



Engagement and Outcomes for Families Impacted by Parental Substance Use Disorder: An Adapted Wraparound Program

Logan Paluch, MEd, MPH
Kady Sternberg, BS
Erin Barnett, PhD



Our team

- **Dartmouth Trauma Interventions Research Center**
Dr. Erin Barnett – Co-Principal Investigator
Dr. Kay Jankowski – Co-Principal Investigator
Logan Paluch, MEd, MPH – Project Coordinator
Emily Duff – Wraparound Coordinator
Carol Sarazin – Wraparound Coordinator
Diana Salzinger – Peer Support
Kady Sternberg – Research Assistant
Charlotte Bausha – Research Assistant
- **Center for Program Design & Evaluation at Dartmouth**
Rebecca Butcher, MPH, MS, Lead Evaluator, Co-Investigator
Crystal Young, PhD, Sidra Singh, PhD, Co-Evaluators

 Center for Program Design & Evaluation
CPDE | Dartmouth College





This study was funded by the U. S. DHHS Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, 90CU109. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.



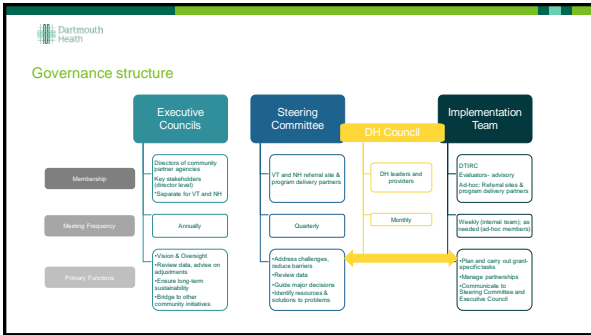
Objectives

- Identify **3 adaptations** made by the project team to the Wraparound model for families with SUD
- Describe **2 important facilitators to engagement** in the model identified by caregivers
- Describe **2 behavioral health outcomes** for families resulting from the Wraparound project

Overview and Adaptations







Dartmouth Health

NH Wraparound Program

- Evidence-based program for youth with serious emotional and behavioral concerns, and their families
- Enhanced care coordination

Goals:

- Identify strengths & needs
- Develop a plan to connect family to support and services
- Create a team of natural and formal supports

The Wraparound Process
The Wraparound Process takes about 12 months

Hello
To begin, you, your family, and your Wrap Coordinator will create a Family Vision, or goal, that helps guide the whole process.

Help
Your Wrap Coordinator will help you gather a team of people who are important to your life and will help you reach your Family Vision.

Healing
You and your team will meet regularly to work towards your Family Vision. You, the Wrap Coordinator, and your team will assess and adjust the plan of care if necessary.

Hope
As your family begins to achieve your Family Vision, you and your team will make a plan to transition out of the Wrap Process.

NH Wraparound Program – Guiding Principles



Small group brainstorm and share


What do families affected by caregiver SUD need most?

Get Help - Your Journey Matters



Dartmouth Health

Recovery is Worth It



Dartmouth Health

November 19, 2024 14

Public Service Announcements and Podcasts

- PSAs:
 - For and by people with addiction/in recovery
 - 3 in total, ~45 seconds each
 - Get Help: <https://www.youtube.com/watch?v=ZLoRWojdxcw>
 - Recovery is Worth It: <https://www.youtube.com/watch?v=eie-zCytg6E>
 - Your Journey Matters: <https://www.youtube.com/watch?v=apY4nhWZ9B8>
- Podcasts: Walking Alongside
 - search "Walking Alongside" directly on all major podcast platforms, including Apple Podcasts and Spotify- look for the green logo

Dartmouth Health

Adapting Wraparound

In the literature....

- Keeping secrets and being distrustful may be adaptive
- High levels of shame
- Distrust of professionals and "systems"
- Highly stigmatizing child protection, medical, and legal systems
- Parents may be significantly isolated

Several Wraparound principles - especially **family voice, individualized, culturally-competent, and strengths-based** - are well-suited for this population

Adaptations – Adult focus & Smaller teams

Adaptation 1: Focus surrounds adult needs

- Wrap components (orientation, family visions, identified supports, etc.) tend to be from perspective of adult needs
- Linkages to needed services for child still provided

Adaptation 2: Anticipate small teams

- Families tend to have fewer natural supports
- Caregiver with SUD sometimes does *not* want all professional supports at the same table to control who knows what
- Early recovery can accentuate the need for adaptation

