



**CONTINUING EDUCATION (CE) COURSE MATERIAL**  
**Course No. CE1310P1 – Co-dependency: Diagnosis and Treatment**

**COURSE OBJECTIVE**

An examination of co-dependency and its similarities to chemical dependency, its signs, symptoms, assessment, diagnosis and treatment.

**COURSE MATERIAL**

Co-dependence is similar to chemical dependence in that it is a disease of denial and is characterized by misuse of willpower (Cermak, 1986). Common in families of chemically addicted people, the co-dependent evolves through attempts to control others through self-sacrifice in an effort to balance the dysfunction and create “normalcy” within the family (Cermak, 1986, Metzger, 1988, and Whitfield, 1989). The self-worth of the co-dependent is hinged on their ability to control situations and please others using willpower (Cermak, 1986 and Wegscheider-Cruse, 1990).

Research has shown a correlation between behavior and the release of certain brain chemicals that bring feelings of relief, much as drugs and alcohol do for the chemically dependent person (Wegscheider-Cruse, 1990). The co-dependent responds to the need to feel better by using compulsive behaviors that release these brain chemicals and improve the way they feel (Wegscheider-Cruse, 1990).

Co-dependency responds best when professional treatment is combined with 12-step group attendance (Cermak, 1986 and Wegscheider-Cruse, 1990).

***What is Co-dependency?***

Co-dependency is characterized by set of personality traits, behaviors, and attitudes resulting in dependency upon the approval from others for self-worth, safety, and identity (Burney, 1995, Cermak, 1986, and Wegscheider-Cruse, 1990). It is common among families of chemically addicted people and at its root is the need for survival through achieving “balance” within the family (Metzger, 1988 and Whitfield, 1989). This “balance” is achieved through control of others by self-sacrifice (Cermak, 1986).

Co-dependency develops over time as family members adjust their attitudes and behavior, creating a new reality, to cope with the substance abuser (Metzger, 1988 and Whitfield, 1989). It begins when a person begins to deny their feelings, observations, and reactions, becoming tolerant of emotional pain (Wegscheider-Cruse, 1990 and Whitfield, 1989). The co-dependent stays in abusive relationships, denies or makes excuses for a family member’s behavior, and caters to the needs of others over their own needs. Through sacrifice of self the co-dependent struggles to gain power, acting and reacting based on the needs of their audience and losing their sense of self (Cermak, 1986 and Whitfield, 1989). Subtly, this facade begins to undermine the genuine self, the co-dependent gradually loses touch with who they “really” are and, like any other actor, becomes dependent on the approval of the audience to feel as though the performance was successful (Wegscheider-Cruse, 1990).

This loss of self is characterized by numbed feelings, an inability to feel and/or express true feelings, and avoidance of uncomfortable or undesirable feelings resulting in low self-esteem (Cermak, 1986 and Wegscheider-Cruse, 1990). Over time, the co-dependents may themselves become substance abusers, apathy may develop and they may become suicidal, or they may become physically ill (Cermak, 1986 and Wegscheider-Cruse, 1990).



### ***Co-dependency and the Brain***

Brain research has discovered that there is a correlation between behavior and emotions in co-dependence due to the brain chemicals epinephrine, dopamine, and serotonin that the brain is stimulated to release in response to the emotions created by certain behaviors (Wegscheider-Cruse, 1990). This relief seeking behavior is similar to the emotional change that chemical abusers seek when using/abusing drugs (Wegscheider-Cruse, 1990). The co-dependent responds to the need to feel better by increasing the behaviors that release these brain chemicals and change the way they feel (Wegscheider-Cruse, 1990). Some examples of these behaviors are denial of feelings, controlling or withdrawing from others, pretending nothing is wrong, self-righteousness, and aggressive or passive treatment of others (Whitfield, 1989). The “workaholic”, the “crisis junkie”, and the “people pleaser” are further examples of harmful, relief seeking, compulsive behaviors (Wegscheider-Cruse, 1990).

The co-dependent becomes dependent on the “feelings” produced by the release of these brain chemicals and like the alcoholic and drug addict continues to repeat self-destructive behaviors in order to feel better (Wegscheider-Cruse, 1990). The co-dependent is getting “high” on their own brain chemicals; self-medication through behavior!

### ***Signs and Symptoms***

The co-dependent creates a fantasy world by using denial, delusion, and dissociation in order to decrease the pain that would be experienced if reality were accepted as it is (Wegscheider-Cruse, 1990). This denial and emotional repression of feelings creates anxiety caused by these unacknowledged feelings triggering a need for relief and the co-dependent resorts to substance abuse and other compulsive behaviors to provide relief from their emotional pain (Wegscheider-Cruse, 1990). They may become “addicted” to work, spending money, gambling, food, caffeine, sex, and/or relationships, as well as to alcohol and drugs (Wegscheider-Cruse, 1990).

