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Professional Support for Moderation Management: An Interview with Dr. Fred Rotgers

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Introduction

Dr. Fred Rotgers has had a distinguished career in the addictions field. He has worked in a wide variety of clinical settings, served on the faculty of Rutgers Center for Alcohol Studies, and has served as co-editor of *Addiction Research and Theory*. Long active as an advocate for the integration of harm reduction within addiction treatment, Dr. Rotgers is co-founder of the Association for Harm Reduction Therapy and has served as a board member of the Harm Reduction Therapy Center in San Francisco, California, and as President of the Board of Moderation Management. I had the opportunity to interview Dr. Rotgers in August 2013 about his work with Moderation Management. Please join us in this conversation.

Early Involvement with MM

Bill White: Dr. Rotgers, let me begin by just asking you to highlight some of your early involvements in Moderation Management.

Dr. Rotgers: Well, in 1995, I was interviewed for an article in the *New York Times* on moderate drinking. At that time, I was at the Center of Alcohol Studies at Rutgers, and we had just started a program explicitly offering moderation as a drinking goal. It was based on Bill Miller's Drinker's Check-Up. Once the client was assessed, we would discuss the assessment results and ask what they wanted to do about their drinking. If they wished to moderate, then we would offer them a version of Bill Miller's Behavioral Self-Control Training. When the university put out a press release about the program, the *New York Times* reporter picked it up. She had also interviewed Audrey Kishline, who was Moderation Management's founder. When Audrey read the article, she contacted me. Later, she was invited to appear on *Good Morning America* and asked me to appear with her. That was kind of the beginning of our relationship and my involvement with MM.

Audrey subsequently decided to incorporate Moderation Management as a 501c3, which required that she have a board of directors. She asked me to be a member of the initial board of directors, which included herself, her husband Brian, and Jeff Schaler, another psychologist who was very interested in moderation approaches. So, that's how I got involved. I had never heard of Moderation Management, which was actually quite new when the *New York Times* article came out. Audrey's book, *Moderate Drinking*, was published by a very small publishing house in 1994, but it had not received much notice until that *New York Times* article. During those early days, MM was basically run by Audrey, Brian, Rudy Hoeltzel (an MM group leader from New Jersey), and a group of other MMs.

Bill White: And has your involvement with MM continued to the present?

Dr. Rotgers: Yes. I eventually became chairman of the board of directors, and I served in that capacity for about ten years and then turned that over to Andrew Tatarsky, who is the current chairman. I still remain on the board.

Bill White: I have interviewed other key figures in MM about the details of what everyone refers to as the “Kishline incident.” What did this event and related events during that period mean to MM as an organization?

Dr. Rotgers: Well, there’s a saying, “There’s no such thing as bad publicity,” and there were a number of highly publicized incidents in the history of MM. One was the incident where someone confessed to a murder on the Listserv. Another was an article in the *New York Magazine* by Maia Szalavits about MM being provided meeting space at the Smithers alcoholism program at St. Luke’s Roosevelt Hospital. The story was picked up by the *Daily News*, which had a headline that read something like, “Serving Cocktails to Alcoholics.” That created another media storm, along with considerable backlash from NCADD and the Smithers Foundation, who had been vehemently opposed to any moderate drinking or controlled drinking approaches for many years. Then, the next big incident was Audrey’s own personal downfall.

After each one of those incidents and the accompanying publicity and controversies, MM grew. In spite of this tremendous backlash from the traditional bastions of twelve-step recovery who saw MM as a threat, MM experienced growth. There is a market and an audience for moderation approaches out there. People simply just didn’t know that MM existed before, and the publicity brought an increase in the number of people seeking support from MM. The position typically taken in the media with respect to drinking goals is that abstinence is the best and only way. Publicity about MM alerted people who were looking for this kind of an option that there was one out there. The hardest challenge for MM and other alternatives to 12-Step groups has been to just get the word out that they exist. I’m referring to groups like MM and SMART Recovery [Self-Management and Recovery Training], which are now very closely linked together. Tom Horvath of SMART Recovery is actually on MM’s board. These options are out there and take different approaches than the twelve steps—approaches based in scientific research. They may not appeal to some people, but for people who really want that kind of an approach, the alternatives are there.

Professional Referrals to 12-Step Alternatives

Bill White: Has there been an increase in professionals referring to these alternative approaches?

