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Explorations in Natural Recovery and Recovery Capital
An Interview with Dr. William Cloud

William L. White

Introduction

There are times one is exposed to an idea that opens whole new arenas of thought and action. That was my response to the work of Dr. William Cloud and Dr. Robert Granfield's landmark studies on natural recovery from opioid addiction and their introduction of the concept of recovery capital. Years later, Dr. Cloud and I co-authored a primer on recovery capital for addiction professionals and recovery support specialists. Dr. Cloud continued his research on natural recovery (and more recently on public housing), while continuing his teaching responsibilities within the University of Denver's Graduate School of Social Work. I recently (March, 2016) had the opportunity to interview Dr. Cloud about his research on natural recovery. Please join us in this most engaging conversation.

Background

Bill White: Dr. Cloud, how did you first get involved in working as a counselor in the addictions field?

Dr. William Cloud: After completing Associate Degree training as a social worker's assistant at Chattanooga State Community College, I returned home to Chattanooga, Tennessee. At the time, there was a lot of CETA (Comprehensive Employment and Training Act) and CAP (Community Action Program) funding that was part of Lyndon Johnson's Great Society initiative. A friend of mine was director of one of these programs that was aimed at addressing drug problems in a disadvantaged Black community. The only requirement to work in such a program at that time was to be from the community, know a little bit about drugs, and not be on drugs. That was it! I didn't have any real credentials; I didn't know anything at that time about counseling or psychotherapy. The program I first worked in was a methadone program that subsequently also operated a halfway house. This was at a time there was no specialized addiction treatment system as we know it today. There were these large state mental health hospitals that were available primarily for alcoholism detox and, while they would admit people addicted to other drugs, they really did not know how to treat them. There were some federally funded comprehensive community health centers, but they also did very little work with addictions. After working at the methadone program for a year or so, I got a job with the Department of Human Services in Hamilton County doing case management. There I had the opportunity to work with people in positions of authority who were doing the counseling and that inspired me to go back to school to finish my undergraduate education. Interestingly, Bill, I was going to get a psychology degree but someone who knew me well said that with my penchant for activism that I should pursue training in social work because of its social justice component. So that's how I ended up getting my social work degree and, of course, got my bachelors, my MSW a few years later, and then went on to get my PhD in Social Work.

Natural Recovery

Bill White: It seems that your interest in natural recovery began with your Ph.D. work. How did you come to choose that for your dissertation topic?

Dr. William Cloud: That is a really interesting question, Bill. I was looking for a dissertation topic and, although I had moved away from a focus on addiction services, I was still in contact with and even taught as students some of the clients I used to work with, some of whom were doing very well. I wondered if the others were also doing well. I began to think that this group might make up a sample I could study in my PhD research. And the issue of drugs was heating up because it was linked to the late '60s counterculture and the Vietnam War protests. I observed that a lot of people who used drugs while on campus, some quite heavily, changed very quickly when they graduated and built a life in the community. This seemed similar to what Dr. Lee Robins found at that time in her study of soldiers addicted to heroin in Vietnam, most of whom quickly recovered without treatment upon their return to the United States. That's what I was seeing. Students were using or experiencing problems with drugs in college but shedding such use and problems as they began their careers and life after college. I also noticed that kids who didn't go to college but used drugs during the counterculture days seemed more likely to go on a very destructive pattern of use. I wanted to know why the former seemed to recovery naturally while the latter faced greater challenges achieving this. So, back to my dissertation, I decided to study folks who had gotten off of heroin. That's where my work on natural recovery began.

Bill White: How did you approach that study?

Dr. Willam Cloud: I returned to Tennessee and located a number of folks that I had worked with who were doing fine. Some of them held really important positions in Tennessee. I ended up with a sample of about 32, all who had recovered from heroin addiction. About half of these 32 people were either in treatment or very involved in AA or NA or some Twelve-Step program. In other words, half of them had experienced some formal intervention or ongoing self-help support and half of them had achieved recovery on their own.

Bill White: And what kind of conclusions did you draw from that PhD study?