The co-dependent determines their self-worth by the happiness of their partner and will attempt to control life through the use of willpower (Burney, 1995 and Cermak, 1986). They will deny their own needs in favor of the needs of others and any perceived unhappiness in those around them serves to fill them with feelings of inadequacy as their self-esteem is derived by their ability to control situations and please others (Cermak, 1986). Eventually, the co-dependent may reject or withdraw from relationships with others in order to protect themselves from disappointment or abandonment (Cermak, 1986).

### ***Assessment and Diagnosis***

The following diagnostic criteria for co-dependent personality disorder as defined by Timmen Cermak, MD are:

- A. *Continued investment of self-esteem in the ability to control both oneself and others in the face of serious adverse consequences.*
- B. *Assumption of responsibility for meeting others’ needs to the exclusion of acknowledging one’s own.*
- C. *Anxiety and boundary distortions around intimacy and separation.*
- D. *Enmeshment in relationships with personality disordered, chemically dependent, other co-dependent, and/or impulse disordered individuals.*
- E. *Three or more of the following.*
  1. *Excessive reliance on denial*
  2. *Constriction of emotions (with or without dramatic outbursts)*
  3. *Depression*



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4. *Hypervigilance*
5. *Compulsions*
6. *Anxiety*
7. *Substance abuse*
8. *Has been (or is) the victim of recurrent physical or sexual abuse*
9. *Stress-related medical illnesses*
10. *Has remained in a primary relationship with an active substance abuser for at least two years without seeking outside help.*

These criteria encompass ideas and behaviors common to persons with alcohol dependence and dependent personality disorder and contain four elements: identity confusion, an ambiguous attachment to willpower, low self-esteem, and denial (Cermak, 1986). Identity confusion is illustrated by the co-dependent's self-worth being directly tied to the success or failure of their partner and this is exacerbated by their belief that control can be achieved through sheer willpower (Cermak, 1986). Their self-worth is directly connected to their ability to make the other person "happy" and when unsuccessful, the co-dependent feels inadequate and persists in their endeavors to please the other person (Burney, 1995 and Cermak, 1986). Denial of undesirable feelings, events, and personal powerlessness forces the co-dependent redouble efforts at regaining control of persons and situations and success or failure is determined by the amount of control they are able to gain through the use of willpower (Cermak, 1986).

The following questions may be helpful in determining whether a person is a co-dependent:

1. Are you currently in a relationship with an alcohol or drug user/abuser?
  - a. If so, how long have you been in this relationship?
  - b. Have you sought help in the past?
2. Have you ever been abused by a family member?
  - a. Physically?
  - b. Sexually?
  - c. Have you been called names?
  - d. Accused of something you haven't done?
  - e. When was the last time these things happened?
  - f. How often do they happen?
  - g. Do you feel it is your fault?
3. Have you lied about or made excuses for a family member's behavior?
4. Do you discuss what is going on in your family with family members, friends, or relatives?
5. How do you feel and what do you do if a family member isn't happy?
6. Do you feel responsible for making any family member happy?
7. Do you worry about being abandoned?
8. Do you worry that you are not "good enough"?
9. Do you gamble, use/abuse drugs or alcohol, overeat, spend compulsively or engage in other compulsive behaviors?
10. Do you feel comfortable discussing your feelings?
11. How do you feel right now?
12. Do you suffer from anxiety?
  - a. Shortness of breath?
  - b. Feel tightness in your chest?
  - c. Feel "stressed out"?
13. Have you ever received treatment for a mental or emotional problem?



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- a. Describe.
14. Do you have any medical problems?
- a. Describe.

When asking these questions, be aware that the co-dependent survives in a world of denial and will minimize problems, behaviors and feelings (Cermak, 1986, Metzger, 1988). It is helpful to include some “probing questions” to ascertain the level of denial, assess possible co-occurring physical and mental health disorders, and determine the degree of motivation for recovery (Metzger, 1988).

Prior to the initiation of treatment, it is important to ascertain if the co-dependent is currently abusing alcohol or drugs, has another untreated mental health disorder, needs medical treatment, or currently resides in an unsafe home environment (Cermak, 1986). Other, appropriate assessment tools should be used when necessary and level of treatment will be assessed for an appropriate level of care placement to occur (Cermak, 1986). Persons with current chemical abuse problems, untreated physical and/or mental health disorders, or severely detrimental home environments cannot gain a lasting benefit from treatment (Cermak, 1986). Chemical abuse treatment, mental health treatment, and removal of the co-dependent from the home environment may have to occur concurrently or prior to commencing treatment for co-dependency (Cermak, 1986).

