Solutions for Dealing with Alcoholism and Drug Addiction in Affluent Families:

What Advisors, Account Managers, and Family Offices Need to Know

William F. Messinger, JD, LADC
Terry R. Hunt, Ed.D

332 Minnesota Street Suite W1360
St. Paul, MN 55101
Phone: 651-209-7670
www.billmessinger.com

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Terry R. Hunt, Ed.D

Terry is a licensed psychologist based in Boston, Massachusetts, with sub-specialties in trauma, addiction, and older adolescents. He is on the board of a family foundation and family investment company. He lectures, leads workshops, and offers family consultation to individuals and families. Terry may be reached at terry@ARPrecovery.com, or by phone (617) 787-3511.

William F. Messinger, JD, LADC

Bill is a retired lawyer and licensed addiction counselor based in St. Paul, Minnesota. He is the former President and founder of Addiction Recovery Professionals, which focused on assisting families of wealth and prominence facing addiction issues. Bill may be reached at info@billmessinger.com, or by phone (651) 209-7670.

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Terry Hunt, Ed.D, and William Messinger, JD, LADC

Executive Summary

Introduction

Advisors, account managers, trustees, and family offices frequently overlook clients engaging in addictive behavior because they are unaware of the symptoms of the disease, don't know what to do, or don't believe it is their role to become involved. As professionals in the field, we believe it's time for the advisory community to become more active in combating addiction in their affluent and prominent clientele. While advice on what to do when faced with an addicted client is clearly beyond the domain of the advisor's expertise, a working knowledge is invaluable when seeking outside help.
This article presents information about:

- How addiction in client families impacts advisors,
- How to identify addiction-related behavior,
- How to locate competent assistance,
- How to be a positive influence for recovery, and
- What works for improved treatment outcomes for the affluent and prominent addict.

We describe a recovery program modeled after one followed by physicians and pilots with recovery rates in excess of 85%. We emphasize this fact because many advisors believe recovery is so difficult to achieve for their wealthy clients that it's not worth the effort. That is simply not the case.

Impact on Emotional Well-being of Advisors

A major concern is the impact of a client's alcohol or drug-driven behavior on the advisor's emotional well-being. Despite the variation in the working relationship, our observation is that while the profession is about numbers, the client's behavior stemming from addiction impacts the welfare and job performance of many advisors. Advisors are human, not computers, and their client's circumstances can affect them on a personal level.

Recognizing Signs of Alcohol/Drug Abuse and Dependence

From the financial perspective, problematic behavior is most often evidenced by failure to adhere to financial plans or agreed upon spending limits. A pattern of poor decision making, contradictory or unpredictable directives, forgetting conversations and decisions, passive or reluctant interactions, and hidden credit cards and debt are all indicators of the addict's attempt to mask or minimize the real effect their behavior is having on their friends, loved ones, and themselves.

Taking Effective Action in the Face of Addiction

If you are in a position to do so, discuss concerns with another advisor who assists the family or speak to a senior family member to see if they also share the same outlook

regarding possible addiction-related behavior. At this point, it's time to say, "Let's bring in an expert in addiction." Hopefully, you already have a list of experts assembled as resources to call on for specialized work with your clients.

If resources are unavailable, locating competent assistance is often difficult. Factors to consider:

- Look for a professional licensed or certified by a State board or department
- Do not rely on treatment centers for a referral to a licensed addiction specialist
- Look for assistance from professionals with no financial ties to treatment centers

Carefully consider the advice of the addiction professional. Expert recommendations are too often overlooked, thereby compromising treatment and recovery.

Building a Successful Recovery

Using the pilots and physicians program as a model, we developed protocols that support long-term recovery for the affluent and prominent. One course of action we firmly believe in is the use of outside 'leverage' to motivate behavior change in addicts and alcoholics. In this regard, a recent article by Sally Satel, MD in The New York Times addresses the importance of using such pressure:

> *A myth is that the addict must be motivated to quit – that, as it is often put, "You have to do it yourself."*
> *Not so. Volumes of data attest to the power of coercion in shaping behavior. With a threat hanging over their heads, patients often test clean.* [1]

The failure to use leverage is a major reason for high relapse rates and tragic deaths among the affluent and prominent. Advisors, financial mangers and family offices are key players in creating external pressure for addicted family members to enter treatment and stay in recovery. Please read the full article and visit our website, www.arprecovery.com, for more detailed information about how to identify and successfully address addiction in clients.

[1] Satel, M.D., Sally. 2006. For Addicts, Firm Hand Can Be the Best Medicine. The New York Times, August 15.

Solutions for Dealing with Alcohol and Drug Addiction in Affluent Families: What Advisors, Account Managers, Trustees and Family Offices Need to Know

William Messinger and Terry Hunt discuss the impact of the addicted client on the emotional well being of financial planners. They explore how to recognize the signs of addiction, seek competent assistance, and support recovery including what works for improved treatment outcomes.

