

NORTHWEST CENTER *for* FAMILY SUPPORT



Supporting Caregivers in OUD Recovery and Promoting Prevention for Youth

MARGARET KUKLINSKI, PhD

Director, Social Development Research Group
Associate Professor, School of Social Work
University of Washington
mrk63@uw.edu

JIM LEIGHTY, LICSW

Project Director, Northwest Center for Family Support
Social Development Research Group
School of Social Work
University of Washington
jleighty@uw.edu

ASHTON GATSBY

Project Coordinator, Northwest Center for Family Support
Social Development Research Group
School of Social Work
University of Washington
agatsby@uw.edu

Where do you work?

What is your role?



Learning Objectives

- Understand how NCFS is increasing access to evidence-based parenting support for caregivers in OUD recovery
- Review potential adverse outcomes for children living with a caregiver with OUD
- Understand how the 4 evidence-based interventions (EBIs) supported by NCFS can mitigate adverse outcomes for children while supporting caregiver recovery
- Understand NCFS's wraparound approach to supporting sites implementing family-focused EBIs
- Explore reach and lessons-learned from NCFS's first two years of operations, including strategies for addressing service provision challenges across the care continuum





Agenda

Social Development Research Group

Opioid Epidemic and Impact on Families

Northwest Center for Family Support

Family-focused EBIs

Learning & Next Steps

What Comes to Mind When You Hear the Term “Prevention”?



Social Development Research Group (SDRG)

Vision

We envision a world where individuals, families, schools, and communities have the tools, skills, and opportunities to promote healthy development and reduce social and behavior problems in every age group.

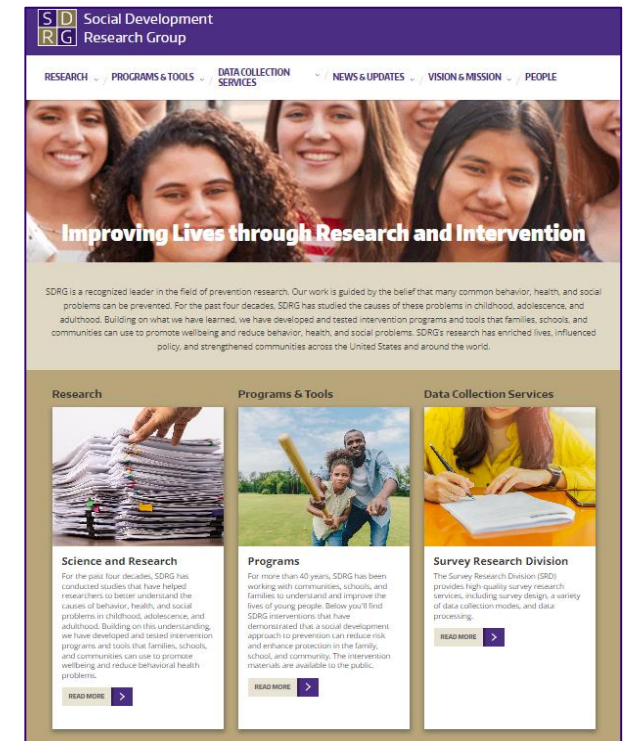


45 Years of Prevention Science and Intervention

3 core practice areas

- Research Core
- Dissemination Core: The Center for CTC
- Survey Research Division

