NAADAC

Codependency turns 40! Celebrate? Adapt? Or Reconsider?

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[Captioner standing by]

>> The broadcast is now starting. All attendees are in listen-only mode.

>> JESSIE: Hello, everyone. Welcome to codependency turns 40, I celebrate? Adapt or reconsider? Presented by Dr. Robert Weiss. My name is Jessie O'Brien. I'm the training and professional development content manager here at NAADAC, the association for addiction professionals. I'm going to be the facilitator for this training expert. The permanent home page is right there on your screen. WWW.NAADAC.org/webinars. Make sure to bookmark it and stay up to date with us on all of the latest and addiction treatment.

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Immediately following the event, you will find everything that you need to know. WWW.NAADAC.org/codependency-attachment webinar. You can always E-mail us.

As many of you are probably aware, we're using Go to Webinar.

A couple of important things to point out that are in that control panel, first the questions box. That's where you can type any questions that you have for our facilitator, our presenter, about the presentation that you would like to have asked. We are gonna do a live Q&A towards the end of the presentation.

Any questions that we don't get to, we will E-mail to Dr. Weiss and -- a couple of after the presentation and post them where you went to register for this Webinar.

The other thing to pay attention to is the hands-out tab. That's where you could find the online CE directions and the slide presentation.

All right. Dr. Weiss, if you want to turn on your camera. Dr. Weiss is the Chief Clinical Officer for seeking integrity treatment programs. In the recent past, he created close to half a dozen addiction treatment programs in the United States and abroad including ones at the Life Heeling Center and Promises Malibu. He's spoken at 300 seminars around the world.

I'm going to stop talking and make you the presenter, so that you can share your slides and you can take it from here.

>> ROBERT WEISS: Well, thank you. Can you hear me okay?

>> JESSIE: Yes, sir.

>> ROBERT WEISS: Welcome. It's such an honor to speak for this organization. I have hoped for many years to do that. I will give you a quick introduction, I'm a recovering man. I enter the rooms of sexual recovery in 1996. I've been working a program for 35 years and I've been a licensed psychologist for 25.

My area of work, is sex addiction, porn addiction, and those behavior issues.

I would like to start. If you have any questions, put them in the Chat.

I'm going to take a couple of real model scenarios and introduce the issues to you. This is a care-giving scenario. It involves medical. It's about a medical situation, not addiction, not psychiatric.

My spouse of 15 years is diagnosed with cancer and is resistant to treatment.

We have three kids under the age of 14 at home and the outcome is uncertain. She doesn't want to go through Chemo. She started. She stopped. She went out of the country, dragged me somewhere else to get treatment. She's over it. She doesn't want to deal with it.

And because she's so ill, I go out of my way to assist her and care for my family, pushing aside my own needs and desires in the process. I start working two jobs. Stop self-care, and recreational activities. I start to gain weight, stop exercise, lose sleep and worry all of the time. I feel sick, overwhelmed and hyper-vigilant and afraid much of the time. How do you think my friends, family, employer, therapist, would react to this? How do you think they would advise me? How do you think they would look to my family?

Let's move on.

This is an addiction scenario. My wife of 15 years is addicted to opioids, facing a third round in rehab and is resistant to treatment. We have three kids at home under the age of 4. The outcome of her sobriety is uncertain.

In response to this crisis, I go out of my way to assist her and care for my family, pushing aside my own needs and desires in the process. I work two jobs, stop self-care, and recreational activities. I start to gain weight, stop exercise and lose sleep and worry all of the time. I feel sick, overwhelmed, hyper-vigilant and afraid much of the time.

How do you think my friends, family members, my therapist and my employer would react to this? Do you think they would support me? Would they consider me and my family to have been, in essence, victimized by this sad situation?

My suggestion to you is no, it would not be the case. Why would you call someone who is a medical caregiver a hero and bring them casseroles and take care of their kids? But if my spouse has an addiction, you would call me other things and tell me, I need to work on myself. Addictions is always stigmatized, as we know, and are those involved with addicts.

And caregivers, like nurses, and we're already underpaid.

We have a documented history in the addiction field and mental health of blaming, hurting, angry, fearful, beloved family spouses and family. We've been blaming them, hurting them and angry at them around them.

Now, shaming female caregivers of addicts is nothing new. I did my Ph.D dissertation in codependency.

One of the reasons I was able to talk about this, I spent three years reading almost all of the books and every article on most of the codependency work.

This is William White. He's an addiction and substance abuse historian.

The general view of the alcoholic wife depicted in the early AA and psychotherapy, literature was that of a woman who was neurotic, sexually repressed, dependent, man-hating, domineering, mothering, guilty. And the typical response, I would drink, too if I were with her.

Over the past 40 years, we've seen so many treatment programs for addicts. We have so many different ways to deal with addiction than we did when many of us were starting the field. And yet, when it comes to the treatment of family members, loved ones and spouses and caregivers of addicts, we've had only one model in 40 years. And that model is codependency. It is endemic. It is entrenched, it's what I know.

I would ask any one of you to name a model, a model that -- by which we are trained and educated to treat families and loved ones of addicts.

So we have no new fully articulated for the treatment of spouses and loved ones as the chronic and mentally ill. We don't.

How did we get here? I'm going to talk about that. But I want you to understand it started out as a pop culture phenomenon and grew from self-help books. And it morphed into the addiction worlds adapt and adopted. I'm not going to go into all of that. How did it become a pop culture phenomenon and also became integrated in the worlds of psychology and addiction?