Dr. Fred Rotgers: There was just some discussion on the APA Division 50 Listserv about referral practices to support groups and someone asked whether addiction treatment programs were referring clients to alternative support groups. My experience has been that such referrals are extremely rare, although it does happen, but several people on the Listserv said they knew of programs that were referring to non-twelve-step support groups but that it was still fairly rare.

That rarity is a combination of ideological bias and professionals just not knowing about the alternatives.

Bill White: Do you think there is an inevitable backlash that each of these alternatives must live through to establish their legitimacy as an alternative to 12-Step groups?

Dr. Rotgers: Yes, I think there is. You will recall the NIDA study finding that ninety percent of the addiction treatment programs in the US use twelve-step approaches. Twelve-step support groups have a built-in referral pipeline from these treatment programs. There are few non-sectarian treatment programs. In New Jersey, there are no treatment programs that I know of that take anything other than the twelve-step approach. They may incorporate cognitive behavioral methods and techniques, but the basic philosophy and thinking about addiction and recovery really revolves around the twelve steps. So, there's this institutionalized referral pipeline from treatment to twelve-step groups that the alternatives simply don't have.

Last year, a new patient came to me who had just gotten out of Carrier Clinic, a seven-day detox program. I asked him, "Well, what do they tell you about support groups and have you been involved in any?" And he said, "Well, I told my counselor that I used to go to AA, but I didn't really like it because I couldn't get past the spiritual stuff. My counselor at Carrier then asked me, 'Well, have you ever heard of the twelve-step alternative support group Moderation Management?'" I almost fell out of my chair because Carrier's is known as a very traditional twelve-step program. That suggested to me that if the alternatives are to grow, there has to become a greater awareness of them among treatment providers. I talk to a lot of psychologists, and most have no idea that there's anything else out there besides AA, NA, or other twelve-step groups—alternatives like MM, SMART Recovery, and LifeRing that offer secular, non-spiritual approaches that tend to be based on cognitive-behavioral therapies.

Bill White: Beyond changes in treatment referral practices, do you think that there are steps that the alternatives need to take to really expand their accessibility?

Dr. Rotgers: Well, I think the future of support for making changes in drinking or drug use is going to be online. And I think that SMART certainly has recognized this and that SMART has really made a significant push toward generating an online presence and having lots of very well-organized online meetings.

I've taught for several years at John Jay College in New York, and they have an addictions treatment track in their bachelors program. One of the things I have my students do is go to a face-to-face support group meeting of their choice and an online meeting, and then they have to write a paper comparing the experiences. Many of these young students find the online meetings to be quite supportive and useful. I think that that's where the alternatives really need to focus on for their future. Reid Hester has been instrumental in expanding online assessment tools for problem drinkers and developing web-based applications that deliver moderation training. I think that's what the alternatives have to do in the future.

They also have to get the attention of major media outlets, but it's hard to do that except at times, as Moderation Management has experienced, when something bad happens within the organization. Unfortunately, good news stories don't sell newspapers and airtime. So I think there are a whole range of things the alternatives need to do in addition to educating treatment providers. I also think professionals have a responsibility to help spread information about the

alternatives. One of the things I'm doing now is working with SMART to implement SMART meetings in the prisons in Delaware and in the community centers where the prisoners will be referred for aftercare.

Bill White: Dr. Rotgers, do you see a time in the not-too-distant future where far more people will be seeking recovery support online than in face-to-face meetings?

Dr. Rotgers: Oh, yes. There is more and more research on the acceptability of web- and computer-based delivered interventions. There is a small minority of folks who absolutely hate them, but I think this group will shrink within the folks who have grown up with computers. If my grandchildren should ever have any problems with alcohol or drugs, they do everything online, and I suspect it is there they would find support. I think that the online world will eventually dominate face-to-face meetings, and I think that eventually teletherapy and online therapy are going to be the main mechanisms for delivery of treatment for a lot of people, especially people who live in remote, rural areas where they can't get to practitioners.

Moderation Approaches to Alcohol Problems

Bill White: How has the scientific understanding of the viability of moderation approaches to alcohol problems advanced since the early years of MM?

Dr. Rotgers: Oh, I think it has advanced tremendously. When MM was founded, Audrey actually went to people like Alan Marlatt and Bill Miller and found there was already a basic science supporting moderation approaches for certain types of problem drinkers. I mean, behavioral self-control training was developed in the late '70s, early '80s, long before Audrey started MM. I think it's become clearer and clearer who is a really viable candidate for moderation, and that's come from research.

