They’re looking to you for answers

The Family Resource Recovery Kit

- How to Explain an Overdose Death to Children of All Ages
- How to Explain the Process of Death to Children
- How Addiction Affects the Family
- Words matter: Substance Use Disorder and Children
- RESOURCES

nhrecoveryhub.org
One of the most difficult things a parent, grandparent or mentor has to do is explain to a young child, a teenager or an adult child is why and how a loved one died due to an overdose.

There’s no right or wrong way to have this tough conversation. The bottom line is, you will have to figure out the right time and words according to the child’s age. This won’t be a one and-done conversation; it will require many conversations and interactions with the child to be able to absorb this tragic death.

**Key elements to describe an overdose death could be explained by simply stating:**

- (Person’s name) mistakenly used more of the substance than his/her body could handle and his/her body stopped working.
- (Person’s name) had a substance use disorder, which is a brain disorder that can sometimes end in death, this type of disorder is often referred to as “addiction or alcoholism.”
- A substance use disorder is an invisible disease that causes a person to use more drugs, alcohol and or medicine than is safe, which can cause a person to die unexpectedly.
- A substance use disorder is a chronic, progressive, relapsing brain disease that causes a person to compulsively seek substances and use them despite their potential harmful consequences.
- Be honest during this conversation, but only answer questions that are asked, especially with young children. Don’t over talk, keep the conversation simple, use age appropriate and kind language (which means you do not label the person with slang language by calling the person who passed an addict, alcoholic, etc).
- Use the person’s name, see the person first while showing compassion and empathy because the person was sick. If you have a negative opinion and feel the need to pass judgment find someone else to have the conversation with the child.

If you are feeling suicidal, call Lifeline at 1.888.641.8722.
It is imperative that adults teach the basic concepts of death, attending a wake, the funeral service and the gravesite. Teens may have a full and rational understanding of death and still struggle to accept the basic concepts, and it is even harder for young children who aren’t able to understand them at all.

Explain death to a child using simple, straightforward language according to the child’s age. Ask the child what they already know about death. You can ask a question like: “What do you think happens when something or someone dies?” You could ask a young child to draw a picture of what death looks like to them.

Involve the child or children in the planning process because it helps them to feel included and could be a part of their healing process. Ask a young child to draw a picture of a happy time or a make up a card that can be placed by their parent’s casket. Ask older children if they have a favorite poem or a song they would like to be part of the service.

Wakes and funeral services are two types of memorial practices that are designed to honor people who have passed, the services are also part of the healing process.

The process of the wake and funeral service should be clearly explained to young children and to teenagers and if it is possible, take them to where the services will be taking place prior to the service in hopes that they will be better prepared of what to expect.

Never force a child of any age to attend a funeral, if a young child or teen wants to attend do everything you can to prepare them for what he/she will hear and see. It is important to explain that people who attend the wake are sad and may be crying. If you know that a person will be laid out to rest in an open casket, explain to the child what a casket is and what to expect.

The Wake: Explain to the child/children that attending a wake is an opportunity for everyone who loved their Mom/Dad to pay their respect to them and the family. At the wake, friends and family members gather together to share memories, to provide support, and to say goodbye.

The Funeral Service: A funeral service or sometimes known as a gathering is a formal memorial that is typically officiated by clergy (a Priest, Pastor, Chaplain, Rabi etc.). Funerals are also a time for friends and family to speak about their loved one during the service. The service may take place in a funeral home or church before the body is transported to the gravesite or the funeral service may be held at the gravesite.

The Gravesite: The person’s final resting place. Everyone will gather around the grave, (a special hole is dug in the ground), to place flowers and share prayers.

The gravesite is place to visit whenever the child would like to. If the child never brings it up, you can ask them if they would like to take a walk and visit the gravesite; You can suggest that they can leave flowers, a card, a drawing or anything else they would like to leave.

If your beliefs support the concept of heaven, teaching children about heaven and angels can be comforting to them because heaven is often associated with safety and peace.
A person who is in active addiction often doesn’t understand how their substance use disorder affects the people who love them, especially their children. Children naturally look up to their parents, when they are young, they love their parents unconditionally even when they don’t trust them. Their parent’s negative influence impacts their young life in many ways, that often carries into their adult lives. When a child grows up in a home where the parents put more effort into their active addiction, alcoholism than nurturing their children, the children unconsciously often take on dysfunctional roles that appear to balance their home life after the addiction has been introduced.

**The Hero** is the child who needs to make the family look good, they ignore the problem and present as though nothing is wrong in their household, the hero is the perfectionist of the family. The underlying feelings are fear, guilt, and shame.

**The Mascot** is the child who is the comedian in the family, they make or crack inappropriate jokes about the family, their humor is often harmful humor that can sometimes cripple their parent’s recovery. The underlying feelings are embarrassment, shame, and anger.