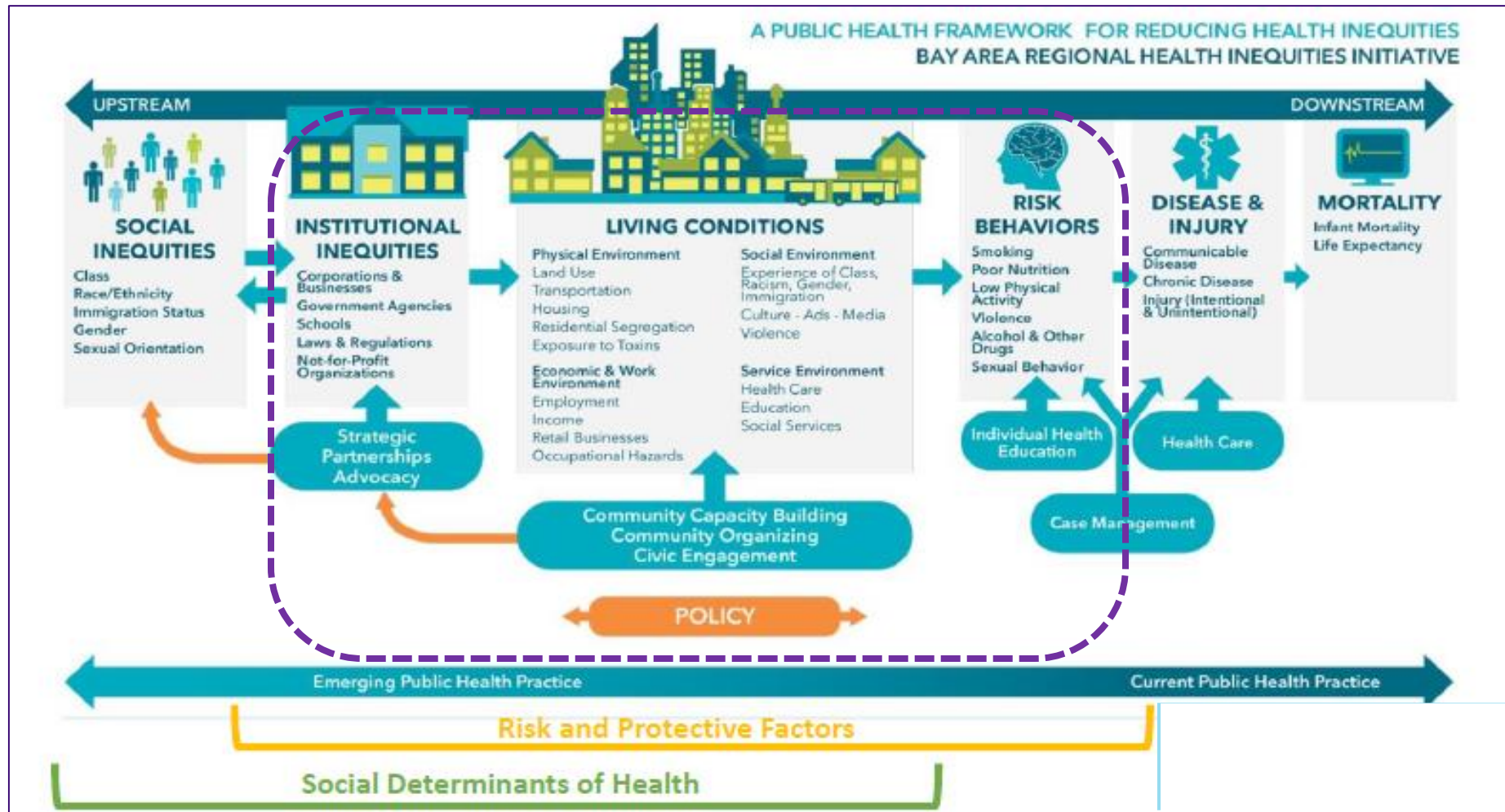
35 permanent, 20-40 fixed duration staff



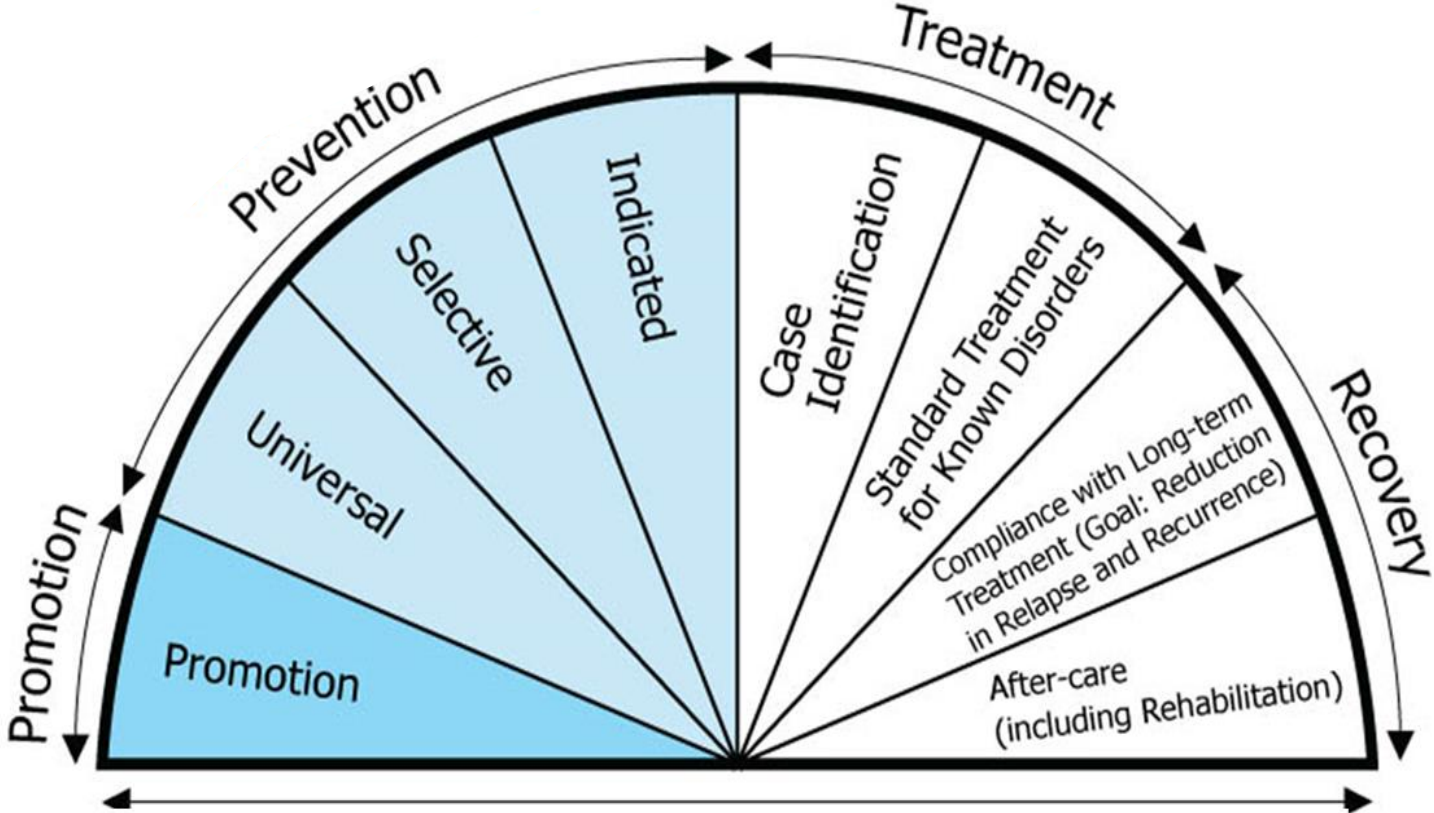
The screenshot shows the homepage of the Social Development Research Group (SDRG). The header includes the SDRG logo and navigation menus for Research, Programs & Tools, Data Collection Services, News & Updates, Vision & Mission, and People. The main banner features a photo of diverse young women and the text "Improving Lives through Research and Intervention". Below the banner is a paragraph describing SDRG's mission and history. The page is divided into three columns: "Science and Research" (with an image of a stack of papers), "Programs" (with an image of a man and a child), and "Survey Research Division" (with an image of a woman writing). Each column includes a brief description and a "READ MORE" button.

