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Reflections on the history of Moderation Management: An Interview with Dr. Marc Kern

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Introduction

Several addiction professionals were involved in the early development and ongoing evolution of the mutual support group Moderation Management (MM). One of those who played a critical role was Dr. Marc Kern. Dr. Kern is a licensed clinical psychologist in the state of California and founder (1982), CEO, and present Director of Clinical Services at AddictionAlternatives.com — a private counseling practice in Los Angeles, California. Dr. Kern has specialized in providing non-12-step addiction treatment alternatives. He is on the Board of Directors of MM and previously served on the boards of SMART Recovery and Rational Recovery. I had the opportunity in October of 2013 to interview Dr. Kern about his work with MM and some of the issues facing MM's future. Please join us in this conversation.

Early Interest in Moderated Solutions to Alcohol/Drug Problems

Bill White: Dr. Kern, let me begin by just asking how your personal and professional interests intersected with the early history of Moderation Management.

Dr. Marc Kern: I'm happy to share that. I developed an alcohol and other substance abuse problem while attending Ohio State University, where I did my undergraduate work in architecture. I joined a fraternity, where I was introduced to serious drinking and drugging. I continued to have these problems after I left the University and went to various therapists. Ultimately, I had two grand mal seizures trying to detox, naively thinking that I was not addicted. I had no idea that I had encrusted myself so much into these substances that I could have seizures in a room of 60 architects. I was too ashamed to go back there, but that was really when my journey to find help started. I was sent to twelve-step programs in the late '60s and very early '70s in the Detroit area where I was living and I also began seeing a local social worker there for my alcohol problems and associated depression.

I started to look for the next destination of my life. A psychologist who worked within my social worker's office suggested I turn this bad thing I'd experienced into something good by going for an advanced degree in psychology. So ultimately I went on and had to do undergraduate first because I had not a single psychology class. I got into the California School of Professional Psychology and did every single one of my papers on treatment of alcohol and drug problems and emerged in 1984 as a psychologist who generally endorsed moderation. There were very few, if any, at the time who embraced moderation. At a personal level, I continued to go to therapy for years. I never really stopped drinking but over time as I got mentally healthier, my amounts started to reduce.

When I got out of school, I really didn't know much about the twelve steps or AA. When I went for my first job interview, they asked me how I viewed addiction, and I gave them my thinking at the time, which was "an adaptation to life that has gone awry." They threw me out of the office and said I was going to kill people and that they would never hire me.

And so my interest in moderation really came from a very personal place: it was because I wasn't willing to stop drinking.

Bill White: So you were integrating some of this moderation perspective long before you encountered Moderation Management then.

Dr. Marc Kern: Yes, for years. It wasn't even called moderation then. It was just called psychotherapy, and the assumption was if you helped someone mentally, they would automatically reduce their alcohol and drug use. But it wasn't conceptualized in the same way it is today.

Early Contact with Moderation Management

Bill White: How did you then make initial contact with Moderation Management?

Dr. Marc Kern: While being involved with Rational Recovery, somebody told me about this woman in Michigan who was promoting a self-help group based on a moderation model. I called Audrey Kishline and suggested that maybe there was something we could do with one another. There was no formal introduction. She had not been on any of the major TV shows yet, and I was just interested because it was consistent with the focus of my doctoral training. Moderation Management was formalized and that was the first time I saw a formal treatment regime for moderation other than some of the work of Bill Miller's. But Miller's work was research-based in the academia; MM was about making a moderation model available to the general public.

Bill White: And your involvement has continued since that early contact with Audrey?

Dr. Marc Kern: Right. From the very first contact, we hit it off. We saw things similarly even though she was a non-professional. I came into MM around the time Audrey was having difficulty with Dr. Jeffrey Schaler. Jeffrey Schaler and Fred Rotgers were her go-to professionals when I was first involved. Audrey and Schaler were having some kind of dispute and when they parted ways, she asked me to take over his advisory role.

Bill White: What are your most vivid recollections of that early period of the history of MM?

Dr. Marc Kern: Frankly, the most vivid memory I have is that MM at that time was a one-woman show. You've talked to her. You know her story. She had this manic style: bright, articulate, but couldn't delegate worth a darn. She was trying to do everything herself. She was answering the phone. She was sending out literature. She was doing everything. I have some of the original copies of the first manual she put together, and she just did it all herself. I was very impressed with that, but I was worried she would burn out even when I just came on board.

Bill White: Given what would later unfold, I'm wondering if you have any observations about the kind of pressure Audrey experienced during those years as the founder and face of MM?

