Opioid Response Network

Disclosure Processes During Opioid and Other Substance Use Disorder Treatment and Recovery

Key findings and pilot intervention results

Valerie A. Earnshaw, PhD

11/11/26

Opioid Response Network

Working with communities.

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Working with communities.

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- *ORN* accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

- To ask questions or submit a technical assistance request:
  - Visit www.OpioidResponseNetwork.org
  - Email orn@aaap.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not "recreating the wheel."

Overall Mission

To provide training and technical assistance via local experts to enhance **prevention**, **treatment** (especially medications like buprenorphine, naltrexone and methadone) and **recovery** efforts across the country addressing state and local - specific needs.

Coming Soon!

Dr. Michael Dennis of the Chestnut Health Systems Lighthouse Institute will present on on January 27, 2027.

A Novel Smartphone App for Youth in Recovery from Opioid and Other Substance Use Disorders

Registration coming soon – will be emailed out to today's attendees



Substance Use Disorders + Stigma





Earnshaw (2020); Luoma et al. (2007); Phillips & Shaw (2013); Rao et al. (2009); Room (2005); Schomerus et al. (2011); Tempalski et al. (2007)

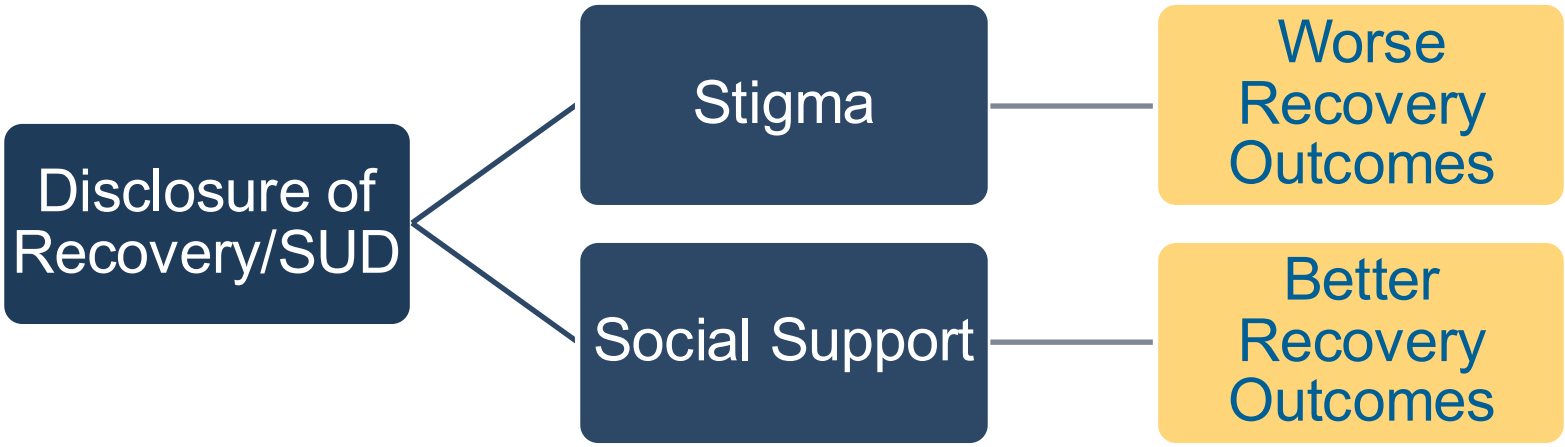
SUD Stigma: Boston 2015



- Sample: n=19 adolescent patients and n=15 caregivers
- Methods: qualitative interviews
- Findings:
  - Consistent (mostly) stigma experiences:
    - "I have lost friends that way that are like 'you're a heroin addict. That's disgusting.'"
  - Variable (and complicated) disclosure experiences:
    - "My mom and dad are the only ones that know for sure."
    - "I can't think of somebody who doesn't (know)."

Earnshaw et al. (2019)

SUD Stigma: Boston 2015



Earnshaw et al. (2019)

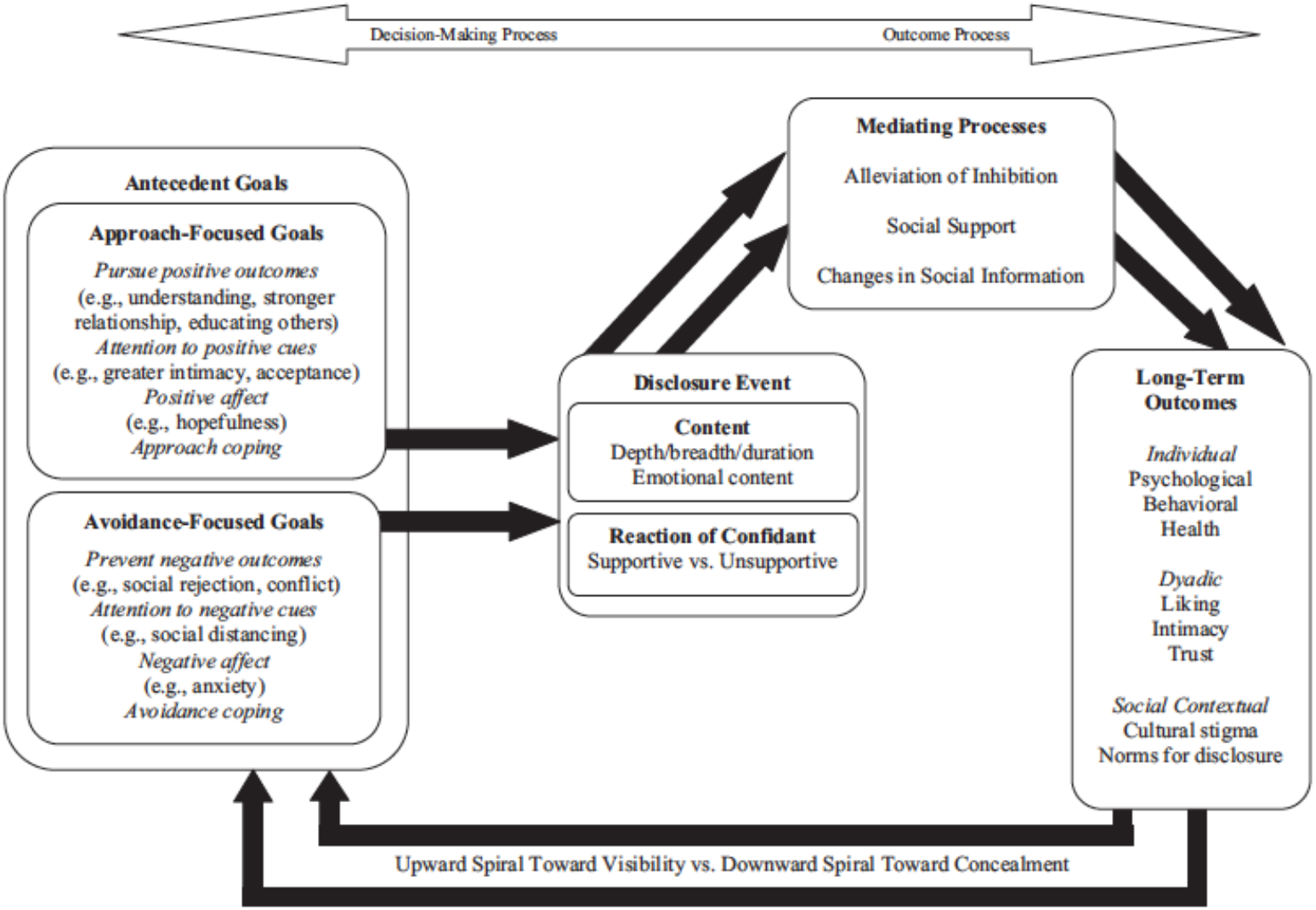


Figure 1. Diagram of the disclosure processes model.

Chaudoir & Fisher (2010)

Talk Overview

National Recovery Study:
Who is comfortable with disclosure?

UDisclose Study:
Why do people disclose?

Disclosing Recovery Intervention:
Can we help people with disclosure?



Who is comfortable disclosing?:

National Recovery Study

Read More...

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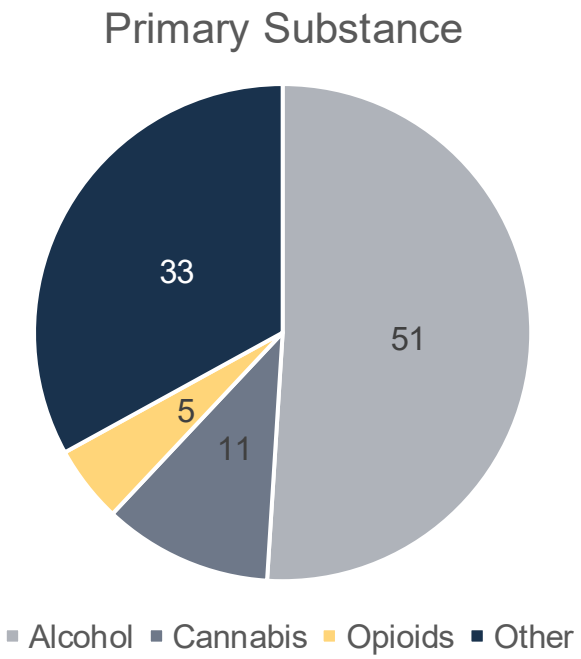
Whether, when, and to whom?: An investigation of comfort with disclosing alcohol and other drug histories in a nationally representative sample of recovering persons

Valerie A. Earnshaw[a,*], Brandon G. Bergman[b], John F. Kelly[b]

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[b] Recovery Research Institute, Massachusetts General Hospital and Harvard Medical School, 151 Merrimac St, 6th Floor, Boston, MA 02114, United States of America

