EFFICACY OF AN INTERVENTION PROGRAM FOR CO-DEPENDENT FAMILY MEMBERS OF INSTITUTIONALIZED DRUG ADDICTS

María Elena Escuza Pasco[1], **Tito Orlando Chunga Diaz**[2]

Abstract

The general objective of the present investigation entitled "Efficacy of an intervention program for codependent family members of institutionalized drug addicts" was to evaluate the efficacy of a multimodal intervention program on codependence in codependent patients, and family members of institutionalized drug addicts. This was an experimental study, the population was composed of family members (father, mother, brother/sister, son/daughter) of all current and former residents of the last 3 years of a Therapeutic Community; 47 non-codependent family members were selected by simple random sampling from the sample of family members of patients in treatment, as well as 311 subjects from the general population. To measure the different factors of the Codependence construct, an instrument designed by Perez and Delgado was used. The selection of the instrument's constituent scales is based on the literature reviewed and especially on the empirical findings of Hughes-Hammer and collaborators on the design and psychometric evaluation of the CODAT (Co-dependence Assessment Tool). The instrument measuring Codependence consists of 45 items in total which are divided into three subscales: Focus on the Other, Non-Coping and Over-Control. A descriptive written interrogation survey was also used: a questionnaire. The statistical analysis of the intervention group showed that the program was effective in the three dimensions: focus on the other, no coping and over control, since significant differences ($p<0.05$) were found between the pre- and post-test through the Wilcoxon test. In the control group, no significant differences were found for the dimension of focus on the other ($p>0.05$). However, in the no coping and over-control dimensions in this group (p values are less than the alpha value of 0.05), there were changes. However, in the intervention group, the changes were greater.

KeyWords: codependency, program, intervention, drug dependence.

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[1] Universidad Privada Norbert Wiener, maria.escuza@uwiener.edu.pe
[2] Universidad Privada Norbert Wiener, tito.chunga@uwiener.edu.pe

Introduction

Drug dependence affects not only the users of these substances but also all the people around them, especially their closest family members; which usually causes the family to focus on the addict to help him/her, however, along the way several additional problems may occur, such as depression, codependence, among others (Borges et al., 2016).

The term codependence is used in the field of drug treatment, meaning that a person establishes bonds of dependence towards another person who is drug dependent. This problem favors behaviors such as denying their own needs, being too dependent on their drug-dependent family member or overprotecting them, which could be harmful to their mental health (Bacon and Conway, 2022).

Likewise, Yanza et al. (2019) mention that codependence is a psychological disorder in which a family member or close person develops an excessive preoccupation with the drug addict. Codependence implies a problem that has come to be considered as "the other face of addiction", or as an affective relationship of a dysfunctional type. According to clinical observation, this group of people has not been receiving attention to their psychological symptoms, since codependency can go unnoticed, thus causing suffering to the sufferer. Codependents are usually some of the family members who actively participate, for example, in the meetings proposed in Therapeutic Communities, being called as a support for their family member, which adds another problem for the codependent, since he/she is made responsible for the good performance of his/her family member in the Therapeutic Community. This, together with the problem raised, favors the co-dependent to reaffirm his role as protector of the drug addict.

Happ et al. (2022) argue that codependence is a phenomenon that in recent years is not only attributed to the codependent-drug dependent relationship but several other relationships, such as mother-child, and wife-husband, among others. However, under the drug-dependent approach, this emotional disorder has distinctive features, such as extreme concern for the other person, depression, and anxiety, among others. Previous studies have shown that codependence has three levels: non-coping which involves behaviors that reveal inability or difficulty in recognizing or expressing one's feelings and emotions. Overcontrol refers to all those behaviors that have the purpose of exerting a direct and constant imposing influence on the emotions, decisions and behaviors of the person with whom one has a significant bond. Focus on the other specifically refers to the different ways in which people express affection, interest and concern for the problems of others, but neglect their own goals, interests and concerns.

