

Northwest Center for Family Support

Supporting Caregivers in OUD Recovery and
Promoting Prevention for Youth



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Introductions

Please type your name and organization in the chat. Thank you.

Logistics

If you have questions during the presentation, please place them in the chat. Thank you.

Today

- The Challenge and the Opportunity
- Project Aims
- Family-focused EBIs
- How We Work
- What Have we Learned So Far?
- We Invite Partnership



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](#)



The Challenge
The Opportunity
The Project



The Challenge

- WA State: Among highest in Opioid Use Disorder (OUD)
- Many with OUD are caregivers
- Children and Teens: Higher risk for developmental concerns

Question:

What do families affected by OUD need?

- What do caregivers with OUD need?
- What do children of these caregivers need?

Please type response in chat.



The Opportunity

- Family-focused evidence-based interventions (EBIs) exist!
 - Strengthen parenting and youth skills
 - Promote bonding
 - Support caregivers in recovery
 - Increase resilience
 - Improve health and wellbeing in young people
- Not routinely offered in OTPs, other sites serving caregivers in OUD recovery



Project Aims

- 3-year award - Foundation for Opioid Response Efforts (FORE)
- Goal: Increase access to family-focused EBIs → caregivers in OUD recovery
 - Recovery support for caregivers
 - Prevention for children & adolescents
- How: Northwest Center for Family Support (NCFS)
 - **Free** EBI training, consultation, technical assistance
 - Implementation **stipends** for sites
 - **Advisory board** → NCFS meets need, feasible, sustainable





What Do We Hope to Learn?

- 1) How can we **reach** caregivers in recovery with EBIs?
- 2) Is reach **equitable**?
- 3) Are EBIs **feasible and satisfying** – to caregivers, sites?
- 4) Is the approach **sustainable**?

How will we answer these questions?

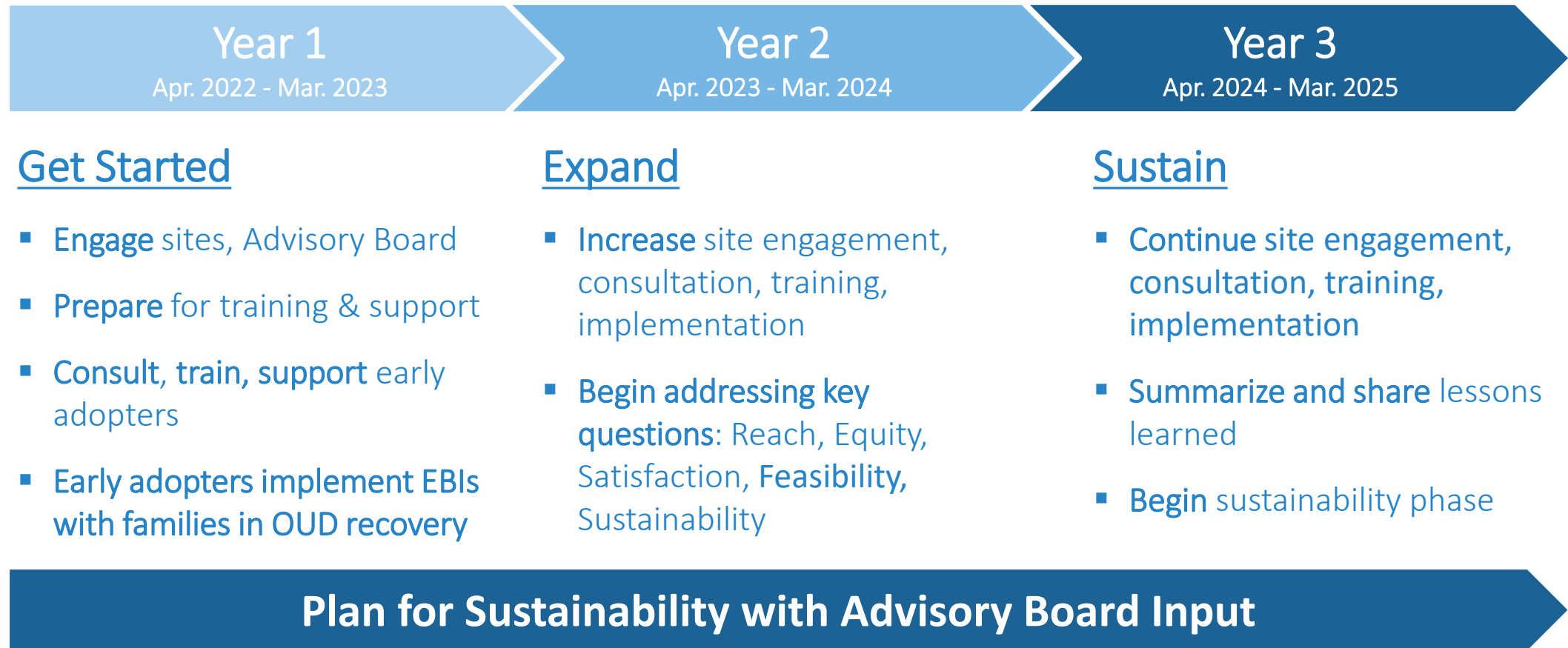
- Project is not a trial
- Fidelity, satisfaction surveys from EBI implementation
- Focus groups – staff, site leaders



