

# 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](mailto: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](mailto: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](mailto:agatsby@uw.edu)

**Where do you work?**

**What is your role?**



# Learning Objectives

- Gain a deeper understanding of UW's Social Development Research Group's work and leadership in prevention science
- Review potential adverse outcomes for children living with a caregiver with OUD
- Understand how NCFS is increasing access to evidence-based parenting-support programs
- Understand NCFS's wraparound TTA approach to supporting sites implementing family-focused EBIs
- Explore NCFS lessons-learned and 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.

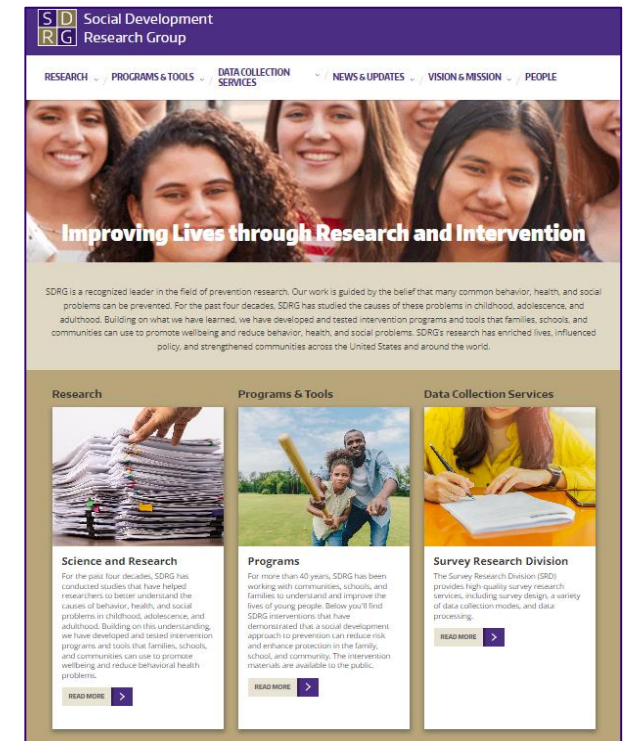


# 45 Years of Prevention Science and Intervention

## 3 core practice areas

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

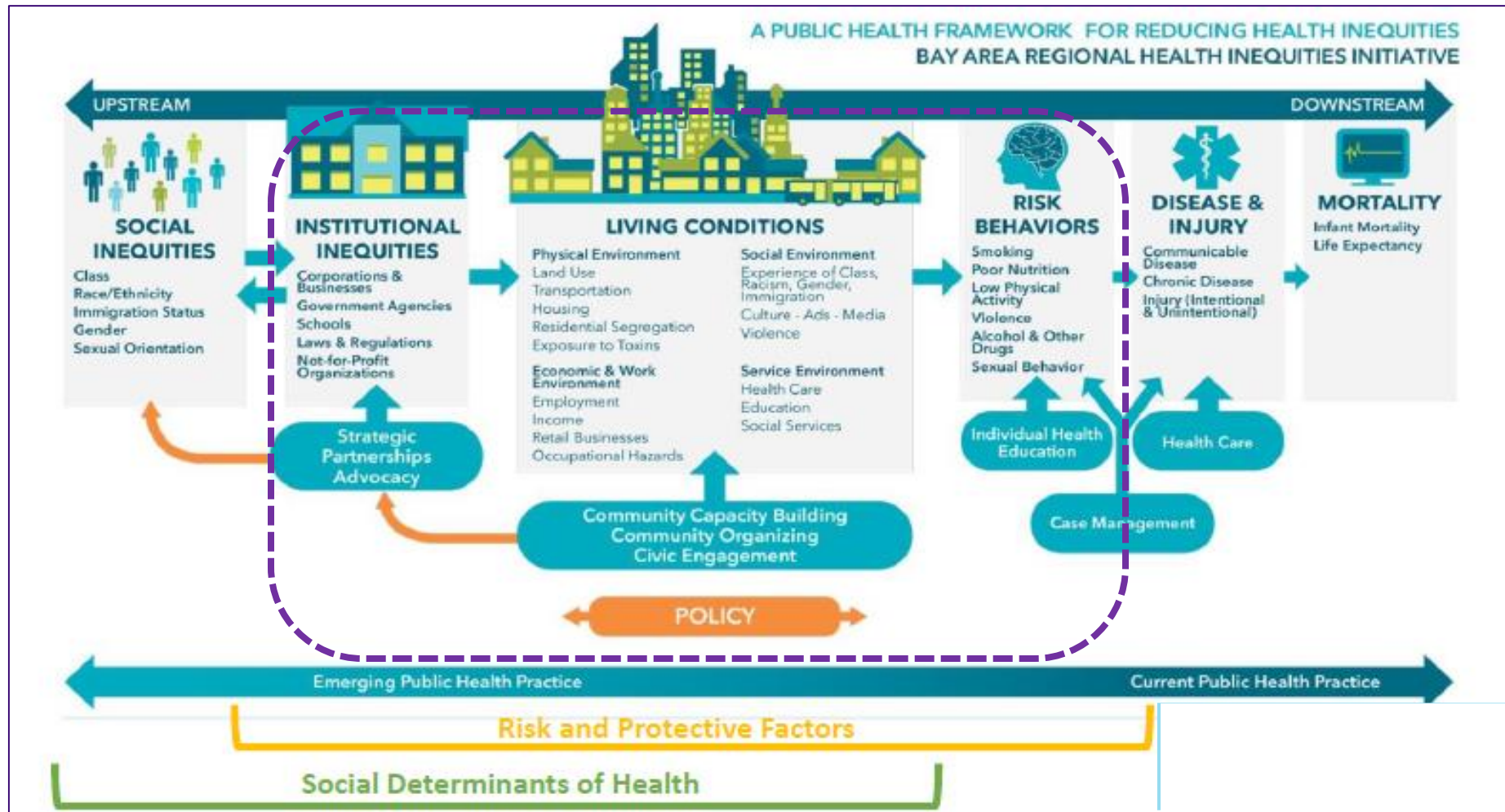
35 permanent, 20-40 fixed duration staff



