Social Work Services in Small Animal Private Practice Settings: A Veterinarian’s Perspective

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Social Work Services in Small Animal Private Practice Settings: A Veterinarian’s Perspective

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of this study. This project is neither a Master’s thesis nor a dissertation.
Abstract

Humans share a strong bond with animals, when a pet becomes sick or dies an owner can feel extreme grief and bereavement. Research studies have shown that some veterinarians feel they are inadequately trained to handle the pet owner’s feelings of grief and loss. Social workers could have a unique fit in assisting bereaved pet owners, since many social workers help bereaved individuals successfully grieve the loss of a human loved one in a healthy way. The purpose of this study is to see what veterinarian’s attitudes are toward social work services in small animal private practice settings. Using a qualitative exploratory research design, six veterinarians were interviewed on their knowledge of social work services, comfort level in dealing with bereaved owners and the roles and challenges using a social worker in small animal private practice settings. The data revealed that veterinarians acknowledge client grief almost daily, use a variety of skills when working with bereaved owners, and have extensive knowledge of social work, social workers and social work services. Participants stated social work services could be utilized in private practice settings by helping clients make difficult decisions, offering support, facilitating communication, providing resources and training and staff support. Participants identified challenges of having social work services at a small animal private practice including fees and cost associated with the services, small clinics with low client demand and integrating social work services in a veterinary setting. These research findings strongly suggest there is a place for social workers and social work services in a veterinary setting; however maybe not in private practice settings. It is up to future social workers to forge a bond with veterinarians to offer unparalleled client centered care by offering support for pet loss and bereavement.
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Social Work Services in Small Animal Private Practice Settings: A Veterinarians Perspective

For many people a pet is the first being that greets them at the door with a wagging tail and wet nose. Animals elicit feelings of comfort, safety, security, stability and unconditional love (Sharkin and Bahrick, 1990). According to the American Pet Products Association’s (APPA) 2013-2014 National Pet Owners Survey, 68% of U.S. households own a pet, equating to 82.5 million homes (APPA, 2013). Pets are highly valued; many pet owners identify their pets as a family member (Siegel, 1993). The relationship that humans share with an animal is called the Human-Animal Bond. The American Veterinary Medical Association (AVMA) defines the Human-Animal bond as: “A mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors that are essential to the health and well-being of both. This includes but is not limited to, emotional, psychological, and physical interactions of people, animals and the environment” (AVMA, 2013). Pets offer many benefits to their owners and have been used therapeutically for centuries to help vulnerable populations including individuals with mental illness, children, individuals with epilepsy (Netting, Wilson and New, 1987), individuals who have disabilities and the elderly (Risley-Curtiss, 2010).

Since humans share a strong bond with animals when a pet becomes sick or dies an owner can feel extreme grief and bereavement. Bereaved pet owners can go through the full grief cycle experiencing feelings of numbness and disbelief (Cordaro, 2012). They can experience depression like symptoms (Planchon, Templer, Stokes, Keller, 2002) and anxiety (Field, Orsini, Gavish, Packman, 2009). Social workers could have a unique fit in assisting bereaved pet owners, since many social workers help bereaved
individuals successfully grieve the loss of a human loved one in a healthy way. However very little research has been done in this area and very few social workers actually ask their clients about pets in their environment (Risley-Curtiss, 2010). Many veterinarians are the primary contact for bereaving pet owners. However they may not have adequate training in offering social support (Pilgram, 2010). Do social workers belong in a veterinary setting? Could they benefit bereaving pet owners and help facilitate healthy grieving? Since veterinarians are the primary contact for bereaving pet owners the research question for this study asks, “What are veterinarian’s attitudes toward social work services in small animal private practice settings?”

Literature Review

Humans share a strong bond with animals (AVMA, 2013). Pets elicit positive feelings (Sharkin and Bahrick, 1990), offer many health benefits to their owners (Netting, Wilson and New, 1987; Risley-Curtiss, 2010), and are viewed as a member of the family (Siegel, 1993). When a pet becomes sick or dies an owner can feel extreme grief. Pet loss and disenfranchised grief will be discussed along with the roles that social workers play in a veterinary setting and veterinarian’s experience with offering social support to bereaving clients.

Pet Loss and Disenfranchised Grief

Since so many owners compare their pet to a family member, the loss of a pet can be devastating. Wrobel and Dye (2003) state: “Bereaved pet owners experience all the usual characteristics of grief: painful regret, crying, shock, numbness, deep sorrow, and loneliness” (p. 386). However, grieving the loss of a pet can be stigmatized for many reasons. First, in the North American culture there is no social norm or universal way to
express the grief experienced by bereaved pet owners (Wrobel and Dye, 2003). Second, in Wrobel and Dye’s (2003) opinion since pets can be “replaced” their grief is considered inappropriate. This phenomenon is known as disenfranchised grief. Disenfranchised grief is defined as: “Grief that is not acknowledged by society” (Doka, 1989, p.1). Society’s inability to acknowledge grief due to pet loss debilitates many bereaving owners.