**The Lost Child** is the child who is quiet and reserved, this child often isolates, the lost child gives up their wants and needs and avoids conflict and conversation about their parent’s addiction or recovery. The underlying feelings are guilt, loneliness, neglect, and anger.

**The Scapegoat** is the child who often acts out in school, they rebel and consciously or unconsciously diverts attention from the person who is addicted and their need for help. The Scapegoat covers or draws attention away from the real problem. The underlying feelings are shame, guilt, and emptiness.
A person in active addiction may believe their alcohol and substance use is their own business, however, their behavior and the consequences of their addiction affects everyone around them, including their parents, siblings, grandparents etc. The psychological effects on children who are living with an addicted parent or parents often leads to long-term mental health issues for them. Young children and adult children often feel insecure; they have trust issues along with suppressing their emotions. Many of these children suffer from PTSD (Post-Traumatic Stress Disorder) and when left untreated it follows them throughout their lives. It’s common for children of addicted parents to suffer from an anxiety disorder, have panic attacks, incur chronic long-term depression and they live in fear of places or situations.

The Chief Enable is the parent who feels it’s his or her job to keep everyone happy and the family in balance. The parent who takes on the role as the Chief Enabler make excuses for their child’s active addiction; they are often in denial and act like everything is fine. It isn’t uncommon for the Chief Enabler to have feelings of inadequacy, fear.

The Victim see themselves as being victimized, they often have a “poor me” attitude while having feelings of being powerless, helpless, hopeless, dejected, and ashamed. Victims have difficulty making decisions, solving problems, finding pleasure in their life, or understanding their own behavior.

The Rescuer works hard to help and be the care taker to their addicted loved one, they feel the need to help their loved one feel good about themselves, while neglecting their own needs. They need victims to help and often can’t allow their loved one to succeed or get better. Rescuer’s often use guilt to keep their loved one dependent and feeling guilty.

The Persecutor criticizes and blames the addicted person in their life, while setting strict limits that are sometime unattainable. The Persecutor is controlling, rigid, authoritative, angry and unpleasant to be around. The Persecutor keeps their addicted loved one feeling oppressed through threats and bullying because they yell and criticize; they aren’t problem solvers.
Changing the way we talk about addiction is one of the most effective ways to reduce stigma. Addiction breeds in silence and shame, and many people never get the help they need because they are afraid of stigma. Take a few minutes to consider the words you use and how they may be affecting the people you love.

**LANGUAGE IS IMPORTANT**

<table>
<thead>
<tr>
<th>SAY THIS</th>
<th>NOT THAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with a substance use disorder</td>
<td>Addict, junkie, druggie</td>
</tr>
<tr>
<td>Person in recovery</td>
<td>Ex-addict</td>
</tr>
<tr>
<td>Person living with an addiction</td>
<td>Battling/suffering from an addiction</td>
</tr>
<tr>
<td>Person arrested for a drug violation</td>
<td>Drug offender</td>
</tr>
<tr>
<td>Choose not to at this point</td>
<td>Non-compliant/bombed out</td>
</tr>
<tr>
<td>Medication is a treatment tool</td>
<td>Medication is a crutch</td>
</tr>
<tr>
<td>Had a setback</td>
<td>Relapsed</td>
</tr>
<tr>
<td>Maintained recovery</td>
<td>Stayed clean</td>
</tr>
<tr>
<td>Positive drug screen</td>
<td>Dirty drug screen</td>
</tr>
</tbody>
</table>

Source: [NATIONAL COUNCIL](https://www.nationalcouncil.org)
Recovery is possible; hope is essential. To connect with a person in recovery or a family support specialist, visit the New Hampshire Recovery Hub at: nhrecoveryhub.org. If you or a loved one is experiencing a substance use emergency, dial 2-1-1 to be directed to Regional Doorways that can provide an evaluation or the opioid overdose reversal medication naloxone (Narcan).

Each person’s grief experience is unique and there is a wide range of “normal.” The Concord Regional Visiting Nurse Association can support you through this challenging time. Visit the site at: crvna.org/support/bereavement

Grief Recovery After Substance Passing (GRASP) was created to offer understanding, compassion, and support for those who have lost someone they love through addiction and overdose. Visit its New Hampshire chapter at: grasphelp.org/community/meetings/united-states-chapters/new-hampshire

TEAM SHARING Inc. is a national organization of parents who have lost a child to Substance Use Disorder (SUD). Through social networking, community activism, grief services and advocacy, TEAM SHARING provides support and friendship to grieving families. To learn more, visit: teamsharinginc.org

The Good Samaritan Network (NH Council of Churches, NH Alliance and other partners) announce these twelve regional gatherings to convene the Body of Christ in order to serve in opioid recovery. To learn more, visit: nhchurches.org/good-samaritan-network-12-organizing-meeting-statewide-for-opioid-recovery