www.sdrg.org

Continuum of Efforts Aimed at Health Equity



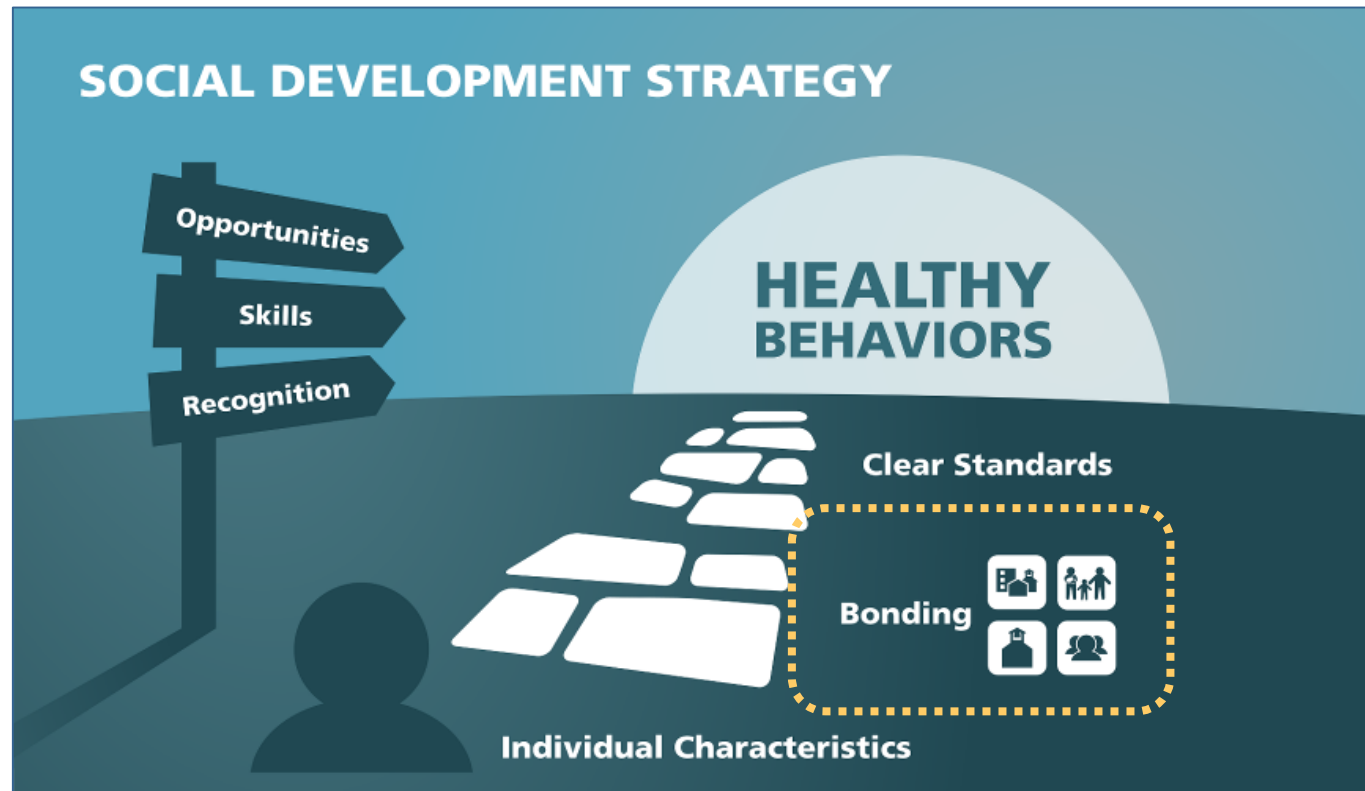
SDRG's Work and the Healthcare Continuum



Substance Abuse and Mental Health Services Administration, 2014. Retrieved from <http://www.samhsa.gov/preventior>

Social Development Strategy:

An evidence-based approach to building protection and nurturing environments



The Challenge

WA State: Among highest in Opioid Use Disorder (OUD)