I will give you two reasons. There are more. Number one, the women's movement. In the 1970sand early '80scodependent was the right message to women of that time. They were being told to self-actualize, don't depend on men, don't look to men for approval. Do it yourself.

If you remember "9:00 to 5:00" the movie, you have these women fighting this jerk boss to get out of the way. That's where women were coming from culturally at the time. It was most-feminism, if you will. And they were determined not to let men dominate or not be in charge of them.

Secondly, there was something that many of you may not know about called "the me generation." That was the boomers of the 1980sand '90s.

There were a lot of things said about us at that time. I don't think we're me generation. But at that time, it was about that. If you were around at the time, there was a lot of cultural focus on self-development and self-valuation.

We had organizations that had hundreds of people going for weekend seminars and week-long seminars, all to become more actualized, more aware of the creative. It was all about us becoming better. But really, it was about me becoming better.

And the articulation of women not having to depend on men and the me generations led to this concept that bled into the individual field. I have to individuate and focus on me. And I will not be successful if I lean on other people.

What I need to do is become a stronger, more self-actualization person.

The big four in the codependency field. These four weeks defined codependency. There are a lot of books written about codependency. But these ones laid the foundation. Here's the thing -- you can write 100 books about depression and we have to be able to say, this is what defines depression. You -- this is how we treat. This is how we treat depression under ENDR. These books set the foundation at how we look at codependency. That's not possible to change it.

It was laid down by the people who were the progeneraters of it. They created this. And my thought is, there's a lot of books following it, but you can't take the concept and twist it based on changing times because the original concept of codependency has not changed in 40 years. Here were the first four, Claudia Back, "it will never happen to me."

"Women Who Love Too Much" and then "Codependent No More."

"Codependent No More "sold over 11 million copies and was translated into 16 languages and women bought 95% of these and self-help titles at the time and they continue to do so today. In 1990, when -- four years after "Codependent No More," there were 1,020 books with "codependent" in the title. There were hundreds of workshops and seminars all included codependency. It was like the whole world shifted in this direction in a very short period of time.

As of 2018, 28 years later, there are now 340 books for more, with some form of the word "codependency" is in the title. I would ask you which was the right one? I don't know. I don't think you know either and I will tell you why in a bit.

Part of the reason there's not really a need and never was for the word with "codependency" in clinical literature, DSM, and ICD as dependent personality disorder.

The phrase of pathological dependent personalities, and we still have that, was created and written for people who were unable to function without a strong dependency on someone else. We had other words like mesh, or other involved.

We had -- I think we had more articulate ways that were accepted in mental health to talk about the issues with caregivers who were giving too much.

If you go to Wikipedia and you look up codependent, It says "see personality disorder." So this word became conflated and mixed into our literature and the psychology into the addictions.

This sets my fair on fair. Codependency doesn't exist. It's a concept. It's not a reality. It's something that we -- I don't mean to insult you. If you used this concept to help you, that's terrific. But the idea that we would use it at all with a family member or loved one going through the crisis, in the first year, I think is harmful. Let's talk about that more.

By the way, here are codependency titles, number 338, 339 and 340. I'm sure since 2018, there are six to ten more.

What has not been said about codependency?

How many more books do we need to write or could it be maybe the concept doesn't work or are we writing about it and writing about it to get it right.

By the way, the mental health field accepted this in the '90s.

I was told to let my mom go. She ended up on the streets, and I had to get her off the streets and start the thing over. I'm never going to let my mentally ill mother be told she has to take care of it herself because she couldn't.

When you tell families, let them do it on their own, let them struggle, you need to detach. People die on the streets. Not everyone can take care of themselves or grow themselves into healing. Family and community is required. When we detach, we eliminate or reduce the chances of healing. Rather the research shows that addicts do better with the help from family and loved ones.

Now, understanding codependency. Let's talk about this as it was written by the original folks in the 1980s. I will go through this quickly. I'm time limited.

Codependency is an analytic trauma-based theory of human dependency which states that those who partner with an addict do so as a form of trauma repetition.

Here are the loved ones -- such people unconsciously attached to a troubled love one because they are acting out their own history of self-esteem and desperate fears of abandonment and needs for approval by enabling and enmeshment, rescuing, raging and the like.

The word "codependency" evolved from a phrase that I liked much more called co-addiction by Claudia Black. Me as a partner being addicted to or obsessed with your drinking. Obsessed with your using. I'm obsessed with the problem. That's what co-addiction was about. Codependency became about, I'm addicted to you, my partner. You are the problem. I have to detach from you like an active to have to attach from active addiction.

By removing the word "addiction" which is -- which Claudia Black and all of those did at the time. They took out the word "addiction" and made it codependency and then the concept was accessible to the general public and I was around in the '80. You could be a Co. I could be a Co.

These concepts were born out of the experiences of the authors. if you understand and know Claudia and if you understand and know these people, you understand that all of them had alcoholic abusive fathers and they married alcoholic abusive husbands and they were writing about a concept that directly related to their concept. It's interesting. But I ask you, do you think every single partner of an alcoholic or addict has a trauma history? Do you think everyone is acting out their own issues out of this person?

Do you think that every person had an unconscious drive to engage with them because they knew somehow that 12 years later that person was going to start drinking?

So Co got profoundly processed in the addiction field. Women are caregivers and they were told they needed to stop that because they were told that caregiving, there was something wrong with them.