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.

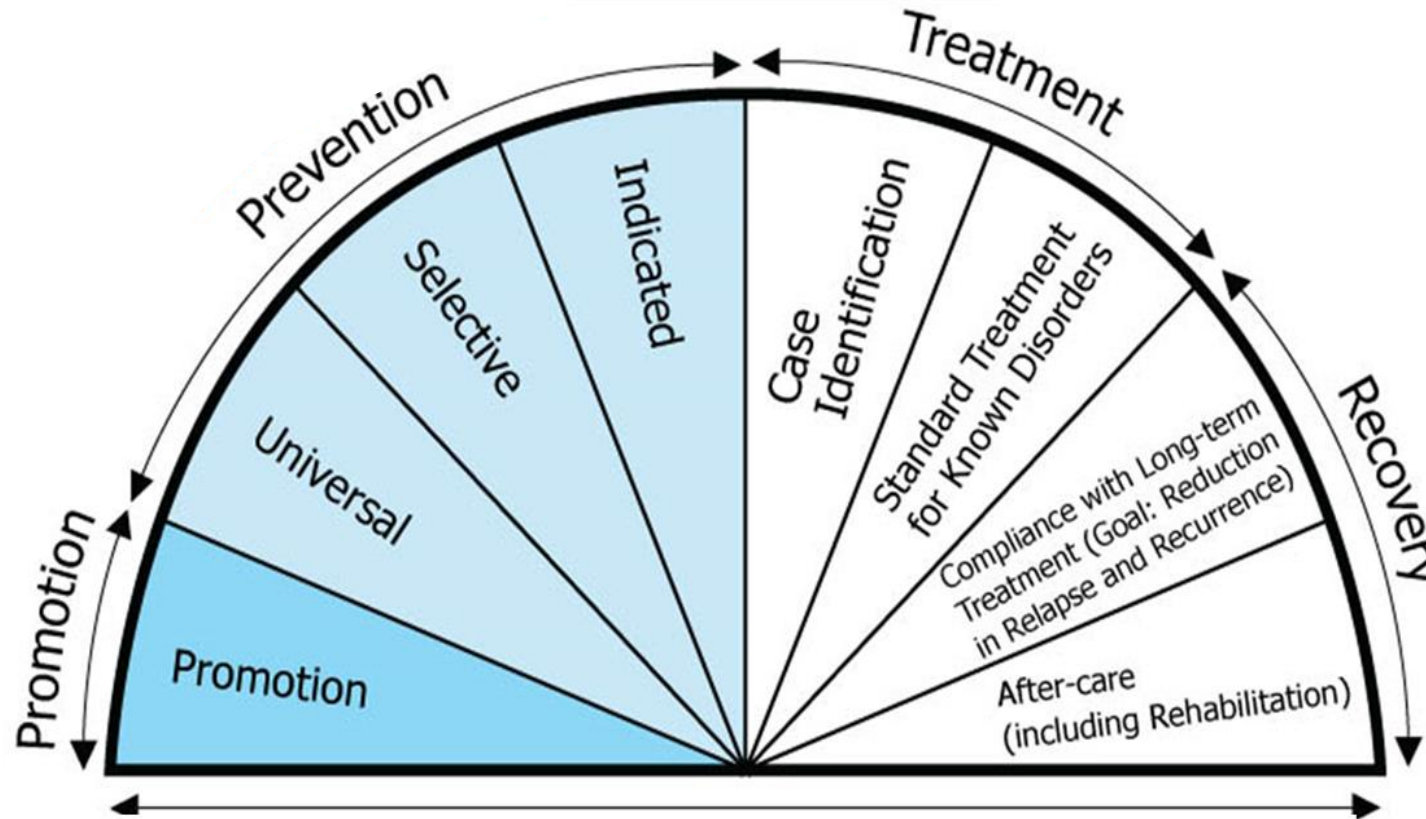
[www.sdrg.org](http://www.sdrg.org)

