



Pet Bereavement Care in Practice Mini Series

Session 3: Bereavement Care Strategies

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Palliative Care/Bereavement Clinics

Provision of dedicated nurse led palliative care/bereavement clinics has been identified as potentially supportive within pet bereavement care as anticipatory grief can be recognised and responded to early on (Dawson, 2010).

Palliative and bereavement care are often fused together in a continuum known as Continuing Care Clinics aimed at supporting clients' through the emotional transitions of end of life care for their pet and euthanasia decision making (Dawson, 2007, 2010).

Some clients need to repetitively revisit subjective quality of life indicators and clarify personal motivation for euthanasia decision making, this can be more readily accommodated in dedicated clinics than in shorter veterinary consults. The emotional needs of clients are likely to be greater post-delivery of a terminal prognosis for a companion animal and will include the need: to have trust in the veterinary care team – this can be complicated when treatment and care is transferred to “out of hours” practices during evenings and weekends which necessitates involvement of unknown, unfamiliar veterinary surgeons in the animal's care. Clients need to have confidence in the veterinary care team's ability, again this may be diminished by a lack of familiarity with the veterinary team in an “out of hours” scenario. Personalized attention is paramount in pet bereavement support as this communicates recognition of HCAR, shows respect for the uniqueness of the companion animal and the significance of the importance of the individual client. When a pet owners receives a diagnosis or terminal prognosis for their companion animal they need to have clear unambiguous information regarding the disease, anticipated trajectory, options for treatment and referral (Dawson, 2007, 2010).

Within any communication between vet and client particularly at times of heightened emotion, verbal acknowledgement of the HCAR is salient in facilitating partnership in care for the animal and eliciting owners' subjective experiencing of their animal's well-being and/or decline, which must always be taken into account. Feelings of grief, fear, anxiety need to be accepted and validated as “normal” rather than dismissed as pathological. For this to be enabled there must be enough time allotted to discuss the animal's illness, anticipated illness trajectory, referral and treatment options, where possible there should always be a pre-discussion, providing opportunity for clarification of the procedure and asking of any questions as well as planning for after death body care by talking about different options. By making anxieties about illness trajectories visible and naming and validating associated feelings, this gives a greater sense of agency to owners in making positive welfare decisions for their animals including palliative treatment and euthanasia. Having a feeling of partnership/shared responsibility in decision making and treatment plans brings about this greater sense of control rather than feeling decisions are imposed or information has been withheld or presented in a way that was incomprehensible or inaccessible to the owner. Honesty from the veterinary care team is an essential component in creating a trusting partnership particularly during end of life care and at times of euthanasia.

Partnerships in care

Working in partnership with pet owners/caregivers involves an acknowledgement of cultural/social diversity and a commitment to identify and work through any differences. This can be really difficult at times, particularly where an animal's welfare may have been compromised by an owner's actions. Ideally skilled, non-judgemental support that

communicates empathy and warmth creates an emotion friendly environment enabling identification of grieving owners' needs and also enabling recognition of when referral to a human health professional (e.g. GP, community psychiatric nurse or psychologist) may be appropriate.

Similarly signposting distressed owners to external agencies such as The Blue Cross and SCAS (Society for Companion Animal Studies) Pet Bereavement Support Service (PBSS) can be pivotal in ensuring boundaried, ethical care for clients and not over stretching self beyond the limits of professional competence and personal comfort zones. Some clients will be more able and willing to express their emotional needs than others, but it should never be assumed because someone has different coping mechanisms or individual ways of grieving, that the emotional need is absent. One size does not fit all and integral within bond centred practice is developing a client centred approach to care that recognises individuality and values diversity.

In line with ***relationship-centred principles*** and practice the emergent needs of veterinary professional should also be addressed. This is particularly relevant given the high rate of suicide in the veterinary profession, which is nearly four times the national average (Bartram & Baldwin, 2008; Halliwell and Hoskin, 2005), which it has been suggested could possibly be linked to constant exposure to and responsibility for euthanasia. Certainly being in daily contact with highly emotional and needy owners has the potential to impact on veterinary professionals' own emotional health and well-being (Dawson, 2006, 2008, 2010).