Likewise, Baptista et al. (2021) describe codependence as a set of varied behaviors and non-functional thoughts that are generally manifested by fathers, mothers, spouses or children; related to a close relative who suffers from a drug and/or alcohol consumption problem or other substances harmful to health, causing the members of the family in question to feel psychologically and emotionally distressed. Given this definition, codependence can be understood as a problem of interrelationship that leads to a pattern of problematic behaviors; in the research of the last 10 years there are not many definitions of this problem, however, it is always attributed to the family-drug dependent relationship or a different substance.

Since the 1970s it was used to refer to the relationship of a person with an alcoholic, which promoted the continuation of the addiction. According to Moral and Sirvent (2009) being codependent implies maintaining a sentimental dependence secondary to a drug dependence disorder. It is called coaddiction because it presents a dysfunction in self-identity, a focus on the other and a tendency to try to over-control the drug addict. There is evidence of impaired self-esteem and inadequate interpersonal skills with a tendency to subjugate oneself to the other, to the point of neglecting one's personal needs and to the deterioration of personal and social identity. Subsequently, it has been generalized to relatives of people with other addictions, chronically ill people and even health professionals (Moncayo, 2021).

The codependent establishes a relationship such

that he fears what the drug addict thinks of him for fear of losing him. Therefore, their symptomatology is characterized by the need to control people and to make the other person's problems their own, low self-esteem, an external locus of control, a negative self-concept, repression of emotions, avoidance and denial of the problem, obsessive ideas and compulsive behaviors and by the fear of abandonment, loneliness or rejection (Janire et al., 2022).

Intervention programs with a multimodal approach

Since the beginning of psychology as a science, several psychotherapeutic approaches have been developed, from psychoanalysis (Bermudez et al., 2018), which sought to find in the subconscious of patients the origin of their problems, to behaviorism, an orientation totally opposed to psychoanalysis, which proposes that one should only work on the observable, the measurable, i.e., on aspects that can be quantified, leaving aside any subjectivity, passing then through humanism, which was called the "third force" (for emerging as a mediator between the psychoanalytic proposal and radical behaviorism), which places the human being as the center of all intervention, with a positive vision of the person, considering that there is much good in people and that this must be influenced, contrary to psychoanalysis that focused on negative aspects, powerful instincts that governed the actions, even over the will of the person himself, who in most cases is not aware of what happens to him and the reason for his actions. As time went by, these orthodox approaches gave way to new intervention proposals such as new psychoanalysis, Gestalt or cognitive therapy, which has its origin in Piaget and his followers, up to the union of two approaches in what is called cognitive behavioral therapy, which is partly oriented by the proposals of behaviorism and cognitive psychology. Nowadays, most psychologists are trained in different approaches, which do not close the possibilities of incorporating aspects of one or the other intervention proposal, which is called the Multimodal approach Bastidas (2019), (Belli, 2018).

In this context, it was Lazarus who developed multimodal therapy, a new vision and an extension of behavioral therapy. It is situated within the framework of behavior modification approaches, but it represents a serious alternative to the orientations based on the "unidimensional" models of radical behaviorism, cognitive approaches and nosology in use. In an indirect and underhand way in psychiatry, the use of supposedly more effective multilevel approaches is gradually being accepted (Chigangaidze, 2021). Practical methods are usually used in multimodal therapy, with the theoretical origin being of little importance. An important part of multimodal therapy is what Lazarus describes as bridging, this is observed at the beginning of the interview, where the patient usually expresses himself in one or more modalities, the most convenient is to work based on the modalities that the client prefers, this step of the interview is called structural profile, thus avoiding clashes with the patient.

In this type of psychotherapeutic approach, adequate treatment is sought for each particular person. Since each case is different, different modalities can be assumed, which in turn have a relationship. The objective is to obtain a lot of information from each person and his or her social environment. He distinguishes seven modalities of personal functioning that he calls "B.A.S.S.I.C.CO.S" which represent in order the acronyms of Biological (B), Affective (A), Sensory (S), Imagination (I), Cognition (C), Behavior or Conduct (Co) AND Social Relations (S). (Diaz et al., 2015).

