

## *Your Healthy Self:*

### *Skills for Working with Codependent Behaviors*

Presenter: Nancy L. Johnston, MS, LPC, LSATP

#### Are there any valid assessments to measure codependency?

A: I am not aware of any valid instruments for measuring codependency. This continues to be an obstacle to further research on codependency. In my webinar, I cited the work of Dear, Roberts, and Lange. They were working on an assessment tool entitled the **Holyoake Codependency Index**. It is a 13-item questionnaire which highlights the four defining features of codependency I spoke of in the webinar on page 32: external focus, self-sacrificing, interpersonal control, and emotional suppression. I am not able to give you the Index directly, but here is a link to the abstract of the article and ways to get the article:

<http://connection.ebscohost.com/c/articles/13111085/test-retest-reliability-holyoake-codependency-index-australian-students>

Another possible assessment tool is the **Spann-Fischer Codependency Scale**. Here is a link to an article on this tool:

<http://www.midss.org/content/spann-fischer-codependency-scale-sf-cds>

And there are various check-lists for codependency which can be used, such as the one offered by Codependents Anonymous: <http://coda.org/index.cfm/meeting-materials1/patterns-and-characteristics-2011/>, but these are not the valid instruments I believe you are asking about.

We need research in this area.

#### I see codependency in staff as well as in clients. What suggestions can you make regarding comfortably and successfully helping co-workers and work teams in this regard? How can I assist to reduce the development of this challenge in staff and work teams?

A: An excellent and insightful question.

My experience in offering workshops and presentations on codependency is this: Once I start talking about the material which you received through my webinar, **clinicians start self-identifying**. I am presenting it to them primarily as clinicians treating others, but I do allow that they may want to apply any of this information to themselves. The conversations really get rich and helpful as they move to using the material for themselves. In fact, I say that the most successful way to use this information with clients is to have applied it first to our self.

With this said, perhaps you could have in-service training for staff on codependency specifically. It could be clear that the training is both for clinical as well as self-study that would enhance clinical work. Often when I am work-shopping this material in this way, I ask the participants to do the activities/exercises applying them to themselves. You could use *Your Healthy Self* as this training tool and have the workshop participants do the “Take a Moment” exercises offered therein. And to be very clear, when I invite workshop participants to apply this work to their own self, I never require that they share what they have written or learned. “Share as you wish” is my

way. I am not interested in labeling or diagnosing. I am interested in each person becoming more informed, aware, and skilled. This type of group training would allow you all to have similar language and awareness of codependent behaviors and may make it easier to converse and decision-make in your clinical/treatment team work.

Let me know if I can help more with this.

**If stating one's boundaries to the other person, should the consequences be introduced at that time? Example: If you do this, then I will not respond.**

A: This is a very good question and has a couple of parts to the answer:

In general I would say that stating the consequences early-on can be valuable *if*:

1. You have really **listened to you first** and know both what your boundary is and what the consequences are as presented in *Your Healthy Self* – pages 68-73, and
2. You **know you will follow-through** on both your boundary and its related consequences.
3. This would be stated to the other person **not as a threat** but as a clear description of where you stand and what you can do/offer/live with.

I will add, though, that not all boundaries will have a consequence we are stating or setting. If we know what our boundary is, say in terms of time, money, energy, we can offer that boundary, stick with that boundary, and know that other **natural consequences** will follow for both our self and the other person. For example, if I cannot give the other person any more money, some natural consequences may be that they have to figure out what to do without the money, and I have to live with that uncertainty as well as the disturbance in our relationship that may be caused by my not giving more money.

**What would be one thing you would recommend to a client to do if they want to begin using mindfulness?**

A: I would recommend finding a way to *experience* mindfulness.

Having been a student of the work of Jon Kabat-Zinn for 20 years, I would recommend getting acquainted with mindfulness through his primary book, *Full Catastrophe Living*. And practice is as important as the reading of his material. Kabat-Zinn offers guided meditation practice through resources listed at:

<http://www.mindfulnesscds.com/>.

Other ways to *experience* mindfulness would be:

1. Simply use the brief instructions in *Your Healthy Self* - pages 84-88 – and make sure to take time to practice.
2. Find a Mindfulness Based Stress Reduction and Relaxation (MBRR) program near you. This is the name of Kabat-Zinn's original program, and it has become widely available.
3. Find an app which will guide you in a 15-20 minute practice with the mindfulness elements I highlight in *Your Healthy Self*.
4. And as I have said already, we must take time to practice. Reading and understanding mindfulness will not give the vast benefits of the practice of mindfulness, the practice of quieting our self and experiencing the present moment.

Thank you very much for these excellent, thoughtful questions.  
Nancy Johnston, MS, LPC, LSATP  
[www.nancyjohnston.com](http://www.nancyjohnston.com)