Dr. William Cloud: Wow! (Laughs) That takes me back a lot. I remember a couple basic ones. First, there was a substantial difference between the recovery experiences of men and women. In comparing the recovery experiences of men and women, the women talked a lot about shame and being violated, particularly those on the streets either selling drugs or involved in the sex trade. There was this dominant theme of making sense of been victimized and often losing custody of their children within their new recovery identity. The other finding was that all of the folks who had gotten past their heroin addiction identified someone in their lives who was important within that process. For the Twelve-Step people, typically it was their sponsor. For the treatment people, it was often a counselor who went above and beyond. For all, there was someone they could call in the middle of the night on the weekend and say, "I need help, I need to get to detox," or someone who would just listen beyond their spouses and friends. All of those we studied had an

unconditional relationship with someone who was there for them when they were tempted to use again or were in a crisis. Many of them also found a sense of meaning and purpose--something that really captivated their attention. Some had even become counselors and were really committed to helping others. They got involved in meaning-making activities.

Bill White: How did you define the term natural recovery in your early work?

Dr. William Cloud: Natural recovery referred to people who had achieved recovery without the aid of professional treatment or a self-help group—only Twelve-Step groups were available at the time and location of the early study.

Bill White: How did your subsequent collaborations with Dr. Robert Granfield begin?

Dr. William Cloud: (Laughs) By accident, really. When I got my PhD and got into academia, my vision was that I was going to be a great teacher for these wonderful students. What I did not realize was that most of my expectations were going to be around research and producing knowledge. (Laughs) I quickly figured out that in academia I was also going to have to become a good researcher. Bob and I were both first-year faculty appointees at the University of Denver; I was in Social Work; he was Sociology. I was teaching a course entitled Substance Abuse Interventions, and Bob was teaching a course on Substance Abuse in America. I was in the bookstore and noticed that he and I were using the same book for our classes. So, I contacted him and we went out to coffee. First thing you know, we're best buds. We're going on trips together, our families and our wives are best friends, and we're writing articles together because of our common interests. We collaborated beautifully, and if you've ever talked with Bob, he's just a magnificent, brilliant person and a wonderful colleague to write with. We decided early on to do a study on natural recovery. We wanted to know how people recovered without treatment or formal self-help groups.

Bill White: Did you collectively form any impression about the actual prevalence of natural recovery compared to treatment-assisted recovery?

Dr. William Cloud: We had no idea about the prevalence of natural recovery. We simply found some people here in Denver willing to talk with us that we had located through our snow ball sampling method and some ads we put in the major newspapers. We knew from the work of Mark and Linda Sobell, Ron Roizen, George Vaillant and others that it was possible that more people recovered without professional assistance than recovered with such assistance, but we had no sense of the actual prevalence of natural recovery. And of course, most of the early studies of natural recovery looked at alcoholism, and we were looking at recovery from heroin addiction.

Bill White: As your work progressed, did you discover differences between those people who were recovering naturally versus those people who required addiction treatment and often required multiple episodes of treatment prior to recovery stabilization? Did you find differences in problem severity and complexity across the two groups?

Dr. William Cloud: Yes we did, and this was where our speculation about the role of recovery resources came into play. When we first wrote about these differences, we simply referred to it

as social capital because we noticed that a lot of our study participants had college degrees, were in the professions, were not involved in the underworld of drugs, and had not been involved in the criminal justice system. They were working people, professional people who straddled both the drug world and their working world. They weren't just involved in drugs. Drugs were a part of what they did; not the entirety of their lives.

Bill White: A real turning point for me in your work was not just the finding that those in natural recovery had less severe and complex problems, but that they also had many assets to aid recovery initiation and maintenance—resources you later christened *recovery capital*.

Dr. William Cloud: Yes, that's where our idea of recovery capital came from. Those in natural recovery had social capital in their positions in society. They had pro-social values and they had expectations held of them by their family and community members. They had not taken on the addict identities. Many of these folks had lots of money and could spend thousands of dollars' worth of drugs in a week, but it wouldn't bother some of them because their assets were so deep. Drug use was very much a part of the lives of the natural remitters, but it was not the entirety of their lives. They had other stuff going on. And it was the presence of that other stuff that tipped the scales towards recovery.

Bill White: Yeah. What were some of the implications of all this for addiction treatment professionals that you and Bob began to suggest in your writings and conference presentations?

Dr. William Cloud: Well, one of the first implications was that, if people with more resources have elevated recovery prospects, then they don't need the same level of care or services that someone needs who does not have such resources. We suggested that the concept of recovery capital and assessing it could help make better decisions about our use of treatment resources. It was a simple but profound idea: why treat all of the folks alike when the people with resources don't need as many resources as those with few such resources. This seemed particularly important during times of scarce funding.