What we're told to do, we're supposed to understand their trauma history and how it relates to how and why they chose to person. We're supposed to understand the unproductive ways in which that trauma history has been enabling the addiction. We're supposed to get them to acknowledge their acting out their own unresolved issues today, thus making the addiction problem worse. And to make things better, they have to look at the fact that their unmet needs are in the relationship and making things different.

So they need to attach, set boundaries, and focus on themselves and establish distance from the addict.

So what has changed since 1982? Why don't we look at the issues from the same way. And the answer is my work is deeply sourced in attachment. My work is deeply sourced in being a part of the community and bonding.

Our focus on healing has focused away from self-actualization, from an attachment lens, my success and happiness is about my connections today.

The strength of my relationships, my family and peer relationships, my work relationships, my community bonds are evidence of my strength. I'm as strong as my connections. Everyone in program understands this. I don't have to be the best me I can be, which is what the me generation was all about. I -- by the way that leads to narcissism. And individualism, which is I don't need others, which is what every addict already struggles with.

Instead, today, I can be successful and I understand that home, community is the foundation of my life. So I grow the best parts of me with the focus on deepening my relationship as an equal balance between my abilities to succeed and function in the world and the quality of my relationships. I would say that the "me" generation has moved on. They are out of their 30s. They've moved on and they've focused on families and connections and relationships and the meaning is how -- how well I know myself and how much I've achieved.

The problem with this related to codependency is these are the words of Melody. She says, stop centering and focusing on other people. Settle down and into ourselves. Stop seeking so much approval and validation from other people. We don't need the approval of everyone and anyone. We only need our own approval. My emphasis. We all have the same sources for happiness and making choices within ourselves that others do.

So find your -- find and develop your own internal supply of peace, well-being and self-esteem. Relationships help, but they are not our source.

I can tell you that my relationships are my source. From there, I can move. I don't distance and move away from my relationships to become more profoundly successful, I deeply embed myself in them in order to do them in the world. This is what I come back to for nurturing and connection and support.

To me this is not matching up with how we view the world today.

By the way, do you think this was a message for men in the 1980s? No. Women were watching "9:00 to 5:00" but we were watching "Top Gun."

You ladies were struggling to get to where we were. So were looking to -- in the same way to self-actualize an individuate. We were already in charge and the act of detaching from others in order to engage in personal grove. The idea that I need to detach and separate and work on myself and distance from family, it's not -- it's not interdependence. It's not people coming together to improve their levels. It is anti-dependent. It means let's separate and work on ourselves. I don't think that's the way we look at our -- that we look at our recovery. I don't think that's the way 12-step work deems with that.

What's the first thing we do to help them? We bring them into the community and the meetings. We understand intuitively that people heal in relationships and what are the most important relationships? The ones who take care of us and take care of us.

This is another problem. What's wrong with codependent? The analytic, exploratory nature of early assessment and treatment tends to alien loved ones of addicts.

When your dog dies, do you think I should have walked him more? When you are dealing with the loss of a husband or wife or child that is alcoholic, there's grief there. You say, what could I have done differently? I want to say who can get you to use? Who is it that gets you so mad and leads to your use?

If I want to use, that's my decision. I can go to work. I can go to a meeting. I actually think that codependency has looked for an excuse to relapse. We're looking for an excuse. We've heard it, if my wife wasn't so codependent, I wouldn't drink. Who wouldn't drink and use under those circumstances?

I want to say, again, no one can make any of us drink or use no matter how miserable they make us. That's our decision.

The process of blaming or looking to the fault of loved ones and caregivers that -- it leaves them wondering, why are you putting so much attention on me? I helped get them here to sobriety. Not only that -- and this is what they see as strengths. I work two jobs. I gave up everything that was important in my life to take care of this person in my family and I got them into an alcohol treatment program and they are finally there, and I'm going to the family meeting and now they are looking at what's wrong with me. I thought I did everything right. Here they are. I tried, tried and now you are telling me I'm part of the problem.

This early focus on exploring the loved one's past, their history and problems is counterproductive to keeping that loved one actively engaged in treatment. It makes you defensive.

When you say to someone, let's look at what's wrong with you. By the way, from the first meeting with the therapist, if you have an alcoholic partner, the first thing they are going to tell you, you must be codependent. This sets my hair on fire. We assume they have characteristic, problematic issues, when they walk into the office, we put them in a box before they get there. What did I do wrong? I will suggest to you, they did nothing wrong. That comes later.

Codependency requires a frame that holds loving partners into enabling and difficult people whose unresolved problems are getting in the way of addiction healing.

I ask you how does this help them at all?

I'm passionate about this, in case you couldn't tell.

Here's a couple of clinical reasons that codependency doesn't work.

Number one it is -- in order for a therapy or a treatment model to be acceptable and useful and actually researched and put into one of our books and all of that, it has to be applicable across multiple populations. You can not say that only white people have this and Jewish people have this. You have to apply your principles to human beings.

So codependency is gender-bias. At the time it seemed right. But when you tell them this is wrong, and they need to be more like men, more aggressive and -- I'm not saying those are not useful traits, but when you encourage women to be more independent in the world at the expense of telling them that they shouldn't be empathic and they should detach is gender bias.

Codependency is Eurocentric. That means that a bunch of people decided this worked for us and we created it. The reason I say it that way, it only works with us. Because the African-American community does not lead to an individualistic model. These are community-based ethnicities. These are people who come together and stay together during a crisis. They don't pull apart and ask one person to get better.

One woman said the problem with Latinx, she's told and thinks of herself as selfish. Get out there and take the world on. You don't need anyone else to do this. You can figure it out yourself. That's Western culture. And not -- most communities do not work that way.