In a research study by Gage and Holcomb (1991) family stressors were measured; it was found that the death of a pet was the most frequent stressor experienced by the families in this study; a child leaving home was the second most recorded stressor. It was found that on average, wives experienced higher levels of stress due to the loss of a pet compared to husbands. This finding is consistent with other studies that there are gender differences for those grieving the loss of a pet. For wives, they compared pet loss to be as stressful as losing touch with a child (Gage and Holcomb, 1991). Wives from the study also report that losing a pet was more stressful than the loss of a close friendship (Gage and Holcomb, 1991). Husbands considered the loss of a pet about as stressful as the loss of a close friend and more stressful than children leaving or returning home (Gage and Holcomb, 1991). Gage and Holcomb (1991), describe three roles that companion animals often play, the surrogate child, the intimate companion, and the more distant companion. Clients may seek help due to extreme feelings of guilt depending on if the animal had a natural death or euthanasia, where the owner made the decision to end the animal’s life (Gage and Holcomb, 1991). The loss of a pet can trigger feelings of disbelief, numbness, depression and anxiety (Cordaro, 2012).
Cordaro (2012) states that although “bereaved pet owners may not go through every stage of the grief cycle, feelings of numbness and disbelief are common at the beginning of the grieving process” (p. 284). To explore the grief people experienced due to the death of a pet, Archer and Winchester (1994) administered a 40-item questionnaire to 88 participants. The questionnaire was developed based on previous studies evaluating bereavement after the death of a human friend or family member. Seventy percent of those who experienced the death of a pet reported their initial reaction was disbelief and or numbness (Archer and Winchester, 1994). Seventy six to eighty three percent felt that when their pet died, a part of them was gone, even more reported they felt like something valuable in their life was now gone (Archer and Winchester, 1994). Thirteen to twenty two percent scored lower scores on the items indicating anger, irritability, avoidance, and the urge to search for their pet suggesting that these outcomes were less likely in bereaved pet owners (Archer and Winchester, 1994). Archer and Winchester (1994) state: “Overall, these findings showed that a pattern of thoughts, impulses and feelings that together constitute the grief reaction occurs frequently in a sample of people who have experienced the death of their pets” (p. 267). A strength of this study was that it showed high internal reliability. However, the authors attribute that to the large size of the questionnaire. A weakness of the study was that it could have been more representative. The questionnaire was designed for those who lost a pet and was highly selective. Those who did not want to be reminded of the loss of their pet may not have volunteered to participate in the study (Archer and Winchester, 1994).

Depression like symptoms are associated with grief following the loss of a pet. Planchon, et al. (2002) found, “Death depression, general depression, and positive
attitudes toward, and attachment to, companion animals were associated with greater grief following the death of pets and dogs” (p.1). There were two groups studied, veterinary clients and college students in a psychology class. They were administered the self report Beck Depression Inventory, Censhare Pet Attachment Survey, Death Depression Scale, Pet Attitude Scale and Pet Loss Questionnaire (Planchon et al. 2002). The highest correlations of grief measures were general depression, death depression and four measures of attitude toward companion animals. Although most of the participants are not depressed, small percentages scored in the range of possible depression (Planchon, et al. 2002). Many participants reported higher correlations of grief symptoms including crying, feeling angry, and having a difficult time sleeping. Fewer participants reported severity and duration of grief symptoms. This could be because the study did not specify that the death of a pet had to be recent. Some participants reported it had been decades since the death of their pet (Planchon et al. 2002). The participants may not have remembered the intensity of their grief symptoms and how long they lasted, which is a criticism of the study. Among the veterinary clients, those who lost their animal due to an accident and those who had a natural death experienced greater extended grief compared to someone who euthanized their pet (Planchon et al. 2002). This could be because the loss was sudden or the owner felt that the animal might have suffered (Planchon et al. 2002). A weakness of the study was the observation that depression was associated with grief, however small percentages of participants were actually depressed. This could be due to the fact that the time since the death of the pet varied (Planchon et al. 2002).
Anxiety like symptoms are another feeling associated with the loss of a pet. Attachment roles have been researched to understand if a person’s attachment style indicates how the owner handles the loss of a pet. A study by Field, Orsini, Gavish, and Packman (2009) measured differences in attachment anxiety and avoidance, strength of attachment to the pet, the bond with the deceased pet, social support, and complicated grief symptoms. It was found attachment anxiety and anxiety avoidance are consistent with Bowlby’s theory of loss and attachment that “Anxiously attached adults have difficulty regulating emotions during security threat experiences, such as loss of an attachment figure, which leads to prolonged feelings of helplessness indicative of complicated grief” (Field et al., 2009, p. 343). This means for those who are anxiously attached they could have an extremely difficult time bereaving the loss of their pet, which is an attachment figure in their world. The findings of this study show that the loss of a pet is comparable to the loss of a human in terms of psychological impact (Field et al. 2009). The authors cite several limitations to this study including low response rates indicating the study was not representative (Field et al. 2009).