Many with OUD are caregivers

Children and Teens: Higher risk for developmental concerns



Impact on Families

6.7 to 7.6 million US adults meet OUD diagnostic criteria¹

~623,000 are parents living with children²

~2.2 million children are impacted by OUD³

- 1.45 million live with a parent with OUD
- 240,000 have lost a parent to opioid overdose
- 325,000 children removed from home due to OUD
- 10,000 children have a parent incarcerated due to opioids
- 170,000 children have OUD or have accidentally ingested opioids

Without any changes, by 2030, 4.3 million children will be affected by opioid use³

Children living with a parent with OUD

Increased risk of:

- Accidental opioid poisoning⁴
- Attention-deficit/hyperactivity disorder⁵
- Intellectual developmental disorder⁵
- Emotional and behavioral challenges⁶
- Abuse or neglect⁶

Caregivers may have difficulty reading children's cues⁶

An ACE of parental SUD associated with children having SUD later in life⁷

A child with 5 or more ACEs has a 7- to 10-fold increase in early substance use initiation⁸

Multigenerational OUD



Filling a Gap

Family-Focused Evidence-Based Interventions (EBIs) Exist!

- Strengthen parenting skills
- Promote bonding
- Support caregivers in recovery
- Improve health and wellbeing in young people

Not routinely offered in sites serving caregivers in OUD recovery



Northwest Center for Family Support

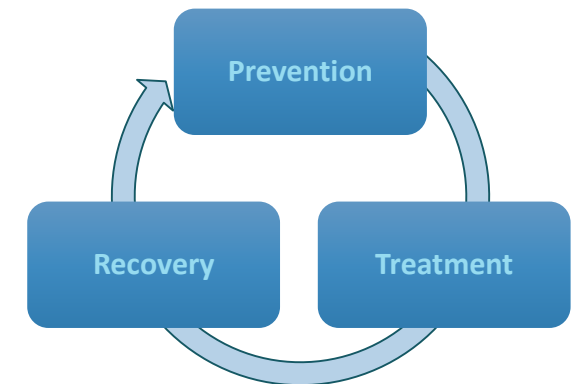


Promote wellbeing in children and adolescents by providing recovery support to caregivers affected by OUD

3-year award – Foundation for Opioid Response Efforts (FORE)

Goal: increase access to family-focused EBIs for caregivers in OUD recovery who have children 0-14

- Train ~100 EBI providers across WA state
- Reach ~1,100 diverse families in OUD recovery





NCFS Provides

Free EBI training and licensing

Consultation, support, and technical assistance

Funding to offset implementation (remove access barriers)

We ask sites to

Implement EBI(s) with caregivers in OUD recovery

Share anonymized demographic and satisfaction data

Share lessons-learned

NCFS Supports Four Family-Focused EBIs

Promoting First Relationships
(0–5, PFR)



Jennifer Rees, MSW
EBI Master Trainer

Families Facing the Future
(5–14, FFF)



Dalene Beaulieu, MS
EBI Master Trainer

Guiding Good Choices
(9–14, GGC)

Strengthening Families
10–14 (10–14, SFP)



AnaMaria Diaz Martinez, MED
EBI Master Trainer





Caregivers and children ages 0–5

- 10 weekly 1 hour home visits
- Promotes secure, responsive caregiver-child relationships
- Strengths-based

Outcomes

- Caregivers: More responsive care; SED knowledge
- Children: Improved behavior, competence, stress physiology
- Significantly lower out-of-home placements



Caregivers of younger adolescents ages 9–14

- 5 weekly 2h group sessions
- Children attend 1 session
- Focuses on skill building and practice, targets risk and protective factors

Outcomes

- Families: Stronger bonds, communication, lower conflict
- Children: Reduced substance use, depression, antisocial behavior



Caregivers in OUD recovery and children ages 5–14

- 16 weeks bi-weekly 90m groups; children at half
- 9 months weekly case management
- Focuses on skill building and practice, targets risk and protective factors

Outcomes

- Caregivers: Short- and long-term resumption of use reduction
- Children: Lower substance use, especially in males



Caregivers and younger adolescents ages 10–14

- 7 weekly 2h group sessions with caregivers and children
- Focuses on skill building and strengths, prepares for teen years

Outcomes

- Caregivers: Better family management, monitoring, positive child views
- Children: Better family relationships, more skills, lower substance use, conduct problems