Given this scenario, the multimodal intervention program entitled "I am Independent" was designed and applied, which included cognitive, systemic, humanistic, and gestalt behavioral techniques, and was aimed at the group of codependent relatives of drug addicts in a Therapeutic Community, who received psychological support as people affected by a psychological disorder, not as simple collaborators in the recovery of their family member as has been working in the T.C. where the research was conducted.

The implementation of the proposed multimodal intervention program for codependents, was intended to determine its effectiveness and to

support this human group that is not receiving the necessary support.

MATERIALS AND METHODS

The present research was of the experimental type. Likewise, this study worked with two randomly defined groups: the intervention group and the control group. In the intervention group, the proposed program named "I am independent" was applied, and the control group continued with their usual sessions with the operators of the Therapeutic Community. A pretest and posttest were applied to both groups (Hernández and Mendoza, 2018), and then comparisons were made to show that there were significant changes in both groups.

The population was composed of family members (father, mother, brother/sister, son/daughter) of all current and former residents of the last 3 years of a Therapeutic Community of Chiclayo-Peru, who at the time of the study participated in the weekly meetings proposed by the Therapeutic Community, and who tested positive for codependence.

The intervention group consisted of 19 people: 18 women and 1 man, four participants were withdrawn from the study for having incorrectly filled out the entry test, the relationship with the drug addict was in the intervention group: 13 mothers, one father and 5 sisters. The mean age in the intervention group was 49.44 years. The control group consisted of 23 people (17 women and 6 men), whose relationship with the drug addict was: 9 mothers, 3 sisters, 3 fathers, 3 partners and 3 children. The mean age in the control group was 44.67 years.

The research was proposed based on the results of an evaluation conducted in 2010, which sought to determine whether there was a relationship between the variables codependence and quality of life. In this research, the Pérez and Delgado (2003) instrument was also used and it was thus possible to note a gap in the care of family members of drug addicts residing in a Therapeutic Community. The intervention group (19 people) participated in the intervention program "I am independent" and the control group (23 people) continued their sessions with the operator of the Therapeutic Community.

The program that was developed is based on multimodal intervention. Multimodal therapy, developed by Lazarus in the 1980s, represents the renewal and extension of behavior therapy, founded by the same author and Wolpe in the mid-1950s. It is situated within the framework of behavior modification approaches but represents a serious alternative to the orientations based on the "unidimensional" models of radical behaviorism, cognitive approaches and nosology in use. In an indirect and underhand manner, the use of multilevel approaches, supposedly more effective, is progressively being accepted in psychiatry. The multimodal therapy approach focuses on finding an appropriate treatment for each particular case.

After the program was developed, it was submitted for validation by expert judges, who gave their opinion on the various sessions proposed. Subsequently, once the results of this validation were obtained, the suggested changes were made. Once the "I am independent" program was completed, we coordinated with the people in charge of the Therapeutic Community to first carry out a group evaluation of all the family members, who voluntarily gave their consent to participate in the study. They were summoned to a meeting for this purpose. During this meeting, the purpose of the evaluation was explained to them, mentioning that some would participate in the program and others would continue with their weekly meetings in the Therapeutic Community. Then the information sheets and the informed consent form were handed out. Once the results were obtained, the codependents were randomly assigned to the intervention or control group. After the assignment of the participants, the program was started.

To measure the different factors of the Codependence construct as defined, an instrument designed by Pérez and Delgado was used. The selection of the instrument's constituent scales is based on the literature reviewed and especially on the empirical findings of Hughes-Hammer and her collaborators, in 1998 about the design and psychometric evaluation of the CODAT (Co-dependence

Assessment Tool). The instrument measuring Codependence consists of 45 items that are divided into three subscales:

(a) Focus on the Other / Self Neglect: It has 17 items and includes behaviors that indicate the degrees to which subjects set limits in their relationships with other people. Specifically, it refers to the different ways in which people express affection, interest and concern for the problems of others, but neglect their own goals, interests and concerns.

b) Non-Coping: Consists of 14 items and evaluates behaviors that reveal inability or difficulty in recognizing or expressing one's feelings and emotions.

c) Over-Control: Includes 14 items that refer to all those behaviors that have the purpose of exerting a direct and constant imposing influence on the emotions, decisions and behaviors of the person with whom one has a significant bond.