What do We Offer, What do We Ask?

- We offer sites
 - Free EBI training, consultation, technical assistance
 - Stipends to defray implementation costs
- We ask sites to
 - Aim to implement EBI(s) twice per year
 - Share anonymous survey data so we can learn

Project Timeline



NCFS Steering Committee

Prevention, Treatment, Recovery Expertise



Margaret Kuklinski, PhD
Principal Investigator

Monica Oxford, PhD
Co-Investigator

Leslie Walker-Harding, MD
Senior Advisor

Alicia Hughes, MA, CPP
Advisor

Brittany Rhoades Cooper, PhD
Co-Investigator

Jim Leighty, LICSW
Project Director

Jennifer Rees, MSW
Master Trainer

Erika Jenkins, BA, CPP
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Kevin Haggerty, MSW PhD
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Laura Meader, LICSW
Advisor

Elizabeth Weybright, PhD
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Dalene Beaulieu, MS
Master Trainer

AnaMaria Diaz Martinez, MED
Master Trainer

NCFS Advisory Board

PREVENTION COALITIONS

OPIOID TREATMENT CENTERS

COMMUNITY AGENCIES

CARE GIVERS

WA HCA

UNIVERSITY OF WASHINGTON

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Coalition Coordinator
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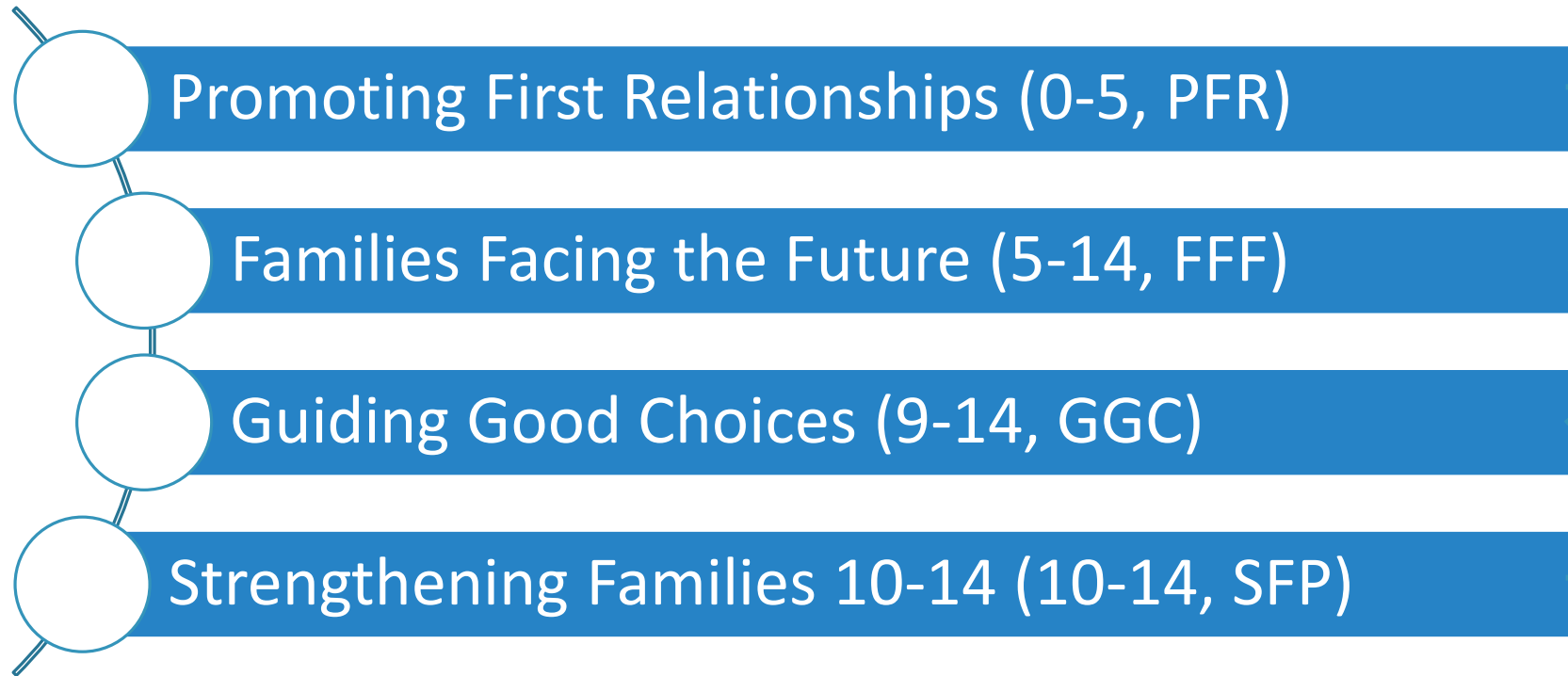
Kassie Jadin

PCAP Clinical Director
Family Education
Support Services

Family-Focused EBIs for a Variety of Ages & Stages

NCFS Supports 4 Family-Focused EBIs

EBI Master Trainers



PFR
Jennifer Rees, MSW



FFF & GGC
Dalene Beaulieu, MS



SFP 10-14
AnaMaria Diaz Martinez, MED





- Caregivers and children ages 0 – 5
 - 10 weekly 1h 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 relapse reduction
 - Children: Lower substance use, especially in males