Sites have

Local expertise and cultural competency

Relationships and trust with community and families

NCFS offers

Expertise in evidence-based parenting programs

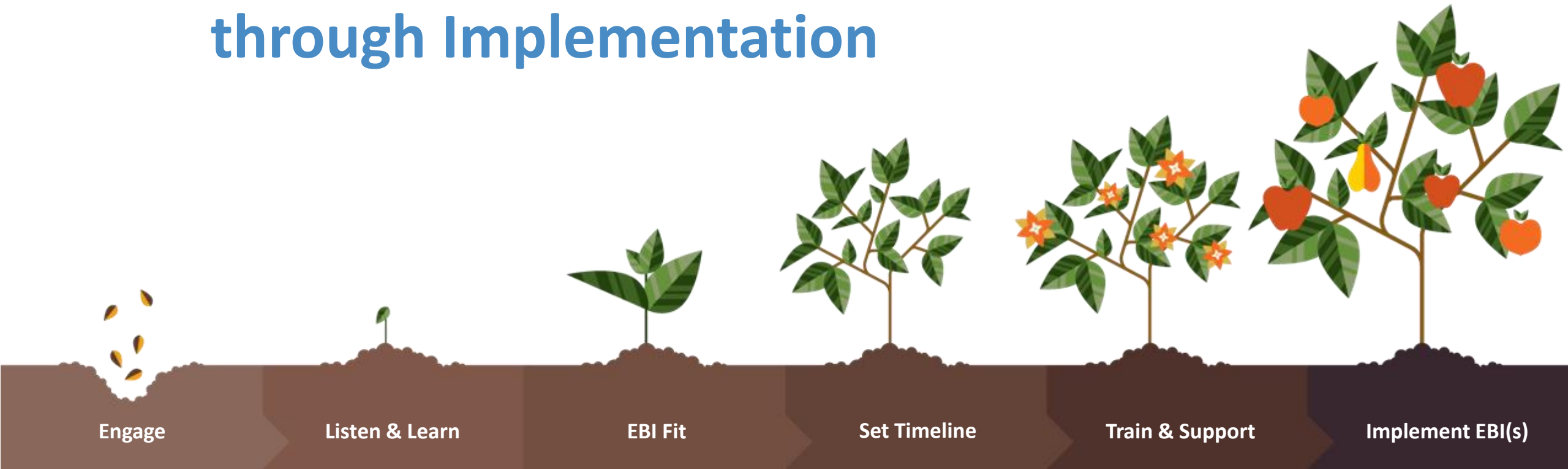
Consultation from engagement through implementation

Wraparound training and technical assistance

Lessons-learned and continuous improvement



Support from Engagement through Implementation



→ Ongoing technical assistance, consultation, partnership exploration, & tailoring to meet site & caregiver needs

Engagement Approach

Personalized:

- Advisory Board, Steering Committee, Connections
- Personal referrals -- > 92% of sites engaged

Develop trust

Listen, listen, listen

Assist with site challenges including advocacy

OUD focus

Early discussions about implementation and TA



Data-Focused Engagement

Identify highest need areas

No recent county-level OUD incidence rates

Data from multiple sources → key metrics as proxies for need

- Deaths: involving opioids, suicide rates
- Treatment: adolescent and adult clients of state-funded treatment services
- Law enforcement: drug-related arrests, incarceration rates, drug lab cases
- Assistance: SNAP, TANF

Focus counties – all rural



Tailored Engagement

Urban vs. Rural

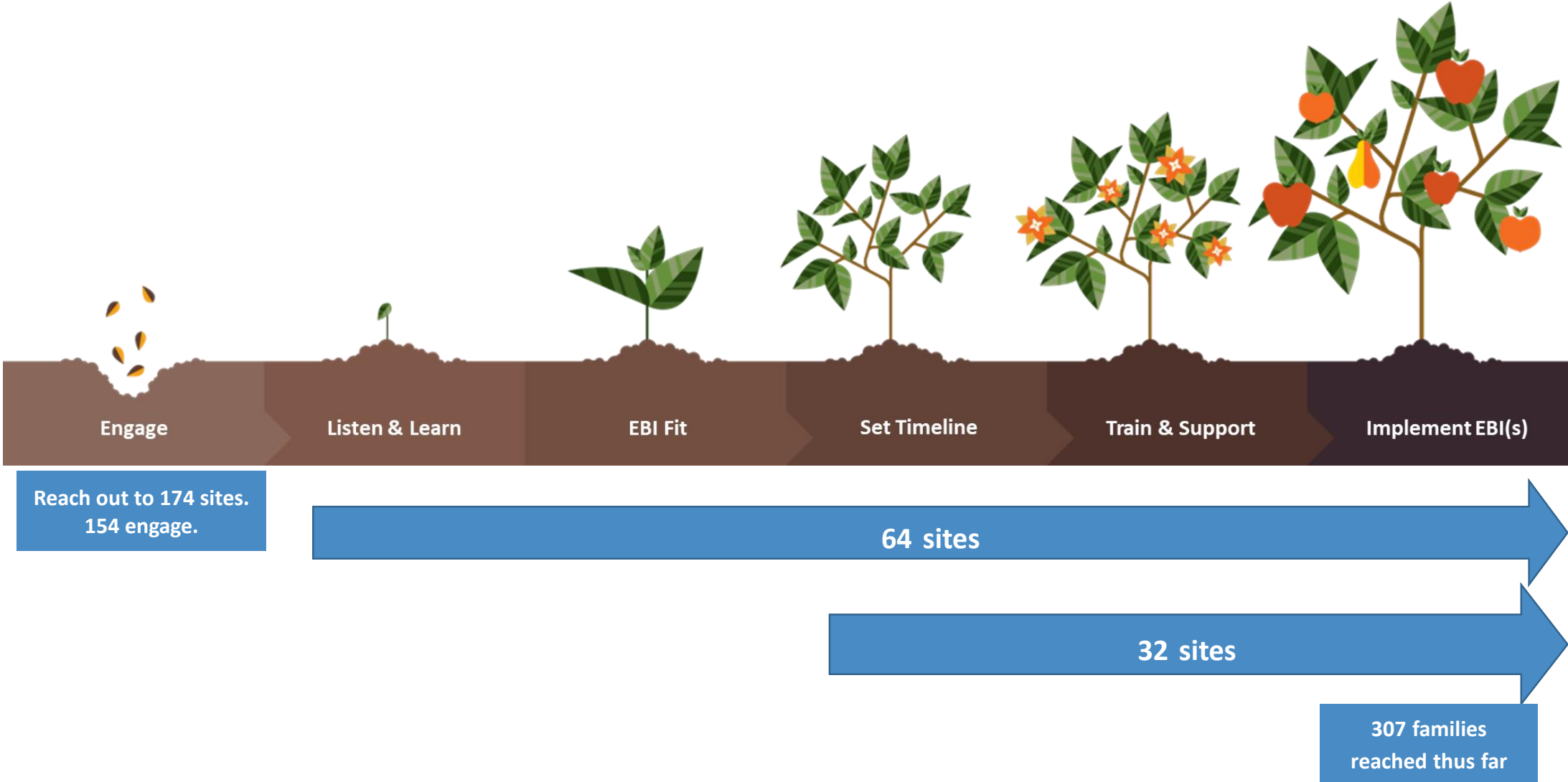
Rural county – find the “center of gravity”