In putting emotional support protocols into place and developing clinical communication skills to help clients, this can play a crucial role in decreasing the amount of stress experienced by the veterinary professional.

Emotional support entails using the core counselling skills of *empathy, congruence* and *unconditional warmth/positive regard* (Rogers, 1980). It is centred in providing emotional containment for a client at a highly distressing time and creating a safe space to review and celebrate the individual bond between companion animal and person. It enables recognition of the loss as legitimate in and as itself. It is non-judgemental and is about enabling the client's own positive coping strategies. **In developing bond centred protocols for practice, emotional support for clients and staff can become integral within day to day practice of veterinary medicine.** Careful consideration of environmental considerations and availability of resources are fundamental within bond centred practice, including provision of dedicated "quiet /family" areas for clients to have the option of spending un-rushed time.

Communicating with empathy

Burnard & Morrison (1997) reflect that caring and communicating are inseparably linked. Clear respectful communication is as vital a part to the success of relationship-centred practice as high quality veterinary care (Dawson, 2010). Trust is the foundation of effective communication and of healthy work environments. "A relationship-centred practice creates work environments characterized by high levels of trust and skilled communication," (Lagoni et al 2001:5). Compassion tends to be action focussed associated with sympathy and help. Thompson (1986) writing about communication in health care posits that communication is important for two main reasons: facilitates the sharing of information and enables

relationships between people. Communication is therefore a two way process. There are different types of communication that can be used to convey compassion and offer support: **oral communication** which involves using words and sentences (verbal communication) e.g. "I think I know how much Fennel meant to you Zoe, please take all the time you need now, there's no rush to leave;" **body language** (non-verbal communication) e.g. relaxed open posture, use of eye contact; **written communication** e.g. sending a personalised sympathy card. There are key skills and orientations involved in communicating compassionately and these are now introduced and discussed with examples related to veterinary practice.

Empathy

This is more a way of being, an orientation rather than a skill that can be learned and practiced. Egan (1986) defines empathy as being the ability to enter into and understand the world of another person and communicate this understanding to him or her. The crucial factor is retaining an "as if" quality, in this way empathy is different to sympathy. Empathy involves both an intellectual and emotional understanding of the other person's experiencing. Egan (1986) however, also identifies empathy as being a communication skill, that of accurately communicating understanding of the emotions and thoughts of another. In this way the skill of empathising with another's experience is grounded in *active listening*.

Active Listening

Listening is different to hearing; we can hear sounds without making sense of them. Listening involves giving full attention in an effort to understand what is being said, verbally and non-verbally. Veterinary professionals' active listening involves communicating this understanding to CA owners, effectively both verbally and non-verbally through: **tone of voice and pace of speech** not just what is said but how it is said, e.g. in Western cultures calm, slow voices convey compassion and concern. Mirroring owners' pace of speech can also communicate empathy. Alternatively, in a conflict situation speaking in a slow calm voice demonstrates to owners how you would like them to speak to you rather than inflaming the situation talking quickly and loudly.

Eye contact in the West engaging in eye contact without forced staring communicates that you are connecting with someone, whereas looking away can be interpreted as you being bored or disinterested.

Attending involves communicating to someone that you are paying close attention to what is being said and expressed e.g. use of body language - relaxed open posture (no folded arms or crossed legs!), facing the person leaning slightly forward, not invading personal space (which could be perceived as aggressive).

Body language is often subconscious, however conscious attention to facial expression and posture can be powerful in communicating that we are fully there for someone in a supportive capacity.

Clarifying is a central skill in communicating care helping understanding by checking out what the person has said. This can be done through paraphrasing, restating and the use of open questions.

Paraphrasing means putting what someone has said into your words, i.e. putting the same meaning in other words.

Restating often involves repetition of an identified key word or phrase to clarify meaning and move the conversation on.

Open questions require more than a yes or no answer (closed questions), enabling people to expand a point e.g. "What is making you feel anxious about Jasper's pacemaker at the moment Kerry?" Open questions usually start with how, what, when, where, and why.

