Mental Health in Animal Workers...
An Occupational Health and Safety Issue

Compiled by Bryce Inglis (2018)
Vice President: Rabbit Runaway Orphanage
Chapter Manager: Australian House Rabbit Society

For years Veterinarians, Shelters and others working with animals have pleaded with Governments to introduce laws to reduce overpopulation, usually meeting indifference from politicians. Experienced staff and management feel that the Government is not concerned with protecting their mental health leading them to feel isolated and therefore they feel there is no point in seeking help. This needs consideration as an Occupational and Health Safety issue.

> The first mental health survey for veterinarians revealed that one in six professionals have contemplated suicide. A recent study by the *American Journal of Preventive Medicine* reveals that **animal rescue workers have a suicide rate of 5.3 in 1 million workers. This is the highest suicide rate among American workers**; a rate shared only by firefighters and police officers. The national suicide average for American workers is 1.5 per 1 million.
> **Source:** Humane Society United States.

The high suicide rate in itself is an indication of mental health issues caused by stress for those working in this environment. Stressors can be reduced by taking a tougher legal stance on desexing, breeding, impulse buying and public education.
In other industries OHS laws requires compliance with heavy penalties for non compliance.

The Caring-Killing Paradox: Euthanasia-Related Strain amongst Animal-Shelter Workers'

Most people who volunteer or work at animal shelters do it because they love animals. Unfortunately in many cases, due to shelter overcrowding and other issues, these people are often required to euthanize the very creatures they care for and protect. This phenomenon has been termed, in academic literature, as the "caring-killing paradox".
This paradox is sustained by a reluctance to leave the job because of fear that the animals will then be euthanized by less caring people.

Thousands of people charged with performing animal euthanasia in the United States are at risk for a variety of psychological, emotional, and physical ailments such as

high blood pressure, ulcers, unresolved grief, depression, substance abuse, and suicide. According to researchers at Purdue and Bowling Green universities, three out of four animal shelter workers exhibit signs of euthanasia-related stress.

Addressing the companion animal overpopulation crisis is central to mitigating this heavy psychological burden carried by thousands of people around the country – people who may not have access to corporate type benefit packages that include health care and psychological counselling. By allowing this problem to continue, we are not only contributing to the suffering of innocent animals and unnecessarily spending millions of taxpayer dollars, we are perpetuating a health crisis that has very real societal and economic ramifications.

The Fatal Epidemic of Animal Care Workers That No one Is Talking About

In September of 2014, 48-year-old veterinary behaviorist and best-selling author Dr. Sophia Yin died of suicide. Dr. Yin was a trailblazer in the dog training community. She wrote books, created instructional videos, and developed tools for positive reinforcement training. In the *Huffington Post*, Anna Jane Grossman writes that it is impossible to understate Dr. Yin's contribution to the world. It is, perhaps, this overwhelming dedication to animals that led her to take her own life. According to those closest to her, Dr. Yin likely suffered from compassion fatigue.
Source: Washington Humane Society.

Charles Figely, Ph.D., Director of the Tulane Traumatology Institute, defines compassion fatigue as; "Emotional exhaustion, caused by the stress of caring for traumatized or suffering animals or people." Compassion fatigue is also known as "secondary-traumatic stress disorder" (STSD). The symptoms of STSD are similar to Post Traumatic Stress Disorder (PTSD). As with PTSD, compassion fatigue can lead to depression and thoughts of suicide. STSD is not rare and Dr. Yin's suffering was not unusual. Source: NYC Shiba Rescue

Jessica Dolce, a Certified Compassion Fatigue Educator, says, "Compassion fatigue is an occupational hazard of our work with animals, whether you are an animal control officer or kennel attendant in a small town or an internationally recognized veterinarian. Our work requires that we compassionately and effectively respond to the constant demand to be helping those who are suffering and in need." Yet, no one is discussing this very real and very prevalent epidemic. Perhaps that is because we think of animal care as more practical than emotional. Source: Delaware County SPCA