To evaluate the relevance of the items and the established categories. Four (4) professional judges, experts in the field of clinical psychology, were chosen. Each one was given an instrument with 150 items in total. The criterion for acceptance of the items was the agreement of 3 or more of the judges concerning the factor of which each item was an indicator of measurement. From this evaluation, 48 items were discarded and the instrument as applied to the subjects was reduced to 102 items in total. In all cases, mass applications were made in groups of a maximum of 5 people, supervised by one of the interviewers. Once the basic purposes of the interview were explained to the participants, the questionnaires were handed out and the interviewer read aloud the instructions and examples for filling out the response form properly. It was specified that the questionnaire was anonymous and that only the research team had access to the completed material. After clarifying all doubts and concerns, the subjects answered the questionnaire. Only in some cases (9 cases) in which the subjects did not know how to read or could not read because of a physical disability, the interviewer read the questions and wrote down the answers of the interviewees. For the collection of information from the control group, people were contacted in different public spaces such as parks and shopping malls who voluntarily wanted to fill out the questionnaire.

With the data obtained, a database was prepared for statistical analysis using SPSS version 18.0. The data were analyzed descriptively, employing frequency tables, means and graphs. The hypotheses were contrasted using the Wilcoxon test for related or paired samples and the Mann-Whitney U test for independent samples.

RESULTS AND DISCUSSION

The results obtained in the evaluation of the multimodal intervention program for family codependents of institutionalized drug addicts in a therapeutic community, Chiclayo 2013, indicate that in the dimensions of Focus on the other, No coping and Overcontrol, the program has been effective. In the dimensions of Overcontrol and Focus on the other, changes have been observed in the control group; however, in the intervention group, the changes were greater.

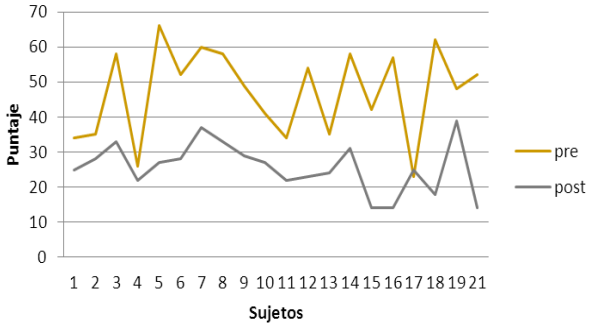
Table 1. Wilcoxon test results for the dimension focus on the other, pre-test and post-test of the intervention group. I am an independent" program

Intervention group: Focusing on others	Z	P
Pre-test Post-test	-3.543	.000

Source: Own elaboration

In Table 1, the p-values are less than the alpha value of 0.05, concluding that there is a significant difference between the mean scores of the pre-test and post-test of the intervention group in the dimension focus on the other. This result can be seen in Table 1.

Figure 1. Scores of the focus on others dimension according to pre-test and post-test in the intervention group: "I am independent" program.



Source: Own elaboration

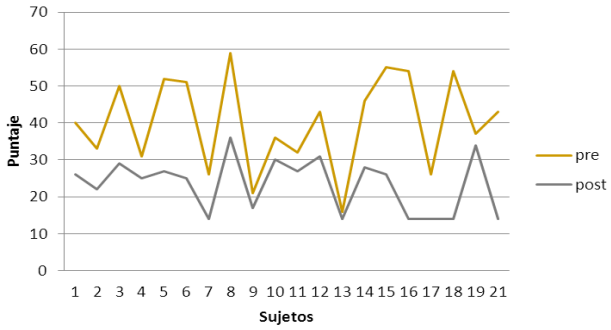
In the analysis of the dimensions evaluated, the focus on the other dimension, the program has been effective, with statistically significant changes being noted (Figure 1)

Table 2. Wilcoxon test results for the non-coping dimension, pre-test and post-test of the intervention group. I am independent" program.