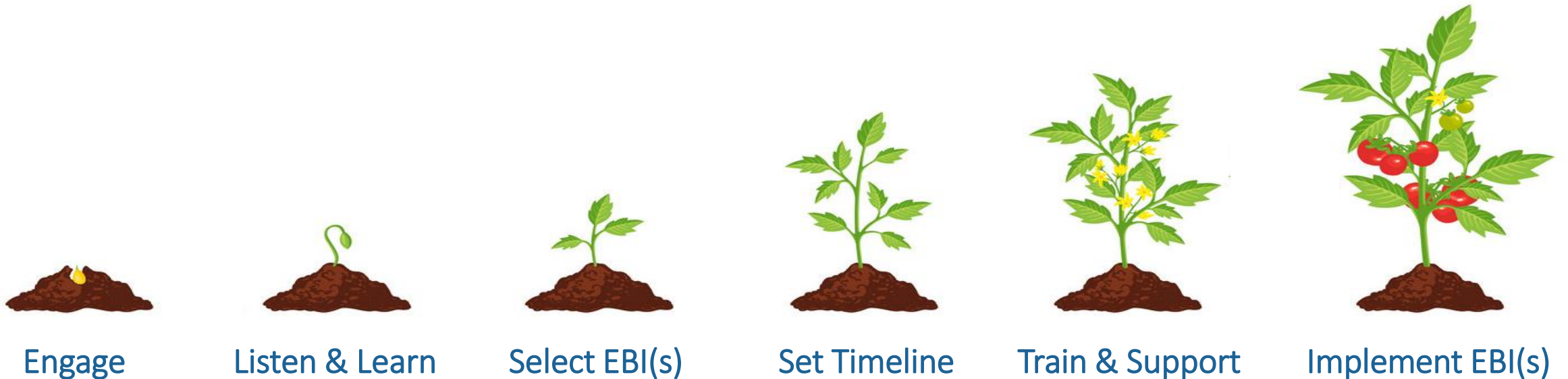
- Caregivers of younger adolescents ages 9 - 14
 - 5 weekly 2h group sessions
 - Children attend 1 session
 - Focuses on skill building and practice, targets risk and protective factors
- Outcomes
 - Families: Stronger bonds, communication, lower conflict
