

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

Land Acknowledgment

To identify the stewards of your land, type your location into <https://native-land.ca/>

Please feel free to acknowledge in the chat

For more information:

- [Land Acknowledgement — Duwamish Tribe](#)
- [Real Rent Duwamish - Real Rent Duwamish](#)



How is everyone doing?

Please follow the link and
enter a short answer



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 the EBIs supported by NCFS and how they can mitigate potential adverse outcomes for children and support caregiver recovery*
- *Understand NCFS's approach to expanding access to family-focused EBIs*





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”?

Please follow the link to enter your thoughts

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

The screenshot shows the SDRG website homepage. At the top is the SDRG logo and navigation menu. Below is a hero image of diverse young women with the headline "Improving Lives through Research and Intervention". A paragraph of text follows, describing SDRG's mission. Below this are three columns: "Research" (Science and Research), "Programs & Tools" (Programs), and "Data Collection Services" (Survey Research Division). Each column includes a brief description and a "READ MORE" button.

SDRG Social Development Research Group

RESEARCH | PROGRAMS & TOOLS | DATA COLLECTION SERVICES | NEWS & UPDATES | VISION & MISSION | PEOPLE

Improving Lives through Research and Intervention

SDRG is a recognized leader in the field of prevention research. Our work is guided by the belief that many common behavior, health, and social problems can be prevented. For the past four decades, SDRG has studied the causes of these problems in childhood, adolescence, and adulthood. Building on what we have learned, we have developed and tested intervention programs and tools that families, schools, and communities can use to promote wellbeing and reduce behavior, health, and social problems. SDRG's research has enriched lives, influenced policy, and strengthened communities across the United States and around the world.

Research

Science and Research

For the past four decades, SDRG has conducted studies that have helped researchers to better understand the causes of behavior, health, and social problems in childhood, adolescence, and adulthood. Building on this understanding, we have developed and tested intervention programs and tools that families, schools, and communities can use to promote wellbeing and reduce behavioral health problems.

[READ MORE](#)

Programs & Tools

Programs

For more than 40 years, SDRG has been working with communities, schools, and families to understand and improve the lives of young people. Below you'll find SDRG interventions that have demonstrated that a social development approach to prevention can reduce risk and enhance protection in the family, school, and community. The intervention materials are available to the public.

[READ MORE](#)

Data Collection Services

Survey Research Division

The Survey Research Division (SRD) provides high-quality survey research services, including survey design, a variety of data collection modes, and data processing.