Adaptation 3 – Recovery Friendly Staff

- Wraparound Coordinators should have recovery and substance use anti-stigma training; their own lived experience is an additional bonus
- Peer support with recovery lived experience is ideal
- Both build trust between client and staff better and faster

Adaptations – Longer enrollment + Shorter engagement

Adaptation 4: Allow for longer enrollment period

- Longer time needed for family to build trust with staff before committing to program
- Consistent communication can be challenging
- Early recovery/active addiction can slow the process as well

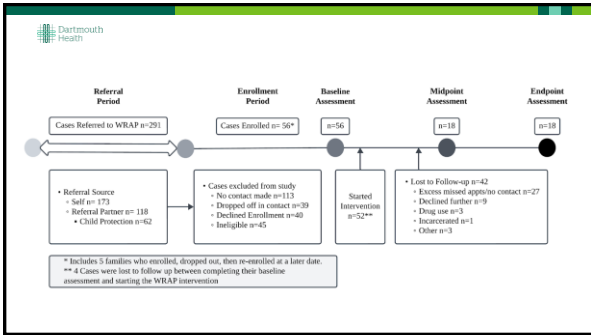
Adaptation 5: Expect shorter engagement time

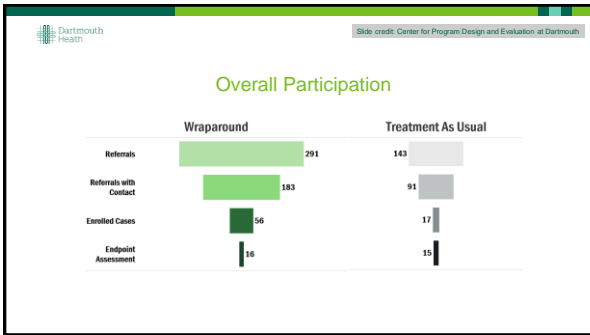
- Early recovery can lead to shorter engagement and/or irregular engagement
- Later in recovery Wrap gives family a boost, but family may be closer to not wanting/needing more engagement

Dartmouth Health

Engagement







Pre-Enrollment Contacts

1223 contacts made to 291 Wrap Referrals
 33% of follow up calls successfully made contact

483 contacts made to 143 TAU Referrals
 29% successfully made contact

4 average number of contacts/referral

Response to Contact

123 contacts were made with the 17 TAU families

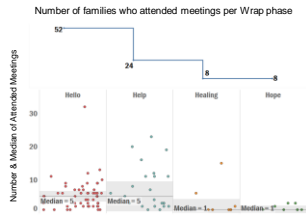
- Contacts made every 6 weeks to reduce loss to follow-up
- 73% of the time a successful connection was made

706 Wrap contacts were made to the 56 Wrap cases

- 60% of time families attended
- 25% were rescheduled
- 15% had no response

50% of the 96 P2P Peer Support contacts had a response

Families ranged widely in the number of meetings they attended in each Wrap phase



* Only 6 families participated in all 4 phases through "Hope"
2 families skipped "Healing" and went right to "Hope"
2 families completed their vision & graduated before reaching "Hope"

Slide credit: Center for Program Design and Evaluation at Dartmouth



10 Families successfully reached their family vision and were considered Wrap "complete"



Families reported feeling engaged in 96% of meetings

Slide credit: Center for Program Design and Evaluation at Dartmouth

Reasons Wrap Families Exited P2P

10 successfully completed the Wrap Program

46 cases closed before completion

- 25 many missed appointments / unresponsive
- 9 declined further participation
- 5 unable to locate
- 2 relapse
- 2 incarceration
- 3 other (moved out of area, medical reasons)

Slide credit: Center for Program Design and Evaluation at Dartmouth

Dartmouth Health

Reasons Wrap Families Exited P2P

Facilitators

- Wrap Readiness (Caregivers & Staff)
- Trust in and lived experience of Wrap staff
- Family-centeredness and flexibility of the Wrap Model
- Wrap's pedagogical approach to family empowerment
- Incentives and supports for basic needs

Barriers

- Signs (Paradox & Staff)
- Families' competing priorities/demands
- Challenges with basic needs
- Challenges with support systems

Interviews:

- N=23 caregivers
- N=14 referral/service partners
- N=3 Wrap staff

Slide credit: Center for Program Design and Evaluation at Dartmouth

Dartmouth Health

Engagement Facilitators

"It's nice to have somebody that's actually been there and knows what you're going through to try to say, "I've been there." ... It's hard to trust somebody with what you're going through or how you're feeling or your secrets or whatever when they haven't been there. They have no clue ... It's just a lot easier to deal with someone that knows."