Procedures

- 2016 survey of US adults
- Probability-based, cross-sectional study of N=39,809
- “Did you used to have a problem with alcohol or drugs but no longer do?”
  - “Yes”: 9.1% participants, n=1947



[1]Kelly, Bergman et al (2017), [2]Kelly, Abry et al (2018), [3]Kelly, Greene, et al (2018)

Select Characteristics

- Age
  - M(SD)=54.20(14.34), range=18-92
- Gender
  - 53.3% men
  - 46.6% women
- Race/ethnicity
  - 75.1% white, non-Latinx
  - 9.5% Black, non-Latinx
  - 9.7% Latinx
- Sexual minority orientation: 15.9%
- Years since problem resolution
  - M(SD)=15.10(12.41), range= 0-69
- Resolution attempts
  - M(SD)=4.50(11.40), range= 0-100
- Treatment utilization: 26.2%
- Abstinence: 56.7%

[1]Kelly, Bergman et al (2017), [2]Kelly, Abry et al (2018), [3]Kelly, Greene, et al (2018)

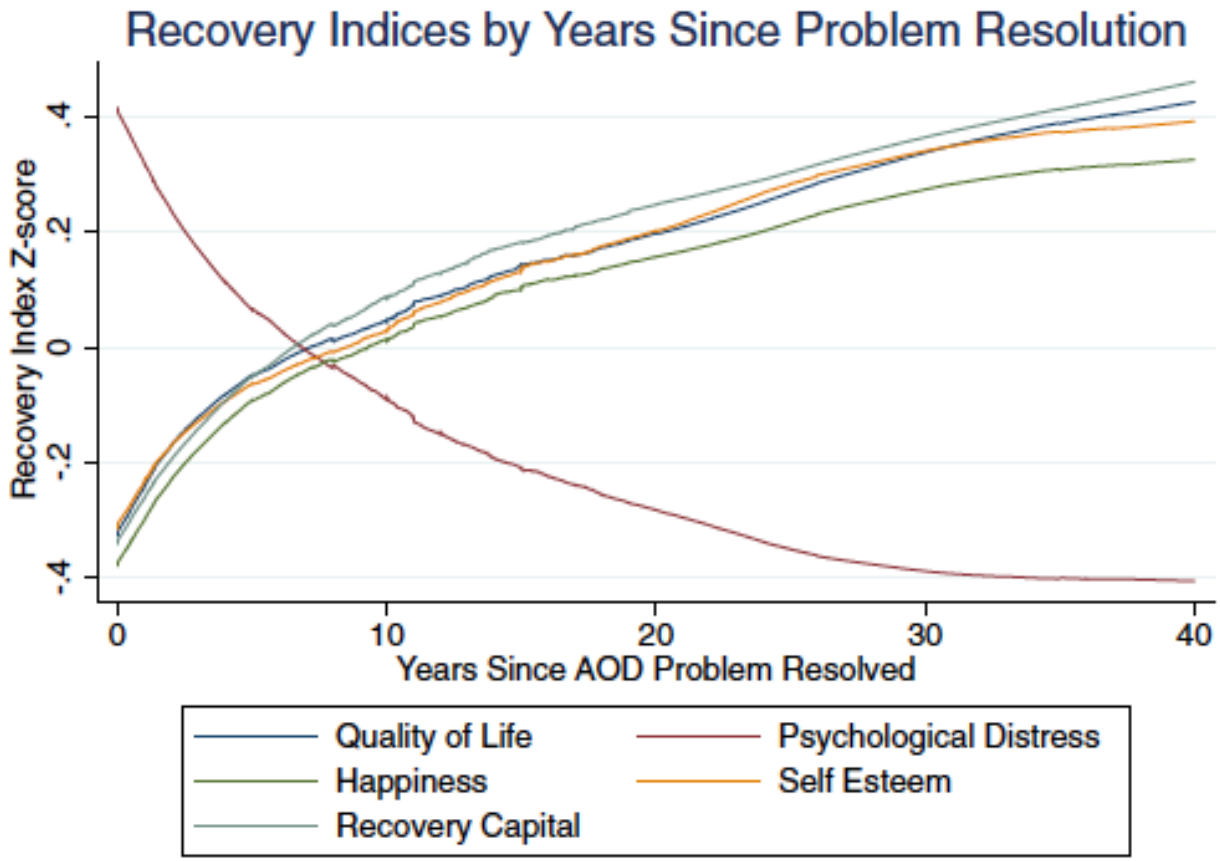


Fig. 2. Locally Weighted Scatterplot Smoothing (LOWESS) analysis representing recovery indices (standardized) during the first 40 years after problem resolution.

Kelly, Greene, et al (2018)

Recovery Indices by Years Since Problem Resolution

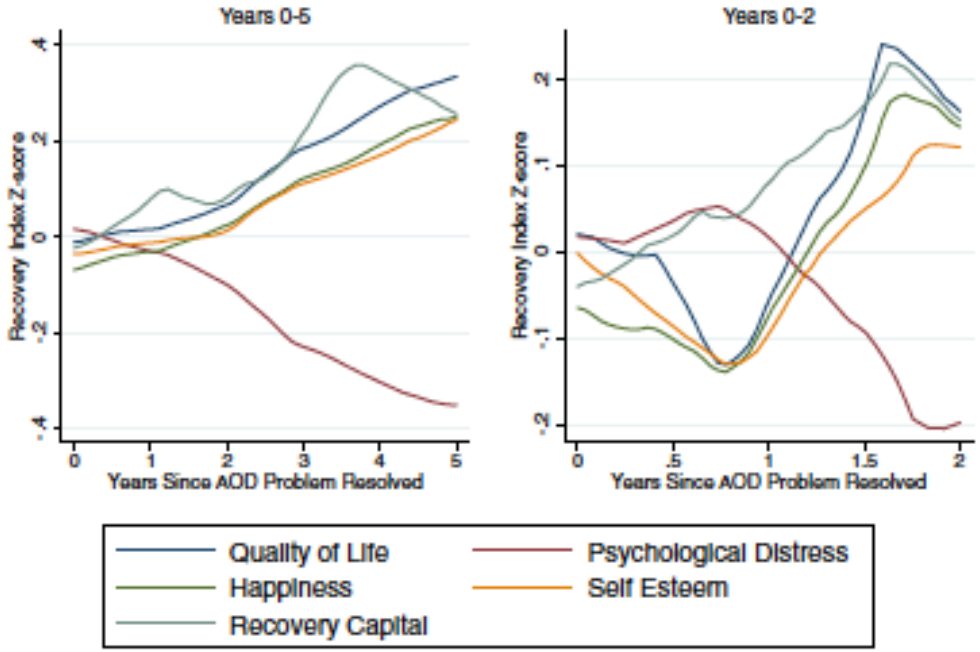
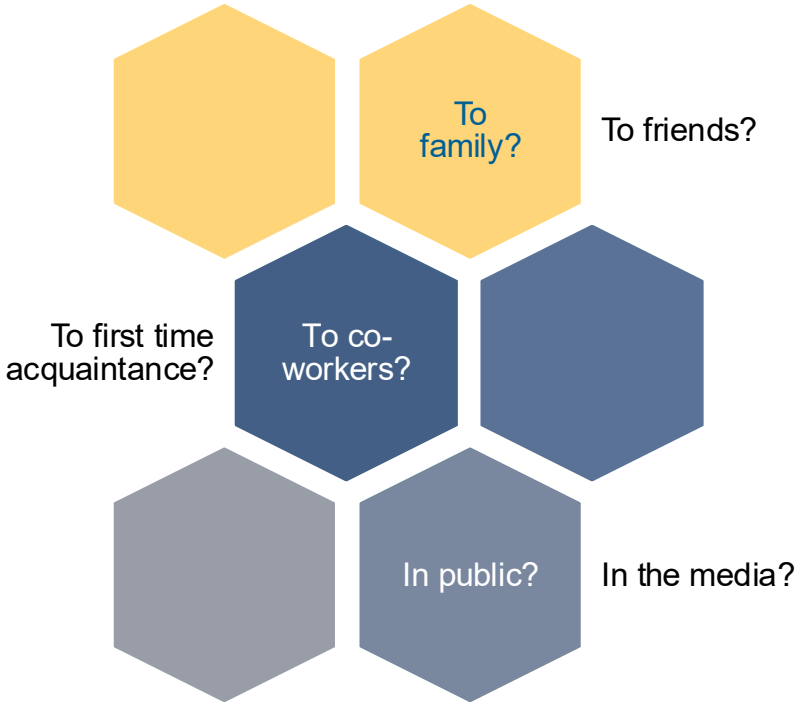


Fig. 3. Locally Weighted Scatterplot Smoothing (LOWESS) analysis of recovery indices (standardized) during the first 5 years (left) and 2 years (right) after problem resolution.