Multiple studies (Wrobel and Dye 2003; Gage and Holcomb 1991; Doka 1989; Cordaro 2012; Archer and Winchester 1994; Planchon et al. 2002; Field et al. 2009) show the great impact the death of a pet can have on its owners. Many pets are equated to family members and the loss can be detrimental. Pet loss is significant and once health care professionals acknowledge grieving the death of a pet, bereaving clients may benefit from assistance as they come to terms with the loss (Cordaro, 2012).
Social Work Services in a Veterinary Setting

Social workers provide most of the country’s mental health services, “sixty percent of mental health professionals are clinically trained social workers” (NASW, n.d.). What makes social work different from other mental health care professionals is the focus on the person within their environment (NASW, n.d.). Previously cited research stated how debilitating the loss of a pet can be (Wrobel and Dye, 2003; Gage and Holcomb, 1991; Archer and Winchester, 1994; Plachon et al. 2002; Field, 2002; Codaro, 2012). For many pet owners, their animals play a role in their environment. Some colleges of veterinary medicine employ social workers and counselors to help with end of life counseling and bereaving owners (Dickinson, Roof, Roof, 2010). However there is little research and literature showing what social workers are actually doing in this area (Risley-Curtiss, 2010).

Risley-Curtiss (2010) launched a descriptive study to investigate what social workers know about the human animal bond and how they are implementing that into their practice (Risley-Curtiss, 2010). The sample consisted of 1,649 respondents who were members of the National Association of Social Workers (NASW) and identified themselves as clinical practitioners. They were selected from the 2004-2005 NASW membership mailing list (Risley-Curtiss, 2010). The survey, made available online, was a 38-item questionnaire asking what they knew about the human animal bond and if or how they implemented it into their practice (Risley-Curtiss, 2010). Participants were also asked if they had received any education or special training on the topic. Ninety eight percent had heard or read about the positive impact animals can have on humans, 71.2% of those in the study had heard about bereaving pet owners receiving treatment for the
loss of their companion animal (Risley-Curtiss, 2010). Sixty nine percent had read information about the link of animal abuse and domestic violence, however 69.7% had not heard about treatment for clients who abuse animals and (Risley-Curtiss, 2010). Sixty six percent stated they did not include questions about pets or companion animals while completing an intake form (Risley-Curtiss, 2010). Twenty three percent reported they use animal interventions for example, having the counselor’s own animal in the room during a counseling session (Risley-Curtiss, 2010). Thirty one percent ask if their client has a pet, .09% ask if they have other large animals, i.e. a horse, 12.2% ask if anyone in the family had ever abused their animals and only 17.5% ask about the role animals have in the clients family (Risley-Curtiss, 2010). An overwhelming finding was 95.7% reported that they have not had any special training with companion animals and how to use them in their practice (Risley-Curtiss, 2010). Sixty three percent reported they had no course content on the human animal bond and 79% reported they wanted to know more about the human animal bond (Risley-Curtiss, 2010).

A limitation of this study is generalizability, due to a low response rate (Risley-Curtiss, 2010). Some people reported working in a hospital and felt that using an animal in their practice may be a liability (Risley-Curtiss, 2010). The study concludes that “a serious consequence of disregarding human-companion animal relationships is that it shortchanges our ability to help our clients” because animals play an important role in the lives of humans (Risley-Curtiss, 2010, p.44). It is suggested that social work practitioners could strengthen their client’s lives by helping with their pets and companion animals provided they acquire the appropriate education and training (Risley-
Curtiss, 2010). In Netting, Wilson and New’s (1987) opinion, “The social worker also has a responsibility to contribute to the field of veterinary practice” (p.62).

Social workers have the opportunity to work interdisciplinary (Netting, Wilson, New, 1987). Hafen, Rush, Reisbig, Mcdaniel, and White (2007) discuss the use of family therapists in veterinary medicine. “The veterinary medical profession is emphasizing the importance of non-biomedical skills such as communication skills, acknowledging that human clientele are likely to view their pets as family members, and discussing veterinarian personal well-being” (p. 165). Hafen et al. (2007) names three emerging themes in veterinary medicine, 1) recognizing that pets are considered family members, 2) acknowledging the importance of non-biomedical skills, and 3) awareness of veterinarians well being. In 1999, the marriage and family therapists (MFT’s) merged their department with the college of veterinary medicine (CVM) at Kansas State University (Hafen et al., 2007). The beginning tasks for the MFT’s were providing counseling for grieving pet owners and veterinary students (Hafen et al., 2007).