Intervention group: No coping	Z	P
Pre-test		
Post-test	-3.883	.000

In Table 2, the p-values are less than the alpha value of 0.05, concluding that there is a significant difference between the mean scores of the Pre-test and Post-test of the intervention group of the non-coping dimension.

Figure 2. Non-coping dimension scores according to pre-test and post-test in the intervention group: "I am independent" program.



Source: Own elaboration

In the non-coping dimension of the intervention group, the results obtained indicate that there is a statistically significant difference between the pre-test and post-test of the working group, thus demonstrating the effectiveness of the program in this dimension (Figure 2).

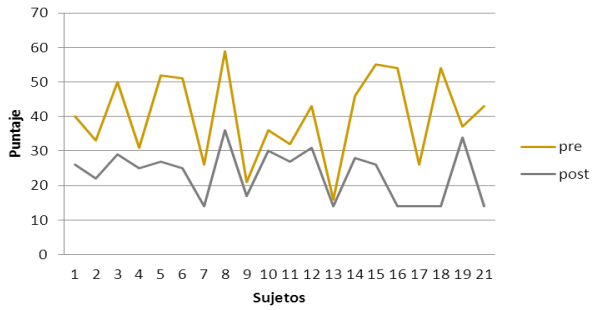
Table 3. Wilcoxon test results for the Overcontrol dimension, pre-test and post-test of the intervention group, "I am independent" program.

Intervention group: Overcontrol	Z	P
Pre-test		
Post-test	-3.922	.000

Source: Own elaboration

In Table 3, the p-values are less than the alpha value of 0.05, concluding that there is a significant difference between the mean scores of the pre-test and post-test of the working group of the Overcontrol dimension.

Figure 3. Scores of the overcontrol dimension according to pre-test and post-test in the intervention group: "I am independent" program



Source: Own elaboration.

In the overcontrol dimension, the results show that there is a change between the pre- and post-test values (Figure 3).

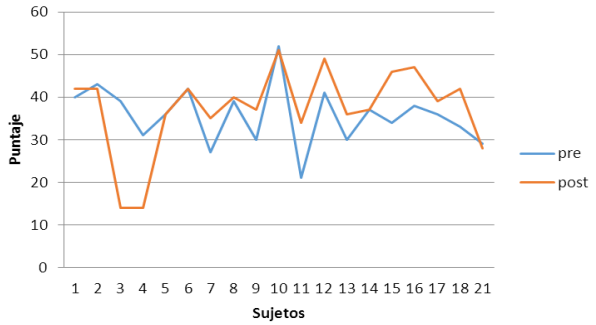
Table 4. Wilcoxon test results for the dimension focus on the other, pre-test and post-test of the control group. I am an independent" program

Control group: Focus on the other	Z	P
Pre-test Post-test	-1.528	.126

Source: Own elaboration

In Table 4, the p-values are greater than the alpha value of 0.05, concluding that there is no significant difference between the mean scores of the pre-test and post-test of the control group, in the dimension of focus on others.

Figure 4. Scores of the dimension focus on the other according to pre-test and post-test in the control group, the "I am independent" program.



In Figure 4, it can be noticed that in the dimension focused on the other there is no significant difference between the pretest and the posttest.

The results of the control group express statistically significant differences in the focus on the other dimension between the pretest and the posttest (Figure 4).