Bill White: What was the professional response to your early articles and presentations on this research?

Dr. William Cloud: Well, we had something of a stilted view because our initial presentations were at conferences with like-minded individuals. We were welcomed into the club by other researchers looking at non-traditional pathways of recovery. We were welcomed into the club because our research findings were consistent with theirs. But some of our ideas were quite threatening and people challenged our conclusions by saying that the people we studied were not "real addicts" because "real addicts" would have needed professional help to recover. But in reality, the average years of heroin addiction in our early study was in the vicinity of eleven years so our subjects were not casual drug experimenters and the average duration of recovery was more than five years.

Bill White: When you elaborated your ideas in the 1999 book, *Coming Clean*, was there a broader response from the treatment field?

Dr. William Cloud: If so, I was not privy to it. Bob followed the responses more closely than I did. That's just Bob. He reads all day. If he's not reading, he's not breathing. (Laughs) What I do recall, however, is the comments we got about how thoughtful and well-written the book was. And that had very little to do with me. That had to do with Bob's ability to articulate ideas around sociology and the social construction of reality. Bob gets the credit for the quality of the writing that so many people commented upon.

Recovery Capital

Bill White: One of the central contributions of *Coming Clean* for me was the elaboration of the idea of recovery capital. That was profound for me because the whole history of the training of addiction professionals had focused on the pathology of addiction, and suddenly, here was a new work saying we needed to also clinically examine assets and strengths that could contribute to resilience and recovery.

Dr. William Cloud: Yes. I mentioned that it began with this idea of social capital, but then we realized it was more than that. It's also money and physical capital, and it involved people's ability to problem-solve—what we came to think of as human capital, this problem-solving ability.

Bill White: It seems you moved from a general concept of social capital to a delineation of particular types of capital that had a direct bearing on recovery outcomes. As the recovery capital work continued, how did you envision that addiction counselors could assess the level of recovery capital in making decisions about their work with clients?

Dr. William Cloud: I recall writing, I think it was in a social work journal, about the need for a thorough assessment of each person seeking help for addiction--not one of these let's sit down and check the boxes for thirty minutes, but a very in-depth assessment spanning multiple interviews looking at their addiction experiences, their needs, and the internal and external resources that could be mobilized to initiate and sustain recovery. I thought this kind of assessment was essential in determining whether or not someone had these assets that could be used in their recovery efforts or whether such resources needed to be created as part of the treatment process.

Bill White: I know you and Bob both went on to other areas of research. Were you surprised that years later the concept of recovery capital became more popular than it was when you first introduced it and that work would commence to develop assessment scales around recovery capital?

Dr. William Cloud: Not only pleased but shocked. Bill, the idea of recovery capital came, not in the context of a high level professional conference, but during a conversation Bob and I were having during a Saturday barbecue in my back yard. That's when we shifted from the broad idea of social capital to a clearer concept of recovery capital. It was like a light bulb moment. It's recovery capital! That's what it is! And I said, well, pass me the mustard, will you? (Laughs) We were quite pleasantly surprised, of course, that it was meaningful to so many people. And Bill,

for the record, we do appreciate your involvement in making people aware of the potential of this concept.

Community Recovery Capital

Bill White: I've given a lot of thought about family- and community-level recovery processes and the ideas of family recovery capital and community recovery capital. What are your thoughts about such broader levels of healing and intervention?

Dr. William Cloud: It would be helpful for us as a field to explore the kinds of family assets contribute to the healing of addicted individuals and the family as a whole. We still have only a fuzzy idea of what effective family support looks like. And the community piece is such a big one. It gets into issues of crime and violence and the different challenges faced by our inner cities, suburbs, and rural communities. It gets us into the need for employment, education, housing, and access to meaningful activities and experiences. All of these areas are within the scope of community recovery capital.

Bill White: And it seems that in the poorest communities and I'm thinking particularly of poor communities of color, we're cycling people with histories of addiction with little personal recovery capital through serial episodes of incarceration and returning them to environments with only limited family and community recovery capital.

Dr. William Cloud: And it's not just the absence of resources. Bob and I wrote a little bit about what we called negative recovery capital. Returning individuals to some community settings actually puts them at risk for using again. It's not a neutral situation and certainly it's not a pro-social situation. And this applies to a broad spectrum of communities, not just poor communities of color. Negative recovery capital, for example, could apply to individuals whose careers place them at greater risk of addiction due to their constant proximity to alcohol and other drugs—for example, physicians, pharmacists, bartenders, musicians.