When I have taught to Native-American cultures, they have said thank you so much because we never identify that the model -- that the individual needed to be supportive as opposed to the community come together.

If this doesn't apply to everyone, it isn't right. Depression applies to everyone. Anxiety applies to everyone. Bipolar disorder applies to everyone. It's a label for those in the western world for overexceeding our caregiving. But it doesn't exist in most culture. It's culturally bias. Number three, there's no proof of this existence, there's been no formal research on the topic, none since 1994. Remember, I did my Ph.D dissertation on this, I know this. Codependency has never been in the DSM. It has not been in the ICDM ever.

For a person who has been told over and over and over again by the media, well, sex addiction is not in the DSM so it doesn't exist.

Why haven't we been saying that codependency doesn't exist because it's not in the DSM, it never has been and never will be. There's no research to prove that it exists. It doesn't exist. It's never been the ICDM, which is the DSM for the rest of the word. It's never been in any diagnosis manuals, which means if I'm in New York and I'm treating your client and they are at my treatment center and the client is from Ohio. And you call me and say I think your client is codependent and I say me, too. I'm reading the book from 1987 and you are reading the one from 2018 and they say different things. We have a diagnostic manual for a region.

The reality, we need to have some kind of common language for the issues that we treat. If we don't, and I have no idea what you are talking about. There's no universal agreement among therapy clinicians. Nobody agrees what it is. I would suggest to you that there's no universal criteria. Codependents came out of pop culture. It was a huge explosion. But it never bore out via research or even treatment. It never really bore out the concept that we had that this would help people or improve their lives.

Let's move to addiction treatment. Here's addiction treatment in 15 seconds or less.

As our colleague said to us earlier, this is addiction treatment. Our job is to explore the problem and believe me I've been doing addiction treatment for 25 years. I'm an addict. I get it. We explore the problem. Help them understand their part. We confront them. We define the problem with the client. How do you get there? What made you get there. We provide a container, a behavioral container, agreements contacts. We confront all of this acting out. We pushed them to build peer support to be accountable, to have structure and role models. And then we do that over and over again. That's what addiction treatment is. Maybe different for you. Maybe different for me. But this is the basics.

Do you think this model is also the right model for family members and caregivers of addicts? Do we need to confront their denial? Do we need to define what they are doing wrong? I don't think so.

I look at partners and loved ones as heroes who would stick with me, who is incredibly patient, nurturing, who has the qualities that allow them to put up with a lot of circumstances. To me, that's a hero. There's nothing wrong with those people. We should be praising them.

If I was involved with a sick wife, you would bring me casseroles. But if I'm involved in a wife that -- they would say, you need to get out there. It's not an addiction at all. It is healthy. I love you. I am attached to you. I will do anything to rescue you, to take care of you, to help you make it better because I love you and I want to be with you and I don't want our world to fall apart. As a caregiver, I remember what it was like when you were healthy. As a caregiver and loved one, I carry the history of what it was like when you were healthy and I will hope that we will get back to us being in a good relationship and you being that healthy self. As a caregiver and family member, I'm going to do everything that I can, including giving up my own life to make sure that you get well and our family gets well. How can that be unhealthy?

Well, some of you will say, I wouldn't do all of that. Codependency looks different in 2021-2022. None of that is like it. I'm glad you find a more supportive, less mind-labeling and a pathological way of helping caregivers and partners of addicts.

What do you call it? Which one of the books is your most useful version? In which paradigm is reached? Mine is different. Someone else's is different. It does not have therapeutic validity.

Just to speak of this, we don't even use the word "addiction" in the DCN many wore. We use the word "substance abuse order."

But when you go to a meeting, someone says they are an addict. We have colloquial terms for people who struggle. I just don't think this term is kind, loving and nurturing for those people working so hard to love us and make our relationships work. You can change it from the '80s. You can follow around with it. You can change the language but you cannot change the original intent of the authors when it was written in the 1980sto change original intent. You need a different model. All 340 books that I know of in the foundational codependency literature, places a caregiver and loved ones, early life trauma and that repetition as the care of the addicted one. And therefore, their focus is not how they've done or how appreciated they are or how hard they tried to make this person well. Somehow the loved one's response to addiction is -- you know, is a problem and that is their codependency that they are giving too much. They are caring too much.

If my family was sick, I could not give enough. I could not love enough. Because nothing is more important to me.

Why not confront a loved one about their history? About their behaviors and their part in the problem? By the way, I want to say this -- I don't believe in the word "codependency."

I don't believe the idea exists, and I believe there are ways that we can talk to people about long-term therapy. Challenges with individuation.

There's therapeutic books and they talk to us about -- they don't talk to us about this. It doesn't exist. Why not confront the loved ones?

Here's the problem -- it is abusive in my mind to confront somebody in crisis and how many people -- how many people do you think are not in a crisis? I would say 80%, 90% of you that when someone comes to your office, they are in crisis. Why would you confront them? There are other ways to redirect their behavior. These people are not addicts. They are not addicted to their partner or partner's alcoholism. Show love to their partner. They would do anything to save their child's life and what is wrong with that?

Now, the ways they've gone about trying to help that person, they may not have been effective. They may have actually undermined the person's recovery. But that doesn't mean the intention and where they come from has to do with some traumatic awful background.

I will give you an example of this. I worked with a guy who says, my wife drinks all day long. In the last few years, she got a DUI. A couple of them. She lost two jobs for drinking during the day and she drove our kids home drunk. I was terrified. I had to work. We needed the income and I couldn't watch her.

