Jeffrey Lynn Speller

EXECUTIVES IN CRISIS

Recognizing and Managing the Alcoholic, Drug-Addicted, or Mentally Ill Executive

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Preface

Alcoholism, drug abuse, and mental illness can have a devastating impact. An article in the *New York Times* business section began this way:

> At 33, Bill O'Donnell Jr. had succeeded. He was vice president of Bally Manufacturing, had an annual salary of $150,000, owned two Mercedes Benz's and an expensive house in Winnetka, Illinois.
>
> He also cheated on his wife, missed meetings he had called and used 4 grams of cocaine a day [Goleman, 1986, p. 1F].

Although alcoholism, drug abuse, and mental illness can strike anyone, the potential effect of one or more of these conditions on an upper-level or senior executive is much greater than that on an hourly employee, supervisory manager, or middle manager. Alcoholic, drug-abusive, or mentally ill senior executives are very costly to all organizations, whether private or public, large or small. They make bad decisions, irritate and frustrate their colleagues, lose sight of priorities, miss deadlines, forget important assignments, lower morale, act impulsively, and think irrationally. Although the number of senior executives in any given firm who are troubled by addictions or mental ill-

ness may be small, even one seriously disturbed senior executive whose condition goes undetected and untreated can cost an organization hundreds of thousands of dollars in bad decisions and can adversely affect the productivity and competitiveness of the firm as a whole. In addition, the costs of recruiting, hiring, training, and developing a replacement for a highly experienced and capable senior executive—not to mention the disability retirement and continuing health care costs—can also be quite significant for the organization.

The eventual personal cost to the untreated alcoholic, drug-dependent, or mentally ill senior executive and his or her family can also be very great: the loss of a stable means of financial support, the end of a career, and the disruption of the family. But if these senior executives are identified and successfully treated early in the course of their illness, then many of them can return to productive and satisfying careers.

The challenge of detecting and managing the alcoholic, drug-dependent, or mentally ill upper-level executive is a reality for all organizations, regardless of size or type of business. No one is immune. Many corporations have already realized the importance of an aggressive approach to the problem of blue-collar and white-collar employee addictions and mental illness. During the last ten years many firms have initiated employee-assistance programs (EAPs) that have targeted these employee groups. Many firms have established and maintain in-house staffs of medical and nursing professionals and alcohol and drug-abuse counselors who assist the troubled blue-collar or white-collar employee. Many of these firms have experienced significant success in dealing with and managing alcoholic, drug-abusive, or mentally ill blue-collar workers, supervisors, and middle managers, but in many cases impaired senior executives have remained unaffected by the best efforts of these firms.

Why? The most common reasons include (1) the frequent lack of close, day-to-day supervision of senior executives by their superiors, (2) the difficulty in connecting a developing health problem with the impairment of day-to-day performance, particularly in the early phases of the illness, (3) the desire by loyal subordinates to cover up for a senior executive's impair-

ment, and (4) the absence of senior colleagues who are aware of the impaired executive's problems and who have sufficient status, desire, and knowledge to confront and follow through with the executive.

Thus, the problem continues. Over the years I have counseled a number of executives who were in trouble in this way. Some of their comments are presented below:

> A senior vice-president of personnel, and a recovering alcoholic himself, stated, "The number of active alcoholics in the senior management ranks in this company is astounding, yet only one in ten is willing to get help."
>
> "When I went for treatment for my cocaine problem, my fellow coke users in the corporation thought that I was crazy to risk my career by admitting my problem." This is a senior vice-president of marketing from a mid-sized high-technology firm in California.
>
> A fifty-six-year-old senior executive who was a heavy drinker for more than thirty years finally realized he was in trouble. "My alcohol problem was so bad that I needed three strong drinks before work in the morning just to make it through to lunch, but no one at work suspected that I had a problem until it was nearly too late."
>
> From a forty-six-year-old senior executive in government who went through a painful and difficult divorce: "I knew I was developing a serious problem with depression when I started seriously thinking about jumping out of my sixth-story window, while all the time I maintained a cool and calm facade in the office—no one ever knew I was thinking about killing myself."
>
> "Although I'm a manic-depressive, not even my closest colleagues at work suspected that I had any problems—that is, until I stopped taking my lithium carbonate and

became psychotic," explained a forty-two-year-old hospitalized upper-level executive who was recovering from a manic episode.

Audience

Executives in Crisis is for those executives, human resource managers, and personnel officers who, lacking the benefit of professional advice, well-formulated policies, and clearly established procedures, have been struggling to deal with their impaired upper-level executives on a case-by-case basis, often with mixed results. Although the impaired senior executive may be a rarity at many firms, all organizations, large or small, greatly depend on *all* their senior executives to guide the firm through today's turbulent marketplace. In many organizations the impairment of a crucial senior executive can literally threaten the very existence of the business.