Introduction

While most advisors and planners are trained in financial skills such as asset allocation and investment selection, they are encouraged, now more than ever, to think like psychologists to fully meet clients' expectations. In helping families explore and identify their aspirations and long-term life goals, advisors frequently overlook family members abusing drugs and alcohol or engaging in other addictive behavior. This oversight often occurs because advisors are unaware of symptoms of the disease or don't know what to do when faced with the problem. Too often, plans are put in place on the premise that key players and beneficiaries are able to perform their expected roles and assume their financial responsibilities. Unfortunately, unrecognized or unresolved addiction almost always jeopardizes even the most well thought out succession strategies and wealth transfer advice.

Our goal is to enhance the well-being of the wealthy family culture. To this end, our vision is for the advisory community serving the affluent and prominent to be more aware of alcoholism and drug addiction in their clientele. The wealthy client is very important to the advisor and a relationship that ought not be jeopardized, making the decision to do nothing and look the other way a very tempting approach; albeit sometimes a tragic one.

Due to the desire for privacy and the maintenance of secure relationships within the family, clients often turn to the advisor for help regarding their own problems or those of a parent, spouse or child. While advice on what to do is clearly beyond the domain of the planner's expertise, a working knowledge is invaluable when assisting a client in seeking outside help. Moreover, being in a professional relationship with an active user takes its toll on even the most stable person.

This article will provide advisors with information about how addiction in client families impacts advisors, how to identify addiction-related behavior, locate competent assistance, be a positive influence for recovery, and understand what works for improved treatment outcomes for the affluent and prominent addict.

A. Stable Recovery is Achievable

It's important to understand that long-term, stable recovery from alcohol, drugs, or other addictions is feasible, but not easy. Simply entering in-patient treatment, even the best money can buy, is not usually a solution because relapse is the most common outcome of treatment. A recent study regarding treatment outcomes reported that relapse rates are, unfortunately, still as high as 75% one year after leaving treatment.[2] In our experience, the relapse rate is even higher for the affluent and prominent because fame and wealth can create difficult conditions that undermine recovery.

1. High Rate of Recovery for Pilots and Physicians

In contrast to typical low success rates, pilots and physicians have relapse rates lower than 15%, or put conversely, first time recovery rates exceeding 85%.[3] As we discuss our ideas about treatment, we describe a recovery program that can lead to similarly high outcome. We mention this at the outset, because advisors are sometimes reluctant to discuss addiction concerns due to the belief that the situation is hopeless, particularly when wealthy individuals can use money and influence to insulate themselves from consequences of their excessive behavior. Reluctance to raise the topic is reinforced when some family members accommodate the addict in minimizing consequences because they wish to avoid confronting the problem or ruining their public image.

2. You ***Can*** Make a Difference!

We are firm believers in taking a proactive stance on thriving as a family, encompassing both the possibilities and pitfalls of living with wealth, especially in an arena where alcohol and drug dependence is far too commonplace. Addiction is an area where advisors can make a tangible difference in the lives of their clients and the family as a whole by recognizing the signs and procuring competent help.

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[2] William L. White, MA and Mark Godley, Ph.D., "Addiction Treatment Outcomes: Who and What Can You Believe?" Counselor, The Magazine for Addiction Professionals, no. 3 (2006): 52

[3] *The Voice 3* no. 5 (1998)*: 1-3. "Airline Pilots Soar to Success and Recovery."*

B. Impact on Emotional Well-being of Advisors

A major concern is the impact of a client's alcohol or drug-driven behavior on the advisor's emotional well-being. A financial manager's involvement with a client varies from a single engagement to an on-going relationship entailing plan implementation, investment review, and advice. Despite the variation in intensity, our observation is that while the profession is about numbers, the client's personal issues stemming from addiction and recovery impact the welfare and job performance of many advisors. Advisors are human, not computers, and their client's circumstances can affect them on a personal level.

1. Common Reactions to the Chemically Dependent Client

Clients who are abusing drugs or alcohol often disrupt communication and negate effective planning. Advisors tend to blame themselves for these difficulties and, at other times, feel anger and frustration toward the client. He/she may ask the advisor for help in locating resources or may discuss a plan to address the problem, express resolve to follow through, then take only initial steps or fail to take any action at all. This out of control client will then express remorse, vow to do better, but no meaningful long-term change will occur. For those lacking knowledge or education about addiction, personal views or bias regarding alcohol or drug use can lead to erroneous judgment when family members do ask for advice. We've heard advisors make statements such as:

> *Why don't they exercise more control? With a spouse like that, who wouldn't have a drinking problem? Why can't they just quit? Limit drinks to two, like I do!*

Questions like these reflect common beliefs of the general public who don't grasp how fundamentally different it is to be driven by an addiction.