 - Children: Reduced substance use, depression, 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

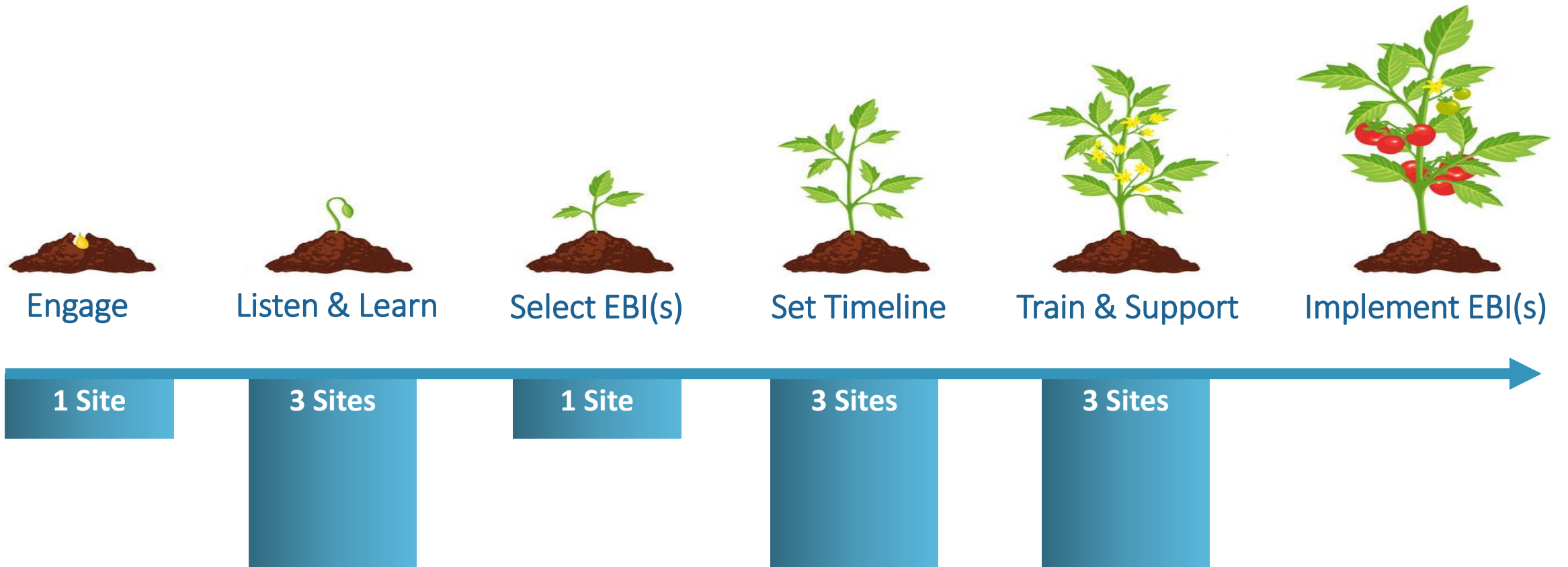
How We Work

Support from Engagement to Implementation



→ *Ample opportunity for partnership & tailoring to meet site, caregiver needs*

Early Adopters Are Making Progress!



