

The Codependent Therapist

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Objectives:

- Explore the definition and characteristics of co-dependence.
- Learn what patient behaviors may trigger our codependency.
- Appreciate its expression in the behaviors of staff working in these programs.

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What is co-dependency?

A pattern of painful dependence on compulsive behaviors and approval from others in an attempt to find safety, self worth and identity

- Timmon Cermak

- type of dysfunctional helping relationship where one person supports or enables another person's addiction, poor mental health, immaturity, irresponsibility, or under-achievement.¹
- a codependent is addicted to helping someone. They need to be needed.
- a set of *maladaptive, *compulsive behaviors learned by family members in order to survive in a family which is experiencing *great emotional pain and stress... [8]
- codependency is the fallacy of trying to control interior feelings by controlling people, things, and events on the outside.

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- Characteristics of Codependency
 - Caretaking
 - Obsessive
 - Denial
 - Dependency
 - Poor communication
 - Weak boundaries
 - Externally focused
 - Controlling/Rigid
 - Low self – worth
 - Relationship problems

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What is my role?

- We need to understand the expectations of:
 - Our education/profession
 - Our agency/workplace

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- Counsellors are responsible for the skills they possess, how these skills are used, the types of interventions made and for ethical behavior
 - The Codependent Counsellor – Philip J. Beebe

What does codependency have to do with the work I do with patients?

- Our work is done within the context of our relationship with the client therefore all our “stuff” directly affects our clinical judgment, decision making, delivery of service, our ability to maintain professional boundaries and what we project onto the client
- Our codependent behaviors are what get us into difficult situations with clients and within ourselves

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- Counsellors are responsible *to* their clients not *for* their clients
 - Caregiver vs. Caretaker
 - Behavior vs. Motivation

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WE DO NOT SEE THINGS AS ***THEY*** ARE

WE SEE THINGS AS ***WE*** ARE

Getting caught by clients - their behaviors – our triggers

- Boundary issues
- Acting out/Non-compliance
- Flattery
- Tears/Helplessness
- Horror stories
- Manipulation/Red Herrings
- Intimidation
- Whining/Non-action

How we know we've been caught – our behaviors

- **rescuing** - things we do to protect patients from the consequences of their behavior
- **persecuting** - blaming the patient/program/others in an attempt to avoid changing our strategies
- **being victimized** - giving in to patient demands despite our knowledge of best practice principles; tolerating inappropriate behavior; vicarious trauma

How we know we've been caught – our behaviors

- **enabling** - behaviors we employ that allow, promote, or reinforce patients to continue unhealthy or destructive behaviors
- **rigidity** - all our decision making re: patient care is based on “black & white rules” – no exceptions, allows us to avoid using clinical judgment & having to take responsibility for those decisions

How we know we've been caught – our behaviors

- **need to control others** - majority of time spent policing patient's behavior, monitoring other staff to ensure rules are being followed etc., in an attempt to deal with our anxiety &/or avoid self-awareness
- **inability to set limits with clients/ lack of assertiveness** - anxiety and avoidance of situations where we need to challenge patient behaviors and define acceptable limits

How we know we've been caught – our behaviors

- **boundary distortions** - behaviors we exhibit that take us out of our role as professionals
- **emotional distress** - we experience anxiety, depression, hypervigilance, compulsion, avoidance, restricted emotions, and either deny their presence or act them out in ineffective ways
- **remain in a therapeutic relationship with unchanging patient** - we experience anxiety, depression, hypervigilance, compulsion, avoidance, restricted emotions, and either deny their presence or act them out in ineffective ways

Strategies and skills we need for survival

- Clearly defined roles and program expectations
- Solid understanding of professionalism – especially boundaries
- Self-awareness/insight into our triggers/motivation/behaviors
- Need to have done our own personal work
- Assertiveness skills/Self-soothing skills
- Self Care
- Harmony in work/life
- Good clinical supervision/support systems/feedback
- Sense of humor