It is possible for the advisor to begin minimizing, excusing, or becoming part of the client's addictive cycle, especially within an on-going client relationship. Discussing the client's situation with others may be perceived as a breach of confidentiality or a sign of professional incompetence due to the inability to solve the problem. But not talking about the particulars with other family members or staff may only exacerbate the predicament, particularly if the advisor becomes "numb" to the issue hoping it will go away. Nothing is more tragic than talking to an advisor after the death of a client due to addiction, who, in hindsight, says:

> *I wish I had done something. I knew there was a serious problem.*

By strictly following the guidance of lawyers, the advisor may also avoid addressing the dysfunctional behavior. We find lawyers to be rigorous constructionists in that they are usually unwilling to take action until there is direct evidence of significant physical harm to the family member. A common attitude is:

They have the right to drink themselves to death. It's their money.

Relying on the "advice of counsel" does little to mitigate the advisor's own emotional distress due to a failing client.

2. Family Turmoil is Stressful

The turmoil caused within the client's family can easily extend to the advisor who may find the resulting stress overwhelming. Addicts have even been known to discreetly confide in a financial advisor about their addiction, and then tell family members that they are actively addressing the issue, while continuing the clandestine activities that are causing serious trouble in the first place. Conversely, the addict may complain to the advisor about the problems other family members are causing him/her, tacitly drawing support for him/herself from the non-confrontational listening that is the stock and trade of any person making a living serving the wealthy and prominent.

Non-addicted family members may contact the family office or other fiduciary, giving direction or expressing concerns regarding the conduct of the addicted client. Given the private and confidential nature of these relationships with clients, conversations with related family members can be very taxing. Compounding the problem is that confidentiality often precludes the advisor from discussing the situation with colleagues or senior family members. When it's the family leader with the apparent dependence the ramifications are usually personal and financial, impacting each generation - an advisor's nightmare - where the desire to run for cover of silence is a natural and understandable reaction.

3. Initiating Action May Require a Shift in Perspective by the Advisor

Family members will often ask the advisor to limit access to funds or otherwise "do something" to stop the addiction when the advisor has direct control or exercises delegated authority over disbursements. The advisor may not know whom to believe or may interpret his/her job as being limited to financial matters. This perspective may be justifiable, but after meeting with hundreds of beneficiaries in treatment:

- *We never met one who said he or she was financially cut off too soon. Many wondered why they were not cut off earlier, given their behaviors.*
- *Some presumed their family did not care about them because of the failure to intervene in the face of clearly inappropriate behavior.*

When concerns about addiction are raised, rather than maintain the status quo which perpetuates destructive behaviors that clients are not able to stop on their own, seek professional help.

The temptation to do nothing is palpable, and that's just the way the substance user wants it. Their actions are focused within the family in the same way:

If you make an issue of my drinking, there is going to be trouble.

When confronted, the addict may threaten to withdraw from the family, engage in self-destructive behavior, or become very aggressive and coercive. If the user gets wind of

any conversations between the advisor/manger, family members, or professionals, threats will be made to terminate the relationship or impair the advisor/manger's reputation. Once the client realizes that funds are no longer available to support an addictive lifestyle, the anger and threats subside. However, there is no denying that this is an extremely stressful and emotional time for all involved family members and advisors.

Changing from a passive role to a more active role can prompt an emotional adjustment for the advisor. When we first met one advisor who oversees finances for several families, each with an addicted adult male, he was reluctant to take any action. He now calls us to help initiate interventions because he has witnessed the turn-around that can occur from treatment. He will no longer sit by and observe the damage that accrues from inaction.

The opportunity to tap into thoughtful and experienced advice is reason enough to seek outside help. Regardless of the coping mechanisms, if advisors don't work through these concerns, the emotional charge can become so great that they are unable to effectively do their jobs. By discussing these issues with a licensed and experienced professional, the advisor is able to bring a more open and objective perspective to the client relationship without violating confidentiality because the addiction expert is bound by a similar ethic of confidentiality.

C. Recognizing Signs of Alcohol/Drug Abuse and Dependence

From the financial perspective, problematic behavior is most often evidenced by failure to adhere to financial plans or agreed upon spending limits. Additional signs may include:

- A pattern of poor decision making (such as loaning or investing money in businesses owned by friends or service providers).
- Repeated requests for additional funds.
- Contradictory or unpredictable directives.
- Principal invasions.
- Hidden credit cards.
- Questionable investments.
- Forgetting conversations and decisions.
- Passive or reluctant interactions.
- Unstable emotions.

These examples are attempts to mask or minimize the real effect their behavior is having on their friends, loved ones, and themselves.

