

When Helping Hurts at Work

A Framework for Understanding Codependency in Workplace Relationships

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Why This Conversation Matters



ORGANIZATIONAL CHANGE

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STRESS MANAGEMENT

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A HEALTHY WORKPLACE

Reduced stress disorders
Satisfied and productive workers
Profitable and competitive organizations



- Burnout in the Workplace
- Over-Functioning Tendencies
- Blurred Role Boundaries

Learning Objectives



01 Identify Workplace Codependency

02 Understand Contributing Factors

03 Apply CBT-Informed Interventions

04 Promote Employee Well-being

A bright, modern office space with large windows, potted plants, and desks with computers. The scene is well-lit with natural light from the windows. There are several potted plants on the desks and windowsills. A red desk lamp is visible on the right. The overall atmosphere is clean and professional.

Reframing Codependency for the Workplace

Looking beyond performance to relational patterns.

What is Workplace Codependency?

- Codependency exists at work
- Roles can become emotionally blurred
- Workplace functioning is affected



Codependency in Action

“Codependency reflects learned relational patterns that surface when individuals rely on others for emotional stability and validation.”

- Adapted from Melody Beattie, *Codependent No More*, 1986



Why Reframe Codependency at Work?



- Protects morale and productivity
- Strengthens boundaries and communication
- Positions EAPs as catalysts for healthier systems

Reframing isn't about blame it's about building healthier systems. ~Stephanie Briscoe

Systemic Patterns EAPs Commonly See

“Stability on the surface does not always mean health underneath.”

Developmental and Cognitive Factors

Contributing Factors

- Early Attachment Influences
- Cognitive Distortions
- Self-worth tied to helpfulness
- Learned relational role models





Understanding the Pattern → Creating Change

- Problem: Codependency at Work
 - Solution: Setting Boundaries
 - Impact: Addressing Codependency
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Red Flags EAPs Hear in the Workplace

- “I have to fix this”
- “I can’t say no”
- “They depend on me”
- That’s my “Work husband or Work wife”
- “I don’t want to hear my boss's mouth, so someone must do it.”