Justina Calgiano, Director of Public Relations and Special Events at the Delaware County SPCA, a private lifesaving animal welfare organization just outside of Philadelphia, spoke to us about this, saying: "Setting personal limits is hard in animal welfare, because it's not 'just a job' – it's like a religion." This means that even success stories leave their own scars. In fact, according to Colleen Mehelich of CompassionFatigue.org, STSD is only minimally related to euthanasia. Source: Atlanta Lab Rescue

Calgiano remembers a particularly difficult case involving a Pit-Bull named Precious whom repair workers found locked in a flooded basement. "She was found amidst a flood of water, steam, and an outbreak of fleas. She weighed a devastating 17 pounds. She couldn't even lift her head, let alone walk. We had workers come to the shelter in shifts around the clock to spoon feed her and flip her body to prevent bed sores. After investigation, it was discovered that her mom, Angel, died in the basement from starvation – the same fate Precious would have suffered." Now Precious lives a joyful life with a loving family of both humans and other dogs. Still, the trauma of witnessing Precious's struggle will never leave Calgiano.

Success stories are not always possible. This is often due to medical reasons, behavioral issues, or most tragically for rescue workers, a lack of space. The Delco SPCA once functioned as more of an animal control facility than a haven. In 2009, 2,325 animals were euthanized, while 1,845 were adopted. Source: Minneapolis Animal Care and Control. Thanks to the help of their Executive Director, Richard Matelsky, Delco SPCA is now a no-kill shelter. Euthanasia only occurs for medical or extreme behavioral reasons. The shelter is now listed as one of the best in the country. Not every shelter has the opportunity to go from "high-kill" to "haven." The mental and physical stressors in those environments can be debilitating to the people who work there.

While it's easy to suggest to these workers to take time for themselves and practice self-care and stress management, it's not as easy to put those techniques into practice. The majority of rescue workers are volunteers with separate careers.

On top of that, finding foster homes for animals in need is a difficult task, leaving rescue workers and veterinarians to take as many animals as possible into their own homes. Many of these pets have severe behavioral and/or medical issues due to the way they have been treated in the past.

The nature of the work is not the only thing impacting the mental health of animal welfare workers. The nature of the workers is also at play here. Molly Sumner, a QPR trained Gatekeeper who helps people during times of crisis, notes that those with a deep compassion for animals take a considerable amount of weight on their shoulders. Because animals cannot speak for themselves, rescuers feel they must break their own personal limits to give a voice to those in need.

Psychotherapist J. Eric Gentry tells the *Sacramento Bee*: "Animal care professionals are some of the most pain-saturated people I have ever worked with. The very thing that makes them great at their work, their empathy and dedication and love for animals, makes them vulnerable."

With little time to care for themselves, it's important that animal workers connect with support programs. People like Elizabeth Strand, Founding Director of Veterinary Social Work at the University of Tennessee in Knoxville (UTK), are taking steps to increase access to support services. Veterinary social workers receive training similar to that of regular social workers, but they also learn how to address the specific needs of animal care workers.

Veterinarian Kate Knutson tells SocialWorkers.org: "We learn the technical and scientific skills, but what we're not getting enough of is communication and relationship skills. Veterinarians desperately need better communication skills."
UTK has also launched S.A.V.E., Suicide Awareness in Veterinary Education, which provides mental health information to veterinary students.

In the United Kingdom, the Royal College of Veterinary Services launched the Mind Matters Initiative in December 2014. The program's main focus is to reduce stigma, raise awareness and identify risk factors. The program also funnels funding to the Vet Helpline, which offers services for people in immediate crisis.In addition to these services, many in the field advise that realism is one of the best methods of staving off crisis.
Mehelich feels that it is important to experience and accept feelings of sadness and loss. Avoiding them lets them fester and build up. Dolce agrees, "When we recognize that it's perfectly normal to be affected by our work, we can more easily take steps to better manage the impact of compassion fatigue on our lives. Start by educating yourself and your staff. We can't address what we don't understand. Read a book, take a class or webinar."Calgiano adds that setting small boundaries is helpful. Something as simple as not checking your email for a few hours on the weekend may give your emotions time to recharge.

Nearly all animal care workers agree that your first line of defence against compassion fatigue is to accept the reality that you cannot save everyone. Take things one day at a time and do not underestimate the importance of saving one life. That one act makes a world of difference to that animal and to the humans who will love them.

