



# Speaking of Loss

Perspectives on hospice and professional grief counseling

by Susan Moger

DEALING WITH CLIENTS GRIEVING OVER THE LOSS, or impending loss, of a beloved pet is a routine occurrence in veterinary practices, yet the process can be extremely stressful for veterinarians and their staff.

Kate Crumley, MS, DVM, immediate past president of AAHA points out, “Although veterinarians are naturally empathetic, we are not trained in the best ways to help our clients without hurting ourselves emotionally during times of high emotional stress.”

In fact, counseling by untrained providers often comes at a high cost.

“Professional burnout and compassion fatigue have become rampant in our profession—precisely because we

do not take advantage of the wonderful compassionate professionals who are trained to help us help our clients and ourselves,” Crumley says.

As more veterinarians offer in-home palliative care and hospice services to clients, the need for trained grief counselors increases, too. Hospice veterinarians and others not involved in hospice care routinely provide clients with referrals to local counseling resources. Crumley says, “There is increased awareness among veterinarians of the need for professional expertise in mental health.”

Professional expertise often comes from social workers. Veterinary social work—a certificate program pioneered at the University of Tennessee, Knoxville, College of

Veterinary Medicine and College of Social Work and now offered at Michigan State University and other universities—prepares social workers to counsel veterinarians, their staff, and clients. At Colorado State University, the Argus Institute in the College of Veterinary Medicine offers similar services and expertise.

*Trends* recently spoke with three pet owners who sought and found professional support as they navigated end-of-life decisions and dealt with the deaths of beloved pets. Each of their stories is followed by information about the type of support they received.

### **Veterinarian-provided hospice**

#### **A pet owner's story: Felicia Parsons**

“Tegan was mellow and laid-back for a border collie,” says Felicia Parsons of her dog, who died at age 15. “She wanted nothing so much as to keep order among the sheep. She competed in stock dog trials, where she earned several titles, and, while she was never flashy, she was steady and reliable and has the distinction of having qualified in every competitive run she ever made.”

Parsons describes the experience of locating palliative and in-home hospice care for Tegan. “We had recently moved from the Midwest when Tegan started showing blood work results that worried me. I was worried that end-of-life issues were probably coming, and I wanted to be sure we had a vet who would do in-home euthanasia as well as hospice care should we need it. That is one of the single most important services a vet can provide, in my estimation. I had to find someone whose practice and philosophy matched mine, [but] I did not know anyone to ask for referrals or suggestions.

“An online search led me to Dr. Katherine Goldberg. I can't even begin to tell you how relieved and thrilled I was to find her. I think I might even have cried at our first meeting out of sheer gratitude and relief.

“Most of the [palliative care] interventions seemed to help—until one day they didn't. That night, in the wee hours, Dr. Goldberg came to our house and sat with us, gently helping us make impossible decisions and providing pain relief—physical for Tegan and emotional for us. Tegan died early the next morning as she had lived, with a strange kind of calm canine wisdom and no drama.



## **Human Social Support Resources in the Veterinary Setting**

Kate Crumley, MS, DVM, immediate past president of AAHA, and others have developed a document, “Human Support in Veterinary Settings,” designed to be used by veterinary practices to identify local sources of counseling and other social support. Crumley says, “Taking advantage of this tool to prepare a trusted list of local resources is a first, concrete action step to raise our standard of care in this arena.” This document is available online to all veterinarians, not just AAHA members, at [aaha.org/public\\_documents/professional/resources/human-support.pdf](http://aaha.org/public_documents/professional/resources/human-support.pdf).

“Dr. Goldberg gave us permission to be in anguish. She combined the medical and the social and psychological and the messy and the human and she just dealt with it. I’ve known a lot of vets. Dr. Goldberg is in a class by herself.”

### **Two veterinarians who provide hospice care**

***Katherine Goldberg, DVM, founder, Whole Animal Veterinary Geriatrics & Veterinary Hospice Services, Ithaca, N.Y.***

Katherine Goldberg, DVM, who provided in-home care to Felicia Parsons’ dog Tegan, is one of a growing number of veterinarians offering in-home palliative and hospice care. Unlike other veterinarians, she is also studying for her masters in social work at Syracuse University.

Describing her practice, Goldberg says, “Probably one of the most important distinctions of my practice, and hospice care in general, is the firm concept of the *family as patient*. This is a core value of my practice and I am very clear on it. I think this is where we miss the boat in traditional veterinary practice, to be honest. Whether or not a certain disease process is “treatable” depends far less on what the books say and more on what the family dynamics are around that disease in that patient.

“I was once asked if there were any ‘unifying characteristics’ of my hospice families, and I immediately answered, ‘Yes, they are sleeping on the floor with their dogs.’ The impact on family dynamics is tremendous. It’s important to recognize these things and address them.”

Until she has her MSW degree, Goldberg refers to a licensed social worker for mental health support.