# Continuum of Efforts Aimed at Health Equity





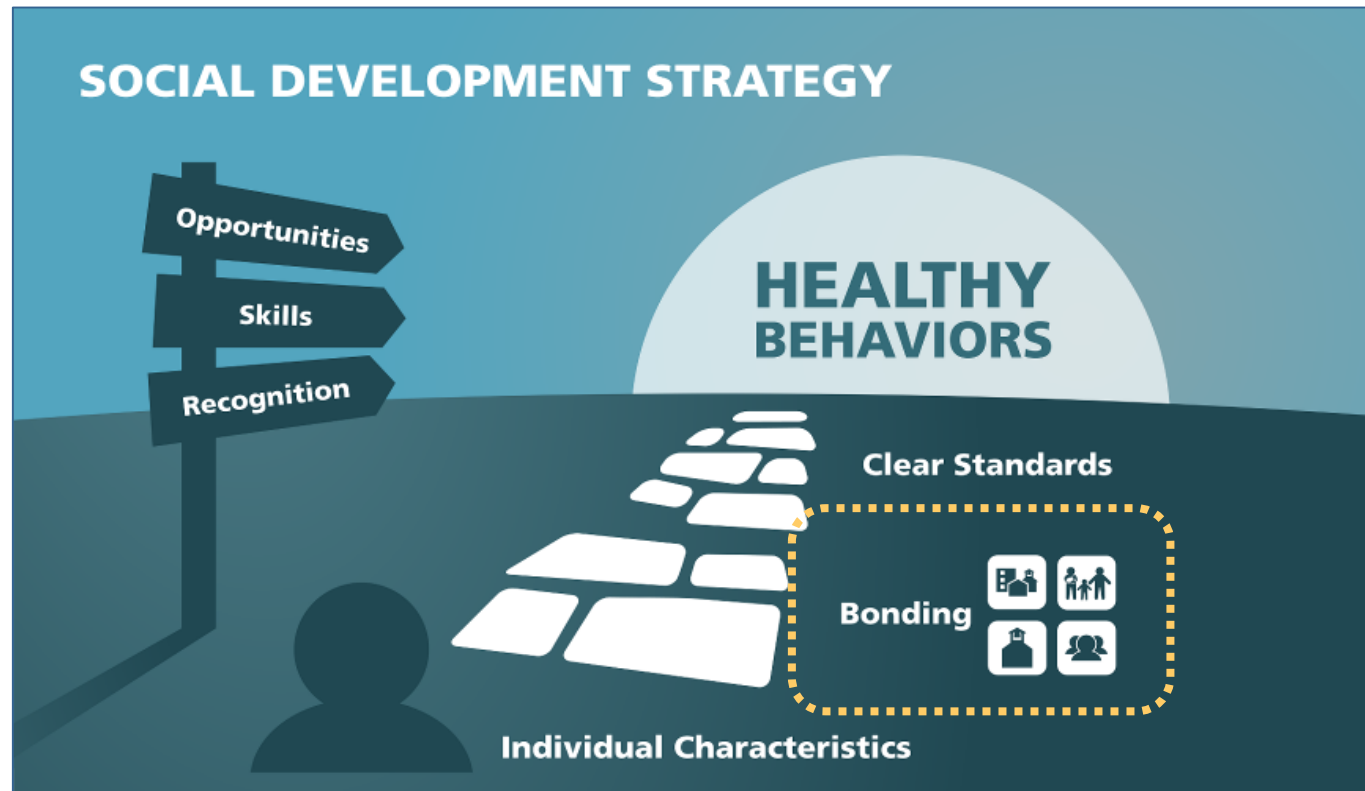
# SDRG's Work and the Healthcare Continuum