The techniques are pretty much near the standard cognitive behavioral approaches. There's nothing unusual about these approaches; they have been around for decades. But what's really happened is the larger scale epidemiological research done by NIAAA showing that moderation (reduced use without the defining negative consequences of an addiction or a substance use disorder) is a common outcome among problem drinkers. This is astounding to people who are clinicians because clinicians never see these people. We have a large percentage of folks who experience natural recoveries, and natural recoveries tend to be moderation-based recoveries. Science has contributed to our understanding of the viability of moderation approaches.

Back in the days of the Sobell controversy, moderation options were portrayed as opposed to abstinence. What's happened over the last ten or fifteen years, particularly through the work of people like Alan Marlatt, Andrew Tatarsky, and Pat Denning, is the rise of harm reduction therapies that integrate abstinence and moderation approaches as choices and leaving the decision up to them. What we know from the research about people entering treatment is when you offer options, the vast majority of the time, people in treatment choose abstinence as their goal.

Bill White: You commented earlier that we now have a better understanding of those people for whom moderation would or would not be a viable choice. Could you elaborate on who's a good candidate for moderation and who may not be a good candidate?

Dr. Rotgers: One obviously is less serious alcohol problems. The new DSM-V diagnostic criteria have a mild alcohol use disorder qualifier. I think those are the people who are good moderation candidates. I know Miller and Hester published a paper many years ago where they established a MAST (Michigan Alcoholism Screening Test) score cutoff. I think we know all of that but I think there's also another piece that has emerged from research, and that is that behavioral change is influenced by the whole self-determination theory of research that underpins Miller's motivational interviewing. Client choice and client commitment are strong predictors of success regardless of what that goal is.

Bill White: Ernie Kurtz, who collaborated with Audrey in Ann Arbor during the early days of Moderation Management, was fond of saying that if a day came when MM was available in every community in the United States, MM would be the major referral source in to Alcoholics Anonymous due to the people who would find out within MM that they couldn't keep limits and needed to then pursue an abstinence option. Would you agree with that?

Dr. Rotgers: I do. And we now see a sizable minority of folks in MM who have moved to an abstinence goal. It may not be lifelong abstinence, but at least they say the goal is abstinence for now. And we know that people change over the life span.

I have a very good friend who was very seriously alcohol-dependent for many years, got sober through AA, and then worked in the treatment industry. Into his 50s, he had been abstinent for 20- 25 years and started thinking that he might like to have a glass of wine occasionally. He's now in his 60s, but he has a glass of wine with dinner a couple of nights a week. That's another piece of the research that has not been explored—naturally occurring developmental changes that people undergo in the course of their lives that can alter drinking goals. Back then, he was a guy who was a musician. He was on tour. He was living the life of a musician on tour. Now he's married, has kids in college, and he's a professional. I said, "This is a different world for you. You're a different person and alcohol means something different to you now."

Bill White: As someone who's lived through the modern history of addiction treatment, what do you think is MM's historical significance within that history?

Dr. Rotgers: I think that MM's historical significance will be that, as an organization, it continued and expanded the conversation that was started by people like Bill Miller and Linda and Mark Sobell. It also made that conversation accessible to ordinary people who were struggling with drinking problems. MM took the academic debate about moderation and applied it at a practical level on Main Street. It also has exerted some influence on treatment. There's much less opposition now that I encounter to the notion that there are some people with drinking problems who can moderate. And I think that's a good thing.

I think the whole harm reduction movement has played a major role in loosening the hardening of the ideological categories that has plagued addiction treatment as a field. I hear far less ideologically based arguments than I used to. I see a lot more openness among practitioners,

front-line workers, and counselors to learning about a whole variety of different ideas that 10, 15 years ago they never would have been exposed to or interested in.

Future of MM and 12-Step Alternatives

Bill White: What is your personal vision for the future of MM and other alternative groups?

Dr. Rotgers: I think that they're going to continue to grow, particularly SMART Recovery. MM has always been hampered by the fact that it's such a very small organization. SMART has had the advantage of a dedicated focus, and I think Tom Horvath has been terrific at helping SMART grow. I don't think that any of the alternatives will be as widespread as the twelve step support system at least in our lifetimes, but I think that there's always going to be a role for moderation approaches, and they're going to be people who want support with that approach. I think all support groups have a common core of processes that help people and that their effectiveness is largely a matter of whether the individual finds the message and approaches that that support group uses to be compatible with who they are and what their values are.

Bill White: Dr. Rotgers, thank you for taking this time to share your experience and thoughts with us.

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