### ***Treatment***

Treatment works best when co-dependency is treated as a primary disorder and outpatient treatment may be preceded by inpatient or residential treatment in order to remove the co-dependent from their environment and break their system of denial (Cermak, 1986). Best outcomes occur when the co-dependent participates in a 12-Step group in combination with counseling from a therapist or professional trained in co-dependency treatment (Cermak, 1986 and Wegscheider-Cruse, 1990). Working through the compulsion by using the 12-Steps in combination with the guidance and feedback by a qualified person is essential to recovery from co-dependency (Wegscheider-Cruse, 1990).

Al-Anon, Alateen, Adult Children of Alcoholics (ACOA), and other 12-Step groups are available for the co-dependent and offer education about the disease of alcoholism, the danger of continuing to save the alcoholic from the consequences of his/her actions, and advice on how to cease enabling the alcoholic (Cermak, 1986 and Metzger, 1988). Other 12-Step groups are also available, such as: Naranon and Co-dependents (CODA) Anonymous. These 12-Step groups offer guidance and support to help the co-dependent to learn to cease gaining self-worth through external means and to heal and take care of self (Metzger, 1988).

Trust will have to be established between the professional counselor or therapist for the co-dependent to gain the benefit of treatment and can be achieved through a combination of acknowledgement of feelings, supporting positive behaviors, and challenging denial and harmful behavior (Metzger, 1988). Denial and rationalization will have to be addressed and the myth of control through willpower crushed (Cermak, 1986).

As the co-dependent’s denial system breaks down he/she will begin to feel and helping the co-dependent to acknowledge and accept their feelings and become familiar with naming these feelings will be of primary concern for the counselor (Cermak, 1986). The combination of professional treatment and involvement in a 12-Step program will help co-dependent to begin to accept their personal powerlessness and understand the myth of willpower to control and effect



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change in another person (Cermak, 1986 and Wegscheider-Cruse, 1990). As the co-dependent begins to accept their personal limitations and let go of control, they become increasingly willing to accept help, begin to feel less inadequate, and the recovery process begins (Cermak, 1986).

The counselor will continue to identify and address compulsive behaviors, focus on powerlessness and the limitations of willpower and control, and encourage independence and autonomy for all family members (Cermak, 1986). As the co-dependent surrenders his/her need for control and accepts personal powerlessness over their emotions and the emotions of others, they will feel relief and exert increased independence and autonomy (Cermak, 1986). Finally, the recovering co-dependent learns that what they do have control over is their level of honesty, openness, awareness, and their spiritual connection and that through these practices they gain personal integrity, self-discipline, and self-worth (Cermak, 1986).

Therapy or professional treatment is not a lifetime endeavor, it can and should end after a period of time (Wegscheider-Cruse, 1990). Prior to the termination of treatment, the counselor will explore the client's feelings about it, review their progress, examine fears, and encourage autonomy and self-reliance (Cermak, 1986). The client will benefit from encouragement to continue participation in 12-Step groups and continued work with a sponsor to continue to foster autonomy and prevent relapsing into co-dependent behavior (Wegscheider-Cruse, 1990).

### **Conclusion**

Co-dependency is a disease with symptoms that include: self-delusion, emotional repression, compulsive behavior, chronic low self-worth, relationship problems, and medical problems (Wegscheider-Cruse, 1990). Common in families of substance abusers, co-dependency develops by willful attempts at achieving normalcy and balance in a dysfunctional family system (Metzger, 1988 and Whitfield, 1989).

Brain research has discovered a correlation between behaviors and the release of brain chemicals that alter the way a person feels (Wegscheider-Cruse, 1990). The co-dependent uses compulsive behaviors to find relief as the substance abuser uses drugs and alcohol to self-medicate (Wegscheider-Cruse, 1990).

Co-dependency treatment is most successful when professional therapy is used in combination with 12-Step group involvement (Cermak, 1986 and Wegscheider-Cruse, 1990). At the termination of professional treatment, continued 12-Step group involvement can foster a continued healthy lifestyle and prevent relapsing into co-dependent behaviors (Wegscheider-Cruse, 1990).

### **BIBLIOGRAPHY AND SUGGESTED ADDITIONAL RESOURCES**

- ❑ Burney, R. (1995). Co-dependence: The Dance of Wounded Souls. Retrieved December 4, 2002, from: <http://joy2meu.com/co-dependency1.html>
- ❑ Cermak, T. (1986). Diagnosing and Treating Co-dependence. Minnesota: Johnson Books
- ❑ Metzger, L. (1988). From Denial to Recovery. San Francisco: Jossey-Bass, Inc.
- ❑ Wegscheider-Cruse, S. (1990). Understanding Co-Dependency. Florida: Health Communications
- ❑ Whitfield, C. (1989). Healing the Child Within. Florida: Health Communications



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**ACKNOWLEDGEMENTS**

This course material was prepared by Sally Wynn, a Certified Alcoholism and Other Drug Addictions Recovery Specialist (CAS) and California Certified Gambling Counselor (CCGC), who has served as a Program Manager for New Dawn Recovery Center (a CARF (Commission on Accreditation of Rehabilitation Facilities) -accredited recovery center); as a Group Home Counselor for Right Way Homes (Susanville, California); and for Volunteers of America – Boys and Girls Adolescent Recovery Centers (San Jose, California). Ms. Wynn is also an instructor for the California Association of Addiction Recovery Resources (CAARR). Breining Institute has edited the original material for the purpose of presentation in this course.



**CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS**  
**Course No. CE1310P1 – Co-dependency: Diagnosis and Treatment**

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

**QUESTIONS**

1. Which of the following statements are presented in the Course Material?
  - a. Research has shown a correlation between behavior and the release of certain brain chemicals that bring feelings of relief, much as drugs and alcohol do for the chemically dependent person.
  - b. The co-dependent responds to the need to feel better by using compulsive behaviors that release these brain chemicals and improve the way they feel.
  - c. Both A and B above.
  - d. Neither A nor B above.
  
2. Co-dependency is characterized by set of personality traits, behaviors, and attitudes resulting in dependency upon the approval from others for all of the following except:
  - a. Self-worth.
  - b. Financial stability.
  - c. Safety.
  - d. Identity.
  
3. Over time, the co-dependent may themselves experience which of the following:
  - a. Become substance abusers.
  - b. Apathy may develop and they may become suicidal.
  - c. They may become physically ill.
  - d. All of the above.
  
4. Brain research has discovered that there is a correlation between behavior and emotions in co-dependence due to the brain chemicals epinephrine, dopamine, and serotonin that the brain is stimulated to release in response to the emotions created by certain behaviors. This relief seeking behavior is;
  - a. Similar to the emotional change that chemical abusers seek when using/abusing drugs.
  - b. Distinct from the emotional change that chemical abusers seek when using/abusing drugs.
  - c. Both A and B above.
  - d. Neither A nor B above.
  
5. Which of the following diagnostic criteria for co-dependent personality disorder is not included in the definition offered by Dr. Timmen Cermak?
  - a. Continued investment of self-esteem in the ability to control both oneself and others in the face of serious adverse consequences.
  - b. Assumption of responsibility for meeting others' needs to the exclusion of acknowledging one's own.
  - c. Anxiety and boundary distortions caused by financial pressures.



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- d. Enmeshment in relationships with personality disordered, chemically dependent, other co-dependent, and/or impulse disordered individuals.
6. Which of the following questions may be helpful in determining whether a person is a co-dependent:
- Are you currently in a relationship with an alcohol or drug user/abuser?
  - Have you lied about or made excuses for a family member's behavior?
  - Do you feel responsible for making any family member happy?
  - All of the above.
7. Chemical abuse treatment, mental health treatment, and removal of the co-dependent from the home environment may have to occur:
- Concurrently with commencing treatment for co-dependency.
  - Prior to commencing treatment for co-dependency.
  - Both A and B above.
  - Neither A nor B above.
8. Treatment works best when co-dependency is treated as a:
- Primary disorder.
  - Secondary disorder.
  - Both A and B above.
  - Neither A nor B above.
9. Which of the following groups 12-Step programs is not identified as being helpful for the co-dependent, offering education about the disease of alcoholism, the danger of continuing to save the alcoholic from the consequences of his/her actions, and advice on how to cease enabling the alcoholic?
- Al-Anon.
  - Alateen.
  - AA.
  - ACOA.
10. Which of the following suggestions is not presented in the Course Material?
- Therapy or professional treatment is not a lifetime endeavor; it can and should end after a period of time.
  - Professional treatment by a licensed therapist should continue for as long as the co-dependent continues to interact with the family member (or significant other) with the primary abuse problem.
  - Prior to the termination of treatment, the counselor will explore the client's feelings about it, review their progress, examine fears, and encourage autonomy and self-reliance.
  - The client will benefit from encouragement to continue participation in 12-Step groups and continued work with a sponsor to continue to foster autonomy and prevent relapsing into co-dependent behavior.

**This is a ten-question examination. Answer Questions 1 through 10 for full CE credit in this course. Questions 11 through 21 have been omitted.**





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**SECTION 3.**  
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- Answers (circle correct answer):
- |            |             |             |
|------------|-------------|-------------|
| 1. A B C D | 8. A B C D  | 15. A B C D |
| 2. A B C D | 9. A B C D  | 16. A B C D |
| 3. A B C D | 10. A B C D | 17. A B C D |
| 4. A B C D | 11. A B C D | 18. A B C D |
| 5. A B C D | 12. A B C D | 19. A B C D |
| 6. A B C D | 13. A B C D | 20. A B C D |
| 7. A B C D | 14. A B C D | 21. A B C D |

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