Too often your clue that something may be wrong is as simple as a client deceptively diverting funds advanced to pay down credit cards or loans to other uses or renewing a debt shortly after it is paid down.
Requests to limit conversations can also be telltale signs. For example:

> *Don't call me after 1:00 P.M. or don't speak with my sister!*

This is the user's way of keeping the advisor from calling and hearing the client speak with slurred speech or learning about his/her behavior from family members. Isolating one relationship from another conceals the number of disappointments that surround each person. Often there will be two sets of friends and two sets of behaviors, one set the addict wants family and advisors to know about and the other set hidden behaviors affiliated with drinking or using.

Money funds this dual lifestyle. The financial advisor or account manager may be the first to discern this double life because of the ability to see the whole financial picture or being in contact with all family members. Regardless of how presentable or sociable the alcoholic or addict is on most occasions, getting high is the fundamental priority in his/her life. One father, on being informed of his son's relapse lamented,

> *How can that be? I just had lunch with him the other day. We discussed several real estate purchases. He seemed perfectly normal.*

Well, it can be. Later in the afternoon, the son met with a friend who reported him to be drunk.

1. Money Drives Addictive Behavior

To give you a comprehensive understanding of the problem, we view money and the experiences it can buy as the facilitator and driver of a wide range of addictive behavior, including anything from gambling and internet pornography to shopping and eating disorders. Tragically, money can easily become the gateway drug because its liquidity makes troubles disappear and masks the lack of coping skills that most people develop as young adults, such as looking for starter jobs and worrying about how to balance a budget We refer the reader to Tian Dayton's article, *"The Dark Side of Wealth*[4]*,"* for a full explanation of this phenomenon.

Alcohol abuse is the natural next step from first using money to alter mood, as alcohol is culturally acceptable. It is commonly used to make anxiety disappear in social situations, and too often becomes the most loyal and reliable friend when one is lonely. Tipping over the edge from recreational use to dependence can occur without the client even being aware of the newly developed inability to control the drink, drug or other behavior.

By being conscious of the role money plays in addiction, the advisor will be sensitive to problematic behavior. Often, excessive buying or over-spending on such things as travel, cars, electronic goods, furnishings, clothes, and jewelry are the first signs of relapse. These activities indicate a change of focus from recovery endeavors, which are non-material and promote internal well-being, to seeking satisfaction from external, material-oriented diversions.

2. Addiction: Loss of Control

The primary symptom of addiction is loss of control. Loss of control indicates that a physical change has occurred in the brain due to drinking, drug use, or any other repetitive behavior that serves as an addictive function in the individual's psyche. A simple screening test commonly used by clinicians asks four questions:

- Has the client ever had a drink or drug in the morning to steady nerves or get rid of a hangover?
- Has the client ever expressed feelings of guilt or remorse about drinking or drugging?
- Has the client been annoyed by people criticizing his/her drinking and drug use?
- Has the client expressed the need to cut down on his/her drinking or drugging?

A longer screening test is on our website at www.ARPRecovery.com. Ask yourself, "Does the behavior I see in my client meet my sense of normality?" Don't buy into the idea that people with money or prestige have different standards of behavior than the rest of the population.

[4] Tian Dayton, Ph.D. *"High-End Deprivation, the Dark Side of Wealth: Understanding Children of Wealth,"* http://tiandayton.com/articles/HighEndDeprivation.pdf. See Joanie Bronfman's Dissertation in footnote 6.

D. Taking Effective Action in the Face of Addiction

The question of what to do is contingent upon several factors, including the length of the relationship and established degree of trust with the client. If you are in a position to do so, discuss concerns with another advisor that assists the family or speak to a senior family member to see if they also share the same outlook regarding possible addiction-related behavior. At this point, it's time to say, "*Let's bring in an expert in addiction."* Hopefully, you already have a list of experts assembled as resources to call on for specialized work with your clients.

1. Finding a Competent Addiction Professional
If resources are unavailable, know that in looking for help, locating competent assistance is often very difficult. A licensed addiction expert will assess the situation, locate treatment resources, assist with the intervention, advise the family members as to the progress of treatment recovery and post-treatment plans, and reestablish relationships with the addicted loved one after treatment. This expert should provide the family with counseling and have a clear understanding of wealthy family culture.

Factors to consider:

2. Look for a professional licensed or certified by a State board or department
The professional, whether they be an alcohol/drug counselor, psychologist, mental health nurse, or a social worker with specialized training in addiction, will be able to produce proof of licensing or certification. One of the reasons States require addiction counselors to be licensed or certified is to prevent economic and sexual exploitation of alcoholics and addicts and their families, as well as to promote confidentiality. Unlicensed people are not governed by these rules.

3. Do not rely on treatment centers for a referral to a licensed addiction specialist
Calling treatment centers for references or assistance will NOT guarantee locating a licensed addiction professional. Many of the people treatment centers use as referrals are unlicensed and are usually obligated to send patients to that center. Even the most well-known treatment centers refer callers to unlicensed people.