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

# 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 criteria<sup>1</sup>**

**~623,000 are parents living with children<sup>2</sup>**

**~2.2 million children are impacted by OUD<sup>3</sup>**

- 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 use<sup>3</sup>**

# Children living with a parent with OUD

## Increased risk of:

- Accidental opioid poisoning<sup>4</sup>
- Attention-deficit/hyperactivity disorder<sup>5</sup>
- Intellectual developmental disorder<sup>5</sup>
- Emotional and behavioral challenges<sup>6</sup>
- Abuse or neglect<sup>6</sup>

Caregivers may have difficulty reading children's cues<sup>6</sup>

An ACE of parental SUD associated with children having SUD later in life<sup>7</sup>

A child with 5 or more ACEs has a 7- to 10-fold increase in early substance use initiation<sup>8</sup>

**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

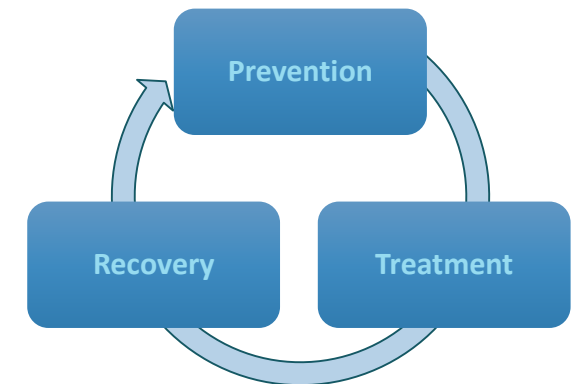


**Promote wellbeing in children and adolescents by providing recovery support to caregivers affected by OUD**

**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**

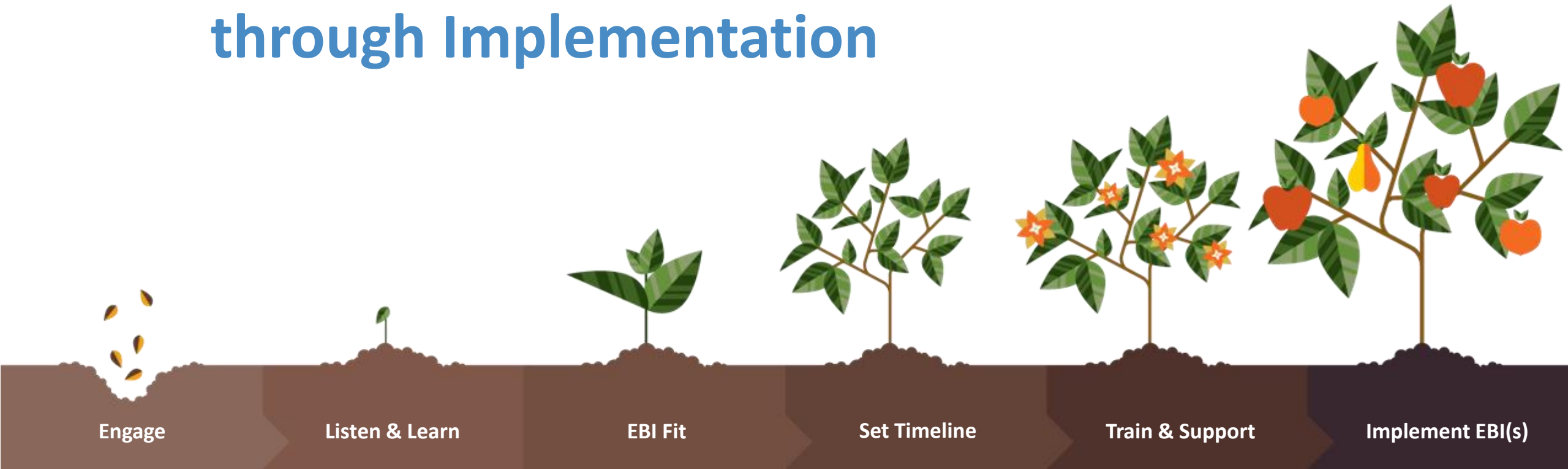
**Consultation from engagement through implementation**