Kelly, Greene, et al (2018)

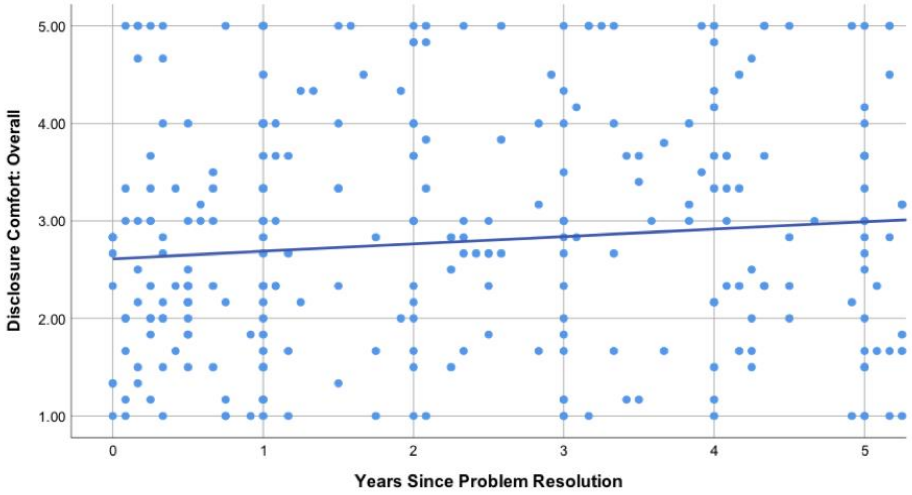
Disclosure Comfort

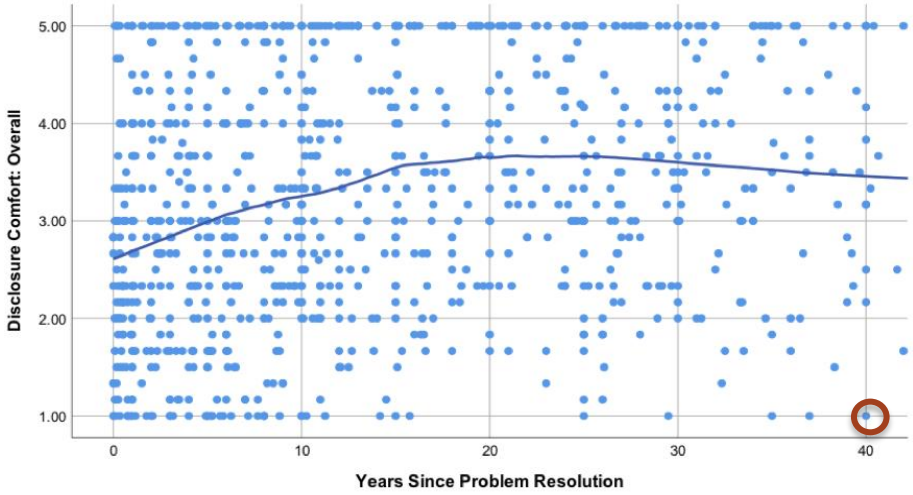
- How comfortable are you disclosing that you are in recovery from an alcohol or other drug use problem?
- 1 = not at all comfortable,
  5 = completely comfortable



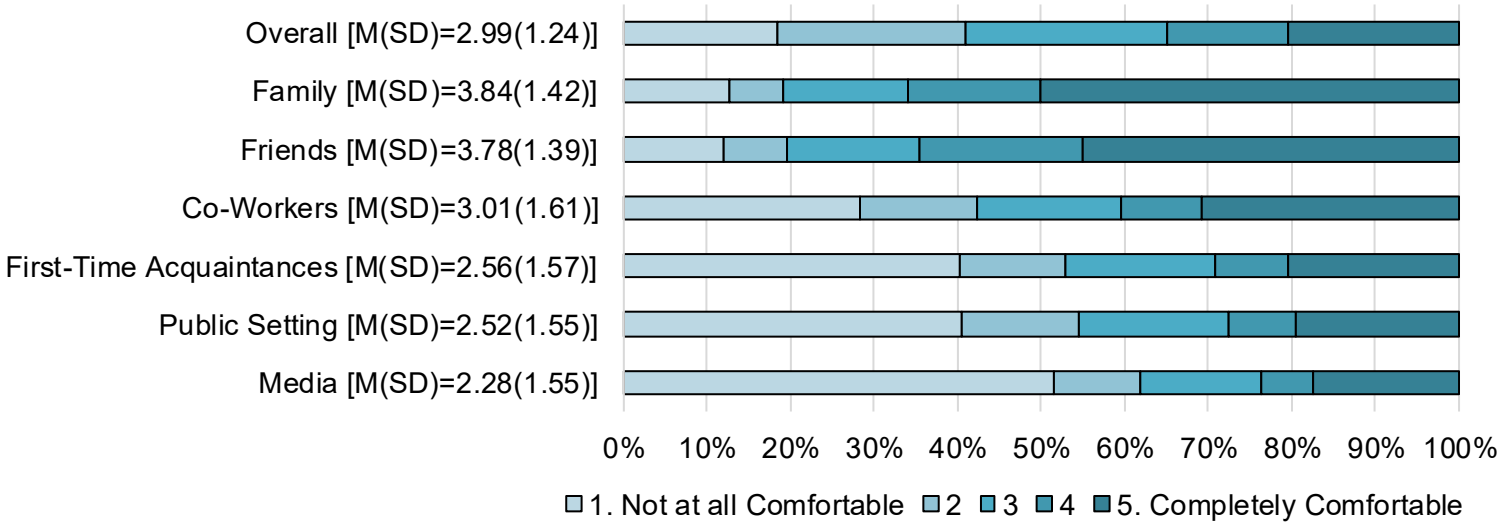
Earnshaw, Bergman, & Kelly (2019)

Disclosure Comfort over Time



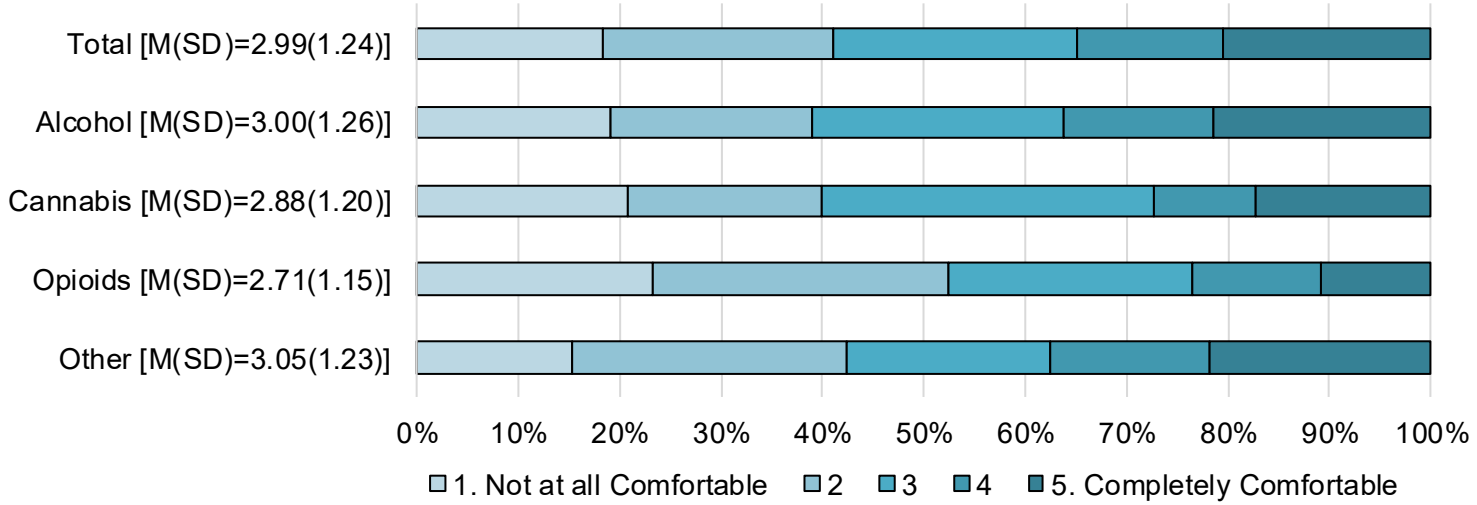


Disclosure Comfort to Different Recipients



$F(1,1805)=1697.221$, $p<0.001$, $\eta_p^2=0.485$

Disclosure Comfort by Primary Substance

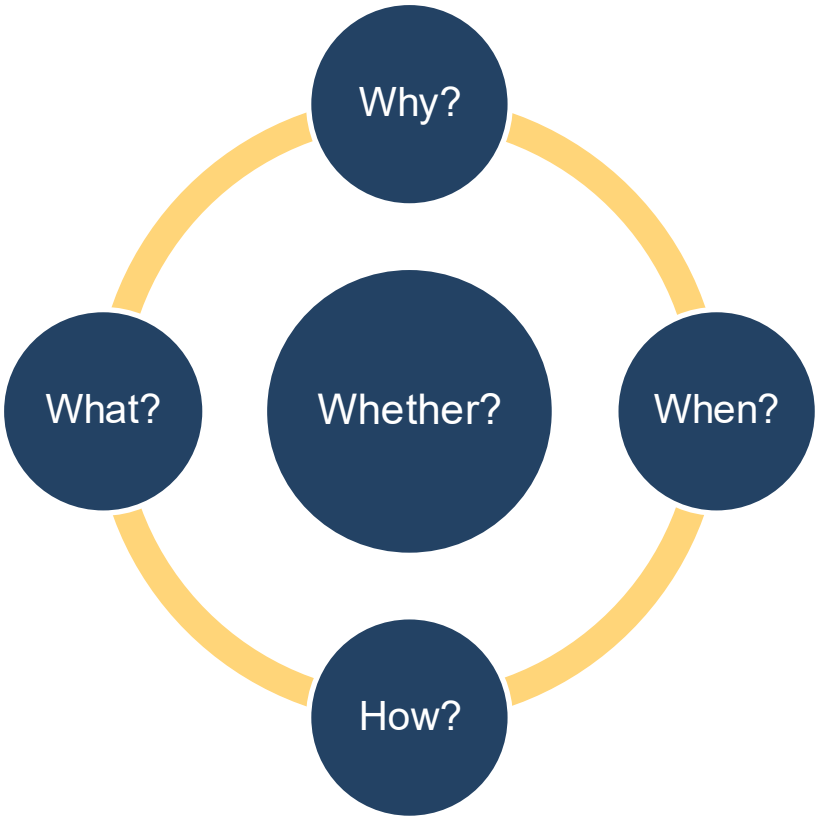


$F(3,1830)=2.633$, $p=0.048$, $\eta_p^2=0.004$

Conclusions

Why aren't people more comfortable?

