weaknesses**

No weaknesses were identified by reviewers.

**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
Developing Positive Parental Influences training kit (includes trainer manual, poster set, and set of 25 participant notebooks)	\$250 each	Yes
Raising Resilient Youth training kit (includes trainer manual, poster set, and set of 25 participant notebooks)	\$250 each	Yes
Getting Real training kit (includes trainer manual, poster set, and set of 25 participant notebooks)	\$250 each	Yes
The ABC 3(D) Approach to HIV, Hepatitis and Other Sexually Transmitted Diseases Prevention training kit (includes trainer manual and set of 25 participant notebooks)	\$150 each	No
Participant notebooks (set of 25), available for each of the 4 modules	\$99.95 per set for each module	No
Trainer manuals, available for each of the 4 modules	\$75 per manual for each module	No
Adaptation guidebook	\$99 each	No
Secrets to Successful Facilitation	\$75 each	No
Program package (includes a trainer manual for each of the four modules, a set of 25 participant notebooks for each of the 4 modules, a poster set for the 3 standard modules, adaptation guidebook, case management services and optional joint intervention meeting guide, Secrets to Successful Facilitation, fidelity package, survey kit for outcome evaluation, retrospective survey kit, carrying case for posters, and carrying case for manuals and notebooks)	\$1,125 per package	No
It Takes Two To Know You! [DVD]	\$100 each	No
Getting Real: Adult Role Play [DVD] (with trainer's notes)	\$114 each	No
Developing Positive Parental Influences: The Intoxication Curve [DVD]	\$114 each	No
Developing Positive Parental Influences: High, Drunk or State of Mind? [DVD]	\$114 each	No
Developing Positive Parental Influences: Problem Drinking or Alcoholism [DVD]	\$114 each	No
8-day, off-site implementation training for up to 18 participants in	\$950 per	Yes (one



Louisville, Kentucky (includes national training and certification system materials, implementation training guide, program fidelity package, and up to 10 hours of implementation consultation by phone)	participant (maximum of 18 participants)	implementation training option is required)
6- to 8-day, on-site implementation training for up to 18 participants (includes national training and certification system materials, implementation training guide, program fidelity package, and up to 10 hours of implementation consultation by phone)	\$800-\$1,500 per day for up to 18 participants, depending on the trainers, plus travel expenses for 2 trainers	Yes (one implementation training option is required)
8-day, off-site master training in Louisville, KY (includes master trainer certification training materials)	\$3,500 per participant (maximum of 12 participants)	No
Case management services and optional joint intervention meeting guide	\$30 each	No
Additional phone consultation	\$65 per hour	No
On-site consultation	\$520 per day, plus travel expenses	No
Survey kit for outcome evaluation	\$149 each	No
Additional outcome evaluation survey booklets (set of 25)	\$69.99 per set	No
Retrospective survey kit	\$99 each	Yes

### 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/explore-fatherhood.php>
- <http://www.myresilientfuturesnetwork.com>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