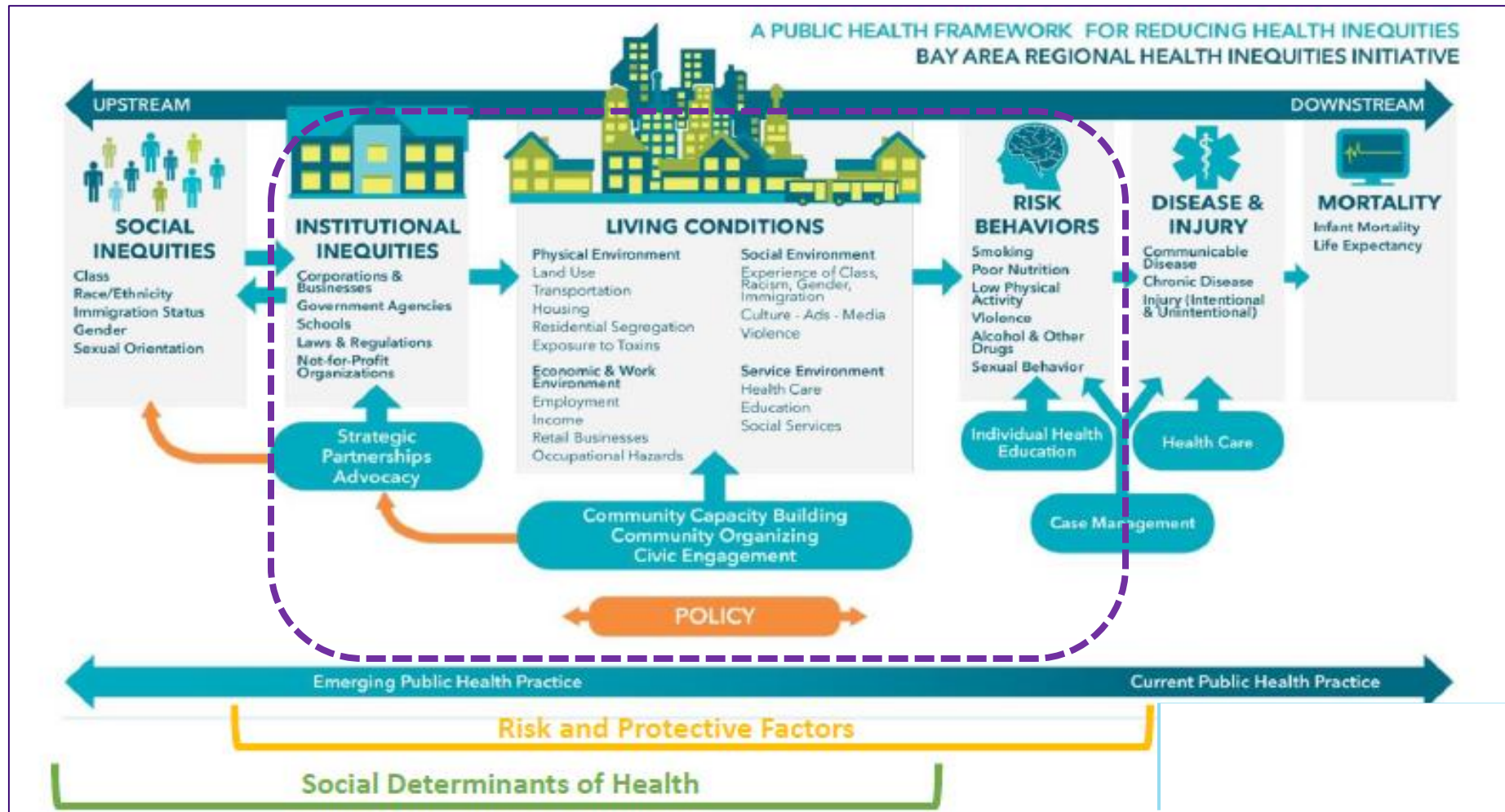
[READ MORE](#)