This is what the husband decided to do. One day at 4:00 when the wife came home and put vodka on the table. I will buy you one of these every night and it will be ready for you, provided that you don't drink before 4:00 so we can have family time so I can feel like our kids are safe.

For a year and a half, this man came to my office, why? Because his wife returned to drinking. His solution didn't work. But he got 18 months out of that wife sober, keeping her job and not getting a DWI before it got worse and I think that's harm reduction. No -- this man is a plumber. No one taught him how do to addiction treatment in high school. He just did the best he could to love and support his wife and try to rescue her. To me, he made a good decision.

Now I know what you will say from your perspective, he's bringing home bottles. I'm like, woo. He brought home bottles because he rescued his family for 18 months and when it failed, he turned to somebody else who could help him. That's our job, to help redirect them, to help resupport them.

If he came into my office, I would say, that -- that was a clever idea. Wow. You have another year and a half. At least you saved your kids and you needed the salary. Good for you. I wouldn't say how can you bring home bottles and -- how would that make sense? These people are not acting out an addiction. They are acting out their desperate need to stay connected to the ones they love. They are having a profound life crisis. The potential loss of people they are connected to. So they required different treatment.

It's not our job to force, to make people grow. Especially now when nobody gets 100 therapy sessions under insurance. Our lives are different than they are in the 1980s.

And not everyone wants to go to therapy for year and read every book on self-actualization. Most people want to put their lives on track and -- and go to a new normal. We've pushed that on them for 40 years. It's not our job to force self-actualization on anyone.

If you do that in any way and imply in any way, that it is a spouse's fault, they go back to I'm part of the problem. I made this person drink or use. What's wrong with me. And I don't think there's anything wrong with them. Do these people have trauma and issues? Sure. Do they play out the active crisis of

addiction, sure. But why? The reason we see partners regressing to trauma because that's what people do when they are in a crisis.

When your baby wets the bed and they are 4 and 6 and doing better. Grandma dies and they start to wet the bed. It means because they were in crisis, they went back to a different stage of functioning.

When we're facing the loss of a loved one, some issues come up because maybe we've lost loved ones before. But that doesn't mean first when the addict is getting sober that I need to look at my problems or my issues no matter how profoundly, they are showing up. What I do as a therapist, I say that is nice. Maybe we'll look at this another time. These people are in crisis. They need treatment for the crisis.

So I flipped the head on codependency. I turned it 180. Instead of challenging these people and asking them to look at themselves, why don't we see them for the people that I believe they are to be, not of their own making.

I went to crisis counseling. There are three characteristics of a crisis. Number one, the usual balance between my thinking and my emotions is disturbed. And by the way, this is how we see mental health. People who are profoundly emotional are really troubled. And partners and spouses around parents, they are reactive, they are emotional. They are overwhelmed but also being too intellectual and not feeling enough, that fits to an addict. Neither one is particularly healthy in their moment.

You want to bring that in. With the partners you want to bring in more intellect, more distancing around the irons in their head so they can regain a moment of coping. When those are out of balance, that's a crisis. When someone's going to the gym, going to church and talking to people, and that's not enough, that's a crisis.

When I look at an addiction of a loved one, all three of these count. These are to get through a period of extreme distress and this is by definition. I'm sure it is those things that you can read right there. What are the goals of crisis intervention treatment? I want you to think about the partners and loved ones and addicts.

Our job in crisis treatment is to normalize and help a person make sense of this. This happens to a lot of people and you didn't do anything to make it happen.

This person -- here's groups to go to. Here's things to read. Here's how we can encourage you to feel better about yourself. In a crisis model, we offer hope. It's very likely that he or she will get better. I don't think you will lose your child and I think they will get this. The improvement of their general overall functioning in life as a developed higher human being is not a longer term for the client under the client intervention model.

An addiction crisis being passed is they are not using. That's it. Otherwise, there's crisis.

What I'm doing is bringing you a new way to look at partners and families. I truly believe this is a legacy piece of work. I will talk about it a little bit later. But I renamed this issue pro-dependence. I wanted to play on the word "codependent." They are trying to lean into their dependencies, not away and, therefore, to try to help a loved one is a good thing. To save someone you love is something to be admired and valued. Not picked out. So when I say to you under the model that I created that I believe in, that is getting out in the world, when the spouse or loved one of an active addict, walks into my office, I see them as one of anyone that would push them through crisis.

By definition -- and I use these words purposefully because they don't work under other models -- By definition, this person has been victimized and betrayed by an active addict and not necessarily about

the drinking and the using. They lie, they manipulate, they go to gaslight and say red is green, red is blue. The fact about anyone who loves us, the thing that violates the most is -- it's trust.

I don't tell you what is going on and you as a partner are -- if I just knew what was going on in if I just knew the truth, I could deal with it. But we don't. That's the really violation because the trust is not broken by their addicted behavior and the lining and the gaslighting and almost all addicts employ in order to keep using or acting out. We push you away because we don't want to get sober. We want you to leave us alone. We want to stay in our denial, and we don't want to be told by you, what's wrong and what's going on. And we don't want to be nagged by you. We don't to deal with this. We want to shut you up and guess what codependency did? It shut up partners. It shut up family members. It left the attics a lot more room to breathe into their addiction without anyone saying, why are you doing this?

Finally, people in the midst of a crisis, need counseling. These experiences feel to them, blaming, intrusive and painful.