Sources: The Art and Science of Animal Behavior, *The Huffington Post*, PetFinder,*Psychiatric Times*, *American Journal of Preventive Medicine*, American Veterinary Medical Association, Jessica Dolce, CompassionFatigue.org , Delaware County SPCA, Kindred Companions, *The Sacramento Bee*, SocialWorkers.org, UTK, Royal College of Veterinary Services

Compassion Fatigue - Emotional Burnout in the Animal Care Field

The concept and study of Compassion Fatigue developed out of the field of traumatology and falls under the category of **Secondary Traumatic Stress Disorder (STSD).** The symptoms of STSD are pretty much identical to **Post Traumatic Stress Disorder** PTSD with the difference being that the ***"exposure to knowledge about a traumatizing event is experienced by a significant other."*** PTSD and STSD is about the absorption of someone else's pain and suffering. You are like a full sponge that cannot absorb any more pain and suffering. Stephen P. Robbins, author of Organizational Behavior, states that "people reflect and think about events inducing negative emotions five times as long as they do about events inducing strong positive emotions." It is simply human nature. We replay negative and traumatizing events over and over in our minds. There is a debilitating and negative effect on our emotions and our stress levels when we re-experience the trauma in these replays in our minds.

Symptoms of Compassion Fatigue

You love what you do (Compassion Satisfaction) but . . it hurts you (Compassion Fatigue)

Any of the symptoms below do not, on their own, constitute a serious problem. The goal here is for you to begin to notice your own vulnerabilities and how the work that you do may be contributing to these vulnerabilities.

- ***Behavioural Signs and Symptoms***

Increased use of alcohol and drugs
There is evidence that many of us are relying on alcohol, marijuana or over the counter sedatives to unwind after a hard day. And as I say in my workshops: Have you seen the size of wine glasses these days? Some of them are bigger than my fishbowl. So the "one glass after work" you are having is possibly 1/2 of a bottle of wine…
The difficulty with increased reliance on drugs and alcohol is also that there may be a lot of shame associated with it, and it is not something that we necessarily feel we can disclose to anyone. Is the child protection worker going to tell his supervisor that he smokes a big fat joint every night when he gets home to unwind? Is the nurse going to tell her colleagues that she takes a few Percocets here and there from her mother's medicine cabinet?

Absenteeism
Missing work, just cannot face going into work, suffering heightened anxiety consistently.

Anger and Irritability

I could write an entire book chapter on this topic alone. Along with cynicism, anger and irritability are considered two of the key symptoms of compassion fatigue. This can come out as expressed or felt anger towards colleagues, family members, clients, chronic crisis clients. You may find yourself irritated with minor events at work: hearing laughter in the lunch room, announcements at staff meetings, the phone ringing. You may feel annoyed and even angry when hearing a client talk about how they did not complete the homework you had assigned to them. You may yell at your own children for not taking out the garbage. The list goes on and on and it does not add up to a series of behaviours that make you feel good about yourself as a helper, as a parent or as a spouse.

Try this: spend a full day tracking your anger and irritability. What do you observe? Any themes, recurrences? Any situations you regret in hindsight or where your irritability was perhaps out of proportion?

Avoidance of clients

Examples of this can be: not returning a client's phone call in a timely fashion, hiding in a broom closet when you see a challenging family walking down the hall, delaying booking a client who is in crisis even though you should see them right away. Again, these are not behaviours that most of us feel proud of, or that we are comfortable sharing with our colleagues and supervisors, but they do sometimes occur and then we feel guilty or ashamed which feeds into the cycle of compassion fatigue.

Many of us work with some very challenging clients. If you do direct client work, I am sure that you can easily conjure up, right now, the portrait of an individual or a family that has severely taxed your patience and your compassion. One telephone crisis worker put it perfectly: "Why on earth is it a thousand times easier for me to talk to 25 different crisis callers in a day than if the same caller calls me 25 times in a row? I am, after all, paid to answer the phone and talk to individuals in crisis for 7 hours a day. That's my job. What is so depleting about the chronic caller?" And, I would add, why do we start feeling particularly irritated, avoidant and unempathetic towards the chronic caller? More on this below.