***Nancy Soares, DVM, founder and owner, Macungie Animal Hospital, Macungie, Pa.***

Nancy Soares, DVM, AAHA president-elect, describes what led her to start a hospice practice. “Several years ago, I lost a friend to cancer. The care and comfort he and his family received from the wonderful hospice nurses made me realize how very much my industry needed to embrace this philosophy of care. When I opened my own hospital, I knew I wanted to honor that bond.

“Care should not cease once we realize we are unable to do more for a pet’s terminal illness. We can and we should offer end-of-life care. Hospice is a unique approach that focuses on comfort-oriented care at the end of life.

“Initially, most individuals are unnerved to hear the word hospice. They’re even more shocked that we offer hospice for pets. Once [people are] educated about the program, we have found it strengthens the [human–animal] bond by redefining the deep connection.”

### **Hospice and counseling, Colorado State University, Veterinary Teaching Hospital**

#### **A pet owner’s story: Debra Abrams**

Debra Abrams says of her rescue cat that died at age 13, “Sylvester and I saved each other. When my husband and I separated, Sylvester never left my side, increasingly showering me with love and attention. When my husband and I divorced, and Sylvester and I moved 1,800 miles away to a city where we knew no one. Sylvester made the transition easily.

“During one of our many visits to Colorado State University’s Veterinary Teaching Hospital, I began to come to terms with the knowledge that Sylvester was dying. The veterinarians told me about hospice services and introduced me to Karissa Bennett of the Argus Institute. Karissa embraced me with a loving warmth and keen awareness of the emotional maelstrom I was navigating. While I was intimately familiar with hospice services and grief counseling for humans, I’d been unaware of any such services for companion animals and their loved ones. I began to investigate both hospice and the Argus Institute and quickly contacted both.

“Not long thereafter, Angel Han and Mark Jeon, veterinary students and hospice volunteers in CSU’s Veterinary Teaching Hospital’s hospice program, arrived at our home to meet Sylvester and me. Angel took out a notebook and detailed everything I said about myself, Sylvester, and the care we needed. She helped me create a diary in which I could note changes in Sylvester’s behavior. She listened carefully and asked questions. She was patient, attentive, and kind.

“In the days that followed, Angel and Mark kept in close contact with me. When I arranged for Sylvester’s at-home euthanasia, I wanted Angel and Mark to be there; I hadn’t even finished asking them when they quickly agreed. Dr. James, the Home to Heaven veterinarian, lovingly and tenderly euthanized Sylvester.

“I have learned the grief process can be as forceful and



“We do not have the power to change another’s emotions; we do have to power to listen, encourage, acknowledge, and empathize.”

—GAIL BISHOP, BS, ARGUS INSTITUTE

compelling and exhausting as a raging sea, and I have learned to respect it as I respect the sea. It is far easier to float with the waves than it is to fight against them.

“Sylvester learned to overcome his fears, to take risks, to allow himself to be loved and to love, and to live and die with grace and dignity, and I am committed to living a life that honors the lessons Sylvester has taught me.”

### **Argus Institute and Pet Hospice Program, Veterinary Teaching Hospital, Colorado State University**

Argus Institute, where Debra Abrams received counseling and information about hospice care for Sylvester, offers free grief counseling relating to pet loss and support in end-of-life decisions for pets. The student-run Pet Hospice Program is an important service available to clients through the Veterinary Teaching Hospital.

Gail Bishop, BS, the clinical coordinator for Argus

Institute, says, “My role is to assist and support clients with aspects of treatment and decision-making they face during their pet’s illness. I also provide short-term emotional and grief support to pet caregivers who are referred to Argus Institute. As the co-faculty advisor for the CSU Pet Hospice Program, it is an honor to work with families who choose pet hospice. Our program utilizes trained PVM [Professional Veterinary Medical program] students who provide pet hospice services in the family’s home.

“Clients need a safe place to tell their story and share their experiences. Using active listening skills allows them to open up and express their fears without judgment. This, in turn, allows the provider to tune in to the clients’ needs, wants, and wishes, while providing care for their pet, making each encounter beneficial for all involved.

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### **Veterinary social work**

#### **A pet owner’s story: Wendy West**

Wendy West describes her English pointer, Ivan, who was killed by a hit-and-run driver at age 10, as “the dog you wish you could have once in your lifetime. Whatever I did, Ivan did: biking, driving, swimming. We were just best friends, I guess you could say.” Ivan died in West’s arms. After that, she says, “I went into a tailspin. A month into it, I was still searching for how it happened. It was so unexpected, so tragic. I was falling down a well and didn’t know how to get out.”

At the Veterinary Teaching Hospital at the University of Tennessee, Knoxville, West attended a support group. She says, “I went with great trepidation. I felt so alone. Nobody could help me; nobody could understand. I didn’t believe it could help.”