Stigma +
it's complicated!





Why do people disclose?:

UDisclose Study

Read More...



The Impacts of Social Support and Relationship Characteristics on Commitment to Sobriety Among People in Opioid Use Disorder Rec

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Qualitative characterizations of misinformed c
medications for opioid use disorders and their

Natalie M. Brousseau [a,*], Heather Farmer [a], Allison Karpyn
John F. Kelly [b,c], Elizabeth C. Hill [a], Valerie A. Earnshaw [a]

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Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Disclosure processes as predictors of relationship outcomes among people in recovery from opioid use disorder: A longitudinal analysis

Valerie A. Earnshaw [a,*], Karen R. Sepucha [b], Jean-Philippe Laurenceau [c], S.V. Subramanian [d,e], Natalie M. Brousseau [a,j], Stephenie R. Chaudoir [f], E. Carly Hill [a], Lynn M. Morrison [g], John F. Kelly [h,i]

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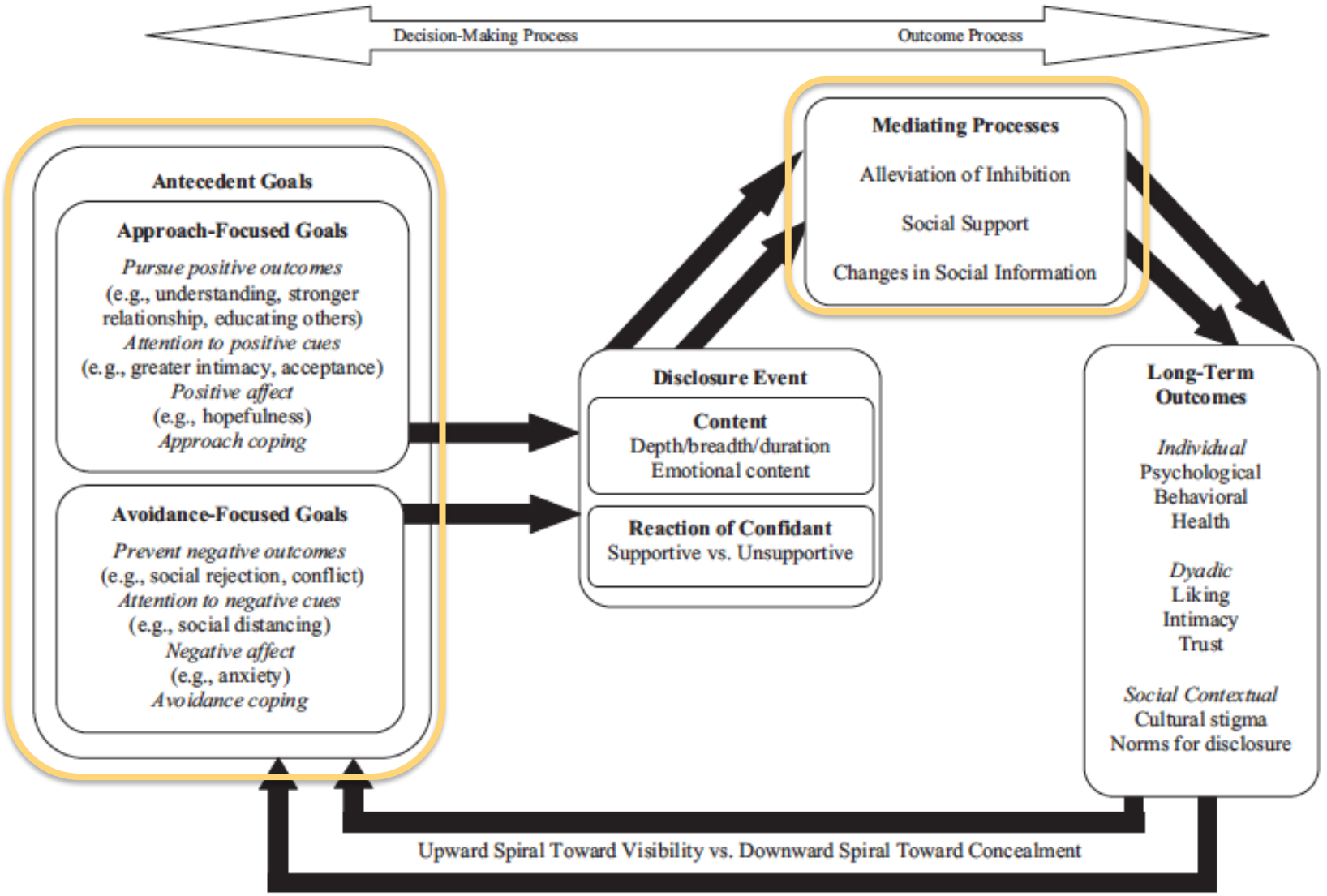
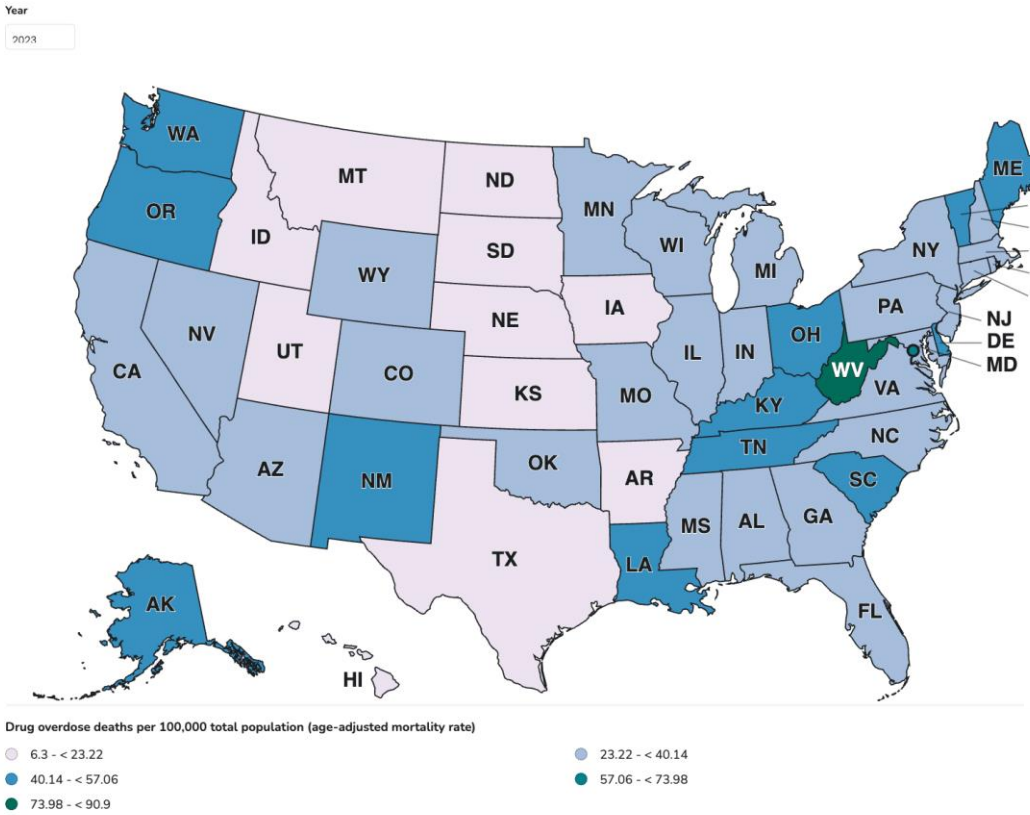


Figure 1. Diagram of the disclosure processes model.

Chaudoir & Fisher (2010)

Overdose Deaths in US: 2023



Data Table

Location	Death Rate	Deaths
West Virginia	81.9	1,377
District Of Columbia	60.7	427
Delaware	53	525
Tennessee	52.3	3,616
Louisiana	50.6	2,224

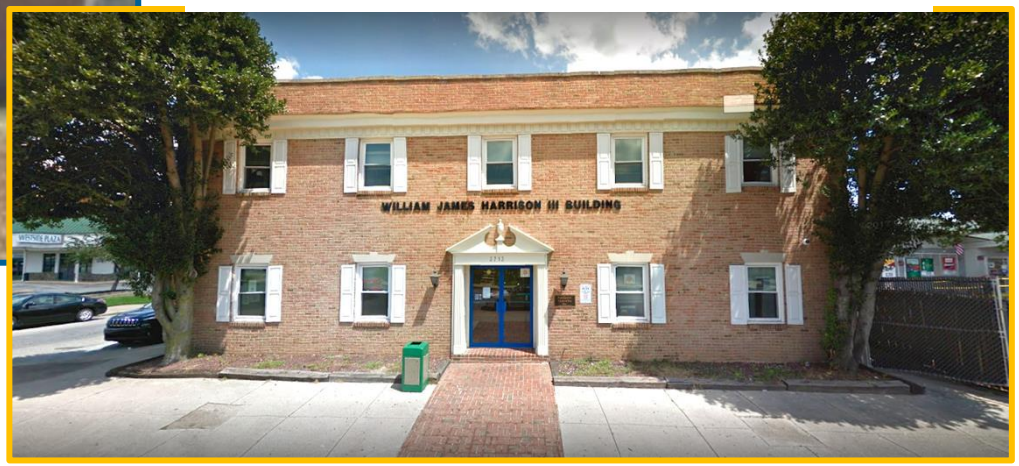
CDC (2025)