- E.g., pharmacist, fire chief, public health official, coalition, CBO
- Warm referrals more important
- Must build trust
- Smaller organizations partner rather than duplicate services

All areas share similar challenges – staffing, capacity, billing



Site Engagement by the Numbers

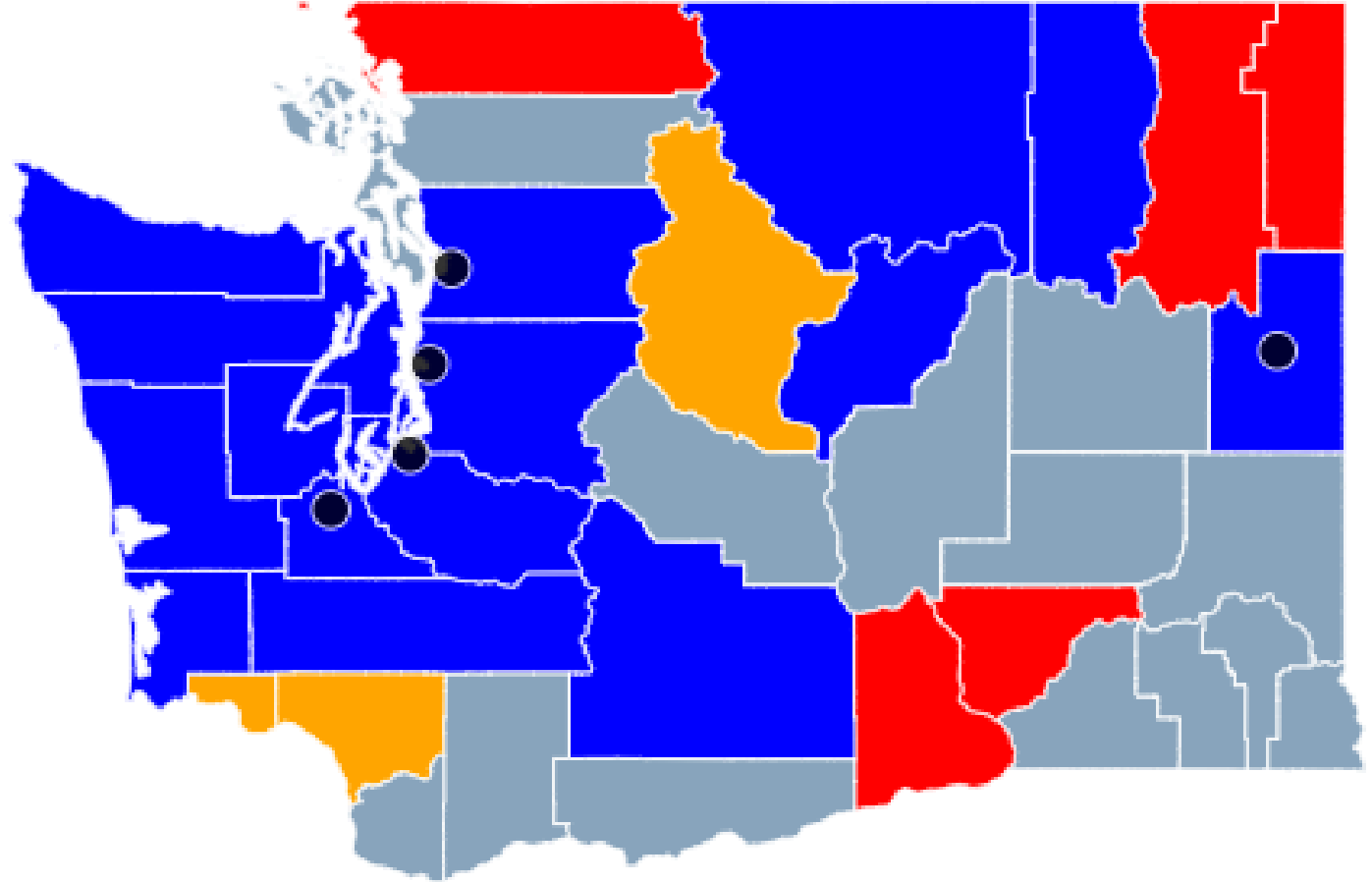


Reach Across Washington

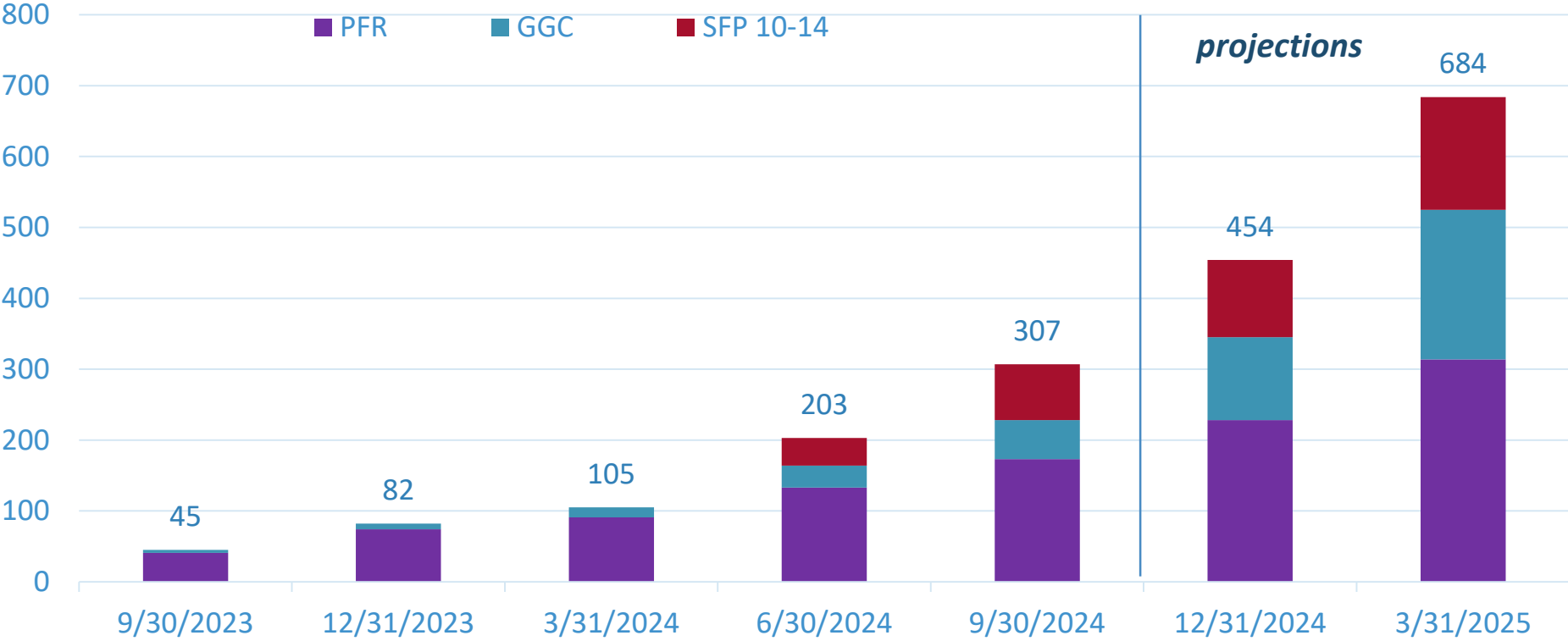
Implementing: 29 sites

**Training: 40 sites trained or in training;
71 certified facilitators; 27 facilitators in
training or scheduled for training**

Engaging: 64 sites



Reaching families



Feedback & Challenges

“We can’t not do this”