4. Look for assistance from professionals with no financial ties to treatment centers
While independence can be difficult to ascertain, it is an important consideration when seeking help. Decisions about which treatment center will best meet the presenting clinical needs of the addicted family member must be made free from "referral fees" or other economic incentives. Carefully consider the advice of the addiction professional. Expert recommendations are too often over-ridden by other concerns, with the end result undermining treatment and recovery.

E. The Role of the Advisor in Encouraging Recovery and Preventing Relapse

The critical question to consider when addressing addiction or preventing relapse is:

"*Where is the leverage with the addict?"*

In other words, who has influence on the person to effect change?

- It is important to understand where the leverage comes from, and how it might be used in the in-patient and post-treatment process.
- Can you as the family advisor exercise leverage or otherwise encourage the addict to change?
- Does the leverage originate in the family business or some other economic enterprise?
- Is there a historical family ethic to accommodate?
- Is it possible to cut off access to money and other resources?

This last point is very important with the wealthy and prominent during an intervention. In circumstances where a trust committee or legal counsel must be persuaded to take action, the addiction professional plays an important role in acquainting them with a realistic picture of what it means to be dependent on alcohol and drugs, particularly as it impacts family members and future generations. Unfortunately, when there is little or no leverage, the wealthy addict can successfully minimize consequences to the point of personal tragedy for themselves and the people they care about.

1. Two Examples of the Use or Non-Use of Leverage

a) Stopping the relapse cycle:

A middle-aged male completed treatment, had several months of abstention, and then visited Las Vegas to gamble. He eventually ran out of cash and credit and started drinking again. He called his father who agreed to pay his debts in order to avert family embarrassment and to provide him with a monthly income if his son reentered treatment. The man complied, and the cycle soon repeated itself. After more than twenty treatments, the father was advised to cease paying his son's debts and instead pay minimal living expenses directly to his vendors.

Terminating the relapse cycle occurred only when access to money was substantially altered, the son was held responsible for the consequences of his action, and the father willing to bear the potential shame of his son's failure to pay his debts.

b) Trustee inaction:

A man who is a chronic alcoholic and a trust beneficiary with an independent income was told by his doctor that he would die from cirrhosis of the liver. The man went to

treatment. After three weeks, he decided he would rather drink than go to AA and left the facility. He continues to drink to this day and needs constant supervision from staff and his children due to his advanced stage of alcoholism. If his trustees had stepped up to the plate and enforced termination of his funds unless he completed treatment and remained abstinent, there was a high probability he would have done so. Sadly, the trustees did not and the man remains an embarrassment to his family and an emotional and financial drain on his children.

The irony of the situation is that the family founder of the trust was involved with the temperance movement and would be appalled to know that his trustees refused to take action to stop the man's death march.

2. Estate Plans, Trusts, and Related Documents

Combating addiction is particularly complicated because money provides a cushion against the consequences of drinking and using. In recognition of these facts, we believe planning documents should contain clauses prohibiting distributions or allowing discretionary termination of payments, employment in family enterprises, and so forth, in the event of relapse after treatment. In addition, documents need to account for the disparity in incomes for the non-blood spouses or significant others in relationship to the alcoholic or drug addict. Far too often we see situations where the addict is receiving the money and the spouse is so economically dependent, he/she is unwilling to take action. An alternative to terminating funds is to empower in-laws in the event the blood relative has the addiction. By providing economic and other resources to the relative, the in-law may feel sufficiently secure to address the addictive behavior.

The bottom line is that family members with addiction issues need to be treated differently than non-addicted members when it comes to obtaining resources. This is difficult news to hear and deliver. Financial advisors do not want to be in the messenger position in these situations. The addiction professional has an understanding of the process and can frame these actions as the unintended consequences of the disease of addiction and the family's attempt to prevent relapse.

3. What to Expect When a Family Member is in Treatment

It is generally recommended that a patient in treatment take time away from financial concerns in order to focus on recovery. The treatment center may encourage this and other separations from the lifestyle where the addictive pattern flourished. In this situation, the spouse and non-addicted, blood family members sometimes present conflicting views as to what to do with the client's assets, properties, and/or possessions in his/her absence. Long standing feuds may arise, as they often do when dealing with money and assets. We recommend working on a strategy with your addiction expert ahead of time as to how to best communicate with the family as a whole.

Recovery is not a secret that is shameful, but most addicts begin the journey of healing from this perspective. Putting responsibilities on hold is not a failure, but again, most addicts think it is. Sometimes there are important meetings or even a gala fund-raiser that the addict, the spouse, or even another family member believes is a 'must'. Usually this

is what we call *"the disease talking"* and much courage is required to maintain a priority of recovery for a successful transformation from addiction.