The purpose of this book is to help the reader recognize the early symptoms and, thereby, effectively manage alcoholism, drug addiction, or mental illness among senior executives. This objective is accomplished in several ways. *Executives in Crisis* (1) increases the reader's awareness of the problems of alcoholic, drug-addicted, and mentally ill senior executives; (2) reviews for the reader the basic concepts of alcoholism, drug dependency, and mental illness and relates them to the disturbed senior executive; (3) teaches the reader how to recognize the early warning signs of alcoholism, drug abuse, or mental illness in the impaired senior executive; (4) instructs the reader on how to get an impaired upper-level executive into treatment and keep him or her there; (5) helps the reader manage the treated or rehabilitated senior executive once he or she returns to work; and (6) instructs the reader in the development of organizational strategies that effectively deal with the impaired senior executive. In each chapter the basic concepts are stated clearly in nontechnical language and brought to life through case histories and clinical vignettes.

Although the basic concepts of the detection and treatment of alcoholism, drug abuse, and mental illness have been in

existence for some time, *Executives in Crisis* applies these concepts to senior executives in a comprehensive and systematic way, thereby broadening the base of knowledge and practice of human resources management. Alcoholism, drug abuse, and mental illness can strike anyone from the chairman of the board to the hourly employee, but the problems of detecting and treating seriously disturbed upper-level executives are different and require a different approach.

Because this book is a practical guide that gives concrete advice, it is very different from other books currently available on the topics of the psychology of the executive (Levinson, 1964, 1981; Kets de Vries and Miller, 1984; Grieff and Munter, 1980; Maccoby, 1981; Kotter, 1982; Rohrlich, 1980) and executive stress (Blotnick, 1984; Cooper and Marshall, 1977; Cooper and Payne, 1980; Levinson, 1975; McLean, 1974). Many of these works focus on the manager or executive who may be troubled by a variety of personal problems, including legal and financial difficulties, supervisor-peer-subordinate conflicts, family and marital problems, neurotic conflicts, "burnout," work overload, and stress. Although these works are important and helpful, the executive, manager, or personnel officer who is looking for an easy-to-read text that specifically addresses the problems of dealing with the addicted or mentally ill senior executive will be disappointed. *Executives in Crisis* focuses on a group of senior executives who go beyond the bounds of neurotic illness, stress reactions, or adjustment difficulties and develop serious problems with alcoholism, drug abuse, depression, mania, or psychosis, usually requiring a period of hospitalization.

The idea for this book came from my experience in consulting to private industries and government about emotionally impaired executives and employees. During the course of these consultations a number of executives, managers, and personnel officers commented that they suspected that there were more executives having difficulty with drugs, alcohol, or mental illness, particularly at the upper levels, than were currently seeking help. For some of these employers, the first indication they had that their upper-level executives might be having such a problem came when, without warning, a senior executive be-

came acutely ill, requiring immediate hospitalization. When the treated senior executive returned to work, the employer was unsure of what to expect or how to proceed in making the reentry process as smooth as possible. In other cases, the signs that things were not going well with an upper-level executive came in the form of persistent complaints from clerical staff or other executives that this individual had been behaving inappropriately—in some cases for years—or simply not performing up to his or her potential. Many of these employers sought my advice on how and when to intervene. In the course of assisting these employers, I learned a great deal about how to detect the early warning signs and how to manage the seriously disturbed senior executive before, during, and after treatment.

In addition, I have treated on an outpatient or inpatient basis a number of alcoholic, drug-addicted, or mentally ill executives who admitted that they did not realize they were having a serious problem, particularly with drugs or alcohol, in the early stage of their illness. These senior executives were reluctant and resistant to seeking help because they were fearful, embarrassed, or simply unsure of how to seek help. In treating them, I have gained a better understanding of why it is often difficult for anyone—executive, manager, or personnel officer—to detect and assist these individuals and have developed strategies to effectively deal with the reluctant or resistant impaired senior executive.

Overview of the Contents

Executives in Crisis is divided into three sections. In Part One, Chapters One and Two describe the problem of the impaired senior executive; present a definition of an impaired senior executive; discuss the issue of the impaired woman or minority executive; define mental health and mental illness; describe the financial impact of alcoholism, drug addiction, or mental illness on the executive and the company; and discuss the causes of alcoholism, drug abuse, and mental illness.