Crisis intervention, I didn't write this. There are six principles to this.

One, it needs to be simple. In a crisis, your child was diagnosed with leukemia, so sorry to that. You are trying to get through the day and get through that. They don't need complicated instructions. They need to know how to get through the day.

Number 2, brevity. In the beginning no weekends, no workshops, this person needs to learn to get through the day intact before we bring them into more feelings and more emotions. We know this from trauma work. Working through trauma was about getting it out. We've learned that it is more about containing it and coming to terms with it than it is getting out and what be -- what we tell codependents on this, you need to work on this. I don't think they have anything to go through other than getting well.

I didn't write this. Try this. What do you do tomorrow? What do you do tonight? How can you take care of yourself?

Be pragmatic, make sense. Situation that's at hand. Keep it practical. Those things can leave the person feeling more frustrated and out of control. Don't ask them to look at concepts that are complex. They are in a crisis.

Work in the near now, clients in the process to not have the -- they are in a crisis. They don't have the situation to engage an in-depth -- they need to remain focused on what they are focused on which is this my crisis in my home and how do I feel? That's what they are dealing with and we understand codependency, don't look at the good job that you did. Let's look at how you made it worse. How is that helpful? What's the -- how will that help?

In my belief system, codependency undermines. It makes the work we're trying to do harder, not easier. I worked in a lot of treatment centers. I've seen spouses and partners and houses and wives. So excited and grateful that their parent, mother, father has finally got into treatment and then they walk into the room where they are told what's wrong -- part of the problem is them, and I've seen partners say this -- you think there's something wrong with me when I've been working three jobs to get everything better. I think I've done a great job. I've heard of people walking out the first day of the programs. They do not believe it is in any way their fault and they have done anything again. I agree with them. I bet we can find an effective way to achieve our shared goal, which is to heal your family. How is that? What's wrong with that? I like that.

Codependency, what if loved ones of addicts aren't so difficult at all? Because that's what we call them. She just won't get it. We -- I've heard you loving clinicians say awful things about family members in our break rooms, nursing homes. They are so miserable. They can't stop this caregiving. This person is never gonna get sober if they don't stop enabling.

That's a bunch of crap. Why are we blaming them because they've been pulled into this problem. What if the problem lies more in how we conceptualize them? What if our primary model for treating spouses and loved ones has left us misaligned and their needs? Why do we prejudge loved ones of addicts as codependent and, therefore, as drivers, a dysfunctional family system.

What happens if that diagnosis of codependency and the treatment for it makes them feel defensive and they push us away? You don't understand me. I'm trying so hard. We are the authority figures and we tell them that's the problem. And maybe on some level, they do heal and grow and change things, but do they have to do it by seeing themselves bad to begin with? Do they have to have a pathological label? Why do we do that? Do you know it is inappropriate to make a diagnosis after a few sessions? I never wanted to be that way. I hear that a lot from partners and family members. Why not focus on their strengths of love and caregiving and connection and desire to stay connected to the people they love while also being able to support and redirect them.

Some people say, I see all of this trauma done and we're writing it down. My suggestion, let it wait. One of the best things I learned, I don't have to say anything that I see. I don't have to say everything that I see. I can write it down and decide if I want to do it later. Spot it, you got it. Gotta bring it up. There's about your mom. Shut up. It's just not something that they need to hear at that moment. Their life is falling apart. What about their trauma history? Let it wait. There's plenty of trauma to go around if you love an active addict. Why not give these people the grace to come to us when they are ready to self-explore and self-examine. To do so otherwise is an intrusive -- I'm saying to you, that -- there's now a new model and a new way to go.

What I say is pro-dependence is an attachment-based theory of human dependency which states that those who partner with an active addict are no more and no less than loving people caught up in circumstances beyond their ability to help.

And notice It says all related actions. Our desire to help our addict loved ones and all of the actions we've taken towards helping them. We're almost done.

Pro-dependence is not a label. It's a concept about how we might have a different lens for these people as encouraging their dependency and helping them understand they are being heroes.

I have worked really hard to eliminate shame labeling and blame and I ask you to -- I will tell you in a second.

Under pro-dependence, we don't need to see anything wrong with our partners and caregivers. We can acknowledge the trauma that they are going through because they are living with an active addict and we moved on. We recognize that when a caregivers' actions run off the rails and become counterproductive. I view all other actions as an attempt to maintain and restore healthy attachment, no matter how crazy they may look in the moment. Pro-dependence reframes -- a lot of people will want to take a picture of this slide. You will get the slide. Pro-dependence reframes those nasty problems.

These words that I think are awful words to use. These are the words we call them. These are the words, I think that might be more useful. So instead of saying they were immeshed, why don't we say

they are deeply involved in their family instead of saying -- why don't they say they get it? That's the problem and they are trying to be focused on the problem at hand.

Why don't we say they will do anything to support this person into getting healed, sober instead of saying they are fearful, who they are, why don't we say they are deeply concerned and worried and when we say they lack healthy boundaries, why don't we say they are so eager to care for their loved ones. Instead of saying -- why don't we say they are determined to do whatever it takes to help someone they leave, instead of saying they are obsessed with the addict.

Why don't we say they are determined to protect their family and that person they love. Instead of saying they live in denial, why not say, we're unwilling to give up on that person. That's not denial. That's love.

Instead of saying, they are angry and difficult, why don't we say they are terrified that more losses are going to come. Instead of saying they are controlling and nagging, why don't we say they are trying to do everything that they can to make a difference on the situation where they feel completely powerless over losing a primary attachment.