Thoughtful consideration should also be given to the on-going relationship with the treatment professionals as you move forward. Most residential treatment centers have a carefully designed protocol for how to contact the client or his/her counselor in the treatment center. The wealthy, however, have a long history of making exceptions for themselves. The financial advisor should not be involved with these negotiations. Simply be supportive of all parties, gently suggesting deference to the expertise that has been brought into the equation.

Communication with the spouse of a client who has entered treatment should be expected. The advisor may find it difficult to interact with addict's spouse and may struggle with feelings of disloyalty in supporting him/her, even though the client's conduct has been outrageous. If the events around the addiction lead to separation, we recommend staying in contact with the spouse until the lawyers take over. Suggesting that the non-addicted spouse find a counselor for support is advisable.

4. What to Expect After Treatment

The treatment environment encourages open and honest communication about feelings as part of the recovery process. The advisor may be one of few trusted people in the recovering addict's life and the client may want to disclose a lot more than you want to know about his/her life. Even asking the simple question, "*How are you?"* can result in a ten-minute response. Our advice is to be a good listener and suggest that the client talk to his/her counselor about recovery concerns. It would be beneficial, if possible, to obtain a copy of the post-treatment plan that outlines recovery activities and identifies counselors so the client can be encouraged to follow the plan. A good way to know whether the client is doing well in recovery is directly correlated to the degree of compliance with these post-treatment recommendations.

People attending 28-day treatment centers must have a drug or alcohol dependence diagnosis. This means they cannot use either addictive drugs or alcohol regardless of what substance they went to treatment for. If a person were addicted to drugs, he/she would also be addicted to alcohol and vice versa. Other impermissible drugs include prescription drugs, such as Xanax or Vicodin, and recreational drugs like marijuana or Ecstasy, as they are also addictive. It's not appropriate for an advisor to order wine or any alcoholic drink when socializing with a client in early recovery and, obviously, the client should not order anything alcoholic. Asking an expert to explain the basics of addiction will help advisors further understand how to behave and interact with the recovering or active addict.

F. Achieving High Recovery Outcomes

As mentioned at the outset, the disparity between recovery rates for physicians and pilots, as opposed to the average person, led us to investigate how recovery rates can be improved for the affluent and prominent. Using the pilots and physicians program as a model, we developed protocols that support long-term recovery for the affluent and prominent. In this last section, we briefly discuss the concepts and course of action needed to implement this program, comprising four areas:

- How to set the stage for recovery.
- Treatment components leading to successful outcomes.
- The critical role families play in the recovery of loved ones.
- Bias against the wealthy and prominent as a major barrier to recovery.

While these subjects are discussed separately, it is their integration, individualized for each family and their addicted loved one that leads to improved outcomes. (For a more extensive discussion of this program, look for the article: *Achieving High Recovery Rates for the Affluent and Prominent* on our website at www.ARPrecovery.com.) Also see the Appendix to this article for an example of the specific services that constitute "case management" on behalf of the family and "support services" for patients after completing in-patient treatment.

1. Setting the Stage for Recovery

Motivation plays a significant role throughout recovery. It takes two forms: external pressure (therapeutic leverage) from others to change, and internal pressure from within oneself:

- Internal motivation is a more powerful predictor of recovery than external motivation.

Moving from external to internal motivation is a long process. It is critical for external pressure to continue until this transition is fully underway. Another aspect that plays into successful recovery is the creation of consequences. The more severe the consequences are for an alcoholic or addict, the greater the likelihood of recovery.

Applying outside pressure until recovery takes hold (six months and often longer) is one method for creating consequences. In our practice, we are firm believers in cutting off funds or other access to resources as a means of encouraging loved ones to enter treatment, participate in the treatment process, and engage in effective post-treatment activities. This outside pressure works best when used for the first one or two treatments. Therefore, it is critical to get it right the first time.

External consequences play a minimal role, if they are present at all, for the affluent person early in his/her addiction career. Over and over again, we see affluent alcoholics and addicts tell themselves they do not have problems because they have not lost a job, a

house, or children as compared to their peers in treatment. They fail to see how their financial circumstances are the reason they avoided similar consequences.

Another consistent phenomenon is for loved ones in early recovery to talk their funders into restoring the flow of money after they leave 28-day primary treatment. Having access to their funds perpetuates the cycle of short abstention, relapse, and treatment that characterizes the wealthy alcoholic/addict. One of our goals is to educate families and advisors about enabling relapse and what actually works for recovery. Maintaining leverage is a critical component in successful outcomes.

In trying to build an effective recovery, a written and structured post-treatment plan *must* be developed and implemented prior to leaving residential treatment. The purpose of this is to identify the necessary actions to take in the event of relapse (creating consequences). Too many times, an addict in early recovery will say, "I never agreed to that!" Written agreements go a long way to dissolve this sort of evasion: a transparent attempt to minimize the ramifications of addiction.