Probes and prompts: a probe is a very short question e.g. "Can you tell me more about what is worrying you about Angel's cancer?" this type of question usually follows on from a previous answer given e.g. "I'm just worried about the cancer." Prompts are short questions or words which you offer to someone in order to prompt an answer, e.g. "Does Angel seem distressed?"

Summarising involves providing a succinct summary of what has been said, it involves extracting what owners identify as being important points for them; different from paraphrasing in that it provides a synopsis of what's been said rather than clarifying a single point.

Active listening provides the essential skill base for working both competently and confidently with human emotions. Skilled active listening in veterinary practice involves: physically looking interested and available to listen; hearing and understanding what is said; communicating interest and understanding to owners; accurately remembering what has been said and how it was said, paying attention to the emotional tone; clarifying understanding of both what was said and expressed feelings (the emotional tone, how it was said).

Attention to the physical environment of the practice within pet bereavement support is essential in communicating acceptance and creating a climate of care.

Family/Quiet Room

Quiet rooms are familiar in human medical settings, but have not yet been normalised within the practice of veterinary medicine. At Colorado State University's Argus Institute for Families and Veterinary Medicine client *comfort* rooms are provided as alternatives to regular consult rooms for delivery of terminal diagnosis, euthanasia provision, and after death body viewing. A quiet/family room could be a converted consult room for dual purpose use and should include provision of basic resources (Dawson, 2010):- comfortable seating e.g. sofa; a book case with reading resources on companion animal death; facilities to make a drink/water machine and provision of paper tissues. Grief information packs containing information from Blue Cross/SCAS PBSS (**PBSS support line 0800 096 6606** are essential in offering wrap around care and enabling choice. **Some clients will not need or want this kind of additional support, but it never hurts to create awareness of it.** Facilities to provide linking objects to a deceased animal e.g. clay paw print mould, scissors to take a cutting of fur, small boxes to put these into, can be pivotal in enabling a continuing bond for owners with their deceased pets. Again this will not be to every grieving owner's taste, but providing this option is essential within bereavement support. Ideally family rooms should be

decorated in calming colours such as pale green, pale blue and the addition of non-toxic plants has been identified as creating a more relaxed atmosphere. Paintings or photographs of companion animals on the walls (although these should not be personal pets of veterinary professionals as this discloses too much about self) can also create a climate of care and greater acceptance of emotions arising from the pet-person relationship. A Practice Book of Remembrance to which an animal's name and details can be added and can be powerful in creating a positive continuing bond between owner/client and the practice after bereavement. This is very important in retaining client loyalty to the practice if they acquire other pets or indeed already are a multi-pet household. Negative associations at the time of death and euthanasia are a key reason for clients changing veterinary practices. Ideally, clients should always be given the option of leaving the practice via the back door exit post euthanasia. At the time of an animal's euthanasia, clients' senses are often heightened and experiences can be easily distorted and magnified. The veterinary surgeon's role in shaping clients' experiencing of companion animal euthanasia is pivotal, mismanagement is likely to significantly impact on the grieving process. Integrating basic relationship-centred protocols into practice can be supportive of both veterinary professionals and clients.

Basic relationship centred protocols in pet bereavement support in veterinary practice include: provision of a family/quiet room facilitating better options for extended appointments when needed; provision of palliative care/bereavement clinics that routinely incorporate longer appointment times 20-25 minutes; exploring options for after death body care (ideally in advance of the time of death) and for these options to include those provided via the practice and externally e.g. pet cemeteries; communication between ALL staff to enable planning for delivery of terminal prognosis, preparation for euthanasia; communication with client showing recognition of the importance of the bond shared with a companion animal, validating feelings of grief, expressing sympathy e.g. sending a *personalised* condolence card 24 hours after euthanasia; having an agreed procedure for payment for euthanasia e.g. beforehand, billing 2-3 days afterwards. Note that a bill for this service should NEVER be sent with a condolence card; **extended care protocol** involving information giving regarding sources of external support clients may wish to access e.g. Blue Cross/SCAS Pet Bereavement Support Service, telephoning clients 24 hours post euthanasia to check how they are. In placing the human-companion animal relationship as central within day to day practice, veterinary professionals can form closer, more trusting relationships with clients that ultimately can be of benefit to animal welfare and are fundamental in ensuring the continued success of the practice.

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