Three Early Lessons

*“We can’t not
do this.”*

1

Sites Want to Partner with Us

- Unmet need
- Brings together prevention, treatment, recovery
- Increase connection, provide hope to families
- Evidence-based
- Free training, consultation
- Increase communication and collaboration across state →
share best practices, collaborative problem-solving



Barriers...Can Be Overcome

- Funding, staffing, pandemic
- Sites are leveraging funding streams
 - PCAP, DCYF contracts
 - Bundled payments, Group implementation
 - Tribal funding structures
- Aligning EBI delivery → fit agency structures, meet caregiver need
 - Group-based PFR or GGC delivered in 10 ~1h sessions

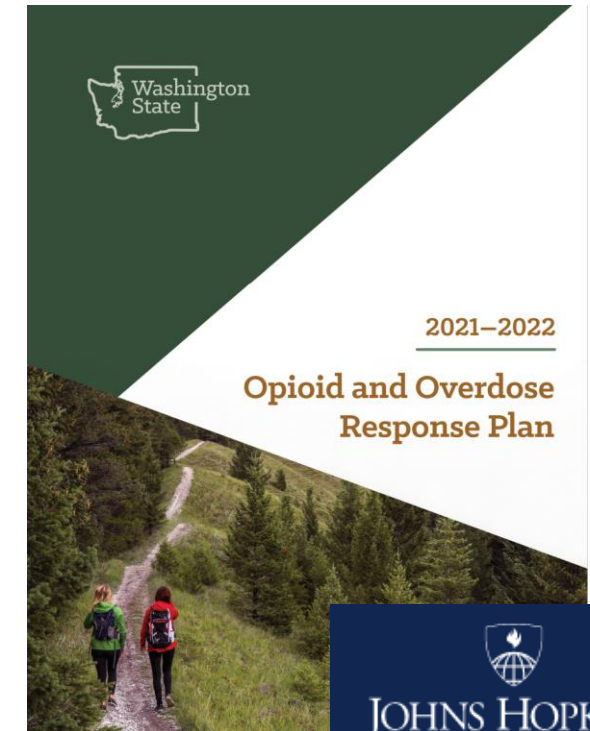
→ *We will continue to address barriers to ease implementation, including:*

- *Ready funding streams, e.g., Families Facing the Future – on Title IV-E EBI list!*
- *Covered staffing, e.g., two staff to implement group-based EBIs, per fidelity standards*

3

Aligns with Opioid Settlement Guidance

- State Opioid and Overdose Response Plan – Prevention Workgroup
- JHU Opioid Settlement Guiding Principles
 - Invest in youth prevention
 - Use evidence to guide spending
 - Mitigate harms of OUD
- Children of caregivers in OUD recovery have suffered harms from OUD
- Family-focused EBIs can...
 - Be part of mitigation effort, recovery support
 - Prevent future harms to, promote health in children