Dr. Marc Kern: Well, I wasn't totally aware of the societal pressures or those that she was feeling from her husband, but she and I would often talk about the inner pressures she was experiencing trying to lead this new organization as a wife and mother. She was trying to do so much. She was under a lot of pressure and much of it was self-imposed, at least at that early stage. And we had not hit the limelight, so to speak, and it was already a bit overwhelming. She came out to Los Angeles for one of those national TV shows, and we met for the first time in the lobby of her hotel. She was just overwhelmed that she was going to be on TV.

Bill White: I'm thinking of your role and Fred's role of bringing science to bear on alcohol problems and particularly to these moderation strategies. Did you see the science that was developing in the '80s and '90s contributing to the birth of MM?

Dr. Marc Kern: Audrey was in contact with Bill Miller and Alan Marlatt, but I didn't see a direct leap from science into her model. I remember when I read her first book, her nine principles drew more on common sense experience and guidelines than on anything that was research-based.

MM Tools

Bill White: What do you see as some of the more important tools of MM that, from the perspective of your own subsequent clinical practice, people have found very useful?

Dr. Marc Kern: You know, Bill, this may sound like I'm avoiding the question, but the biggest thing that Audrey did was not the tools but normalizing and putting a voice and personal face on the moderation option to alcohol problems. She and MM made it okay for people to talk openly about moderation goals and strategies. MM gave people science-based guidelines for healthy versus unhealthy drinking, but it also gave them a community. The contribution was more in the mindset than in any particular technique.

Early and Continuing Challenges

Bill White: What are some of the challenges that you've seen MM experience through the course of its history?

Dr. Marc Kern: Well, there were the more famous milestones during the early days of online support. One of the MM members posted that he was going to kill himself and another that he had committed a crime that got into a lot of legal discussions. And I remember that starting meetings was a nightmare. There was no way of identifying an individual to run the meetings and no system to train them. No one had ever tried to support moderation in this public way. And of course, money to support MM was very sparse. There were even problems finding space for meetings. When I went out locally to look for a location for a meeting, I was met with a tremendous amount of resistance and sometimes even hostility. Nobody had any notion of what MM was about in the early 1990s. I had to explain it to every person. I remember getting MM

approved by the City of Los Angeles and the state of California as an alternative self-help support group for first offenders, which was a big deal. Since there was controversy over the mixture of religion in treatment and secular programs, they were willing to accept it primarily because it was secular, not because they agreed with the goal.

But the biggest problem was Audrey trying to or needing to do everything herself. She really didn't have a board. I don't remember a functioning board of directors. It was Fred and I and Audrey. We'd have phone calls, but we did not function in the usual way you think of board meetings.

Bill White: That must have left MM very vulnerable and even more vulnerable at the point that Audrey made the decision to disengage from MM, followed by her crash and subsequent imprisonment. It's surprising that MM was even able to survive that period.

Dr. Marc Kern: I would agree. I'm surprised it has continued through the years from the very beginning. Audrey was not a very good delegator. She just did everything. It was very vulnerable and to be frank, I was a little scared in those early days that something might go wrong and my license would be potentially at stake.

MM Contributions

Bill White: What do you see as MM's historical contributions to the alcohol and drug field?

Dr. Marc Kern: Well, I'm not impressed with the evolution of MM. MM, on some level, is not much further along than it was when it started. We have more people on the internet using MM. We have more people that know MM by name, but following Audrey's crash and everything that followed, forward progress was devastated and MM went into hiding. That being said, I am fully supportive of MM even as it is today and believe that MM will increase in popularity in the future. AA historian Ernie Kurtz once made the prediction that MM might one day be the biggest referral source to twelve-step programs. That could still be true. I see MM not so much as a program but as a screening device for people who are trying to figure out if they really can reduce their drinking or really need to stop drinking completely. They can come into MM and find out. MM is a viable option for such screening, but it's not a program that fosters a community or a long-term emotional commitment to stay with the program. People get what they need and they leave.

I'm of the belief that there isn't a person in a twelve-step program or any abstinence program who hasn't tried their own version of MM. There are many people who go to MM meetings that I know from the first meeting that they're beyond the scope of MM, but they've got to prove it to themselves by trying the MM boundaries and guidelines.

On The Moderation Option

Bill White: You may have more clinical experience working with the moderation option than almost any therapist in the country. Have you developed your own conclusions about who is and is not a good candidate for moderation?

Dr. Marc Kern: Well, thank you for that compliment. I'm still more than a little surprised at who is and who is not a good moderation candidate. This might sound simplistic, but whether moderation succeeds or fails really lies in the individual's level of motivation, having a strong internal locus of control and the capacity for sustained focus. It's not IQ; it's how much they want it.