3 core practice areas

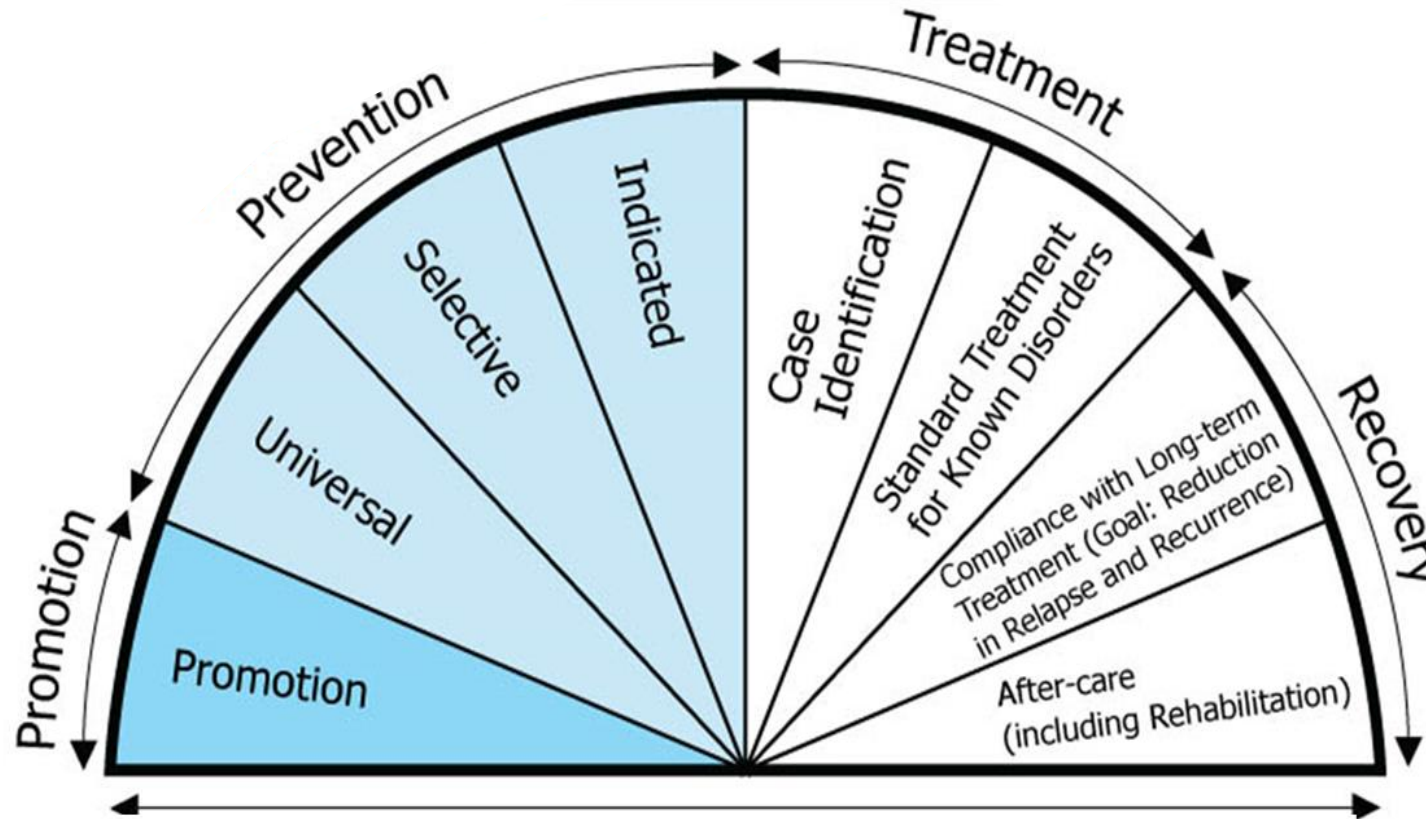
- Research Core
- Dissemination Core: The Center for CTC
- Survey Research Division

35 permanent, 20-40 fixed duration staff

Continuum of Efforts Aimed at Health Equity



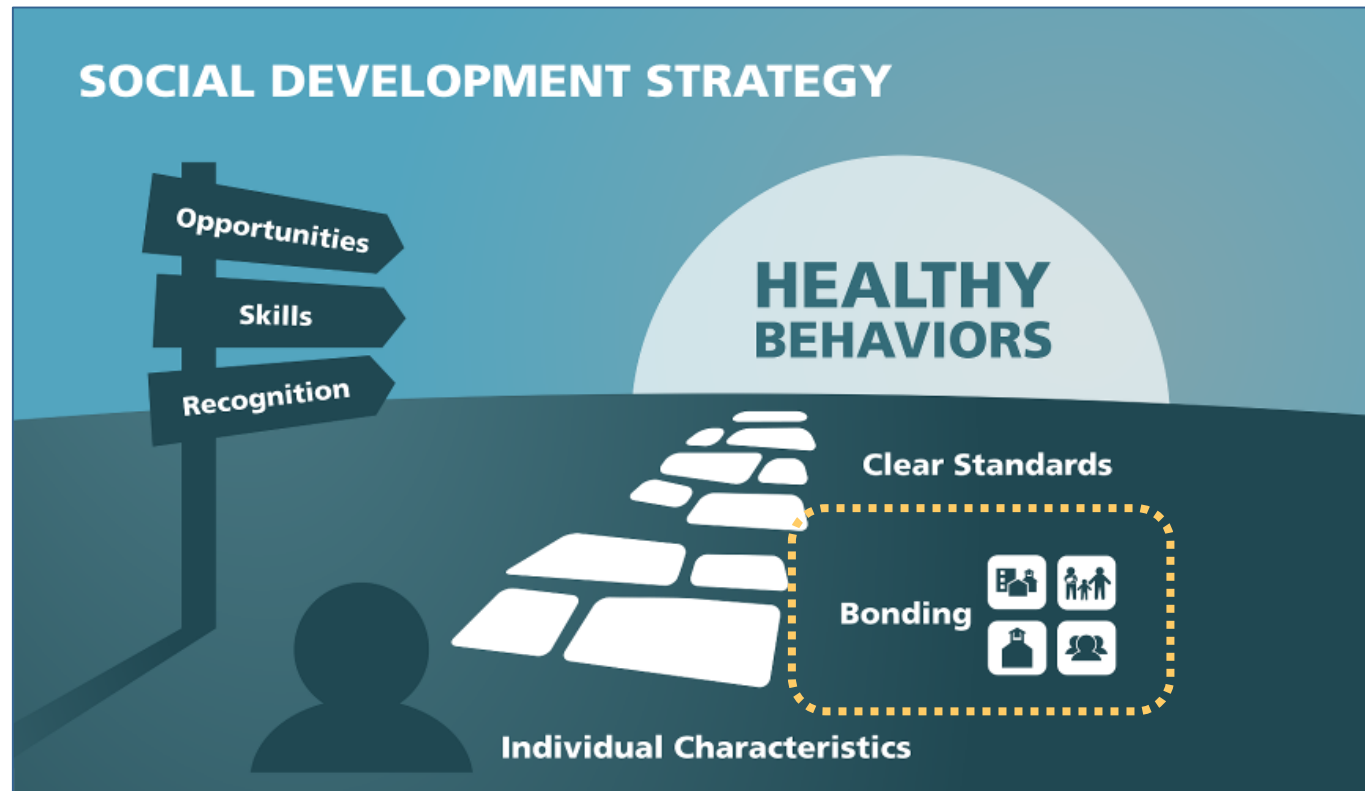
SDRG's Work and the Healthcare Continuum