Part Two deals with the problems of detecting the impaired senior executive by focusing on the signs and symptoms

of alcoholism, drug abuse, and mental illness in the senior executive ranks. This section will be of particular interest to those readers who have only a casual knowledge or understanding of these problems. (The more sophisticated reader may want to turn directly to Part Three, which describes in detail the strategies for managing the alcoholic, drug-addicted, or mentally ill senior executive.) In Chapters Three, Four, Five, Six, and Seven, the reader is introduced to five major senior executive illnesses: alcoholism, drug abuse, depression, mania, and psychosis. The chapters contain case histories of senior executives who got into trouble with each of these conditions. Each chapter discusses the nature of one illness, briefly discusses its causes, and emphasizes its early warning signs.

Part Three describes in detail the strategies for successfully managing the alcoholic, drug-addicted, or mentally ill senior executive. Chapter Eight describes the steps to determine whether a given executive is impaired and in need of treatment, including collecting, reviewing, and evaluating data on the executive's job performance; consulting with a mental health professional about tentative conclusions; and confronting the impaired executive about his or her deteriorating job performance. In addition, the chapter describes what to do if an executive acutely decompensates and what to do to keep an impaired executive in treatment.

Chapter Nine discusses managing the rehabilitated or recovering executive once he or she returns to work. The reader is instructed in the specific steps to take to ensure a smooth and successful reintegration into the firm, including meeting with the recovering executive before discharge from the treatment facility, developing an appropriate and individualized aftercare plan, making temporary or permanent adjustments in the returning executive's job routines and responsibilities, preparing the corporate staff for the recovering executive's return to work, planning for the possibility of relapse, and scheduling regular meetings with the executive after his or her return to work. In addition, the chapter discusses specific aftercare strategies for the recovering alcoholic or drug-addicted executive. Support services for the executive's family are also described, and specific sug-

gestions are given for how to deal with the executive who either relapses or cannot return to work. The chapter ends with a discussion of when to fire an impaired senior executive.

Chapter Ten offers a set of suggestions for developing a corporate policy and set of procedures that will ensure the early detection, treatment, and reintegration of the recovering senior executive into the firm. The focus is on the why, what, where, and for whom of corporate policy. An example of a corporate policy on the impaired senior executive is presented.

Chapter Eleven covers a variety of issues, including selecting a mental health consultant, identifying specific treatment resources in the community of the troubled executive, training executives in proper procedures in the management of the impaired executive, reviewing company policy on sick leave and adjusting company disability and group health insurance policies, and developing an evaluation procedure to monitor the success of efforts to detect and manage the troubled executive.

Chapter Twelve presents case studies from three organizations that struggled to manage the impaired senior executive. The chapter focuses on their efforts and offers suggestions for how things could have been handled differently.

Chapter Thirteen concludes the book by putting the challenge of managing the impaired senior executive in perspective. The chapter reflects on the drawbacks and limitations of the approach advocated throughout the book.

The Resource provides useful information about psychotherapy and psychiatric medication.

It is my hope that everyone concerned with helping seriously disturbed senior executives will benefit from reading this book, although it is not intended as the definitive work on the subject. It is a result of my unique clinical and consulting experiences. Although I was trained as a physician and psychiatrist, my approach is eclectic, with a perspective gained from disciplines including clinical psychiatry, psychology, social work, general management, organizational development and behavior, and human resources and personnel management. I attempt to take a balanced view by focusing on both the disturbed senior executive's behavior and his psyche, while emphasizing the im-

portance of structures within the environment to help detect symptoms and appropriately manage these individuals before, during, and after their treatment. For example, I emphasize the importance of self-help programs, including Alcoholics Anonymous, Narcotics Anonymous, and Emotions Anonymous (AA, NA, and EA), in the early detection of senior executives who may be in the beginning stages of relapse, as an integral part of the inpatient or outpatient treatment plan, and as an effective follow-up and aftercare plan to prevent relapse.

In the book I have taken the position that alcoholism and drug addiction are diseases. In doing this, I am being consistent with the long-held policies of the American Medical Association, the American Hospital Association, and the AFL-CIO. Some readers will disagree, preferring to view alcoholism and drug abuse not as illnesses but as a result of willful misconduct, a lapse in moral judgment, or stresses within the work and home environments. Seeing these conditions as diseases does not imply that they can or should only be detected or treated by a physician. Quite the contrary—some of the best remedies for these problems are not physician oriented—for example, AA, NA, and EA; freestanding alcohol-rehabilitation centers; drug-free treatment programs; and substance-abuse halfway and quarterway houses. When I use the term *disease*, I am trying to convey the idea that alcoholism and drug addiction are serious conditions, largely out of the individual's control, that require intensive, continuous, and long-term intervention or monitoring. There are no "cured" substance abusers, only "recovering" alcoholics or drug addicts.