Impaired ability to make decisions

This is another symptom that can make a helper go underground. Helpers can start feeling professionally incompetent and start doubting their clinical skills and ability to help others. A more severe form of this can be finding yourself in the middle of an intervention of some kind, and feeling totally lost, unable to decide what should happen next. Difficulty making simple decisions can also be a symptom of depression.

Problems in personal relationships

I am a couple's counsellor and have worked with hundreds of couples seeking help with communication, parenting, sex and intimacy and other relationship challenges. Many of my clients are helping professionals and when the topic comes to sex and intimacy, many women helpers confess that they have no interest whatsoever in having sex with their partners. When we explore this further, they say they feel spent, "done" by the end of their day, with nothing left to give. Others say they find

themselves being impatient with spouse and children, thinking internally: "How dare you complain about that, do you have any idea what I saw today?"

Attrition
This refers to leaving the field, either by quitting or by going on extended sick leave.

Compromised care for clients
This can take many forms: using the label "borderline" for some clients as a code word for "manipulative" is one common example. Whenever a diagnosis is being used in a way that pigeonholes a client, we are showing our inability to offer them the same level of care as to other clients. There is evidence that clients with a BPD (borderline personality disorder) label often do not receive adequate care in hospitals, are not assessed for suicidal ideation properly and are often ignored and patronised. Granted, clients with personality disorders can be extremely difficult to work with, but when we lose compassion for them, and start eye rolling when we see their name on our roster, something has gone awry.

If you ever have the opportunity to go hear Dr John Briere present, I highly recommend that you do. Dr Briere is a leader in the field of trauma treatment and research, with a particular specialisation in working with individuals who have experienced childhood trauma. He is the director of the psychological trauma program at LA County and University of South California medical centre, as well as co-director of the USC Child and Adolescent Program. During his talks, Dr Briere presents a wonderful perspective on the use (or rather, the misuse) of the diagnosis of Borderline Personality Disorder. He believes that the term is used to label clients who are in chronic emotional distress as difficult and draining (which they can be) but that the field is also misusing it as a dismissive and damaging label. He argues that a very large proportion of clients diagnosed with BPD have in fact complex post traumatic stress disorder, not BPD, and are very damaged because of their trauma experiences. They end up being revictimized by a system that cannot cope with their complex and frequent needs. There are many other examples of compromised care for clients but I think this is a particularly illustrative one.

- ***Psychological signs and symptoms***

Emotional exhaustion
Signs of emotional exhaustion manifest in a number of ways and are often ongoing such as feeling sick in the stomach, unable to sleep, ceasing to care, and other symptoms listed here.

Distancing
You find yourself avoiding friends and family, not spending time with colleagues at lunch or during breaks, becoming increasingly isolated. You find that you don't have the patience or the energy/interest to spend time with others.

Negative self image
Feeling unskilled as a helper. Wondering whether you are any good at this job?

Depression
Difficulty sleeping, impaired appetite, feelings of hopelessness and guilt, suicidal thoughts, difficulty imagining that there is a future, etc.

Reduced ability to feel sympathy and empathy
This is a very common symptom among experienced helpers. Some describe feeling numb or highly desensitised to what they perceive to be minor issues in their clients or their loved ones' lives. Reduced ability to feel empathy can also occur when you are working with a very homogeneous client population. After seeing hundreds of 20 year old university students come through my crisis counselling office, I noticed two things happening: One, I would silently jump ahead of their story and fill in the blanks ("I know where this story is going"). Two, if I had just seen someone whose entire family had died in an automobile accident, I found it very difficult to summon up strong empathy for a student whose boyfriend had just broken up with her after two weeks of dating.

There are of course inherent risks associated with this reduced empathy and "jumping ahead/filling in the blank". Clients are not all the same, and we risk missing a crucial issue when we are three steps ahead of them.

Cynicism
Cynicism has been called the "hallmark" of compassion fatigue and vicarious traumatization. You may express cynicism towards your colleagues, towards your clients and towards your family and friends.

Resentment
Resenting demands that are being put on you by everyone. Resenting fun events that are being organised in your personal life. Resenting your best friend calling you on your birthday. Resenting taking an extra shift because your colleague is away on stress leave.