Push-Pull Forces in Addiction Recovery

Bill White: We traditionally have assumed that people move out of addiction in response to pain, meaning that they're almost pushed out of addiction from pain and consequences. But you've suggested the presence of pull forces towards recovery, and a lot of these pull forces really come, not from within the individual, but from the community.

Dr. William Cloud: Yes. Connection to community, the influence of peers, new opportunities—all of these are powerful motivators. I think we have exaggerated the power of push forces in recovery and underestimate the power of these pull forces. I think the pull is really what does it. A better life, people seeing people looking healthy, having children and family, being successful, and being able to travel and do different things—all of these can be important motivations for recovery. I think the pull side is much more powerful. Hope from seeing the top may be more important than the pain of hitting the bottom.

Career-to-Date Reflections

Bill White: How have you been able to blend the teaching and the research over the course of your career and maintain the balance between these two very different activities?

Dr. William Cloud: This is such an important question, particularly for young academics. First, it is critical to try to align the teaching with the research. The courses that I teach in drug dependency intervention and drug policy are related to my areas of research. I also teach a research course simply because research is what every academic needs to know how to do. What I try to do is bring my research into the classroom. I actually required the *Coming Clean* book in one of my courses, and I still require *Addiction without Treatment, Self-Help and Quitting on Your Own.* I bring the work I'm doing into the classroom. This makes the material come alive for the students and the discussions sharpen my own thinking. Even when I publish an article, oftentimes, I'll have the draft reviewed by students before I send it to a publisher. It can also be a source of great feedback on how this material is used. For example, one of my former students came in the other day. He gave his dad a copy of one of my books and he wanted to share with me that his dad said saved his life by helping him make sense of and legitimize his own recovery process. If you're teaching in this area, you should bring state of the art work to the students before it hits the streets.

Bill White: In that same vein, have you had the experience of students using some of your concepts to inform their own decisions about alcohol and drug use?

Dr. William Cloud: Yes, I've had students who have undergone treatment themselves or been in Twelve-Step groups who discover that lessons from natural recovery research can be applied to their own recovery experiences. In one particular course, we talk about the multiple paths to recovery, including Twelve-Step programs, natural recovery, treatment, and motivational enhancement therapy. We also introduce them to alternative groups when people find that the Twelve-Step groups are not a good fit for them. This focus on multiple pathways of recovery creates greater tolerance and understanding among the students. Bill, have you ever been involved with someone that's gone through a TC, a therapeutic community, for two years of treatment? The only way is a TC. If you don't do a TC, you're missing the boat. I try to be very respectful of such views. If this has worked for you, great, I want to support it. I want you to value what you have but acknowledge there are other paths. I try to be mindful and respectful of different experiences that students have when they come into these classes.

Bill White: William, let me ask a final question. If you were offered unlimited resources to study any area of the addiction recovery for the rest of your career, what would you choose as the focus of that work?

Dr. William Cloud: Wow, Bill, that's a big one. I wish we would get this biological piece resolved. We know genetics is a piece of the equation of addiction vulnerability. I wish we had a template of the roles of genetics and learning in the development of addiction. If we could get the biology resolved, then we could talk about the roles of poverty and role models and growing up in a community where you are surrounded by excessive alcohol and drug use. If we got the biological piece confirmed, then we could explore the psycho-social piece in greater depth. Then we could begin to work on things like recovery capital at personal, family, and community

levels. I'd also like to explore the whole area of how social identity contributes to addiction and recovery. I think a lot of the experience of addiction is shaped by identity and social learning theory. I'd like to explore that once we got the level of biological influences confirmed. Another dimension of this is the role withdrawal symptoms play as a reinforcer within the addiction process and how the intensity of withdrawal converts to the potency of drug craving and drug seeking. For example, I think opiate dependence is far more powerful than cocaine dependence because of the withdrawal symptoms of opiate dependence. I think a lot of opiate-addicted people are simply maintaining physical equilibrium and not using for escape or for pleasure. They're using to become normal. I think the withdrawal syndrome as a behavioral motivator has been discounted in recent decades. That is of interest to me, and I'd like to see it given more research attention.

Bill White: Dr. Cloud, thank you for taking this time to talk about your work and its implications for addiction professionals and recovery support specialists.

Dr. William Cloud: Thank you, Bill. It's been a pleasure.

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