~Caregiver

"The first few sessions, I was totally standoffish... And then [Wrap Coordinator] actually **opened up to me one day... about [her own losses in life]**... it made me feel so much more comfortable talking to her." ~Caregiver

Slide credit: Center for Program Design and Evaluation at Dartmouth

Dartmouth Health

Engagement Facilitators Continued

They were just so flexible, like so, "Whatever you need, as much as you need or as little as you need..." I found that to be really amazing, in a world where I transitioned to working Monday through Friday, 8:00 to 5:00, but that society... expects you to get all that stuff done [laughter] was challenging... she was totally willing to meet and talk with me at 5...or over my lunch break. (Caregiver)

It's a program that helps you make goals and achieve them in a timely manner, different resources and opportunities to achieve them. They kept me honest with myself. And then we talked about it every month. We made plans and stuck to them. (Caregiver)

I was living in a Walmart parking lot. And Wraparound actually was able to pull some resources for me... You guys put me in a hotel...put me in a housing program...[My WC] helped me fill out everything. And then within two weeks of me meeting [my WC], I signed myself into rehab. ~Caregiver

Slide credit: Center for Program Design and Evaluation at Dartmouth

Engagement Barriers

“Work, kids, life. You know what I mean? I don’t think I ever canceled for a reason other than a legitimate obligation. And [my WC] was always great about rescheduling. I think it was always-- just life happens. Jobs, plural, and family, and sick dad, and all this stuff. I felt like if I did have to reschedule, [my WC] was very accommodating and understanding.” ~Caregiver

“...I dropped a pair of tweezers on my toe, and I went in the hospital...they were accusing me of abusing. But they gave me an IV of something I was allergic to and so I was getting more sick. So they called DCF on me for suspected drug use ...Wrap was so beneficial...in that situation where they’re in the hospital and there’s stigma” ~Caregiver

“The hard thing about the team meetings was my people getting together...I don’t have a lot of people to put on a team meeting because two of my people relapsed and it’s just crazy...” Caregiver

Slide credit: Center for Program Design and Evaluation at Dartmouth

Paper Throwing Exercise

Outcomes

Wrap & TAU Family Demographics: Similarities

- Main caregiver in recovery > 75% female
- Median age of caregiver in recovery mid-30s
- About a third of recovery caregivers are employed full-time; largest source of income is wages/salary in 40% of families in each group
- Around half never married, and around a quarter were once married but are not now
- Median of 3 family members in case

Groups were similar on all baseline assessments except **Addiction Severity Index**, for which Wraparound caregivers had higher addiction severity

Slide credit: Center for Program Design and Evaluation at Dartmouth

Wrap & TAU Family Demographics: Differences

<p>Wraparound</p> <ul style="list-style-type: none"> Over 50% from Grafton & Sullivan counties; ~25% from Windsor & Windham counties 65% only a HS education ~33% with post-HS experience Median age of the focal child is younger (4.5 years old) 57% had DCYF/DCF involvement at time of enrollment 90% of focal children on Medicaid 	<p>Treatment as Usual</p> <ul style="list-style-type: none"> Over 70% in Cheshire county, and only 12% in Grafton county 41% have only up to HS experience 59% have post-HS experience Median age of the focal child is older (11 years old) Only 12% had DCYF or DCF involvement at enrollment 59% of focal children on Medicaid
---	---

Slide credit: Center for Program Design and Evaluation at Dartmouth

Parent Recovery

The proportion of **Wrap** parents with high substance use **decreased** from baseline to program exit. The proportion of **TAU** parents with high substance use increased slightly.

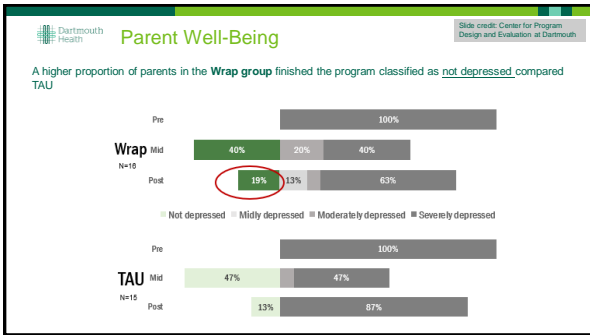
High Alcohol Use

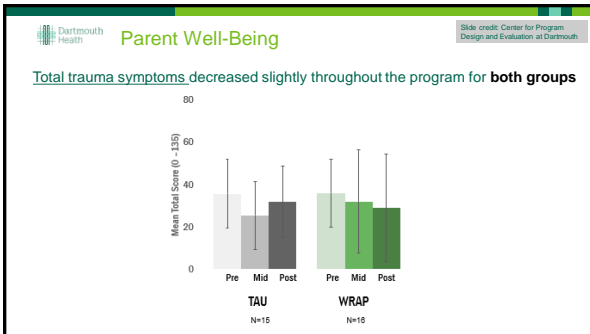
Group	Pre	Mid	Post
TAU (N=15)	7%	0%	13%
WRAP (N=10)	0%	37%	12%