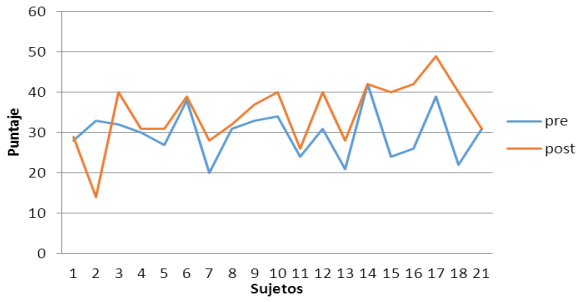
Table 5. Wilcoxon test results for the non-coping dimension Pre-test and post-test of the control group, "I am independent" program.

Control group: No coping	Z	P
Pre-test Post-test	-2.822	.005

Source: Own elaboration

In Table 5, the p-values are less than the alpha value of 0.05, concluding that there is a significant difference between the mean scores of the pre-test and post-test of the control group, in the dimension of no coping.

Figure 5. Non-coping dimension according to pre-test and post-test in the control group, "I am independent" program.



Source: Own elaboration

In the non-coping dimension, it was found that there is a significant difference between the pre-test and post-test scores of the control group. As can be seen in Figure 5.

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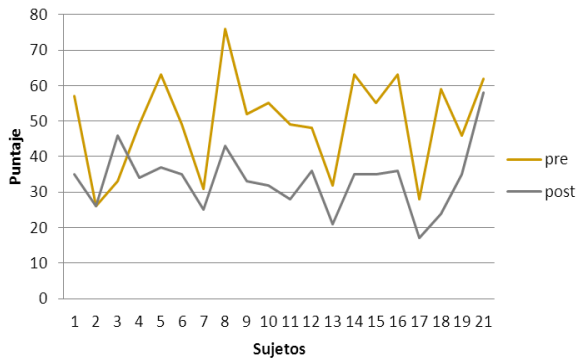
Table 6. Wilcoxon test results for the dimension on control Pre-test and post-test of the control group, "I am independent" program.

Pre-test Overcontrol	Z	P
Control group		
	-2.574	.010
Intervention group		

Source: Own elaboration

In Table 6, the p-values are greater than the alpha value of 0.05, concluding that there is a significant difference between the mean scores of the pre-test and post-test of the control group, in the dimension of control.

Figure 6. Pre-test and post-test results on the level of control in the control group, the "I am independent" program.



Source: Own elaboration

It can be seen that the levels of overcontrol in the control group are lower in the post-test, concluding from the statistical tests that there is a significant decrease in this dimension (Figure 6).

Table 7. Pre-test results in Mann Whitney U test for the dimension focus on the other, control group and intervention group, the "I am independent" program.

Pre-test Focalization	Z	P
Control group		
Intervention group	-.520	.603

Source: Own elaboration

Table 7 shows that the p-value is greater than 0.05, so there is no significant difference between the average scores of the focus dimension in the intervention group and the control group.

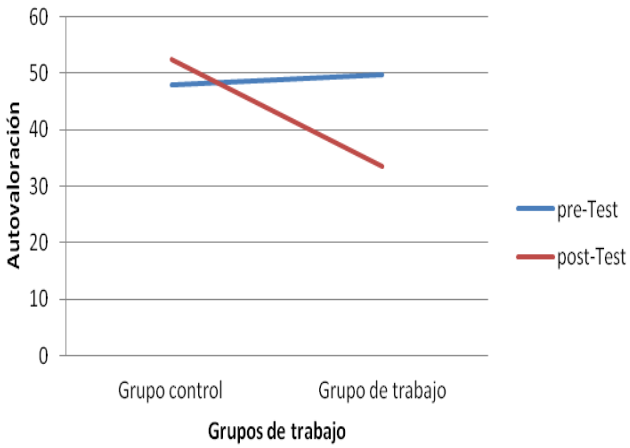
Table 8. Post-test results of the Mann-Whitney U test for the focus dimension, control group and intervention group, "I am independent" program.

Post-test Focalization	**Z**	**P**
Grupo control		
	-4.349	.000
Grupo intervención		

Source: Own elaboration

Table 8 shows that the p-value is less than 0.05, so there is a significant difference between the average scores of the focus dimension of the workgroup and the control group.