Research Partner

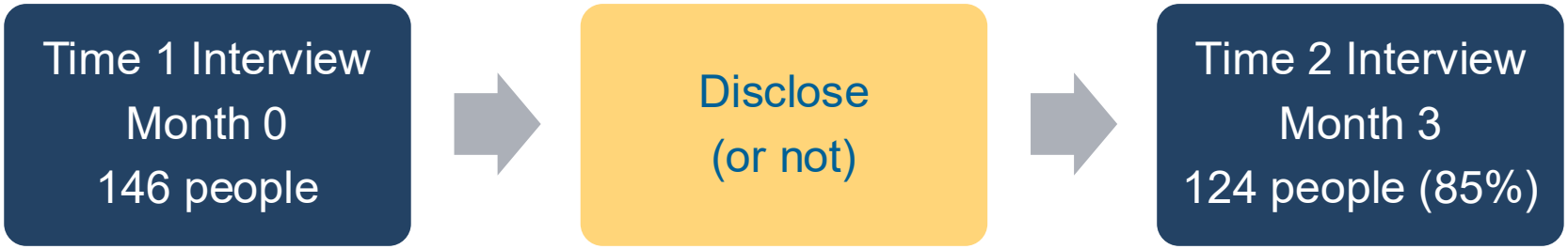


BCCS

Brandywine Counseling & Community Services

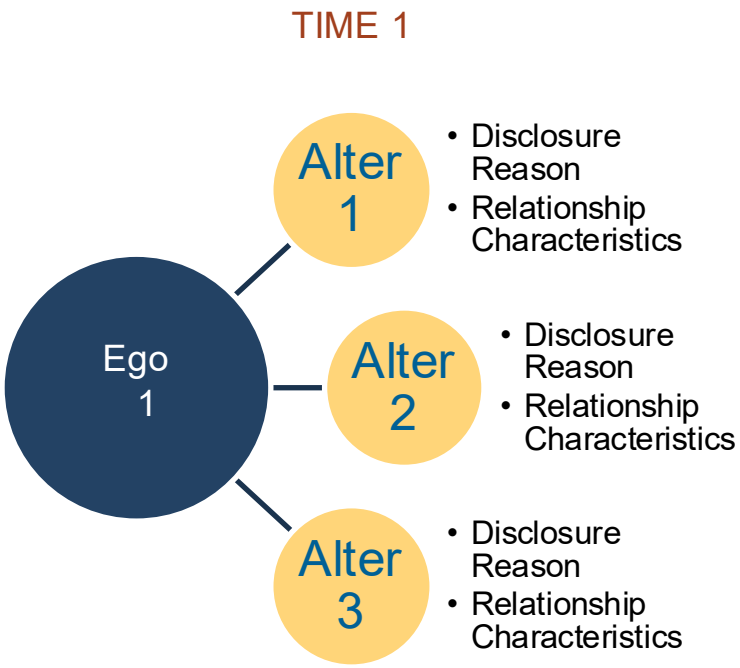


Method: Longitudinal Design



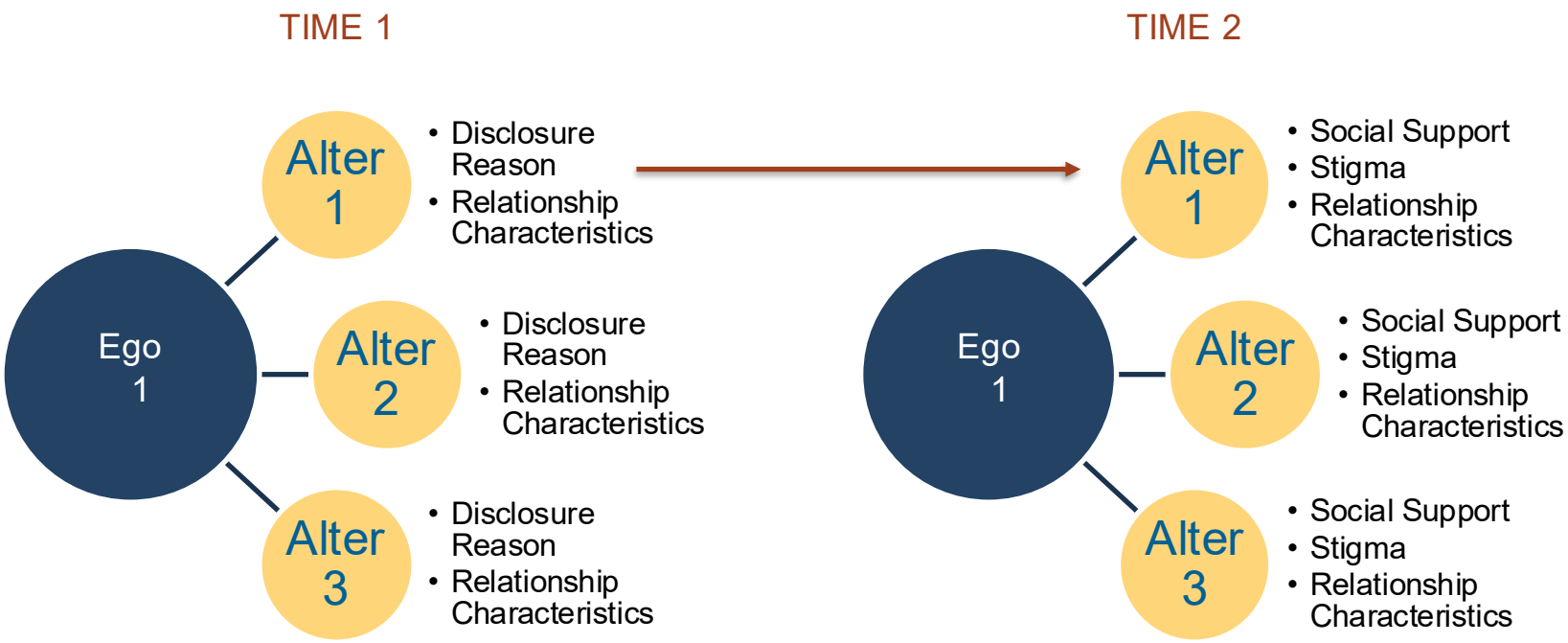
- Eligibility:
  - 18 years or older
  - Receiving outpatient SUD treatment at Brandywine Counseling + Community Services
  - Planning to disclose to 1+ people in next 3 months

Method: Egocentric Social Network



Valente (2010)

Method: Egocentric Social Network



Valente (2010)

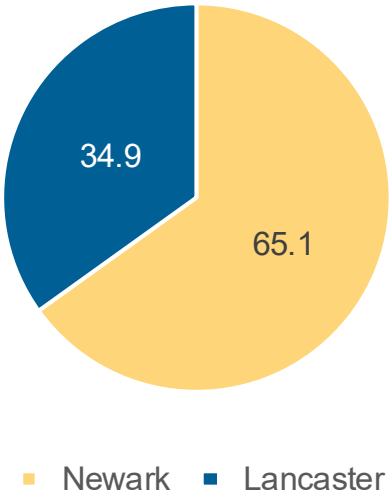
Method: qual + QUAN



Palinkas et al (2011)

Sample Characteristics

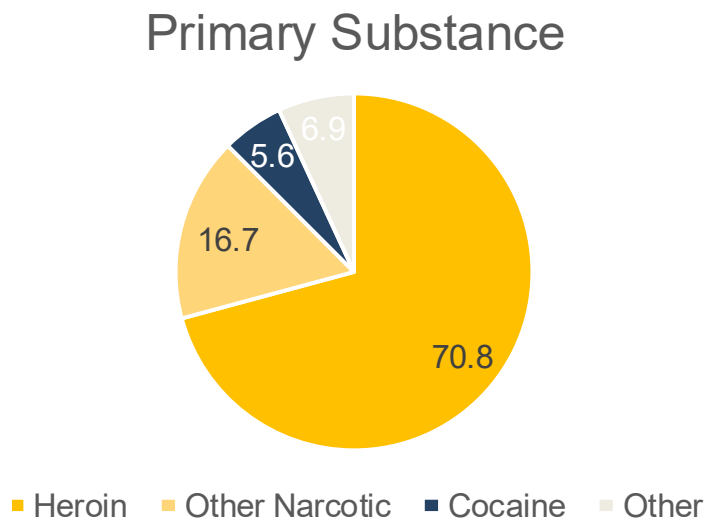
- Age: 18-76 (M=39.6)
- Race:
  - 75.0% white
  - 13.9% Black or African-American
  - 11.1% other
- Ethnicity: 7.6% Latinx
- Gender:
  - 52.4% Women
  - 47.6% Men



- Education:
  - 21.5% less than high school
  - 43.1% high school graduate
  - 35.4% some college or more
- Relationship status:
  - 39.6% single
  - 14.5% married
  - 26.4% in a relationship
  - 19.5% other
- Employed full- or part-time: 58.8%
- Previously incarcerated: 69.7%

Sample Characteristics

- Years in recovery
  - M=4.13, SD=5.25
  - Range=0-28
- Substance use in past month: 52.4%
- IDU in past month: 27.6%



Qualitative Analyses: Codebook

- Disclosure Goals
  - Approach goals
  - Avoidance goals
- Disclosure Reactions
  - Negative reactions
  - Positive reactions
- Disclosure Event
  - Disclosure content
  - Mode of communication
- Disclosure Satisfaction
- Advice + Recommendations
- Kappa = 0.83

Saldana (2011)

Qualitative Findings: Approach Goals

Support

- “At some point, I’m going to need him in the recovery process. Whether it’s because I’m having a bad day or something else, I may need to call him. I have to be honest in order for him to understand what’s going on.”

Qualitative Findings: Approach Goals

Set an Example

- “My nephew is younger and he don’t know. I talk to him, so he won’t do the dumb shit that I did.”
- “To help the next person that may be in need of dire help with addiction, because it could possibly kill them. And to just give other people hope.”