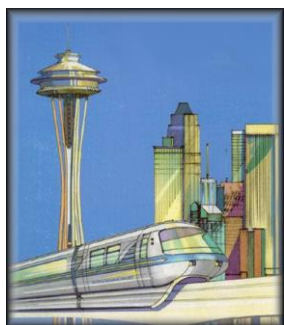
Substance Abuse and Mental Health Services Administration, 2014. Retrieved from <http://www.samhsa.gov/prevention>

Social Development Strategy:

An evidence-based approach to building protection and nurturing environments



SDRG: Representative Research Projects



Seattle Social Development Project (*Epstein, NIA*)

- Long term test of the Raising Health Children intervention

Seattle Social Development Project – The Intergenerational Project (*Bailey, NIDA*)

- A follow-up of the children of the Seattle Social Development Project
- A long-term test of cannabis legalization in WA state and a test of intergenerational transmission of intervention effects



Community Youth Development Study (*Oesterle/Kuklinski, NIDA*)

- Long-term test of the Communities That Care (CTC) prevention system



Guiding Good Choices for Health Study (*Kuklinski/Sterling, NCCIH*)

- Pragmatic RCT assessing implementation feasibility and effectiveness of offering Guiding Good Choices to families in pediatric primary care -- Oakland, CA, Denver, CO, Detroit, MI