**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 -- > 80% 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

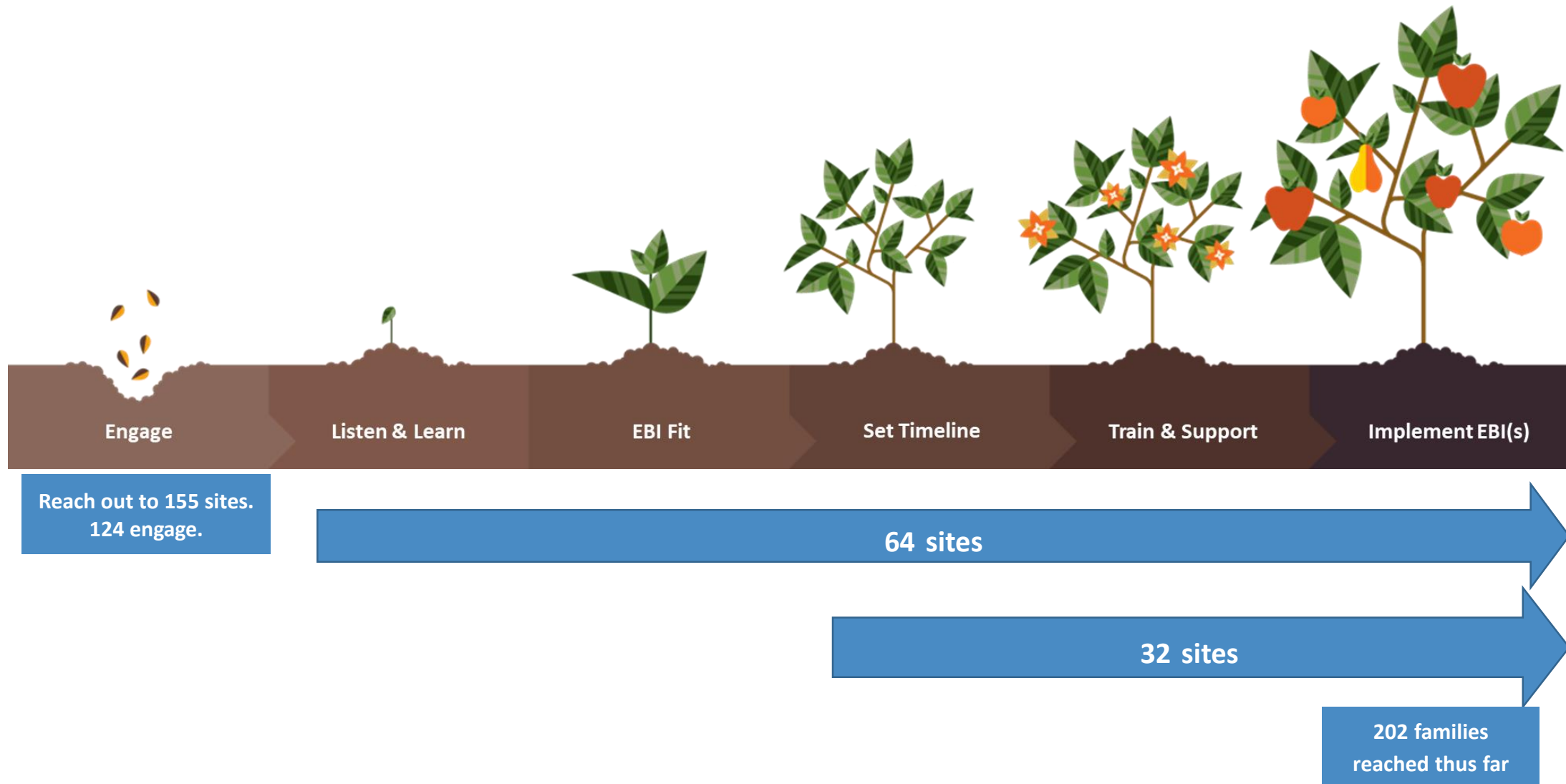
### Rural county – find the “center of gravity”