Over time, through the support group and individual grief counseling (in person and by phone) with a veterinary social worker, West says, “I went from being completely devastated to being able to look at what Ivan meant to me and to understand my relationship with him. And to understand why his loss was so devastating to me.

“The support group’s love, support, and patience helped me to verbalize my feelings. Many months later, I was able to tell the story of Ivan. My grief counselor made it easy for me to be me, to go at my own pace to the next step of recovery without pressure.”

A year after Ivan’s death, she is able to celebrate his life. “There is relief for grief,” West says, “if you open yourself up to it.”

## A Veterinarian Goes Back to School...in Social Work

*Trends* asked Katherine Goldberg, DVM, what led her to study for a degree in social work. Here is her answer:

“As an emergency and critical care clinician, I treated the sickest patients and stretched my brain around the most complicated medical cases. While the intellectual stimulation was rewarding, I became consumed by questions far more focused on the family dynamics around the critically ill pet than the medical minutiae of the illness.

“It occurred to me that nobody in my immediate professional world was having the conversations I was borderline obsessed with—the ethics of veterinary intensive care, the psycho-social stew that hovers unnoticed over the ventilator while a dog struggles between living and dying. I think this needs to be something that we are talking about within the veterinary profession.”

### **Veterinary social work—two programs**

#### ***University of Tennessee, Knoxville, Veterinary Social Work Certificate Program***

The University of Tennessee, Knoxville, where Wendy West found grief counseling from a veterinary social worker and a support group, offers a Veterinary Social Work Certificate Program. Elizabeth B. Strand, PhD, LCSW, director of Veterinary Social Work at the University of Tennessee in Knoxville, is credited with creating the term “veterinary social work.” She says, “Veterinary social workers are trained in all aspects of the human–animal relationship, but respect the boundary that the veterinarian is the expert on the animal and that the expertise of the veterinary social worker is the human.”

She describes a successful grief counselor as “a heart with ears.” She continues, “Some of the best grief counselors I’ve ever seen are veterinarians, and I learn from them every day. But listening and supporting someone in grief takes its emotional toll, so having a veterinary social worker around is beneficial for both the client and the veterinary team. Our job and expertise is knowing how to attend to human emotions.

“Over the years, we have built trust with the veterinarians we work with, and now they take our advice and see the benefit from doing so. Many times the veterinarians sleep better from following through with the advice we give them in a tough client situation.”

#### ***Michigan State University, Veterinary Social Work Certificate Program***

The Veterinary Social Work Certificate Program at Michigan State University (MSU) is described as “a collaboration” between the School of Social Work and College of Veterinary Medicine (VMC).

Linda Lawrence, LMSW, coordinator of Veterinary Social Work Services, says, “For the clients of the Veterinary Medical Center at MSU, we are most often needed for grief and loss. We provide individual short-term therapy for the clients of the VMC when asked. We also refer clients to a local therapist in their area who understands the human–animal bond. Many doctors and veterinary technicians are not aware of the compassion fatigue that plays a huge role in their professional as well as their personal lives. We [veterinary

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—NANCY SOARES, DVM, AAHA PRESIDENT-ELECT

social workers] are here to listen, teach skills to reduce stress, and step in with a difficult client.”

### Looking ahead

We asked veterinarians and veterinary social workers to describe their views of the future of professional grief counseling in veterinary medicine:

**Kate Crumley, MS, DVM:** “Many veterinary schools are already beginning to incorporate trained social work professionals in their programs, although for most students, this is an elective part of their education. Perhaps more important is the visibility of these professionals as they work within the clinical teaching hospital. Impressions made during the last clinical year are the most powerful influences our new graduates take with them into practice. When they see the benefits, they appreciate them.”

**Nancy Soares, DVM:** “Veterinary social work is much needed within veterinary medicine. Compassion fatigue is a term that is thrown around a lot, but it is real and it exists among every member of a veterinary team. The client service representatives (CSRs), nurses, nursing assistants, and veterinarians all suffer the pain that comes with losing a patient. The pet parents, the in-home caregivers, and the veterinary team member caregivers all deserve the benefit of grief counseling.”

**Katherine Goldberg, DVM:** “I emphasize to my Cornell veterinary students how important it is that they seek out and utilize referral relationships with social workers when they are out in practice. This is what will change the culture! These young vets understand the importance of social work, value it, and cultivate the relationships that



we know to be so essential for clients, patients, and veterinary team members. I already see it happening and it is awesome!”

**Elizabeth B. Strand, PhD, LCSW, UTK:** “I believe the recent attention to the issue of poor mental well-being among those in veterinary medicine will result in more interdisciplinary relationships between social work and veterinary medicine. I anticipate that larger practices may find some way to have a veterinary social worker on staff, and smaller practices may establish relationships with veterinary social workers to whom they can refer clients and receive team support.” ✧



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