Center for Communities That Care

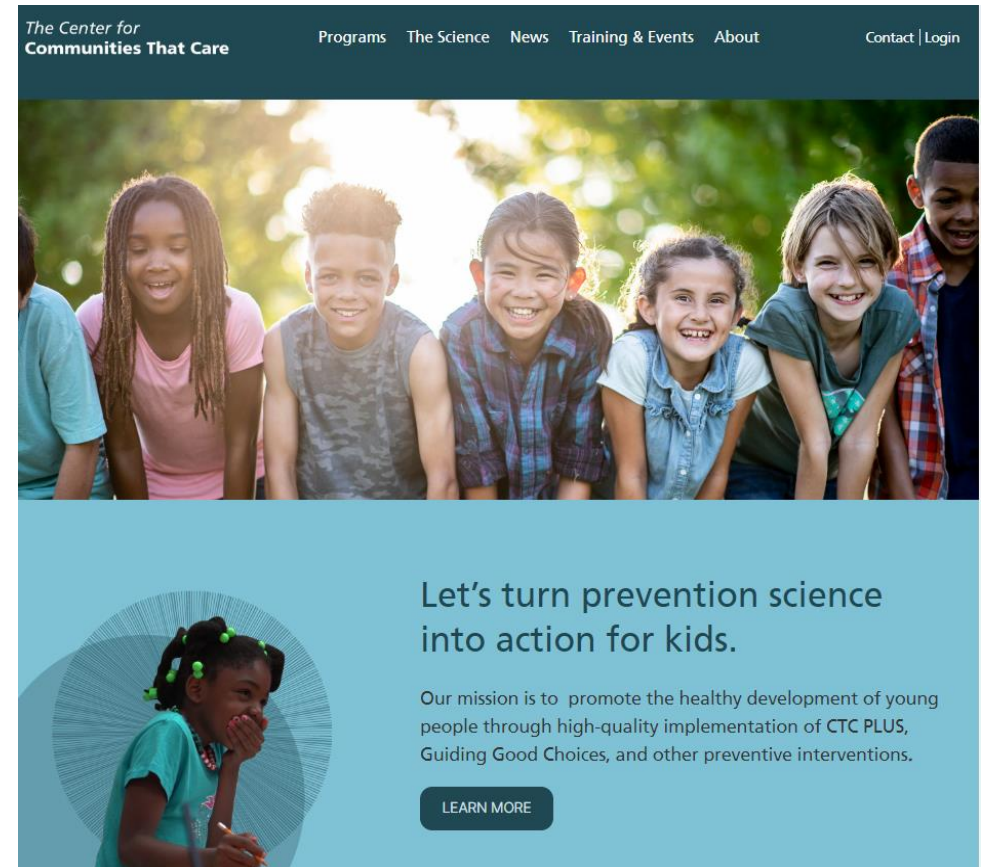
Building Prevention Capacity

Training and Technical Assistance

- Communities That Care
- Guiding Good Choices
- Families Facing the Future

Developing the prevention workforce: NW Prevention Technology Transfer Center

7 Community Prevention Strategists



The screenshot shows the website's header with the logo "The Center for Communities That Care" and navigation links: "Programs", "The Science", "News", "Training & Events", "About", "Contact | Login". Below the header is a large image of a diverse group of smiling children. The main content area has a light blue background. On the left, there is a circular graphic with a child's face. To the right, the text reads: "Let's turn prevention science into action for kids." followed by the mission statement: "Our mission is to promote the healthy development of young people through high-quality implementation of CTC PLUS, Guiding Good Choices, and other preventive interventions." and a "LEARN MORE" button.

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





The Opportunity

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

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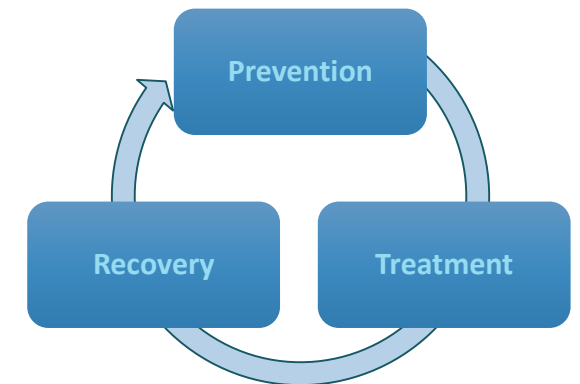


Promote wellbeing in children and adolescents by providing recovery support to caregivers affected by OUD

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 offers sites

- **Free EBI training, consultation, technical assistance**
- **Stipends to defray implementation costs**

NCFS asks sites to

- **Aim to implement EBI(s) twice per year**
- **Share anonymous survey data so we can learn**

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 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 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 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