- 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**

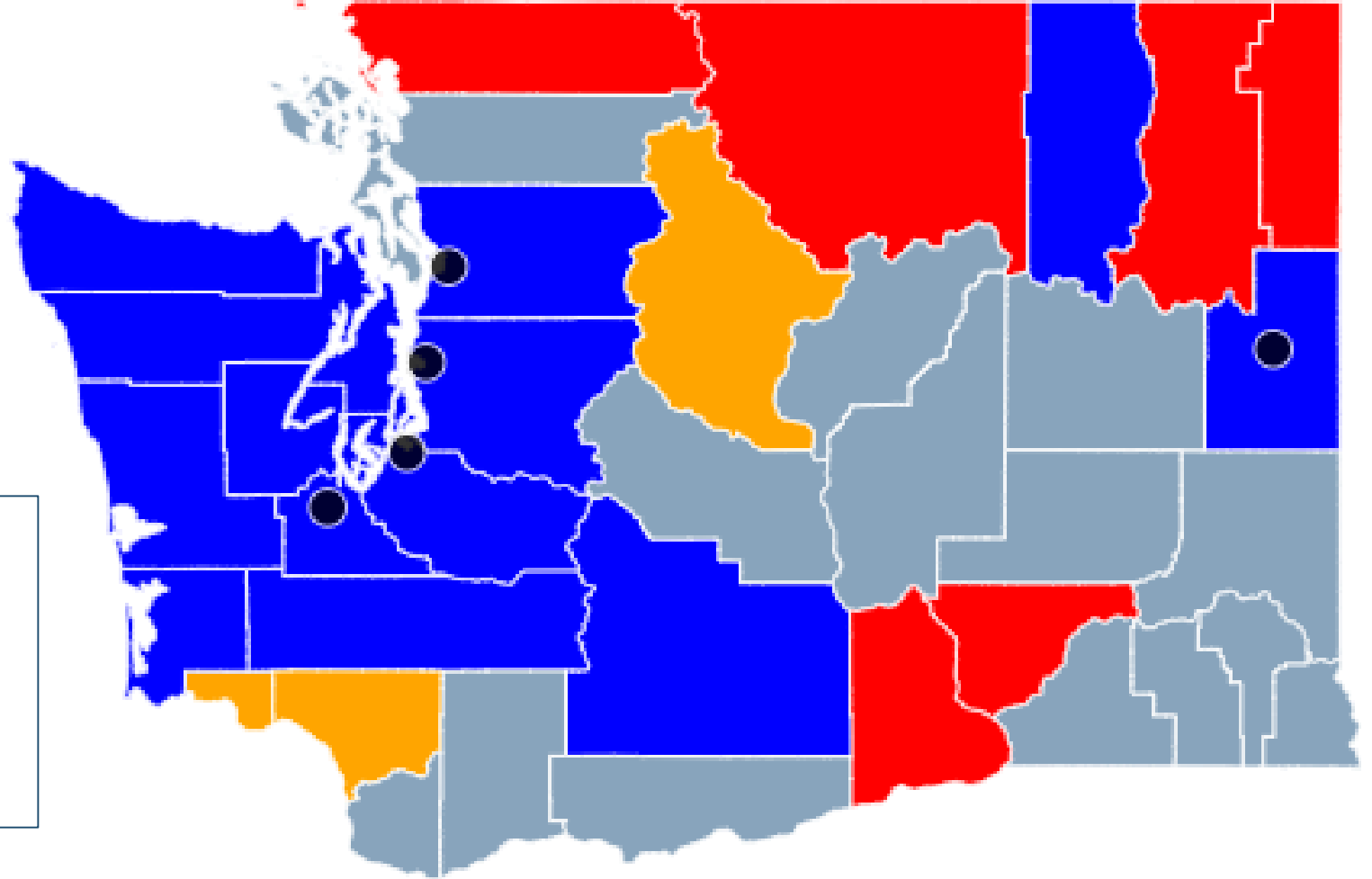


# Site Engagement by the Numbers





# Reach Across Washington

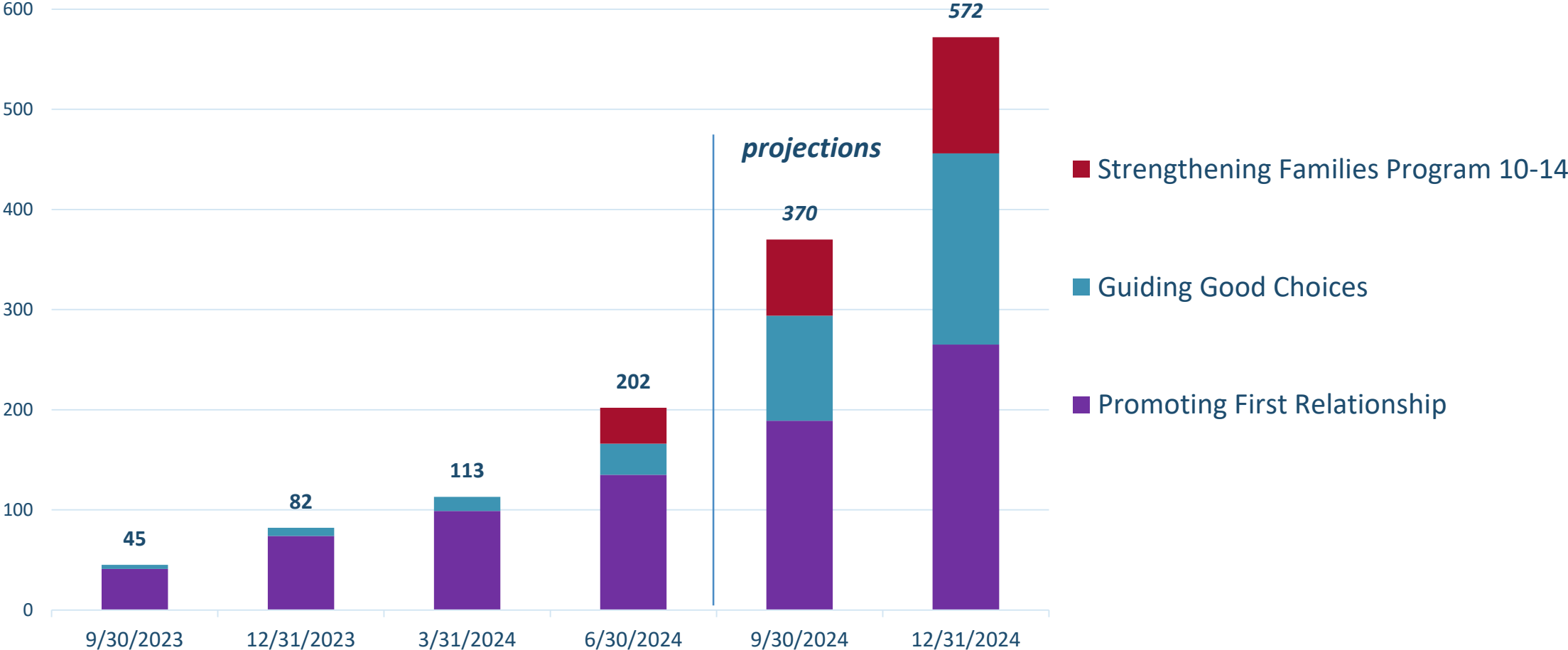


**Implementing: 24 sites**

**Training: 32 sites trained or in