Caregivers for Man’s Best Friend

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“You don’t have to kill your client’s…” Moment of silence.

Everyone there knows that what she said was true, including us. We’re in one of Alabama’s animal shelters. The room is filled with those who work there—they are dedicated and passionate about their work. They love animals. The front desk personnel, adoption specialists, kennel personnel, euthanasia technicians, administrative staff, and animal control officers, and us, three mental health professionals who were there to learn about their work experiences. As a mental health professional, how do you respond?

The opportunity to investigate compassion fatigue with those who care for man’s best friend and other non-human animals came when I filled the Health Care Professional position at Tuskegee University’s School of Veterinary Medicine. The veterinary school had just created the Center for the Study of Human-Animal Interdependent Relationships. My job was to educate and conduct research around human animal relationships. Prior to my move there I learned about compassion fatigue from Dr. Figley’s ground-breaking book on this topic. In order to acclimate to this work environment, I spent time with the veterinary faculty, students, staff, and those who worked in the animal sheltering environment. Over time I began to notice similarities between those who worked in the non-human animal health care clinics and those who worked in the human health care settings. They looked and sounded like clinicians I knew who were experiencing compassion fatigue, including myself.
After recognizing the compassion fatigue signs and symptoms in those who care for non-human animals, a new area of research began. Through the generosity of The Kenneth A. Scott Charitable Trust, a KeyBank Trust, research funds were extended to Dr. Eric Gentry and myself. There were two phases of this study. The first phase consisted of interviewing animal sheltering personnel and veterinary care professionals to learn more about the personal and professional impact of their work. Based upon the gathered information, we modified established compassion fatigue instruments to tailor the needs/experiences for this audience. The second phase of this study collected data from others who worked in the same environments (veterinary and animal shelter) through the completion of the aforementioned revised instruments. A second grant was awarded to investigate a clinical intervention for this population. This clinical intervention was the Accelerated Recovery Program (Gentry & Baranowsky, 1998).

Euthanasia became an unequivocal and unparalleled thematic stressor during the course of our study. The human impact of performing euthanasia was not contained within those small rooms. For instance, the person at the receiving desk knew when the kennels were full and experience taught them that when a black dog came through the front door, he/she would likely not leave the shelter alive.

We also learned about the animosity that exists between sheltering organizations, particularly the “kill” and “no-kill” shelters. These shelters were descriptively labeled. That is, some shelters perform convenience euthanasias while others do not. More recently the labels “limited-admission” and “unlimited-admission” shelters are more appropriate. Limited-admission shelters typically allow only those animals that need little medical care and are likely to be adopted. Euthanasia may occur but only under dire, clinically indicated circumstances.
The unlimited-admission shelter’s mission is to admit all animals brought to them. Because of finite space and financial resources, convenience euthanasias occur.

Statistics for pet euthanasia rates in the U.S. are at best only estimates. Numbers collected to inform these estimates are from self-selected shelters. A valid and reliable national database does not yet exist. Depending upon your source, variations exist among those organizations that provide these approximations. In 2012-13, the National Council estimates that 2.7 million U.S. adoptable cats and dogs were euthanized in shelters each year. This is down from 12-20 million in the 1970’s. There are an untold number of convenience euthanasia’s within veterinary practices.

One of our research interviewing sites did keep euthanasia statistics and shared those with us, see Table 1. With the assistance of the Shelter Director, we estimated the number of euthanasias for each Euthanasia Technician (ET) by identifying the number of full-time and part-time ET’s and dividing this number by the total number of euthanasia’s for that particular month/year.

Table 1. Southern Metropolitan Animal Shelter Euthanasia Statistics

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Total Number of Euthanasia’s</th>
<th>Estimated Number of Euthanasia’s an*ET Performed/ Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1998</td>
<td>218</td>
<td>96</td>
</tr>
<tr>
<td>June 1999</td>
<td>1329</td>
<td>672</td>
</tr>
<tr>
<td>May 2002</td>
<td>855</td>
<td>480</td>
</tr>
</tbody>
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In addition to the individual interviews, we held focus groups with the employees of the animal shelters and veterinary practice. Here’s what the group members continued to say after, “You don’t have to kill your client’s...
No other job is like this. Nowhere else do you kill. I mean no other job, you know doctors, there’s no other job where you do this for a living. Except soldier I guess. Where your job is to kill. But a lot of times that’s, you know, they [public] want you to not kill him. To try for peace first. But, no other job is as hard as this is and nobody else knows what we do. No cop, no firefighter, no other person knows what we do every day and so after you leave this building, it’s hard to find somebody [who] is understanding. We all know what, our little jokes [are] and...and not having to say or finish a sentence because we all know what we mean. It’s kinda’ what gets you through it. Because you can’t go home and...

Our first research project revealed the following high risk factors for compassion fatigue for non-human animal care providers:

- Euthanasia
- Animal cruelty/maltreatment of animals
- The public (e.g., people who consistently bring in puppies/kittens every spring after multiple spay/neuter educational sessions and reduced prices for spay/neuter services and the judgment of the public)
- Limited financial resources (for the organization and personally)
- Administrative policies
- Volumes of distressed people/animals in a short amount of time
- Conflict within the workplace
- Conflict in personal life
- Attrition

The signs and symptoms reported include:

- Compulsions to ease the anxiety
- Work unintentionally imposing upon personal time
- Loss of enjoyment in activities
• Emotional and physical exhaustion
• Loss of competency
• Acute and chronic anxiety
• Perception of increased demands
• Increased frustration/anger
• Sleep disturbances
• Difficulty concentrating
• Decreased effectiveness
• Complicated/unresolved/traumatic grief
• Isolation
• Imbalance of work and personal life.

Results from our second, follow-up research project suggests that the Accelerated Recovery Program (ARP) has an ameliorative effect upon the subjective experiences of the respondents (Rank, Zaparanick, Gentry, 2009). With the approval of the developers, we tailored the following two scales for the non-human animal care providers.

The Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales - Revision III (Stamm, 1995, 2002). This scale had three subscales: compassion satisfaction, burnout, and trauma. Compassion satisfaction refers to the extent to which people derive pleasure from their work. Burnout in this context is considered workplace experiences that produce feelings of hopelessness and a decrease in self-efficacy. Figley (1995) conceptualizes secondary traumatic stress as mirroring posttraumatic stress disorder, as defined by the Diagnostic and Statistical Manual (American Psychiatric Association, 2000).

The State-Trait Anxiety Inventory for Adults Form Y (Spielberger, Gorsuch, and Lushene, 1983). State anxiety scale measures a transitory or a situational condition as manifested by the experiences of tension, apprehension, nervousness, and worry. Trait
anxiety scales examines the extent to which these same anxiety experiences are innately felt. Trait anxiety is considered to be an enduring feature of the individual.

What was most exciting to see from the data analysis here was that following the ARP intervention, the mean scores for the Pro-QOL burnout and trauma subscales and the State-Trait Anxiety Inventory subscales, decreased all indicating improvement.

After reviewing the data collected it indicated the need that we add another factor to the Gentry & Baranowsky (1997) compassion fatigue model. In addition to primary traumatic stress, secondary traumatic stress, and burnout we added unresolved grief for this specific non-human animal care provider population.

Those who are non-human animal care providers serve a critical role in our public health system, they oversee the care of the non-human animals. They also are greatly underserved within the context of behavioral health care. Being able to recognize and having an appreciation for the pains associated with this work, along with possessing competent trauma skills, is a precursor to helping these incredibly compassionate people.