Support from Engagement to 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

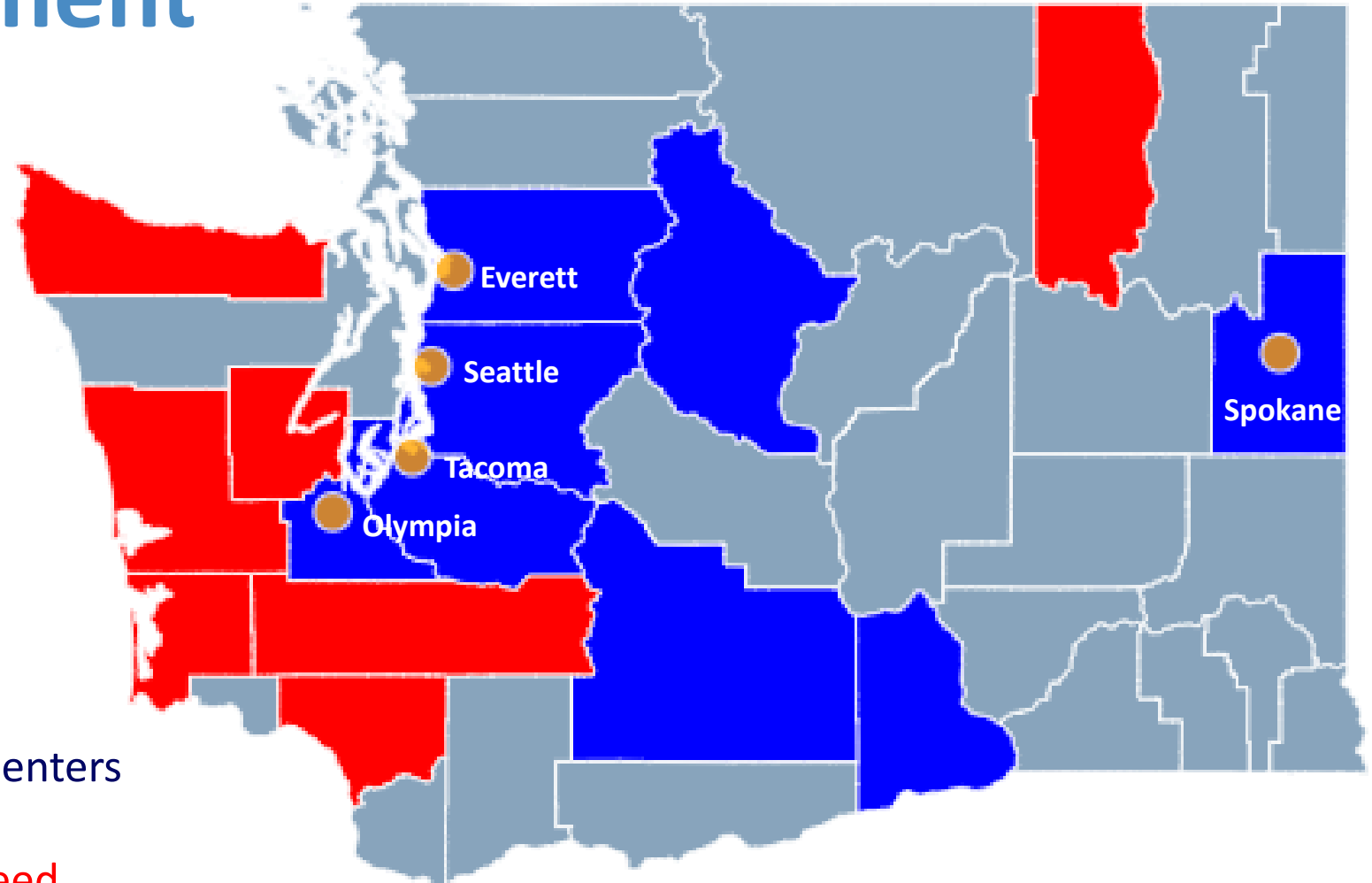
Data from multiple sources → key metrics as proxies for need