Under this model, I would avoid exploring the client's role in the addiction or the people problems.

The minute you go into the early family history, we should avoid assessments of the couple and family and spouse beyond the problem at hand. We should not diagnosis anyone as codependent or bipolar as a way of explaining way and -- and labeling this stress. Why is this true? We cannot adequately diagnose someone is in crisis. We know them when they walk in with the crisis and you can't diagnose someone who walks with that state of mind.

What do I want us to do? I want us to assess to mental health. I want to validate and support and celebrate all of their prior attempts to -- to rescue, to save to heal and other ways help that addict. I want to provide them with ongoing support and encourage and get support from groups that don't ask them to look at groups without them and to say that -- there are codependence anonymous meetings all over the world. People started them and said, I don't want to be what's wrong with me.

We identify times and situations where a loved one's actions have led to a less than ideal outcome and redirect toward more effective assistance and work to improve the client's efforts at self-care, exercise, recreation and spirituality, spear support, creatively.

Over time, then the door can be open, but that's only after the crisis has passed and only if that's something that they want to do. If their life has gone back to health, we don't ask to look at them. We say good for you. Time for the next client.

We talked about self-care. But we do this without giving clients a reason to doubt themselves. We do it for -- to examine their past, to remain in the here and now. But coming from a completely different perspective. And so I say to you at the end of this talk and I look forward to your questions, when did love become a pathology? I don't think any can love too much. If so, I want you at my house for Thanksgiving. I want you in my life.

We can love inadequately, we can love where no one loves us back. We can love the wrong people. We can love in ways that unknowingly causes more harm than good. We can never love too much, and with that, I will say, I have spent a time writing. The one I want to point to is "pro-dependence."

That came out in 2018.

I've been contacted by Rutledge, the largest publisher in the world, and they said, this is the first meaningful alternative to codependency that we've seen in 40 years and we want to put it in all of the schools, all of the psychology programs. They will be selling these books. This is going out there and that's my incredible pride. I talk about a legacy, for me it would have been to make life more loving and more kind to loving caregivers of addicts. With that, I will take questions.

>> JESSIE: Okay. I'm coming back to join you.

>> ROBERT WEISS: Welcome back. I don't see you.

>> JESSIE: I might be behind your slides. Right. That's okay. We can go on.

>> JESSIE: We can all see you. We have quite a few questions.

The first is from Peter. I think he wanted clarification on an author or founder. You said this author/founder didn't discover their situation on their own family --

>> ROBERT WEISS: All of the original people of the four books written, their body was not based on research. None of it was. These were pop culture books that were written about my experience and how -- and all three of these women married alcoholic, abusive husbands. So they said, this must happen to everybody and, therefore, there's something wrong with them. That was the conclusion reached in pop culture and the books. It never went higher than that in mental health literature.

>> JESSIE: Got it. Peter -- this might be a different Peter -- what do you think of the dialect between the attachment and one becoming their authenticate self?

>> ROBERT WEISS: I don't want to talk about high-level stuff because I'm here to be practical. I love my addicts healing. But I have no problem challenging them and -- so -- you know the idea that we should fight people in addiction, I -- we should love them. I don't think that parents and families need anything like that.

>> JESSIE: Next one from Glen from Colorado. Glen says, isn't the goal of healthy relationships interdependency involving -- not abandoning someone in need consciously committing a broader awareness?

>> ROBERT WEISS: I'm not sure that was a question. But I think the answer is yes. When you leave people doubting themselves, you make people more vulnerable. And if I was talking to an active addict, I would want them to feel stronger and less vulnerable.

>> JESSIE: Renee wants to know your thoughts on the term "enabling"?

>> ROBERT WEISS: It means contributing to the problem. That's what that means. Partners make mistakes that are enabling, but I wouldn't call it enabling. I would say that mistake was made on their deep commitment to their partner and they are not -- the guy who brought home bottles. Everyone would say he's enabling his wife's drinking. I would say he got 18 months out of sobriety. Maybe that helps a little bit. I know we have a lot of questions.

>> JESSIE: A Mark from New Jersey, what about the Al-Anon, your qualifier got you here and now it is time to look at yourselves.

>> ROBERT WEISS: Part of the problem with Al-Anon -- I did a lot of the research on this. There was never this idea in the original Al-Anon that there's something wrong with the partner that -- it didn't read like that. Codependency, it took over Al-Anon and CODA is all about that. So I don't send them to

know -- no matter what Al-Anon says, it is not their fault. Once they are grounded in that, because I don't want them going backwards and then I will send them to Al-Anon. I don't send them the first day, because they will think what's wrong with me? I'm a doormat.

>> JESSIE: Okay. Cindy asked the same thing what the criteria at codependent anonymous?

>> ROBERT WEISS: I don't believe in it. I think that codependency is a harmful, problematic model that's hurt a lot of families. I believe there would be less divorced in the '80sand '90s had their not been so much focus on detachment. For their love rather than being told there's something wrong with them. I think it is an interesting model but I -- there's no research. I mean, 40 years? No validation? No diagnosis? You have to kind of say 40 years? Even in sex addiction, we have a diagnosis in every country in the world and -- my issue will be in the DCM.

But codependency it never will because no one has done research on it since 1984. They just assume that it is. Tell me how much time we have, Jessie.

>> JESSIE: It is 4:19.

>> ROBERT WEISS: Great.