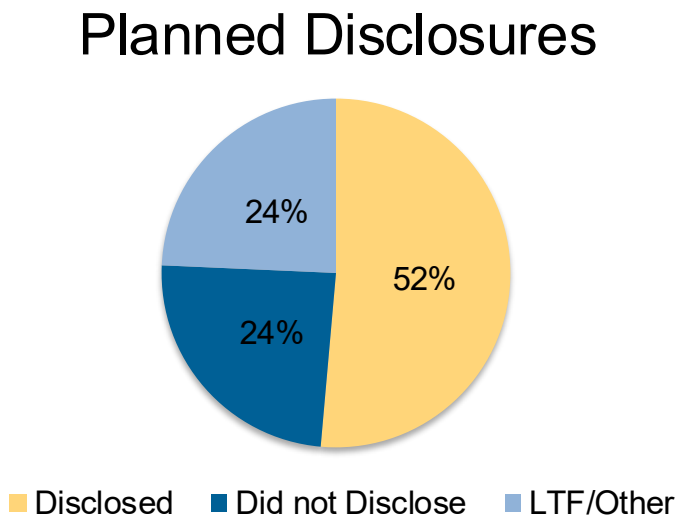
Qualitative Findings: Avoidance Goals

Judgment

- “They might judge you. And they might reject you. And they might even have preconceived notions of what a junkie looks like. Especially with the heroin thing. I don’t want them saying things like ‘you're a crackhead, you're a junkie.’”
- “I was scared to death to tell him I was on the clinic, because he thinks methadone is another addiction and a free high.”

Quantitative Analyses

- Analytic Sample
  - Planned Disclosures: n=214
  - Actual Disclosures: n=138



Results: Predictors of Disclosure

	Odds Ratio	95% Confidence Interval Lower	Upper
Disclosure			
Approach Goals	2.16	1.04	4.49
Avoidance Goals	0.78	0.42	1.43
Relationship Closeness	0.94	0.59	1.50
Socio-demographic			
Age	0.99	0.96	1.03
Race/Ethnicity: Minority	1.27	0.44	3.65
Gender: Women	0.66	0.24	1.78
History of Incarceration: Yes	0.57	0.22	1.50
Employed: Yes	0.24	0.10	0.57
Recovery			
Substance Dependency	1.01	0.95	1.08
Clinic: Suburban	0.49	0.15	1.63

Results: Predictors of Relationship Outcomes

	Social Support			Enacted Stigma		
	B	SE	p-value	B	SE	p-value
Disclosure						
Approach Goals	0.35	0.16	0.03	-0.28	0.21	0.19
Avoidance Goals	-0.02	0.13	0.86	0.30	0.14	0.04
Relationship Closeness	0.26	0.14	0.07	-0.01	0.15	0.96
Socio-demographic						
Age	-0.01	0.01	0.88	0.01	0.01	0.59
Race/Ethnicity: Minority	-0.22	0.30	0.45	-0.18	0.27	0.51
Gender: Women	-0.17	0.27	0.52	-0.01	0.25	0.97
History of Incarceration: Yes	-0.03	0.28	0.92	0.14	0.25	0.57
Employed: Yes	0.08	0.28	0.77	0.23	0.26	0.37
Recovery						
Substance Dependency	0.01	0.02	0.52	0.04	0.02	0.02
Clinic: Suburban	-0.21	0.26	0.42	-0.35	0.25	0.16

Disclosure Reactions

Negative Reactions: Enacted Stigma

- “I could kill you in front of my mom and she would swear to God I didn’t do it. So when I figured I’m going to tell her the truth, I thought ‘we’re going to have this discussion, she’s going to be in my corner and everything’s going to be great.’ And as soon as I told her, **all hell broke loose** and **now I’m like the biggest piece of shit in the world**. I’m like – how does that happen?”

Disclosure Reactions

Negative Reactions: Enacted Stigma

- "I tried to tell my mom about coming to the clinic so I don't use. And basically, she said 'You just **traded an illegal drug for a legal drug**, something that you don't have to pay for. I have to pay for it in the long run because you have state insurance and I pay taxes. Basically, I'm still paying for your drug habit.' Parents are real uppity uppity."
- "**She doesn't like me on Suboxone** and told me to come down off it and not stay on it for long because it's bad for my body. **After I told her, I started coming down that week**."

Brousseau et al (2022)

Disclosure Reactions

Positive Reactions: Social Support

- “I talked to my dad and **it wasn’t as bad as I thought** it was going to be… I always have been close to my parents. But it’s just better now that they ask me like, ‘**Do you want to be here with us?** Do you want us to take the baby? Do you need a rest?’ It’s exciting to see my dad be involved in that, which is pretty cool. **In a crazy way, out of all that happening, it did help our relationship a lot**.”

Summary

- Disclosure outcomes associated with:
  - Approach + avoidance goals
  - Disclosure efficacy
- Additional findings
  - Social support from close others → more commitment to sobriety[1]
  - Enacted stigma from family members → more substance use (positive urine tests)[2]

[1]Brousseau et al (2022); [2]Earnshaw et al (2025)



Can we help people with disclosure?

Disclosing Recovery Intervention

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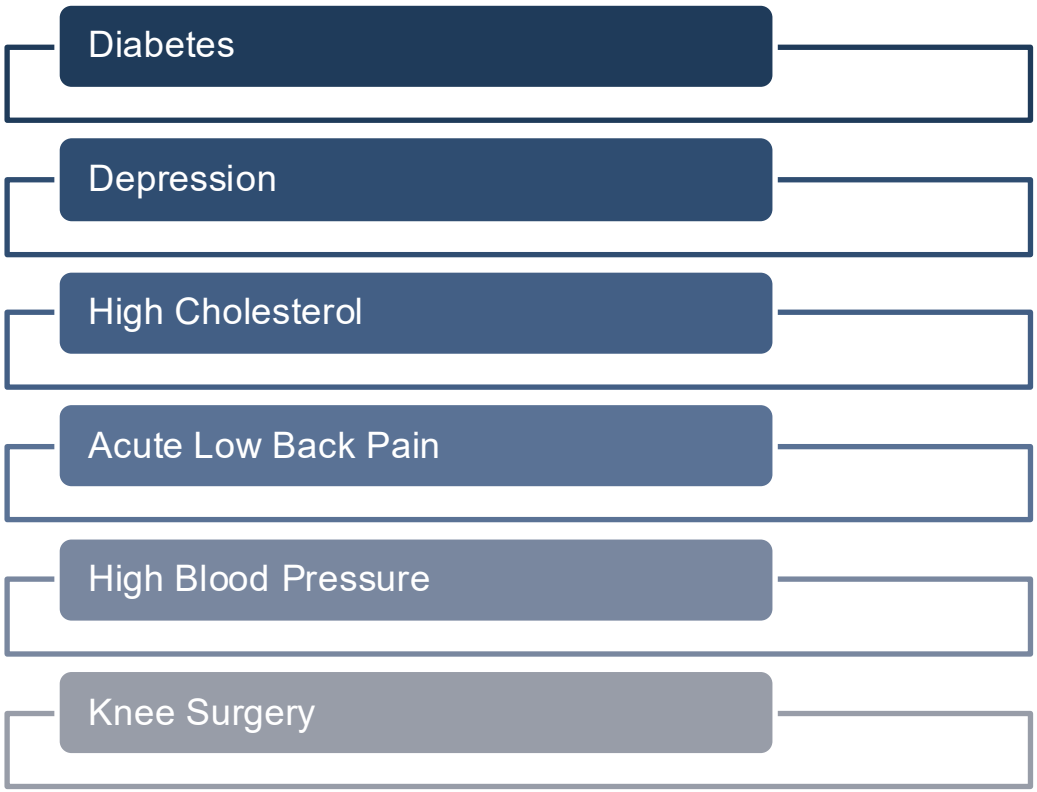


Check for updates

Disclosing Recovery: A pilot randomized controlled trial of a patient decision aid to improve disclosure processes for people in treatment for opioid use disorder☆,☆☆

Valerie A. Earnshaw[a,*], Karen R. Sepucha[b,c], Jean-Philippe Laurenceau[d], S.V. Subramanian[e,f], E. Carly Hill[a,g], James Wallace[g,h], Natalie M. Brousseau[i], Claire Henderson[j], Elaine Brohan[j], Lynn M. Morrison[k], John F. Kelly[c,l]

Patient Decision Aids



- Facilitate (medical) decisions in situations where there's no "correct" answer
- Decisions informed by:
  - Research evidence
  - Individual's values + priorities

PARTNERS HEALTHCARE

HEALTH DECISION SCIENCES
Let's Decide Together

High Cholesterol Treatment Worksheet

1. **What's the issue?** Your cholesterol level is high: _____
   Your target cholesterol level: _____

2. **Why is that a problem?** High cholesterol can increase your chances of heart attack, stroke, and death.

3. **There are options for treating high cholesterol.** Circle options you want to talk about. Your clinician may circle some too.