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

Focus counties – all rural



County Engagement



Initial Engagement – population centers

Focused Engagement – highest need

Tailored Engagement

Urban vs. Rural

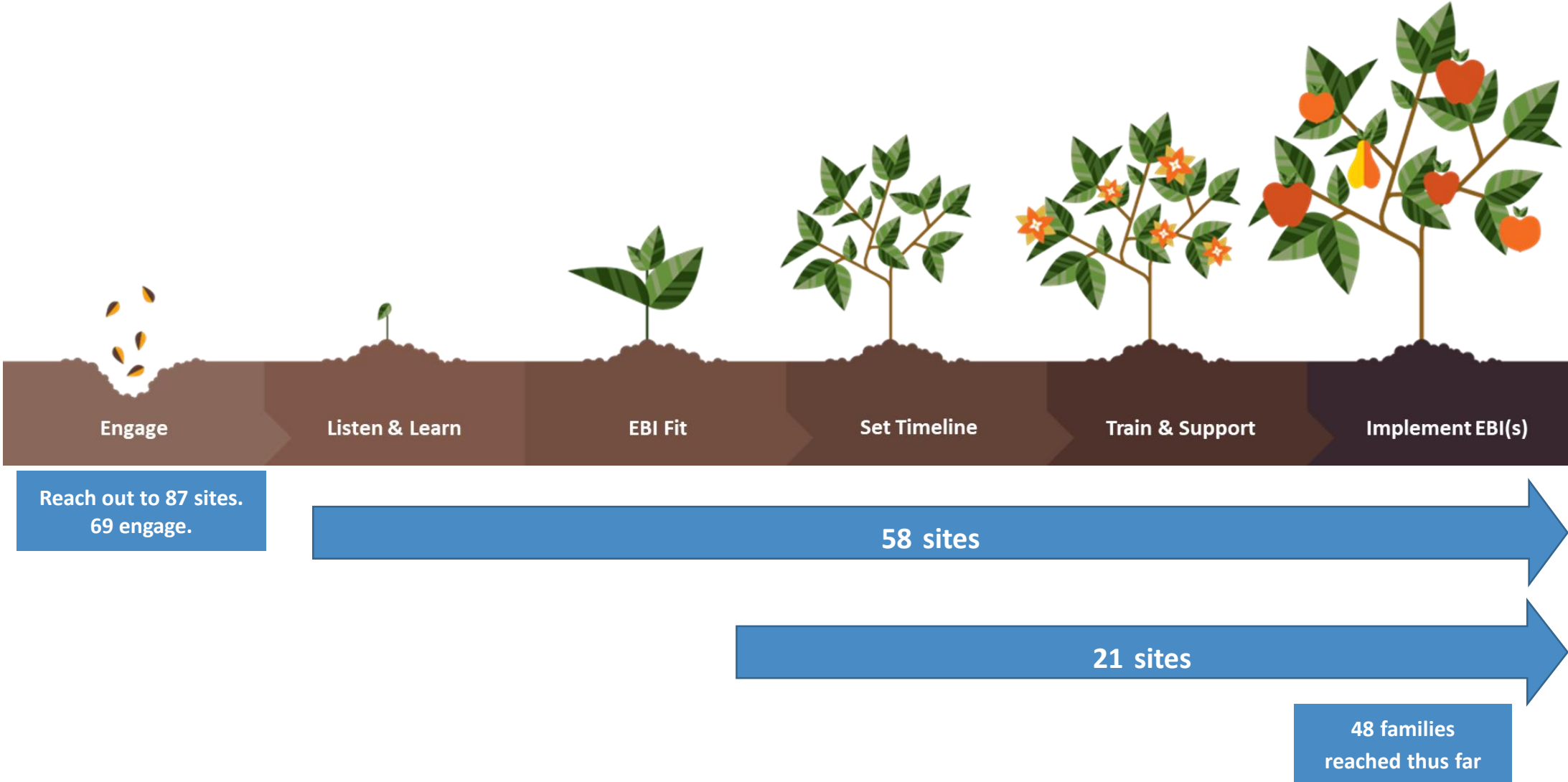
Rural county – find the “center of gravity”

- E.g., pharmacist, fire chief, public health official, county health officer
- 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