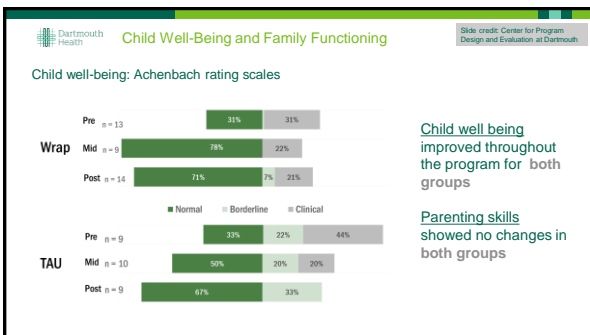
High Drug Use

Group	Pre	Mid	Post
TAU (N=11)	13%	13%	33%
WRAP (N=10)	58%	40%	26%

Slide credit: Center for Program Design and Evaluation at Dartmouth







Dartmouth Health

Slide credit: Center for Program Design and Evaluation at Dartmouth

Caregiver Interviews: Benefits of Wrap

Self-efficacy and self-confidence
 Meeting their family vision and improving their support system
 New vocational prospects
 Financial (e.g., build savings, buy family gifts)
 Enhanced care coordination (e.g., in hospital, school, child welfare settings)

Wrap Parent Interviews (N=23)

"Because **Wrap has helped improve my self-esteem and my confidence and my well-being**—my overall mental well-being, it's really expressed itself in ways that the children are being happier."
 (F013, Hope)

"When we got involved with the Wraparound, we had an open DCYF case. So they **worked with us on getting her back** and then becoming a happy, strong family."
 (F006, Hope)

"If I got nothing else out of the program, it's knowing what other resources for other people are out there so that I can help other people in addiction and recovery, to sort of point them in other directions. ... **I wasn't specifically looking for a job in recovery or substance abuse**, but I'm so glad that I did. And now I really want to do it long-term."
 (F008, Healing)

Dartmouth Health

Slide credit: Center for Program Design and Evaluation at Dartmouth

Staff and Partner Interviews: Benefits of Wrap

Staff:

- Caregiver independence and family stability
- Recovery support, strategies, and accountability
- Referrals to community services

Partners:

- Caregiver-centered support and advocacy

Staff (n=3) & Referral/Service Partner Interviews (n=14)

"I helped support one family in changing jobs so that they would then have healthcare and then could access therapy ...just having someone support you to creating a stable life ...**having another mind or two trying to navigate finding resources to give you a stable life** where your housing needs are met, where you're not worried so much about—it creates a lot of stability." ~Wrap Staff

"I was attending monthly meetings and basically watching the P2P coordinator and how she—**there was clearly a prescription she was going through to try and build skills and create a scaffolding around this person while they got their feet steady.**" ~Service Partner

Dartmouth Health

Slide credit: Center for Program Design and Evaluation at Dartmouth

Key Mechanisms of Wrap Model

All three groups:

- Flexible and consistent communication from WCs and PS
- Team meetings (i.e., positive reinforcement, participant control, etc.)
- Goal setting and other Wrap activities, particularly in the Hello and Help phases → parent empowerment
- Coordinators / PS with lived experience

Parent (n=23), Staff (n=3) & Referral/Service Partner Interviews (n=14)

"Because this model focuses more on the parent than it does on the child, for us, because we work with the parents mostly, it's really been beneficial. **I love being in the team meetings because it's so strength-based and celebrating big steps, small steps.** So you're talking about all the good things."
 ~Service Partner

"The gift cards, the constant communication, helping me meet and go past my goals. Giving me reinforcement to meet those goals. ...One of my goals was take a parenting class...and then there were other goals like being able to pay for my monthly phone card ...When I was on my feet, just a little bit better, I transitioned to paying it."
 ~Caregiver



Questions?

Contact: Logan.v.Paluch@hitchcock.org
