DEPENDENCY

BEHAVIORAL DEFINITIONS

1. Resists becoming self-sufficient, consistently relying on parents to provide financial support, housing, or caregiving.
2. A history of many intimate relationships with little, if any, space between the ending of one and the start of the next.
3. Strong feelings of panic, fear, and helplessness when faced with being alone as a close relationship ends.
4. Feelings easily hurt by criticism and preoccupied with pleasing others.
5. Inability to make decisions or initiate actions without excessive reassurance from others.
6. Frequent preoccupation with fears of being abandoned.
7. All feelings of self-worth, happiness, and fulfillment derive from relationships.
8. Involvement in at least two relationships wherein he/she was physically abused but had difficulty leaving the relationship.
9. Avoids disagreeing with others for fear of being rejected.

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LONG-TERM GOALS

1. Develop confidence in capability of meeting own needs and of tolerating being alone.
2. Achieve a healthy balance between independence and dependence.

3. Decrease dependence on relationships while beginning to meet own needs, build confidence, and practice assertiveness.
4. Break away permanently from any abusive relationships.
5. Emancipate self from emotional and economic dependence on parents.
6. Embrace the recovery model's emphasis on accepting responsibility for treatment decisions as well as the expectation of being able to live, work, and participate fully in the community.

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SHORT-TERM OBJECTIVES

1. Describe the style and pattern of emotional dependence in relationships. (1)

2. Verbalize an increased awareness of own dependency. (2, 3)

3. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (4, 5, 6, 7)

THERAPEUTIC INTERVENTIONS

1. Explore the client's history of emotional dependence extending from unmet childhood needs to current relationships.
2. Develop a family genogram to increase the client's awareness of family patterns of dependence in relationships and assess how he/she is repeating them in the present relationship.
3. Assign the client to read *Co-dependent No More* by Beattie or *Women Who Love Too Much* by Norwood; process key ideas.
4. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the

"problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).

5. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
6. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
7. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).

4. Verbalize insight into the automatic practice of striving to meet other people's expectations. (8, 9, 10)

8. Explore the client's family of origin for experiences of emotional abandonment.

9. Assist the client in identifying the basis for his/her fear of disappointing others (or assign "Taking Steps Toward Independence" from the *Adult Psychotherapy Homework Planner* by Jongsma).
10. Read with the client the fable entitled "The Bridge" in *Friedman's Fables* by Friedman; process the meaning of the fable.

5. List positive things about self. (11, 12)

11. Assist the client in developing a list of his/her positive attributes and accomplishments (or assign "Acknowledging My Strengths" from the *Adult Psychotherapy Homework Planner* by Jongsma).
12. Assign the client to institute a ritual of beginning each day with 5 to 10 minutes of solitude where the focus is personal affirmation.

6. Identify and replace distorted automatic thoughts associated with assertiveness, being alone, or acting independently. (13, 14, 15, 16)

13. Explore and clarify the client's fears or other negative feelings associated with being more independent.
14. Use the cognitive restructuring process (i.e., teaching the connection between thoughts, feelings, and actions; identifying relevant automatic thoughts and their underlying beliefs or biases; challenging the biases; developing alternative positive perspectives; testing biased and alternative beliefs through behavioral experiments) to assist the client in replacing negative automatic thoughts associated with assertiveness, being alone, or not meeting others' needs.
15. Reinforce the client for developing and implementing positive, reality-based messages

	to replace the distorted, negative self-talk associated with independent behaviors (or assign "Replacing Fears With Positive Messages" from the *Adult Psychotherapy Homework Planner* by Jongsma).
	16. Assign the client a homework exercise (e.g., "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* by Jongsma) in which he/she identifies fearful self-talk, identifies biases in the self-talk, generates alternatives, and tests through behavioral experiments; review and reinforce success, providing corrective feedback toward improvement.
7. Verbalize a decreased sensitivity to criticism. (17, 18, 19)	17. Explore the client's sensitivity to criticism and help him/her develop new ways of receiving, processing, and responding to it.
	18. Assign the client to read books on assertiveness (e.g., *Your Perfect Right: Assertiveness and Equality in Your Life and Relationships* by Alberti and Emmons).
	19. Verbally reinforce the client for any and all signs of assertiveness and independence.
8. Increase saying no to others' requests. (20)	20. Assign the client to say no without excessive explanation for a period of one week and process this with him/her.
9. Report incidents of verbally stating own opinion. (21, 22)	21. Train the client in assertiveness or refer him/her to a group that will facilitate and develop his/her assertiveness skills via lectures and assignments.