Staffing

Billing uncertainty

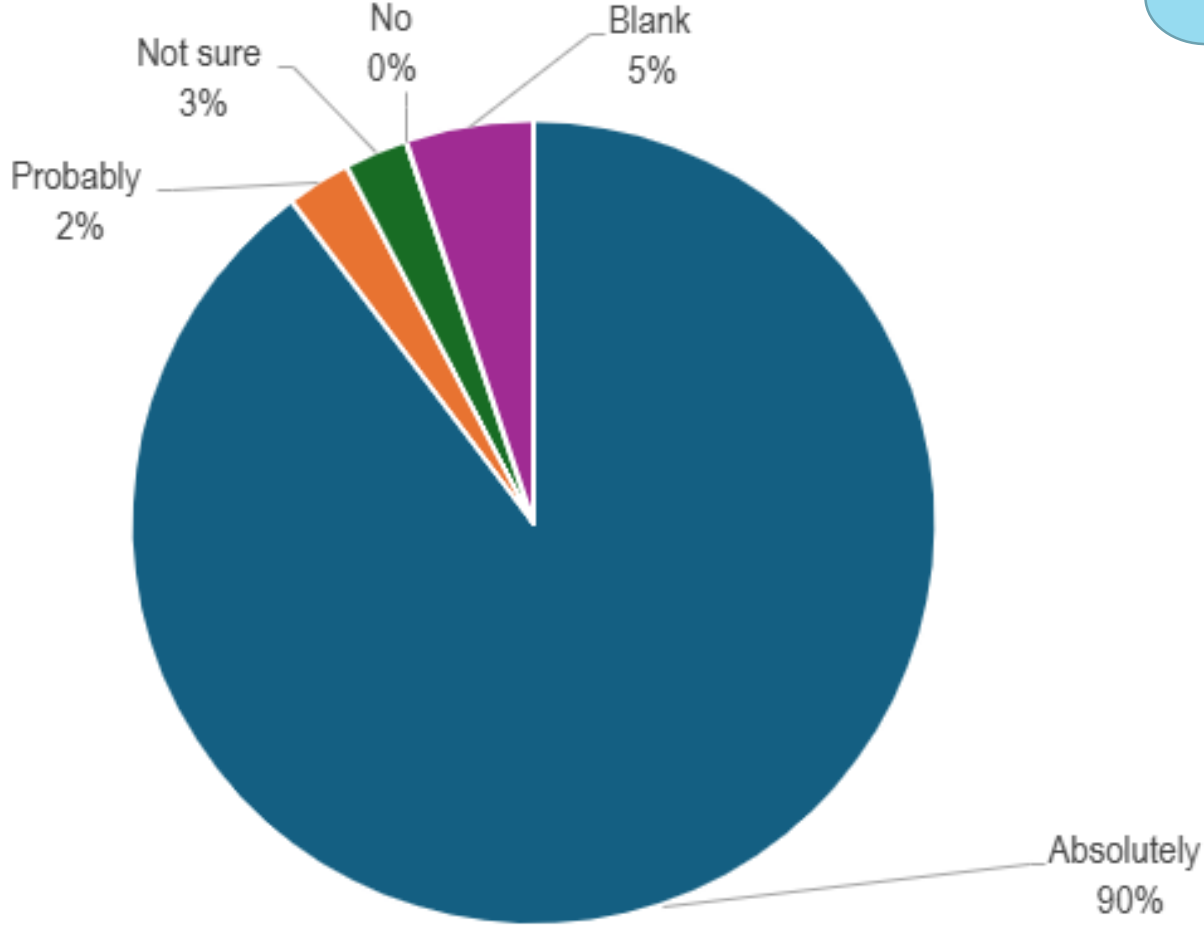
High facilitator and caregiver satisfaction



Caregivers endorse EBIs

2/3 of caregivers report EBI as "very helpful" to their recovery

Would you recommend this EBI to other caregivers/parents in recovery



■ Absolutely ■ Probably ■ Not sure ■ No ■ Blank

Caregiver feedback

“I feel as if I am more self aware of my babies responses, cues, and/or how I am responding back to him”

“very helpful with my parenting skills due to my lack of non parenting while using when my kids were younger”

“I feel I have gained tools to better understand and deal with my childs behaviors and emotions more appropriately”

“I'm so sad this class is over I wish it was a longer class, I really do I loved it!!!”

“As a first time mom I appreciate the knowledge I have gained about parenting and better understanding how and why my child thinks and acts the way he does”

“It is helping me in so many ways”

Learning -- Collaboration

Highest need areas often have fewest resources

- Welcoming of additional resources
- In-person great if you have transportation
- Virtual works if you have broadband

Site partnerships

- Share workload; reduced impact on single organization
- Leverage existing partnerships
- CBOs and CPWI coalitions working with treatment providers

“Post-covid” optimism increasing



Understanding What Works

Family-friendly treatment approach + robust TTA

Sufficient and stable staffing

Funding streams support staff time for training and facilitation

EBI aligns with site programming, fills programming gap, and/or site able to adjust programming to meet need

Site engagement at all organizational levels

Partnerships

To sustain this work

“We can’t
not do this”

Increase in family-friendly treatment

Billing across stovepipes

Increase integration of prevention within continuum of care

Increase in opioid settlement funding for prevention

Continue to share learning

Advocate for system changes



What can you do?

Please share information with your networks

Please send us provider/agency referrals

Advocate

- Prevention funding
- Family-friendly treatment
- Reduce stigma

Learn more about NCFS: www.sdrp.org/ncfs

Learn more about FORE: forefnd.org



We Invite Partnership and Hope You Will Join Us



Pathways to Parenting



Where hope and new life become possible

Washington State Health Care Authority



QUESTIONS?

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FAMILY SUPPORT



Thank You

MARGARET KUKLINSKI, LEAD

mrk63@uw.edu

JIM LEIGHTY, PROJECT DIRECTOR

jleighty@uw.edu

ASHTON GATSBY, PROJECT COORDINATOR

agatsby@uw.edu

NCFS Aligns with Opioid Settlement Guidance

Principles for the Use of Funds from the Opioid Litigation*

- 1) Spend money to save lives → supplement rather than replace existing spending**
NCFS focuses on increasing access through new programming for families affected by OUD
- 2) Use evidence to guide spending**
All EPBs supported by NCFS are evidence-based⁺
- 3) Invest in youth prevention**
All EBPs have demonstrated impact on youth health and wellbeing
- 4) Focus on racial equity**
Our partnerships are designed to reach families affected by OUD – including marginalized, minoritized populations in all corners of the state



* Available at [Litigation-Principles.pdf \(jhsph.edu\)](#). Includes Principle 5: Transparency in how funds are allocated.

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