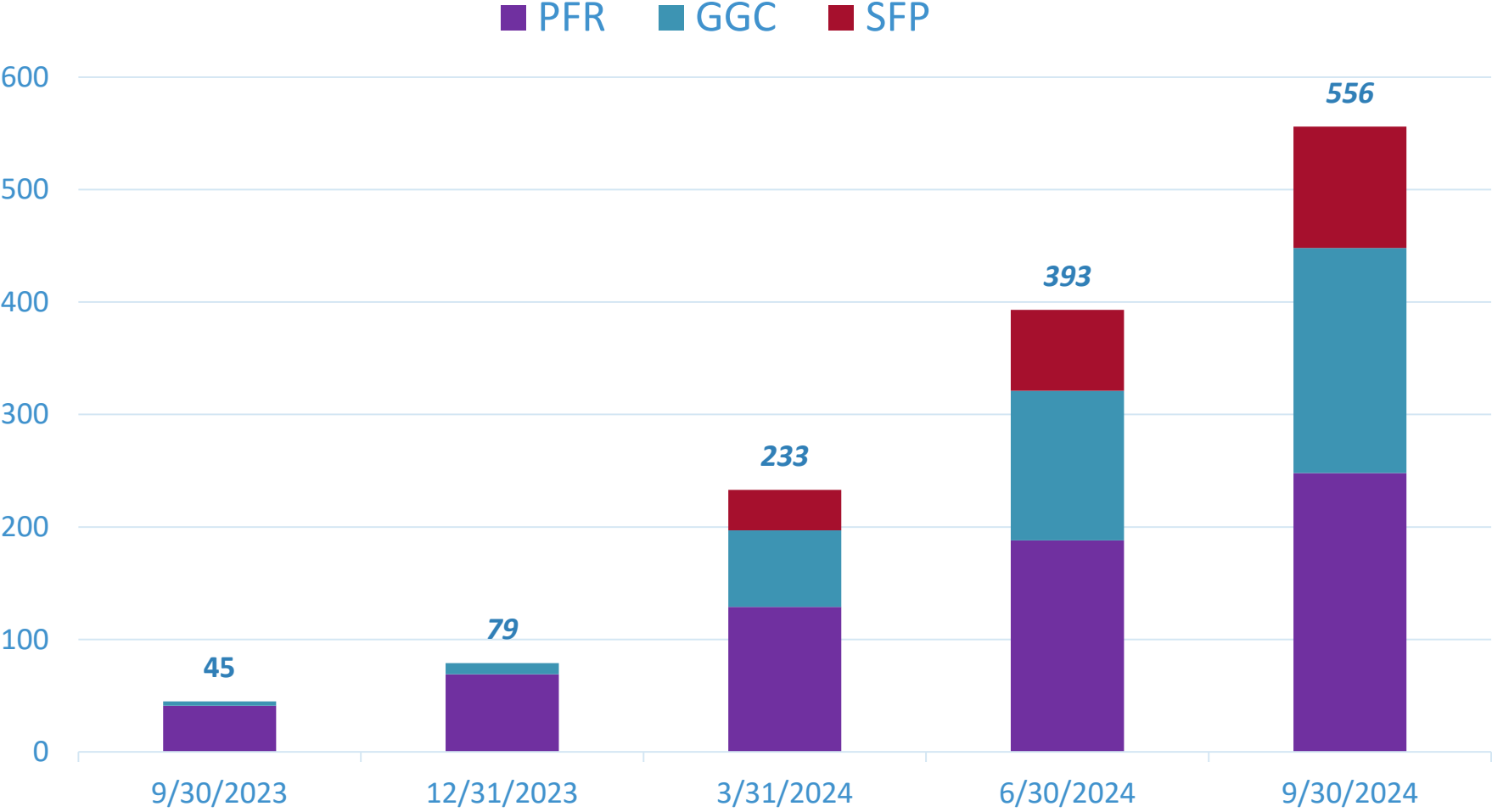


Certified Facilitators

	9/30/2023	Projected 12/31/2023	Projected 3/31/2024
GGC	10	12	22
PFR	4	14	15
SFP	0	12	12
TOTALS	14	40	50

Figures are cumulative

Reaching more families



Number of Families Reached (cumulative)
with projections

Feedback, Challenges, and Approaches

“We can’t not do this”

Staffing

- Partnerships, referrals, co-facilitation
- Program integration
- EBI adaptations

Billing uncertainty

- Need for increased family-friendly treatment
- Lack of mental health, substance use, and prevention integration
- WA Health Care Authority support



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” shared optimism



Where are we headed?

Continue to increase EBI capacity and reach

Sustainability

Explore learning

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 FORE: forefnd.org

Learn more about SDRG: www.sdr.org

We Invite Partnership and Hope You Will Join Us



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Where hope and new life
become possible

Washington State
Health Care Authority



NEW HORIZON CARE CENTERS INC.
ISABELLA HOUSE

STRENGTHENING
Families PROGRAM
FOR PARENTS AND YOUTH 10-14

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QUESTIONS?

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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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