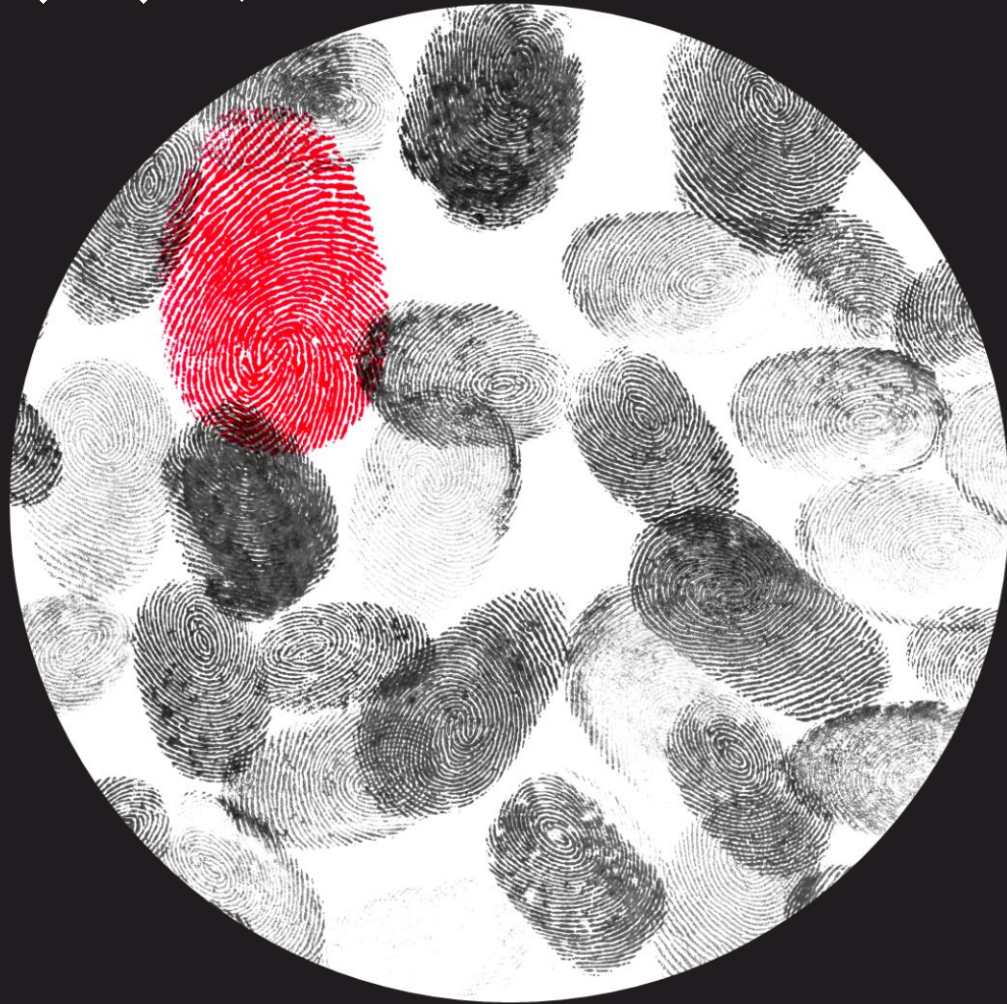
From Insight to Intervention

Frameworks for Identifying and Addressing Workplace Codependency





IDENTIFY: Spotting Behavioral Patterns



Behavioral Focus

No Labels

Compassionate Curiosity

Pattern Clarity



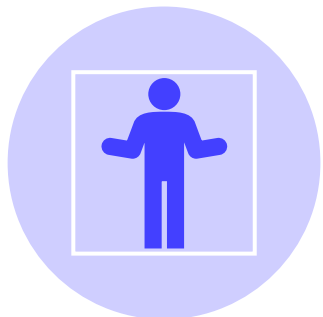
OWN: Naming What's Driving the Behavior



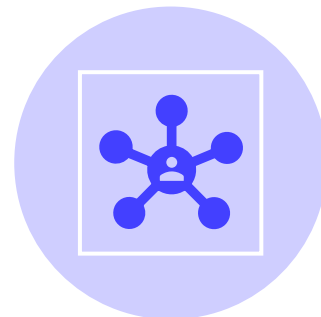
Origins of Codependency



**Compassionate
Recognition**



Emotional Drivers



Encouraging Exploration

REFRAME: CBT-Informed Shifts

Listen

Build

Foster

Disclaimer: ARC Mentality® is an emerging practice-informed framework—not yet research-validated—but one we've found helpful in organizing accountability, relational clarity, and consistency in our EAP work. I'm sharing it as a practical lens you may find useful alongside your existing approaches.

ARC Mentality® as a Provider Lens

- **Accountability**
Ownership of actions and emotional responses
- **Relational Clarity**
Clear roles, boundaries, and expectations
- **Consistency**
Predictable support that builds trust

Applied Workplace Scenarios

Scenario 01

Client Distress After Reassignment

Client distressed after a close “work spouse” is reassigned, causing irritability and mood shifts. Reflect on the emotional impact and underlying attachment.

Scenario 02

Employee Burnout and Boundaries

Employee exhausted and resentful from chronic over-functioning and boundary fears. Consider how workplace dynamics contribute to this experience.

Scenario 03

Supervisor Mistrust and Withdrawal

Supervisor feels betrayal and mistrust after conflict, leading to micromanaging and withdrawal. Explore the effects on team trust and morale.

Key Takeaways for EA Professionals



01 Recognize Codependency Patterns

02 Understand Root Causes

03 Apply CBT-Informed Interventions

04 Alignment and Accountability

Thank You

*When people understand how they are showing up,
boundaries become clearer and workplace
relationships become healthier.*

Stephanie N. Briscoe, LCMHCS NCC CEAP CAGCS CIR