22. Assign the client to speak his/her mind for one day, and process the results with him/her.

10. Identify own emotional and social needs and ways to fulfill them. (23, 24)

23. Ask the client to compile a list of his/her emotional and social needs and ways that these could possibly be met; process the list (or assign "Satisfying Unmet Emotional Needs" from the *Adult Psychotherapy Homework Planner* by Jongsma).

24. Ask the client to list ways that he/she could start taking care of himself/herself; then identify two to three that could be started now and elicit the client's agreement to do so. Monitor for follow-through and feelings of change about self.

11. Report examples of receiving favors from others without feeling the necessity of reciprocating. (25)

25. Assign the client to allow others to do favors for him/her and to receive without giving. Process progress and feelings related to this assignment.

12. Verbalize an increased sense of self-responsibility while decreasing sense of responsibility for others. (26, 27, 28)

26. Assist the client in identifying and implementing ways of increasing his/her level of independence and making own decisions in day-to-day life (or assign "Making Your Own Decisions" from the *Adult Psychotherapy Homework Planner* by Jongsma).

27. Assist the client in not accepting responsibility for others' actions or feelings; recommend the client read *Taking Responsibility: Self-Reliance and the Accountable Life* by Branden.

28. Facilitate conjoint session with the client's significant other with focus on exploring ways to

increase independence within the relationship.

13. Verbalize an increased awareness of boundaries and when they are violated. (29, 30, 31)

29. Assign the client to keep a daily journal regarding boundaries for taking responsibility for self and others and when he/she is aware of boundaries being broken by self or others.

30. Assign the client to read the book *Boundaries: Where You End and I Begin* by Katherine and process key ideas.

31. Ask the client to read the chapter on setting boundaries and limits in the book *A Gift to Myself* by Whitfield and complete the accompanying survey on personal boundaries; process the key ideas and results of the survey.

14. Increase the frequency of verbally clarifying boundaries with others. (32)

32. Reinforce the client for implementing boundaries and limits for self.

15. Increase the frequency of making decisions within a reasonable time and with self-assurance. (33, 34, 35, 36)

33. Confront the client's tendency toward decision avoidance and encourage his/her efforts to implement proactive decision making.

34. Teach the client problem-resolution skills (e.g., defining the problem clearly, brainstorming multiple solutions, listing the pros and cons of each solution, seeking input from others, selecting and implementing a plan of action, evaluating outcome, and readjusting plan as necessary).

35. Use modeling and role-playing with the client to apply the problem-solving approach to his/her avoidance of decision-making (or assign "Applying

Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* by Jongsma); encourage implementation of action plan, reinforcing success and redirecting for failure.

36. Give positive verbal reinforcement for each timely thought-out decision that the client makes.

16. Participate in marital and/or family therapy. (37)

37. Conduct or refer to marital and/or family therapy toward the goal of altering entrenched dysfunctional marital and/or family system patterns that support the client's dependency.

17. Attend an Al-Anon group. (38)

38. Refer the client to Al-Anon or another appropriate self-help group to reinforce efforts to break the dependency cycle with a chemically dependent partner.

18. Develop a plan to end the relationship with abusive partner, and implement the plan with therapist's guidance. (39, 40, 41)

39. Assign the client to read *The Verbally Abusive Relationship* by Evans; process key ideas and insights.

40. Refer the client to a safe house that provides counseling services to abused women.

41. Refer the client to a domestic violence program and monitor and encourage his/her continued involvement in the program.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	300.4	Dysthymic Disorder
	995.81	Physical Abuse of Adult, Victim
	_____	_____
	_____	_____
Axis II:	301.82	Avoidant Personality Disorder
	301.83	Borderline Personality Disorder
	301.6	Dependent Personality Disorder
	_____	_____
	_____	_____

Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
300.4	F34.1	Persistent Depressive Disorder
995.81	Z69.11	Encounter for Mental Health Services for Victim of Spouse or Partner Violence, Physical
301.82	F60.6	Avoidant Personality Disorder
301.83	F60.3	Borderline Personality Disorder
301.6	F60.7	Dependent Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.