2. Treatment Components Leading to Successful Outcomes

One must find a treatment center that places importance on the therapeutic relationship, which means choosing a center with experienced counselors who are allowed to spend time in developing a trusting alliance with their patients. Finding a facility that addresses the clinical needs of the affluent and prominent is also essential to recovery. There is a tendency among some professionals in recovery to assume that the habits of privilege are simply "wings to be clipped" rather than a therapeutic issue, like any other, that must be addressed with respect and patience. The notion that the rich are "spoiled" must not be part of the treatment center's culture. Not all alcohol counselors are cognizant of their own prejudices towards the wealthy, and this can complicate treatment when the counselor is struggling to support his/her own family on a modest salary. Even though money is considered a "taboo" subject, monetary related topics must be addressed, as they are integral to understanding what drives the addiction and how to sustain long-term recovery.

The assessment process, or intake, at some treatment centers overlooks key information regarding economic relationships, family interactions, dependencies, and upbringing. Family members, therapists, and advisors must take the initiative to provide these details upon intake, and if needed, throughout treatment. Many therapists do not fully grasp the tight-knit community that exists within many wealthy families, especially when the family ties are laced with competitiveness over generations that can coexist with genuine loyalty and protectiveness.

Outcomes are improved when treatment centers identify and treat underlying drivers of each person's addiction along with the addiction pattern itself. One integrated model, called the "biopsychosocial" model of addiction, looks at the biological, psychological, and social components of the disease. [5] Focusing only on the physical elements of addiction does not usually result in long-term change.

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[5] Sid Goodman, MA, *"The Biopsychosocial Model Revisited: A Psychodynamic View of Addiction,"* http://renaissanceinstitute.net/works.htm.

3. Effective Treatment for Patients *Without* Major Co-Existing Mental Health Issues

Treatment can be focused on the disease of addiction in the context of the social and financial framework the individual must face without the coping mechanism of substance abuse. The affluent and/or prominent patient without significant co-existing mental health disorders (i.e., trauma, depression, or personality disorders) needs to change his/her addiction-focused attitudes and behaviors to recovery-focused attitudes and behaviors. When solidly sober and following aftercare plans, the addict's behavior changes and they begin acting responsibly.

4. Effective Treatment for Patients *With* Major Co-Existing Mental Health Issues

Over 50% of addicts have significant co-existing mental health issues.[6] There are excellent treatment approaches that work for these dual-diagnosis patients. Describing these methods is beyond the scope of this article. Further information can be found on our website. What the advisor needs to know is whether or not the addicted family member has a major co-existing mental health issue. In order to obtain this information, the advisor will need to consult with an addiction expert, because treatment centers are extremely reluctant to share clinical data with laypersons. In our experience, the treatment implications in establishing stable recovery for the dual diagnosis addicts are:

- Time (expect stable recovery to take at least a year)
- Multiple in-patient treatment environments
- Structured post-treatment living situations
- Limited access to income streams and assets to assure long term recovery

In these circumstances, it is even more important that the dual-disordered addict have different financial arrangements than his/her siblings. The difference is not justified as a punitive action by the family, but rather as a reality stemming from his/her addiction and co-existing mental health diagnosis. As mentioned above, the rationale for financial limitations may be best presented to the client through an addiction professional rather than as a formal confrontation with a family member or trustee.

An example of the dual-diagnosis affluent patient we see far too often is the young adult who is far less successful than his/her siblings, has struggled with alcohol or drug abuse in adolescence and college, and may associate with a known or potential user(s). If treatment is sought, there is usually a pattern of relapse and other dysfunctional behavior. What we witness is either a misdiagnosis of, or a failure to, treat the mental health issue along with the addiction. The parents are typically extremely worried and conflicted over what to do, alternating between trying different treatment modalities and giving up. Persistence and on-going expert advice are key elements in creating positive outcomes for dual diagnosis young adults.

5. The Importance of Effectively Including Families in the Recovery Process

Counselors must communicate with family members, advisors, and addiction

[6] Ibid

professionals as resources for assessment and treatment planning. When locating a treatment center, find one that clearly articulates a strong obligation to communication and a willingness to follow through on that commitment. As effective information exchange only occurs when patients sign releases allowing counselors to communicate with outsiders, look for centers whose counselors are not opposed to family members using external pressure in encouraging reluctant patients to consent to signing release of information forms.

Regrettably, families and advisors are often told that they are "powerless over their loved one's addiction" and must "let go." Similarly, concerned persons are told their loved one must "hit bottom" before wanting to stop, enter treatment, or attend A.A. This advice can lead to at least three negative results:

- It can take too long to hit bottom and is thus especially dangerous for the wealthy and prominent.
- Support systems continue when they should be cut off (enabling use)
- Harm to self, others, and wasted assets

Take action before the progression leads to economic and personal harm, and a decreased ability to grasp the emotional and spiritual elements of recovery.