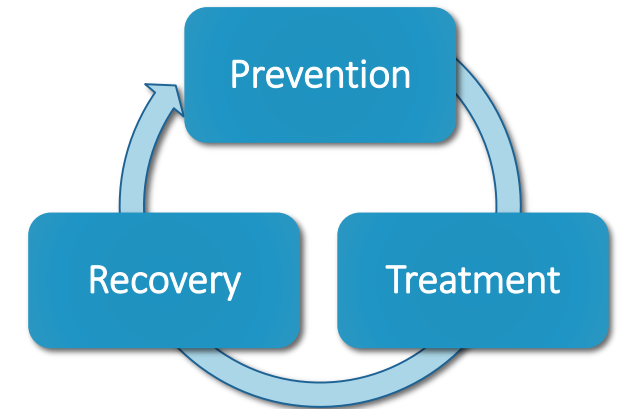
We Invite Partnership and Hope You Will Join Us





Questions, Conversation

- What are your questions?
- What do caregivers in OUD recovery and their children need?
- How can we better braid recovery, treatment, and prevention to meet family needs?



Thank You

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Attachment-based home-visiting program that uses reflection and strengths-based video feedback to support the parent-child relationship and healthy social-emotional development.

Ages:
0-5

Implementation:

- 10 weekly 60-75 min home visiting sessions with caregiver, child
- Can be delivered virtually
- 1 trained provider
- Spanish training, materials and TA available; Somali parent handouts.

Training:

- 2-day in-person, or
- 4-day 3.5 hours virtual
- 15 weeks of mentored training
- Monthly reflective consultation

Impact:

- Fewer out-of-home placements for CPS families
- Increased parent sensitivity and child development knowledge
- Improved child behavior and stress physiology

*Evidence-based Registries: Blueprints for Healthy Youth Development (www.blueprintsprograms.com), California Evidence-based Clearinghouse for Child Welfare Programs (www.cebc4cw.com), Home Visiting Evidence of Effectiveness (homvee.acf.hhs.gov)

Manualized parenting-skills groups and home-visiting program for families with SUD and in MOUD treatment that teaches parenting and relapse prevention skills and builds protection in children.

Ages:
5-14

Implementation:

- 16 weeks of bi-weekly 90 minute group sessions; youth attend once weekly
- 9 months home-based coaching
- 2 trained providers

Training

- 3-day in-person or 5 5-hour virtual workshop
- Technical Assistance

Demonstrated impacts

- Reduced parent substance use
- Increased parenting skills knowledge
- Reduced male child substance use disorder 10-12 years later
- Resilient adaptations

*Evidence-based Registries: Title IV-E Clearinghouse (www.preventionservices.abtsites.com) and California Evidence-based Clearinghouse for Child Welfare Programs (www.cebc4cw.com).



GUIDING GOOD CHOICES

Manualized group parent training program for caregivers of adolescents that emphasizes strong family bonds and effective parenting practices.

Ages:
9-14

Implementation:

- 5 weekly 2 hour group sessions
- 1 of the sessions includes adolescents
- 2 trained providers
- May be delivered virtually
- Spanish training, materials, and TA available

Training

- 3-day in-person or 5 5-hour virtual sessions
- Spanish training and TA available

Demonstrated impacts

- Reduced substance use
- Reduced problem behavior
- Improved symptoms of depression
- Improved family relationships and communication; decreased family conflict

*Evidence-based Registries: Blueprints for Healthy Youth Development (www.blueprintsprograms.com) and California Evidence-based Clearinghouse for Child Welfare Programs (www.cebc4cw.com)

**STRENGTHENING
Families PROGRAM**

FOR PARENTS AND YOUTH 10-14

Manualized group family training program that aims to enhance family protective processes and reduce family risk related to adolescent substance use and other problem behaviors.

Ages:
10-14

Implementation:

- 7 weekly 2-hour group sessions with caregivers & youth
- 3 trained providers
- Spanish materials available

Training

- 3-day in-person workshop
- Spanish training and TA available

Demonstrated impacts

- Decreased substance use
- Improved problem behaviors
- Improved internalization behaviors
- Improved parent-child relationships

*Evidence-based Registries: Blueprints for Healthy Youth Development (www.blueprintsprograms.com) and California Evidence-based Clearinghouse for Child Welfare Programs (www.cebc4cw.com).