Bill White: What about the issue of problem severity? Is that as simple as the greater the severity, the less likelihood, or is it a much more complicated issue than that?

Dr. Marc Kern: Much more complicated. I have seen people with very severe drinking problems find a way of reducing and cutting back if they're motivated. Now, there is an objective line where moderation is not an option, such as someone with liver disease. There, we don't even encourage trying moderation. But the length and severity of problems isn't quite as simple as it might seem. I've been looking for markers. Let's be honest. There are 2 different goals. Attaining moderation and then there's sustaining moderation, which includes maintaining a balanced lifestyle. White knucklers can attain and sustain for three, six months, but they're not going to make it in the long run. If you've had a serious problem with alcohol or any of the elixirs, you have to in my opinion evolve into a totally new relationship with alcohol and within your life. It can't be about moderation. It's got to be about improving the quality of your life and moving alcohol and drinking to a secondary or tertiary position in your life. It's really how deep do they want to go into themselves and work on things that, on the surface, may not seem to have much to do with alcohol. I'm even surprised how little we really talk about their alcohol use in the MM program. It's about getting a real life, about feeling okay about yourself, and yes, we have our tools and strategies, but that's such a small portion of what is required.

Reflections

Bill White: What do you feel best about as you look back over your involvement both with MM and your clinical work?

Dr. Marc Kern: I feel best about helping people normalize their experience with alcohol and to realize that they are not diseased. I help empower them through empathy and understand that their drinking is an act of self-medication and not a sign of pathology per se. I help them see their relationship with their elixirs from a non-shame/blame perspective and, as a psychologist, to help them look at the deeper roots of why they seek out elixirs. Humans need to put their drug or elixir relationship in the context of the totality of their life and not see it as an isolated or central issue.

Bill White: You've used the term "elixirs," and I've smiled each time when you've used that. I'm assuming you don't make a distinction between alcohol and other drugs and that a lot of the principles involved in MM or in your clinical practice would be equally applied to drug use other than alcohol.

Dr. Marc Kern: For the most part, I'd say 90 percent of the time, you're absolutely correct. I did my dissertation on drug of choice and personality variables and yes, I see whether it's a process addiction or a chemical addiction as fundamentally the same process. That being said,

each has a little different spin that needs to be addressed as to why that particular elixir became a preference.

Future of MM

Bill White: What are your thoughts about the future of MM as an organization?

Dr. Marc Kern: Well, I have some deep fears that due to MM's lack of financial resources, it may not be able to sustain itself into the future. But as a principle and as an aid to opening peoples' eyes, I think MM still has an important role to play. MM has done a tremendously positive thing for society as a whole in my estimation. It has taken this topic out of the mid-1930s mindset or the moralistic value system and put it into the modern scientific perspective of other behavioral problems that alcohol problems are on a continuum, not black or white. This I believe will only serve society well. People will always need ways of winding down. It's not evil or shameful or weak. That's the perspective MM can continue to contribute.

Bill White: One of the things that I wanted to ask you about in relationship to the future of MM is this: When I compare MM to other mutual self-help organizations, the other organizations rely on a principle of people continuing to stay within the organization and giving back through service work, which allows for leadership development and organizational continuity and growth. In MM, the message seems to be historically, "Stay as long as you need and then go live your life," which may work at an individual level but creates incredible instability at an organizational level. Do you see this as an inherent vulnerability for MM as an organization?

Dr. Marc Kern: I couldn't agree more with what you just said, but I think the essence of MM is the principle of not mandating continued involvement. There are all the problems that come with that stance, but MM involvement needs to be seen as having an end point. I think MM's position will always be to stay as long as you need and it's okay to leave when you're ready. I think that's one of the core principles that makes MM special and acceptable to people. I'm saying that and I've stayed longer than anyone that I know [laughing].

Bill White: [Laughing] Well, an organization like MM may need a cadre of professional leaders that remains involved for prolonged periods of time for it to survive and you've been part of that cadre for MM.

Dr. Marc Kern: Thank you. But it can't evolve into a more standard, idealized program without losing its essence.

Bill White: Within the history of mutual aid, MM and SMART Recovery stand as something of a hybrid between professional and peer support. I wonder if such hybrids might increase in the future.

Dr. Marc Kern: They might. I think SMART is doing a lot better job than MM at present. When we reach out for funds, people are still very afraid to be publically associated with us even if they completely believe in what we are doing. We have a long way to go.

Bill White: Dr. Kern, thank you for taking this time to share your experiences and thoughts on MM.

Dr. Marc Kern: Thank you, Bill.

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