training;  
59 certified facilitators; 20 in training**

**Engaging: 64 sites**

# Reaching families



# Feedback & Challenges

“We can’t not do this”

Staffing

Billing uncertainty

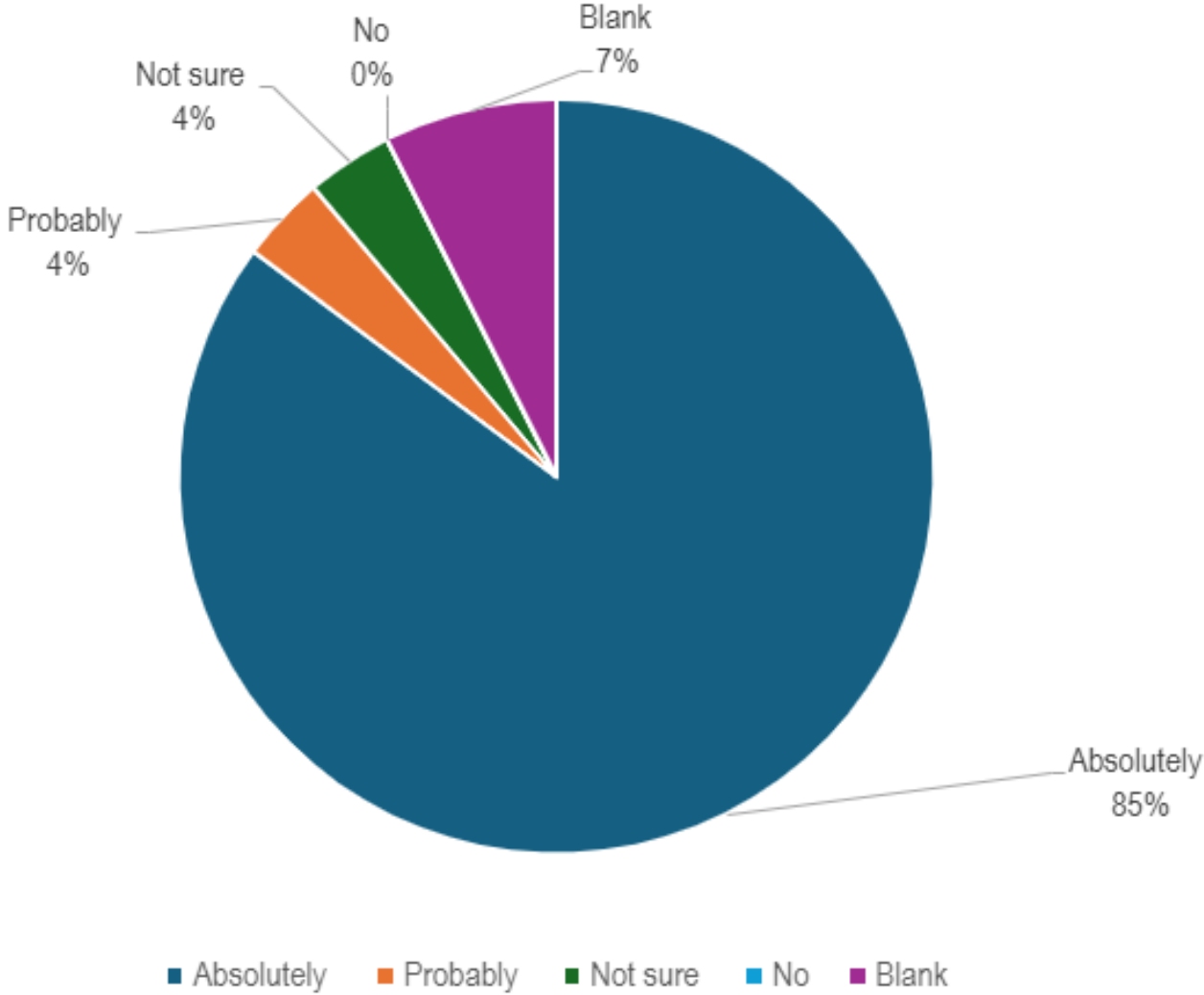
High facilitator and caregiver satisfaction