A concrete example of where the advice of treatment centers and Al-anon is extremely harmful, is found in their message that an alcoholic/addict in early recovery will chose to *drink or not to drink* and family members have no influence over that decision. There is strong evidence that deep-seated environmental and emotional triggers lead to relapse. Avoiding these triggers after leaving in-patient treatment is extremely important. Here is an example of the contrast between our view and that of treatment centers:

> *A man with a history of relapse entered an in-patient treatment center. His wife wanted him to accompany her to a joint family reunion/family business meeting, in a resort setting, after he left treatment. We emphatically recommended against her husband joining her, given the stress of being in a social/business environment and the availability of alcohol. Instead, we suggested that he return home and follow through on his post in-patient recovery program. In the treatment center's family program, the wife was told to ignore our advice since her husband could chose to drink or not drink, regardless of the circumstance. The man agreed to join his wife, went to the resort and relapsed. While he might have relapsed at home, there was a higher probability that he could have stayed sober at home versus at the resort.*

We advise family members to actively support their loved one's engagement in post-treatment activities known to lead to recovery. As we said at the start, pilots and health care professionals who follow their program have an 85% plus recovery rate. By emulating what they do, we increase the prospects of recovery for other groups by being proactive rather than doing nothing and hoping for the best, as recommended by Al-Anon and many family programs at treatment centers. The latter advice, *"doing nothing or letting go"* has led to far too many relapses and tragedies.

6. Bias as a Recovery Barrier - "Wealthism"

While most populations are off limits in terms of jokes and negative comments, targeting the affluent is still fair game. We associate this idea with the term *wealthism*: prejudice towards wealthy people, including actions and/or attitudes that dehumanize or objectify the wealthy.[7] *Wealthism* may result in patients having negative views regarding their wealth, and may lead to reluctance to discuss money and prominence concerns with their counselors or peers.

Affluent patients should be in a low-bias setting because recovery involves telling deep, personal experiences with alcohol and/or drugs to other alcoholics/addicts. Sharing these emotionally based experiences creates intimate relationships. Alcoholics and addicts recover together, not by themselves. The ability to identify with and become integrated into a group that is accepting is paramount for recovery. Without the affirmation and encouragement of a supportive counselor, patients can feel isolated, alienated, and afraid to ask for help.

To summarize, it takes persistent and knowledgeable professional advice, and skilled, willing, treatment centers to improve recovery rates for the affluent. It can be done. We have seen recovery take hold when families and their advisors work together consistently in following the recommendations outlined in this section.

Conclusion

In our experience, taking action when dysfunctional behavior becomes apparent in clients leads to many positive outcomes for family members and their addicted loved ones. We encourage advisors and financial planners to use the information in this article to become informed about how addiction impacts their practice, how to find help, and what sustains recovery. For far too long, the affluent community has tolerated alcohol and drug addiction to the detriment of the addict, family members, and most importantly, their children and grandchildren. It's time we work together to create a new culture, engaging the disease of addiction rather than continuing to ignore the "elephant in the room."

[7] Joanie Bronfman. *"The Experience of Inherited Wealth: A Social-Psychological Perspective"* Ph.D. Dissertation, Brandeis University, 1987. Her outline of her dissertation is also an excellent resource.

Appendix

1. Case management services

Case Management services are provided on behalf of the family by an addiction professional who oversees the post-treatment recovery program of the addicted family member. The professional works for the family and not the addict (avoiding conflict of interest and confidentiality problems). However, the professional does meet with the addict, checking on progress and helping communication with the family on various topics that may be hurdles and challenges of early recovery.

These Services Include:

- Coordination of ongoing care
- Communication with providers
- Weekly progress meetings
- Aid in returning to work and family
- Ongoing program monitoring
- Referral as needed
- Monitoring/Observed Drug Testing
- Advice to client
- Family meetings

These services are modeled after successful programs, which emphasize the importance of following post-treatment recommendations and addressing secondary problems. The goal is to help families heal, communicate more effectively, and make the most of their new recovery journey.

2. Personal counseling and recovery support

This service is for the individual in early recovery. It is also called "mentoring" or "coaching", but it is much more than those activities because it involves the skills set of licensed alcohol and drug counselors and similarly trained licensed professionals. Learning new skills to handle emotions and relationships takes time and encouragement. The counselor may interact with the family, but does so on behalf the addict in early recovery as the addict is the client. These services include:

- Post-Treatment Counseling and Support Services
- Individual Counseling and Mentoring: *Promoting positive change and healthier relationships within appropriate boundaries.*
- Family Meetings: *Improving interpersonal relationships, communication, and family dynamics, particularly affected by the addicts drug or alcohol use.*
- Life Management Skills: *Smoothing transitions to home, work or school.*
- Relapse Prevention: *Sound relapse prevention plans and skills.*
- Clinical Transportation: *Supervised by trained addictions counselors.*

These services are coordinated with post-treatment and continuing care recommendations.