Figure 7. Values of the dimension of focus on the other according to pretest and posttest, intervention group and control group, "I am independent" program.



Source: Own elaboration

The post-test shows a difference from the pre-test (Figure 7).

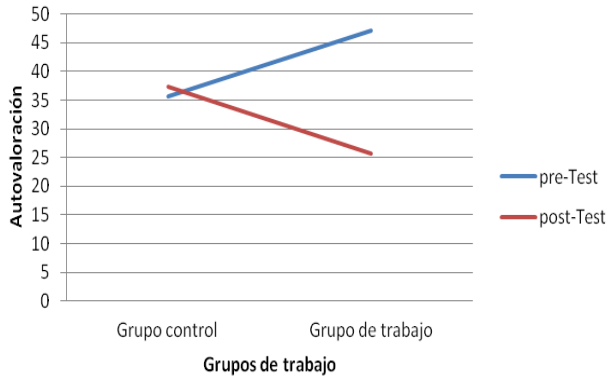
Table 9. Pre-test results in Mann Whitney U-test for the non-coping dimension, control group and intervention group, "I am independent" program.

Post-test No coping	Z	P
Control group		
	-3.548	.000
Intervention group		

Source: Own elaboration

Table 9 shows that the p-value is less than 0.05, so there is a significant difference between the mean scores of the non-coping dimension of the intervention group and the control group.

Figure 8. Non-coping according to pre-test and post-test of the intervention group, "I am Independent" Program.



Source: Own elaboration

Figure 8 shows the decrease in the levels of non-coping in the intervention group.

Table 10. Pre-test results Mann Whitney U test for the overcontrol dimension, control group and intervention group, "I am independent" program.

Post-test Overcontrol	Z	P
Control group		
	-3.727	.000
Intervention group		

Source: Own elaboration

It is observed that the p-value is less than 0.05, therefore there is a significant difference between the average scores of the overcontrol dimension of the working group and the control group.

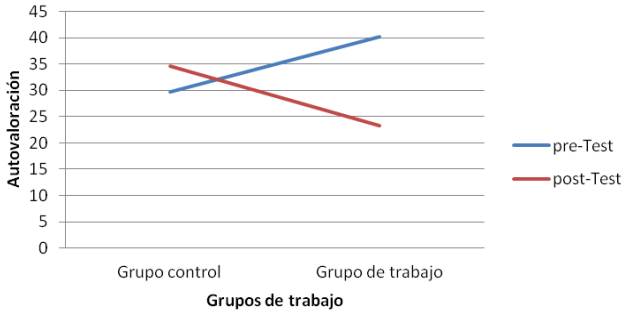
Table 11. Post-test results Mann Whitney U test for the overcontrol dimension of the control group and the intervention group, "I am independent" program.

Pre-test Overcontrol	Z	P
Control group		
	-2.574	
Intervention group		.010

Source: Own elaboration

It is observed that the p-value is less than 0.05, therefore there is a significant difference between the average scores of the non-coping dimension of the working group and the control group.

Figure 9. The figure shows the changes that occurred between the pre-test and post-test in the dimension On Control, Program "I am independent".



Source: Own elaboration.

Figure 9 shows that in the intervention group there has been a statistical change in the control dimension.

The efficacy of the proposed multimodal intervention program for codependents has been proven in the dimensions of focus on the other, non-coping and overcontrol.

In the intervention group, significant differences were noticed between the pre- and post-test; however, in the control group there were also changes in the dimensions of Overcontrol and Focus on the other, which could be explained because the control group continued to attend sessions proposed by the operator of the Therapeutic Community, in which topics related

to these dimensions could have been treated or to the randomization that could have given heterogeneous groups.

These results agree with Ramos-Vidal et al. (2021), who argue that intervention groups are favorable for patients suffering from some type of dependence since it is the professionals who will be at the patients' side offering affective care.

