

SCIENCE-BASED PROGRAMS LIST – NREPP RATING ANALYSIS

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 AOD use. CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. The six modules of the CLFC curriculum, administered to parents/guardians and youth in 18-20 weekly training sessions, focus on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of AOD use among participating youth. The program emphasizes early intervention services for parents and youth and follow-up case management services for families. Manuals for trainers, notebooks for participants, and other materials are available, but the program is intended to be modified with each implementation to reflect the needs of the participants and the skill level of the trainers. Creating Lasting Connections was an experimental program implemented and evaluated in church communities with the families of high-risk 11- to 14-year-old youth. CLC served as the basis for CLFC, which is now in use.

PROGRAM REQUIREMENTS

- Universal, selective, and/or indicated prevention program
- Targets one or more alcohol, tobacco, drug, disruptive behavior, and/or violence outcomes
- Targets students in one or more grades K-12

Does this program meet the minimum program requirements for inclusion on the Science-Based Programs List?

- YES** This indicated, selective, and universal substance use prevention program targets families with upper elementary through high school aged children.
- NO**

RESEARCH RATINGS FOR BEHAVIORAL OUTCOMES

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

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

Outcome 3: Onset of youth AOD use

Youth were asked the age at which they first used tobacco, alcohol, marijuana, cocaine or crack, inhalants, and other drugs. 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).

SCIENCE-BASED PROGRAMS LIST – NREPP RATING ANALYSIS
CREATING LASTING FAMILY CONNECTIONS (CLFC)/CREATING LASTING CONNECTIONS (CLC)

Criteria:	Reliability	Validity	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Study Design
Rating:	3.5	3.0	2.5	3.0	2.5	3.0	Experimental
Meets Minimum:	✓	✓	✓	✓	✓	✓	✓

Outcome meets minimum standard for all criteria

Outcome 4: Frequency of youth AOD use

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). 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). In terms of youth-level factors, the frequency of alcohol use in the previous 3 and 12 months among youth who received CLC was reduced, relative to youth in the comparison group, as youth reported an increase in being honest about their AOD use ($p < .001$ and $p < .01$, respectively), parents reported an increase in youth bonding with their father ($p = .02$ and $p = .05$, respectively), and youth reported a decrease in rejecting conventional values ($p = .02$ and $p = .03$, respectively). A reduction in the frequency of other drug use was related to an increase in youth being honest about their AOD use ($p < .001$) and schoolwork ($p = .02$) and an increase in parent-reported bonding between the youth and father ($p = .03$).

Criteria:	Reliability	Validity	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Study Design
Rating:	3.5	3.0	2.5	3.0	2.5	3.0	Experimental
Meets Minimum:	✓	✓	✓	✓	✓	✓	✓

Outcome meets minimum standard for all criteria

Do this program's NREPP ratings meet the minimum research ratings for inclusion on the Science-Based Programs List?

YES NREPP reports at least one behavioral outcome related to alcohol and other drug use for CLFC/CLC. Of these behavioral outcomes related to alcohol and other drug use, at least one is rated at or above the minimum standards on all criteria.

NO