# 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?



# 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](http://www.sdrp.org/ncfs)

Learn more about FORE: [forefnd.org](http://forefnd.org)



# We Invite Partnership and Hope You Will Join Us



Pathways to Parenting



Where hope and new life become possible



**QUESTIONS?**

**NORTHWEST CENTER *for***  
**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<sup>+</sup>*
- 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.

# References

1. Keyes, K. M., Rutherford, C., Hamilton, A., Barocas, J. A., Gelberg, K. H., Mueller, P. P., Feaster, D. J., El-Bassel, N., & Cerdá, M. (2022). What is the prevalence of and trend in opioid use disorder in the United States from 2010 to 2019? Using multiplier approaches to estimate prevalence for an unknown population size. *Drug and Alcohol Dependence Reports*, 3, 100052. <https://doi.org/10.1016/j.dadr.2022.100052>
2. Clemans-Cope, L., Lynch, V., Epstein, M., & Kenney, G. M. (2019). Opioid and Substance Use Disorder and Receipt of Treatment Among Parents Living with Children in the United States, 2015-2017. *The Annals of Family Medicine*, 17(3), 207–211. <https://doi.org/10.1370/afm.2389>
3. United Hospital Fund. (2019). The Ripple Effect: National and State Estimates of the U.S. Opioid Epidemic's Impact on Children | United Hospital Fund. United Hospital Fund. <https://uhfnyc.org/publications/publication/ripple-effect-chartbook/>
4. Winstanley, E. L., & Stover, A. N. (2019). The Impact of the Opioid Epidemic on Children and Adolescents. *Clinical Therapeutics*, 41(9), 1655–1662. <https://doi.org/10.1016/j.clinthera.2019.06.003>
5. Ornoy, A., Segal, J., Bar-Hamburger, R., & Greenbaum, C. (2001). Developmental outcome of school-age children born to mothers with heroin dependency: importance of environmental factors. *Developmental Medicine and Child Neurology*, 43(10), 668–675. <https://doi.org/10.1017/s0012162201001219>
6. Romanowicz, M., Vande Voort, J. L., Shekunov, J., Oesterle, T. S., Thusius, N. J., Rummans, T. A., Croarkin, P. E., Karpyak, V. M., Lynch, B. A., & Schak, K. M. (2019). The effects of parental opioid use on the parent–child relationship and children’s developmental and behavioral outcomes: a systematic review of published reports. *Child and Adolescent Psychiatry and Mental Health*, 13(1). <https://doi.org/10.1186/s13034-019-0266-3>
7. Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International Psychogeriatrics*, 29(3), 359–372. <https://doi.org/10.1017/s1041610216001800>
8. Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study. *PEDIATRICS*, 111(3), 564–572. <https://doi.org/10.1542/peds.111.3.564>