

## Delayed Emotional Growth

**Overview:** This lesson is foundational to understanding why our loved ones “act” the way they do. Particularly, if they seem to be immature for their age. The theory is that whatever age the addict begins to use mind altering substances, their emotional growth stops. They may in fact be 28 years old, however, if they started using drugs at the age of 16, they act as though emotionally they are 16.

### Notes:

- Blanks: A = Anything, B = But, C = Change, A = Ask, h = help, w = willing, l = listen, C = Choose, s = suggested. How long will it take? “As long as it takes.” (\*see research information below)
- The items listed as Traits of Delayed Emotional Growth, (checkboxes) are essentially “childhood coping skills.” The opposite of these skills are “adult coping skills” - the ones we want our loved-ones to learn.
- In the section Developing Adult Abilities, (checkboxes starting with Healthy Morals), a good follow up question is “How do you teach someone a good decision making strategy?” (Answer: “it’s not easy!”) Also ask: “How did WE learn good decision making skills?” (Answer: mostly by our experiences – in other words, they need to learn by their experiences).
- On page two, when asking, “How long will this take?” (Answer: “as long as it takes”). But one point of hope is to note that studies show the longer one is sober, the more likely they will stay sober. This is the reason we frequently hear that one year is a turning point for most addicts to stay sober. Of course, there are no guarantees and there are exceptions. \*See research information below which you can use and or reference in your meeting.
- Possible questions for the group:
  - Consider asking your loved one, “Do you feel you have the life skills necessary to live a successful life without the use of mind altering substances? (If loved one says “no,” your response can be “that is normal which is why we all need to learn life skills.”)
- After completing the ABC method you can note:
  - Humility in AA = Being “teachable.”

### Driving points home:

Ask everyone (or an individual) “please close your eyes and visualize your son or daughter, (give them a second to do so) now as you picture them in your mind, how old are they?” Allow people to answer. Clearly if someone visualizes a loved one at a significantly younger age than their actual age you can follow up with the following questions:

- “If that is the case and you visualize them at a younger age, how might you be treating them?” (Anticipate them saying, “at the younger age”)
- “What happens if you keep treating (for example) a 28 year old as a 16 year old?”
- “Can you see what problems this presents?”
- “What is the truth in this matter?” (Answer: they are actually 28 years old)
- This would be similar to your loved one being arrested and going before a judge, and although though they are 28 years old, they would say to the judge, “well I am immature and acting like a 16 year old because I took drugs, so can you please just send me to juvenile court?” “Would the judge do this?” (They definitely would not).

- “So how should we treat our loved ones?” (Answer: the age that they are) “What is healthier about treating them their age?” (Answer: it’s treating them like an adult).
- After going over the ABC’s of addiction – possible question “How does this apply to us as the loved one of an addict? (Answer: same principle, “we need to ask for help, be willing to listen, and (to drive the point home) we can **CHOOSE** to do what is suggested.”
- Possible question for the group:
  - “Does your son/daughter seem to display, extra intelligence, extra creativity, extra emotional sensitivity?” (The majority will likely raise their hands or affirm this). Follow with, “the theory is that they are more predisposed to anxiety, and these traits are very common in addicts.” Again, this drives home the point that “you are not alone.”

#### **Cross-reference material from Mike Speakman’s book, *The Four Seasons of Recovery***

- Page 58 (Definition)
- Page 64 (Delayed Emotional Growth Traits – Addict)
- Page 65 (The 3 Ds - Child coping mechanism skills)
- Page 66 (Addiction and Delayed Emotional Growth and Resistance to Change)
- Page 67-68 (Adult Coping Skills – What is known and not known)
- Page 76-79 (How Old Are You?)

\*Source NIDA (National Institute on Drug Abuse):

The most thorough attempt to understand what happens to addicts and alcoholics who stay sober is an [eight-year study of nearly 1200 addicts \(http://www.ncbi.nlm.nih.gov/pubmed/17986709\)](http://www.ncbi.nlm.nih.gov/pubmed/17986709). They were able to follow up on over 94% of the study participants, and they found that extended abstinence really does predict long term recovery. Some takeaways from this research are:

- Only about a third of people who are abstinent less than a year will remain abstinent.
- For those who achieve a year of sobriety, less than half will relapse.
- If you can make it to 5 years of sobriety, your chance of relapse is less than 15 percent.

#### **More research - Pathways to Long-Term Recovery: A Preliminary Investigation**

This paper reports on a study of individuals in long-term recovery from substance abuse (median = 12 years) and examines the factors they cite as important in establishing and maintaining their recovery status. Key factors reported were social and community support, affiliation with 12-step organizations, and negative consequences of substance use.

Findings from studies using follow-up periods of up to 2 years indicate that participation in formal treatment (e.g., [Anglin & Hser, 1992](#); [Hubbard et al., 1989](#); [Prendergast et al., 1994](#)) and longer time in treatment (e.g., [Fiorentine and Hillhouse, 2000a](#); [Simpson et al., 1999](#)) are consistently associated with better outcomes. Affiliation with 12-step fellowships (e.g. Narcotics Anonymous) during and after treatment is helpful in maintaining short-term abstinence (e.g., [Humphreys et al., 1994](#) and [1999](#); [Laudet et al., 2000](#); [Timko et al., 1995](#) and [2000](#)), especially for those who attend regularly or become actively engaged with the 12-step program of recovery (e.g., [Fiorentine, 1999](#); [Kingree, 1995](#); [Mckay et al., 1994](#); [Montgomery et al., 1995](#); [Watson et al., 1997](#)). Post-treatment 12-step affiliation is also a critical ingredient in the recovery process, increasing the likelihood that gains made during treatment are reinforced and sustained ([Etheridge et al. 1999](#); [Fiorentine 1999](#); [Fiorentine and Hillhouse, 2000a](#)).