Dread of working with certain clients
Do you ever look at your roster for the day and see a name that makes your stomach lurch, where you feel total anticipatory dread? What if that starts happening with greater frequency?

Feeling professional helplessness
Feeling increasingly that you are unable to make a difference in your clients' lives. Being unable to help because of situational barriers, lack of resources in the community or your own limitations.

Diminished sense of enjoyment/career
(i.e., low compassion satisfaction)

Depersonalization
Dissociating frequently during sessions with clients. Again, this is a matter of frequency – many of us space out once in a while, and this is normal, but if you find that you are dissociating on a more frequent basis, it could be a symptom of VT.

Disruption of world view/heightened anxiety or irrational fears
This is one of the key symptoms caused by vicarious traumatization. When you hear a traumatic story, or five hundred traumatic stories, each one of these stories has an impact on you and your view of the world. Over time, your ability to see the world as a safe place is severely impacted. You may begin seeing the world as an unsafe place. Some of this is completely inevitable. We call VT and CF occupational hazards for this very reason: It is not possible to open our hearts and minds to our clients without being deeply affected by the stories they tell us. But what is important to notice is how severe these disruptions have become. We can also sometimes mitigate the impact by doing restorative activities

Problems with intimacy
As I said earlier, I am a couples' counsellor. I therefore hear many stories about relationship challenges including differences of opinion about money management, parenting, household chores and intimacy. Many helpers confess that they come home completely uninterested in the idea of having sex with their spouses. As one client said to me "I come home, after giving and giving to all of my patients all day. Then I give to the kids, then I clean up and get ready for the next day. Finally, it's 9:30 pm and all I want to do is collapse in bed with a trashy novel. Then my husband comes upstairs and wants some nookie and I feel like saying "are you kidding me? I'm all done. Please leave me alone" And these are not necessarily couples with significant marital problems or certainly no pre existing marital problems. The depletion caused by the job is the problem. Of course, communication and educating spouses about the realities of CF can help greatly here.

Intrusive imagery
This is another symptom of vicarious trauma: Finding that your clients' stories are intruding on your own thoughts and daily activities. It is not unusual for those intrusive images to last a few days after hearing a particularly graphic story, but when they stay with you beyond this, you are having a secondary traumatic stress experience. (You can read an excellent description of this in Eric Gentry's Crucible of Transformation article).

Hypersensitivity to emotionally charged stimuli
Crying when you see the fluffy kittens from the toilet paper commercial; crying beyond measure in a session that is emotionally distressing (welling up is normal, sobbing is not).

Insensitivity to emotional material
Finding that you are watching graphically violent television and it does not bother you in the slightest while people next to you are cringing. Sitting in a session with a client who is telling you a very disturbing or distressing story of abuse, and you find yourself faking empathy, while inside you are either thinking either "I've heard much worse"

Loss of hope
Over time, there is a real risk of losing hope. Losing hope for our clients (that they will ever get better) and maybe even hope for humanity as a whole.

Difficulty separating personal and professional lives
I have met many helping professionals who, quite frankly, have no life outside of work. They work through lunch, rarely take their vacations, carry a beeper/blackberry at all times and are on several committees and boards related to their work. They also help their families and are the "caregiver extraordinaire" for everyone around them. I once knew a helping professional who carried her work cell phone at all times. I used to see her at daycare, frequently answering client calls at 7:30 am while dropping her children off. I was very curious about this and asked her later what her working hours were and she said "Oh, I start at 9am but clients can reach me any time of day or night." Now this person worked at the local hospital, and belonged to a large roster of social workers there, with their on-call beepers on a rotating basis. None of the other social workers at the hospital took client calls at 7:30 am unless they were at work or on call.

Failure to nurture and develop non-work related aspects of life
Many of the helpers that I meet confess that they have lost track of the hobbies, sports and activities that they used to enjoy. Some tell me that they collapse in bed at the end of their work day, too tired to consider joining an amateur theatre group, go curling or join a book club. Yet, "having a life" has been identified as one of the key protective elements to remaining healthy in this field.

Sources: Saakvitne (1995), Figley (1995), Gentry, Baranowsky & Dunning (1997).