>> JESSIE: Monica asks is offering hope misleading to the person with the substance abuser's love one -- I guess she's asking about the offering of hope.

>> ROBERT WEISS: If a child had cancer and you were seeing a interest and -- would he not offer hope? I am sitting here as an addict. One of the reasons we do self-disclosure and addiction treatment is to give hope. I'm sitting here 25 years sober. You can do it. I don't know if your husband will make it or not, but people do. That's hope. People do get through this and I will hope and pray that your husband goes down the road. I'm not going to say it is going to happen. I'm not going to say your child is going to live when they have leukemia. Let's be positive and have hope and it if it doesn't work out, we will grieve.

>> JESSIE: Kathy from North Carolina. Within your paradigm of codependence, how do you deal with families of domestic violence?

>> ROBERT WEISS: I think I said it a couple of times. Abuse is never acceptable. I'm not going to tell people -- that's not codependence either. If someone is for whatever reason, sticking around for abuse. I might need to intervene and to support them. I don't think that's what I'm talking about. Of course we're going to respond to the harm that the abuse might cause on any level.

I might in the beginning talk about boundaries and -- I might need to tell them they need to move out. I get this question all of the time, women often ask me, he was awful to me, he was abusive to me. We got divorced. I still love him and think about him. What is wrong with me?

My answer is you don't stop loving people. You will have attachments to this person for a long time. For me to say to someone, you stayed because they -- you love them and try to make it better, but at the point of abuses, you can't stay. It is not safe for you.

Can you give me 30 seconds at the end to say something?

>> JESSIE: I have a new recovered adult son. I found out last year that was labeled codependent by he and my ex.

>> ROBERT WEISS: I would tell them to fuck themselves. I don't believe in that. You can read the book, but -- what I've heard family members on -- I've written a lot of books. I've written 11. When I sit in a

room, I'm in line to sign them. When I talk about this, people come up and they cry and they say for years, I've felt like there was something wrong with me and my child died and you are telling me I didn't do anything wrong. And I carried this codependent issue that I killed my son. And I didn't. I'm not sure what the question was, I think that might have talked about it. Sorry. My head is moving.

Why don't we keep going?

>> JESSIE: Is there a way to escape that label? And I think your answer is a label is

only --

>> ROBERT WEISS: If I call someone a drunk, do they have to -- being a drunk or codependent to me is shaming. I don't think the desire to help someone you love who is troubled, that there's nothing wrong with you.

I believe their families and I would expect my family members to do. It's not their job to -- to diagnosis me and that's why the F-U came up. Who are you to tell me what is wrong with me?

>> JESSIE: Well, in a sense, like, what they -- in labeling Teresa as "codependent" that it is an avoidance. If you want to discuss how I may have participated within something that happened in our family, let's talk about them.

>> ROBERT WEISS: What I -- what a healthy partner might say, I counted bottles. I did it because I love you and I did it because I was worried and I was scared, and I didn't know what to do and that was the best I could do, period. You don't have to label me. You don't have to say I'm part of the problem. I know I was coming from love and I wanted to make things better. Maybe I didn't always make things better but that's not something that's wrong with me and I just wanted them to get better and I tried the best we can.

>> JESSIE: We're at the point where you can do your closing statement.

>> ROBERT WEISS: If you want to write me, rob@seekingintegrity.com. If you want to learn pro-dependence meetings -- which I did not start -- Rutledge will release a book, 240 pages on how to work with this issue. If you want to remain connected to me, we now have 800,000 downloads on our Podcast. I've interviewed Helen Fisher and all of these people who were willing to get on there. If you are working with an addict, I think it's been particularly helpful. You might want to give a lesson.

I want to say thank you to NAADAC. I hope through this you understand what addiction recovery means to me. How much I love our families and how much I know that we are really deeply invested not in models. Not in labels but in getting people well. My attempt is not to blame anyone. My goal is to say, it is time to move on to do something that works better. God bless you. Thank you. And thank you, Jess, for inviting me.

>> JESSIE: Thank you for being here. I'm sure people will take you up on following up and asking questions. Hopefully you mean that. I'm sure you do.

Guys, a reminder that you -- this is free for members and there's 1.5 CEsavailable and anything that you need to know about this particular Webinar is back on the web page that you registered. This is the address. You are familiar with it, I'm sure, and we have some great upcoming Webinars. The next one on June 9th. hopefully you can tune into it. This is our last call for the call for poster submissions. NAADAC invites you to submit a virtual poster. So, again, submission deadline is May 31st. That's the web page right there for you.

We are also now promoting join us for pride month for our free Webinar series, "Advancing Awareness in LGBTQ Care." You can earn up to 6.5 CEs.

It starts on Friday, June 18th, at 12:00 P.M., eastern time. Part one, History of Specialized Treatment for LGBTQ Plus Clients. Each Webinar will take place on the third Friday of the month at noon eastern time, starting in June and ending in September.

We are also launching a new specialty online training series for advances and technology in the addiction profession.

It's designed for helping the professional dedicated to learning more about how to incorporate technology and treatment and recovery.

It is going to discuss the rapidly expanding telehealth. It is an eight-part training series. The website for the series is right there on your screen. Check it out.

If you haven't, our wellness and recovery in the addiction profession specialty online training series is also online. The last part of that six-part series is June 30that 3:00. Tune into that if you haven't. You can check that out. We also completed the ethics in practice and all of the ways to keep up with us. You have the potential for 300 CEUs.

Thank you, Dr. Weiss, and that's it, everybody. Take care and have a wonderful Memorial Day weekend.