Because of the limitations of space I present only five executive illnesses. Although these illnesses are the ones that I have encountered most often in my consultation with executives, they are, by no means, the only illnesses that afflict senior executives. Like everyone, executives can be struck down unexpectedly by a large number of emotional, psychiatric, and physical illnesses. The framework presented in this book is not the only way to view senior executives in crisis, nor are my suggestions for managing them necessarily new or unique. There is and will always be healthy debate about the best way to under-

stand and effectively manage the mentally ill. This framework has helped me assist troubled senior executives in a wide range of organizations, and I believe it will also help readers in their struggle with troubled senior executives.

Special Note About Case Histories and Use of Terms

I have used a number of terms throughout the text to describe the emotional turmoil of the troubled senior executive. The terms *psychiatric illness, psychiatric disorder, mental illness, emotional distress, emotional upset, psychological distress,* and *psychiatric disease* are used interchangeably and refer to any of a broad range of psychiatric disorders and disturbed states of mind as defined in *Diagnostic and Statistical Manual of Mental Disorders–III–Revised,* otherwise referred to as the DSM–III–R (American Psychiatric Association, 1987). The terms *alcoholism, alcohol abuse, alcohol addiction, drug addiction, illicit drug use, drug abuse, drug dependency, substance abuse, substance dependency, chemical abuse, chemical dependency,* and *chemical addiction* refer to a subset of psychiatric disorders referred to as *substance-use disorders* in the DSM–III–R.

All case histories and vignettes in the text are composites of clinical material collected from a wide variety of sources. Senior executives and other individuals presented in the text are fictional. Any similarity of characters presented in the text to any person living or dead is purely coincidental. This text was not intended for and should not be used by a lay person to make formal diagnoses and determine treatment. The proper use of criteria for diagnosis and treatment requires specialized clinical training that provides a body of knowledge and clinical skills. An experienced mental health professional should always be consulted when seeking a formal diagnosis and treatment recommendation.

Acknowledgments

I am intellectually and emotionally indebted to the many individuals who made this book possible. First and foremost are my patients and clients, the executives who have been afflicted with

alcoholism, drug addiction, and mental illness, who must remain anonymous. To them I owe perhaps the greatest debt. They have taught me a great deal as I have attempted to help them. This book is dedicated to them. Robert Hargrove of Hargrove Associates offered invaluable advice, as did Peter Brill, Barrie Greiff, David Morrison, David Robbins, and Jay Rohrlich. I would like to express my gratitude to three of my teachers, Frances K. Millican, David Raphling, and Joseph H. Smith of the Washington Psychoanalytic Institute, for the invaluable clinical advice they have provided over the years. John S. Kafka, also of the Washington Psychoanalytic Institute, was instrumental in supporting me and giving me the courage to persevere. I am indebted to Manfred Kets de Vries, Harry Levinson, Michael Maccoby, and Abraham Zaleznik, all pioneers in the application of psychoanalysis to the study of organizations, who over the years have played important mentor roles. Finally, special thanks belong to my wife, Tanya Korkosz, whose helpful comments and overall support have made this book possible.

Cambridge, Massachusetts Jeffrey Lynn Speller
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The Author

Jeffrey Lynn Speller is executive director of the Leadership Research Project and lecturer in the Department of Psychiatry, Cambridge Hospital, Harvard Medical School, Harvard University. The Leadership Research Project is an interdisciplinary research program dedicated to the study of leadership in business, government, labor, health care, and education. Speller received a B.A. degree (1970) in philosophy from Haverford College, an M.D. degree (1974) from the Harvard Medical School, and an M.B.A. degree (1979) from Harvard Business School. He completed his psychiatric residency (1975–1978) at McLean Hospital, Harvard Medical School. He is a former candidate for the doctorate in business administration degree (1981–1982) at the George Washington University School of Business and Public Administration. He completed his training for the certificate in psychoanalysis from the Washington Psychoanalytic Institute in 1988. He is a practicing psychiatrist and psychoanalyst.

Speller's main research interest lies in the interface between psychoanalysis, occupational and industrial psychiatry, and organizational behavior and management policy. Specific areas of interest are leadership, organizational dynamics, organizational and executive stress, and executive development. He has published several scientific papers as chapters in books and as articles in journals.

Speller is the founder of the Cambridge Institute, a management consulting firm and private psychiatric group practice specializing in problems of leadership, executive and employee performance, and human resources management. Former clients have included AT&T; IBM; Arthur Anderson; National Medical Enterprises; and the United States Departments of State, Defense, Commerce, Labor, and Health and Human Services.