TREATMENT OPTIONS	Frequently Asked Questions			
	What are some reasons to choose this option?	What are some reasons not to choose this option?	What do I have to do?	How long do I need to make changes?
No treatments at this time	It is easy to make no changes at this time.	For many, higher chance of having a problem.	No changes to what you are doing now. Your clinician may request a follow-up visit.	No changes are being made.
Diet & Exercise	If you made changes, you could lower your chance of having a problem.	It might be hard to make these changes. Diet & exercise might not be enough to reach target cholesterol.	Change diet: limit high fat foods, reduce calories. Exercise at least 30 minutes most days.	Until target level is reached, and possibly longer.
Medicine (Statins)	Taking medicine can help lower your cholesterol and lower your chance of having a problem.	Statins can cause side effects including: muscle pain, fatigue, and liver problems.	Take medicine every day. Get regular blood tests to check cholesterol levels and liver function.	Until target level is reached, and possibly longer.
Other Options (please write in)				

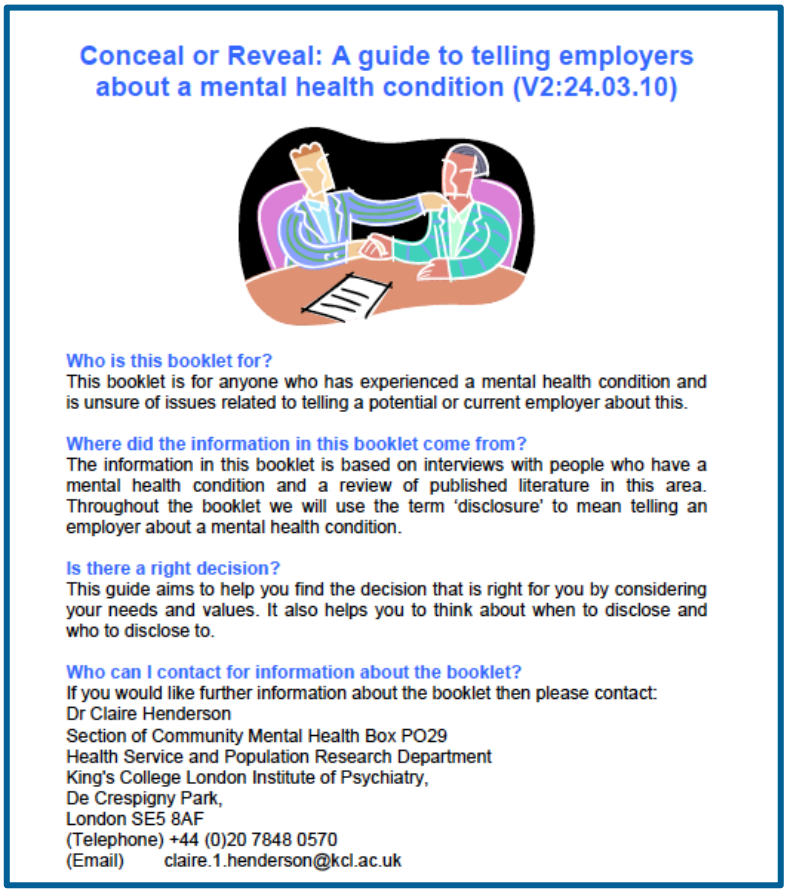
4. **What's most important to you as we make this decision?** _____
_____

5. **What did we decide today?** Try:_____ □ Decide later:
   - □ need more information
   - □ need to discuss with others
   - □ need to think about it more

6. **What are the next steps and follow-up?** _____
_____

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CORAL



Conceal or Reveal: A guide to telling employers about a mental health condition (V2:24.03.10)

Who is this booklet for?
This booklet is for anyone who has experienced a mental health condition and is unsure of issues related to telling a potential or current employer about this.

Where did the information in this booklet come from?
The information in this booklet is based on interviews with people who have a mental health condition and a review of published literature in this area. Throughout the booklet we will use the term 'disclosure' to mean telling an employer about a mental health condition.

Is there a right decision?
This guide aims to help you find the decision that is right for you by considering your needs and values. It also helps you to think about when to disclose and who to disclose to.

Who can I contact for information about the booklet?
If you would like further information about the booklet then please contact:
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- Tested in UK with people considering disclosing mental health condition at work
- Modeled after patient decision aids

Disclosing Recovery: A Decision Aid and Toolkit

Part I: Making Disclosure Decisions

- Should I disclose and why?
- What should I disclose?
- When should I disclose?
- How should I disclose?



Disclosing Recovery:

A Decision Aid and Toolkit

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Part 1: Making Disclosure Decisions

Should I disclose and why?

There are **reasons to disclose** and **reasons not to disclose**.

B As you read this section, check off your reasons to disclose and reasons not to disclose on the worksheet.

IN THIS SECTION

Reasons to Disclose

- Support 5
- Honesty 6
- Amends 7
- Set an Example 8
- Logistics 9
- Other 10

Reasons Not to Disclose

- Judgment 11
- Worry 12
- Privacy 13
- Other 14

Support: I want their support or help with my recovery.

Some people disclose because they want to ask for support or help from **people they are close to**, such as family members, romantic partners, or close friends.

People usually don't ask for support from **people they aren't close to**, such as co-workers or teachers.

EXAMPLES

"At some point, I'm going to need him in the recovery process. Whether it's because I'm having a bad day or something else, I may need to call him. I have to be honest in order for him to understand what's going on."

"They'll be able to check on me and make sure that I'm still on the straight and narrow, that I'm still going to my classes or going to meetings. You know, just checking on me to see where I'm at and where my mind is."

"Maybe they could offer me some advice. It's another voice other than mine."

DISCLOSING RECOVERY: WORKSHEET

Part 1: Making Disclosure Decisions

A **Who are you thinking about disclosing to?**

How sure are you that you want to disclose?

☐ Very sure ☐ Somewhat sure ☐ Unsure

B **Should I disclose and why?** Check off the reasons that apply to your situation.

Reasons to Disclose	Reasons Not to Disclose
☐ Support	☐ Judgement
☐ Honesty	☐ Worry
☐ Amends	☐ Privacy
☐ Set an Example	☐ Other
☐ Logistics	
☐ Other	

C **What should I disclose?** Check off the amount of information that you want to share.

☐ All of the details ☐ Some details ☐ No details

Write down the most important details that you want to share versus not share.

I want to share details about:	I don't want to share details about:

D **How should I disclose?** Check off the boxes that apply to your situation.

☐ In person ☐ Over the phone ☐ Text, letter, or email

E **Am I ready to disclose?** Check off the box that applies to your situation.

☐ Ready ☐ Not yet ready

When do you think you would like to disclose? I might feel ready to disclose:

How sure do you feel about disclosing now?

☐ Very sure ☐ Somewhat Sure ☐ Unsure

Part 2: Developing Tools for Disclosure

F **Plan What to Say.** After thinking about the DEAR MAN examples, write out what you would like to say to Describe, Express, Assert, and Reinforce during your disclosure.

Describe	
Express	
Assert	
Reinforce	

G **Prepare for How to Disclose.** Write out what you will do to stay Mindful, Appear confident, and Negotiate.

Stay Mindful	
Appear Confident	
Negotiate	

H **Prepare for Negative Outcomes.** Write down who you will tell that you're planning to disclose and how you will follow up with them.

Before I disclose, I will talk to:

I will follow up with them by:

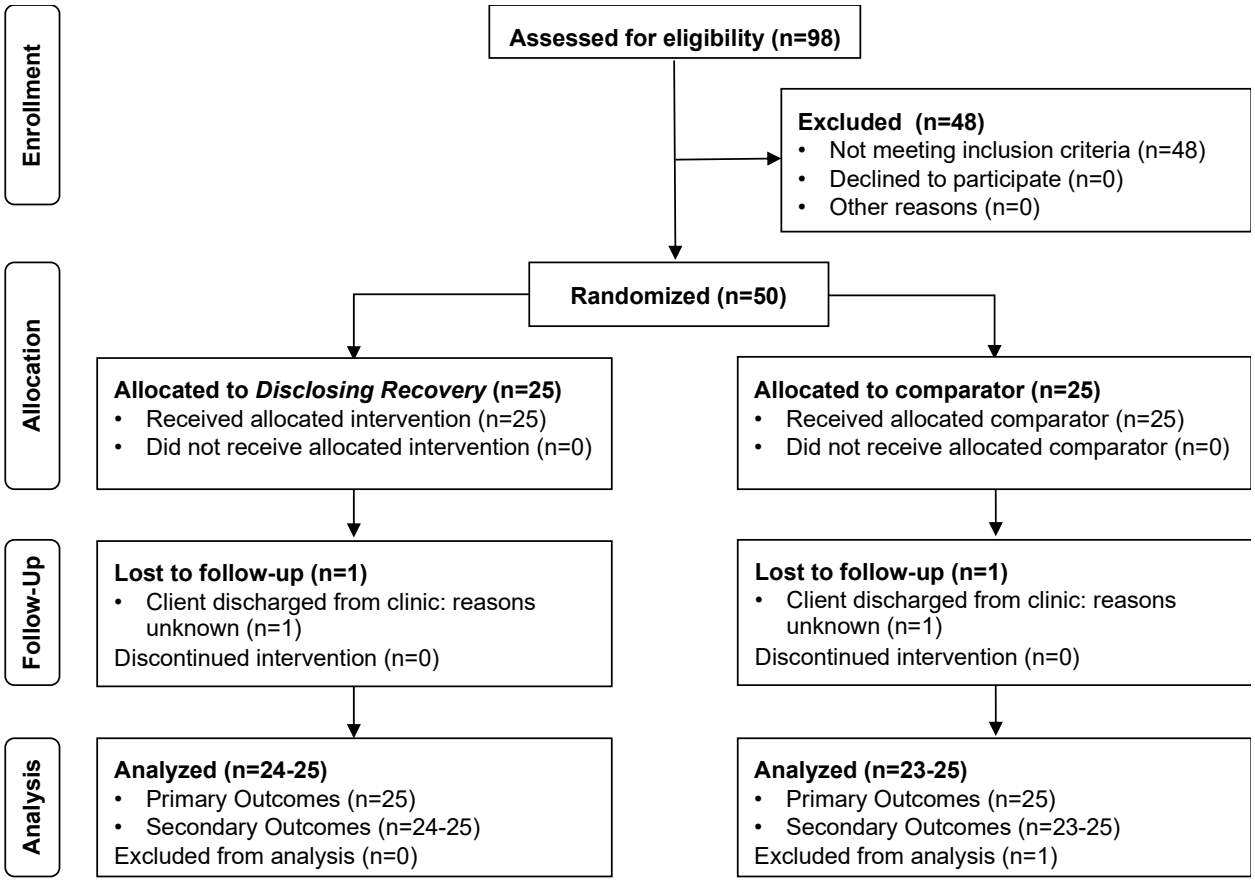
I **Consider Sharing Resources.** Check off the boxes that apply to you, and remember that you don't have to share either brochure.