The No Coping dimension involves behaviors that reveal inability or difficulty in recognizing or expressing one's feelings and emotions (Hernández et al., 2021). As Villa-Moral (2018) points out, the codependent suffers from a feeling of emotional helplessness, in addition to an external locus of control, due to a negative self-concept, repression of emotions, avoidance and denial of the problem.

Since it is usually difficult for the codependent to recognize his own and the other person's needs, the Brainstorming technique was used to develop the ability to express feelings and emotions. As Ginocchio et al. (2022) point out, Brainstorming is a technique whose purpose is to support the clarification of thoughts. This method has at its core the distinction between two types of thinking: having ideas and using them. It is also proposed not to criticize one's ideas or those of others. According to Gonzáles (2008) "Both brainstorming courses and those of derived techniques have a common principle: to move away from the way of life we have had up to now. It does not matter that many of the ideas seem illogical, eccentric or even unrealistic".

This technique could have generated changes in codependents who usually feel that they are not worthy of the acceptance of others, leading them to tolerance with themselves and with others. Codependents have a distorted type of thinking in the sense of assuming the conviction that they do not have the right to think or feel for themselves, in this sense it is pertinent to reeducate them, for which the Brainstorming technique was appropriate at the beginning of the program.

With the technique "I make myself responsible" of Gestalt Therapy, the work of revaluing and making each co-dependent person responsible for managing his/her life continued, for Gestalt Psychotherapy, responsibility has to do with each person assuming his/her life, his/her way of acting, the emotions he/she lives, his/her way of thinking, and everything that makes up the self (Domingues and Botelho, 2021). It can also be understood as the capacity to respond. In other words, it is the ability to speak from the self, accepting what one is and achieving an involvement with the totality of what one does and what one feels.

Another work was done with the expressive techniques of Gestalt therapy with which the codependent sought to externalize the internal, to realize situations that perhaps he had been carrying with him for most of his life but that he did not perceive. According to Motta et al. (2020), in psychotherapy, when the patient realizes that his problem may be similar to that of other people, he no longer needs to keep himself isolated or protect himself from others, facilitating the reduction of resistance. In this way, the group is used as a tool to provoke interaction and possibilities of personal development, as well as learning from others, while, at the same time, sensitization to their needs and feelings is achieved.

Thus, the codependents experienced that other people could have similar problems to theirs and that they could also have shared similar sufferings. This realization and experience with the group could have contributed to the beginning of overcoming their difficulties to express their own experiences, often carried in solitude and silence, characteristic of the codependent.

Within the treatments for drug addicts, the family plays a fundamental role, with the understanding that the problem of drug dependence does not affect only the drug user, but also the family members who are close to him/her, therefore, intervention with family members is considered fundamental (De Oliveira et al., 2022). For this reason, group intervention could have been effective; the encounter with other people experiencing similar problems leads to a space of openness towards new lifestyles, and new ways of dealing with problems. Although individual intervention would also have been possible, in this case, group intervention is justified, which enriches the participation of co-dependent family

members.

CONCLUSIONS

According to the results obtained in the present study entitled "efficacy of an intervention program for family codependents of institutionalized drug addicts", it was possible to prove the efficacy of the program in question. The statistical analysis of the intervention group showed that the program was effective in the three dimensions, focus on the other, no coping and overcontrol, since significant differences ($p<0.05$) were found between the pre and post-test through the Wilcoxon test. In the control group, no significant differences were found for the dimension of focus on the other ($p>0.05$). However, in the no coping and over-control dimensions in this group (p values are less than the alpha value of 0.05), there were changes. However, in the intervention group, the changes were greater.

It is recommended that in the short term, further research be conducted on these relevant issues related to drug dependence and psychological health. Likewise, it is recommended that family members of drug-dependent persons seek information to learn about the changes that can occur in their lives; codependence is a very complicated issue that affects everyone around them. On the other hand, it is recommended that therapeutic communities continue to implement intervention programs for family members of drug addicts. In the long term, it is expected to have new positive statistical data regarding the effectiveness of other intervention programs for codependents of drug-dependent relatives.

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