☐ Support brochure ☐ Informational brochure

J **Role Play Disclosure.** After role playing the disclosure:

One thing that I will do if I disclose is:	One thing that I will not do if I disclose is:

Intervention Pilot



Sample Characteristics

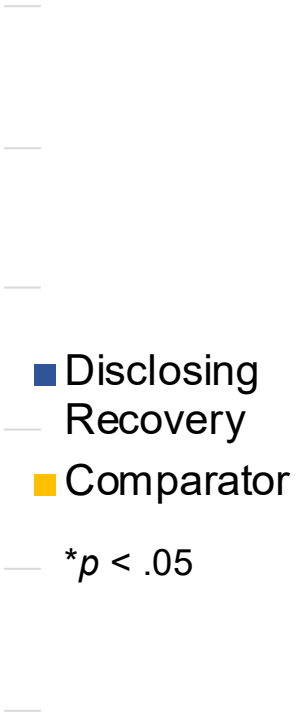
Table 1. Socio-Demographic, Recovery, and Disclosure Recipient Characteristics (n=50)

Characteristic	Disclosing Recovery M (SD) or % (n)	Comparator M (SD) or % (n)	t-test or X^2	p-value
Socio-Demographic Characteristics				

Quantitative Findings

Characteristic	Disclosing Recovery M (SD) or % (n)	Comparator M (SD) or % (n)	t-test or X^2	p-value
Implementation				
Acceptability	4.82 (0.34)	3.19 (1.14)	6.87	<0.001
Appropriateness	4.74 (0.46)	2.93 (1.27)	6.93	<0.001
Feasibility	4.88 (0.32)	3.78 (0.84)	6.11	<0.001

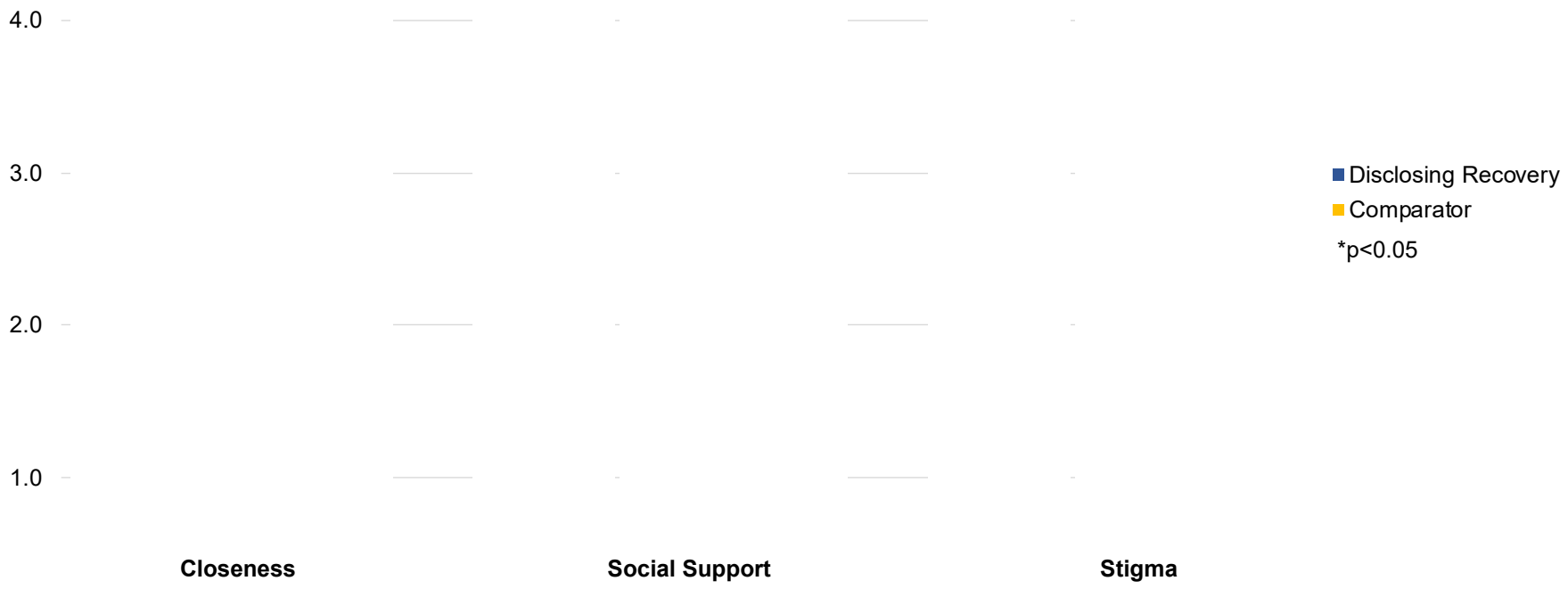
Quantitative Findings



Qualitative Findings

- Disclosed:
  - “[The workbook] was very helpful. It gave me the confidence I needed to talk to her. And the guidelines [to do it] so I could be more in control… You don’t have to feel forced to say something you don’t want to say. **It’s just a really great program to help people feel more confident about themselves and give them the courage they need** to [make a disclosure]. And in any situation, you can use that."
- Did not disclose:
  - “I thought I was sure (about disclosing), but now I don’t know… I don’t know if I’m ready to get a super negative reaction right now with where I am with my recovery. Without the activity, I would have just rushed into the conversation too quickly and I think I definitely could have gotten a negative reaction. **I learned you don’t have to tell anybody anything if it’s not going to be good for you.**“

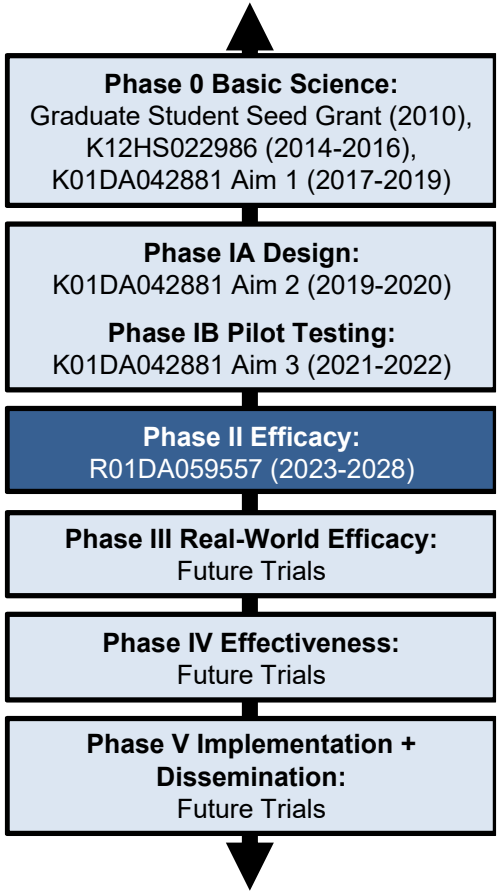
Quantitative Findings



Summary of Findings

- Among people using non-prescribed opioids:
  - Intervention may be slowing down disclosures...
    - which may protect from stigma during a vulnerable time
    - but could block social support?
- Among people not using non-prescribed opioids:
  - Intervention may lead to…
    - improved relationship outcomes (closeness, social support)
    - less stigma (need further testing)

Current Stage: Efficacy Trial



- Disclosure Intervention to Reduce Social Isolation and Facilitate Recovery among People in Treatment for Opioid Use Disorder
- N=480 clients randomized to *Disclosing Recovery* vs. waitlist comparator
  - Recruited n=340+ so far

Stay Tuned for Results

*“Da*n, that sh*t wasn’t as dumb as I thought it was going to be”*

Future Directions

- Tailoring to disclosure recipients:
  - Children
  - Healthcare providers
  - Employers
  - And others!
- Tailoring for clients… based on:
  - Age
  - Time in treatment / recovery
  - And others!



Considerations for:

DISCLOSING TO KIDS

Disclosing to children is different than disclosing to adults. We asked our patient advisory board for tips about what people should consider when disclosing to kids.

Their #1 tip was to **put the child's needs first**. Here is their advice on how to do that:

DECISION	CONSIDERATION
WHEN SHOULD I DISCLOSE?	**Is the child ready for the disclosure?** Instead of focusing on whether you feel ready to disclose, focus on whether the child is ready for the disclosure. How will you know when they're ready? They may be... • Asking questions about your substance use or recovery, or about something related to your substance use or recovery. One of our patient advisory board members told us that "Kids will let you know when they're ready for certain things." • Showing signs that they're curious about or experimenting with drugs and/or alcohol, or have friends who are using drugs and/or alcohol. Our patient advisory board members also warned against "forcing the issue," or disclosing without a clear reason or before the child is ready. If the child is not yet giving signs that they are ready, it can still be good to prepare for how you will disclose in the future when they are ready. This way, you will be ready to share when they are ready to listen.

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Thank you!

Comments, ideas, questions?



ORN Evaluation Survey Link

The grant that provided funding for this training requires that we request you to complete the brief survey linked below. Your feedback is important and provides support for this type of work to continue. Scan the QR Code to access the SAMHSA feedback survey.

Link to Survey: https://lanitek.com/P?s=330883

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.

Thank you in advance for completing this survey!