The MFT has since established a pet loss support group, offers individual, couples, and family counseling, these services are available to CVM students and community members (Hafen et al., 2007). At Kansas State University the MFT’s are on-call to the veterinarians and veterinary students. The MFT’s serve as a buffer and teach the veterinarians to interact with their human clients who are grieving and struggling to make end of life decisions (Hafen et al., 2007). The MFT’s deal with topics ranging from expressing empathy, coping with difficult clients to identifying clients who may be suicidal. Due to the emerging trends of veterinary medicine, mental health services are becoming a useful tool. This article highlights ways in which a social worker could
contribute to the college of veterinary medicine by studying the immersion of MFT’s into
the CVM.

There is a need for further investigation into the ways in which social work
services impact the loss of a pet (Sharkin, Bahrik, 1990). Using the theoretical
perspectives of social role theory, exchange theory and life-span development theory,
Netting, Wilson and New (1987) suggest seven reasons social workers are needed to
facilitate the human animal bond 1) the social worker can develop pet-related programs
and policies, 2) the social worker can offer a realistic point of view to pet-related
problems, 3) the social worker can diagnose clients and create a treatment plan, 4) the
social worker can utilize veterinary resources to make appropriate referrals, 5) the social
worker is trained in dealing with sensitive clients including those struggling with pet-
related problems, 6) the social worker is aware of the animal in the humans environment
and resources, 7) the social worker could advocate for the client to make a decision based
on self-determination (Netting, Wilson, and New, 1987). “Social workers equipped with
knowledge and skill in assessment and intervention, expertise in grief work, and on
understanding of pet loss issues can be a valuable asset to the veterinary community and
in direct practice situations with bereaved owners” (Donahue, 2005, p. 190). There is a
strong support of the benefits of social workers in the animal field. However, due to a
lack of research in this field it is simply an opinion since there is little evidence-based
research behind it. Social work services are a small, yet emerging field in veterinary
settings (Dickinson et al., 2010).
Veterinary Services

Veterinarians are faced with issues of death almost daily (Sanders, 1995). Sanders (1995) states: “As key participants in decisions about the medical management and eventual death of companion animals, veterinarians must confront these issues on a daily basis” (p. 197). Euthanasia can be difficult to perform. A veterinarian could miss the vein and the animal may urinate or defecate (Sanders, 1995). This can be a painful sight for the owner since they may already have feelings of guilt toward making the decision of euthanasia (Sanders, 1995). Inexperienced veterinarians often do not anticipate the client’s emotions and do not know how to deal with it (Sanders, 1995). One coping mechanism veterinarians use to protect themselves is separating themselves from emotionally painful situations (Sanders, 1995). This is often done through humor. The veterinarians see emotional separating as being important to self-care and psychological well-being (Sanders, 1995). Veterinarians are the primary support for their clients during difficult times, however they are not adequately trained in offering social support (Pilgram, 2010).

A survey was sent out to 28 deans of veterinary medicine schools (Dickinson et al., 2010). Topics covered included dying, death and bereavement within their coursework, the number of teaching hours devoted to these topics, the number of students participating in the study, and opinion regarding having social workers or a licensed grief counselor on staff (Dickinson et al., 2010). The results showed that many schools did not offer separate courses on dying, death and bereavement. However, the topics were included and covered within a larger class (Dickinson et al., 2010). An average of 15 hours was spent on course work throughout the student’s academic career, equating to
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one credit (Dickinson et al., 2010). It was reported that on average, 80% of students are actually participating in dying, death and bereavement offerings (Dickinson et al., 2010).

In regards to having a social worker on staff or grief counselor, 71% of participants had a positive response, 11% had a negative response and 18% did not answer the question (Dickinson et al., 2010). One of the negative responses read: “It would be wonderful, but we must balance priorities” (Dickinson et al., 2010, p. 158). A positive response was that some schools already had and were employing social workers and/or counselors (Dickinson et al., 2010). Dickinson et al., (2010) states: “Students need to think about their own values and beliefs and understanding of dying before they can be caring and insightful to others” (p. 161). Veterinarian schools have an opportunity to get students to start thinking and help students sort through their feelings of grief and loss (Dickinson et al., 2010).

An exploratory study was launched to see how veterinarians perceive how they communicate social support to their bereaving clients (Pilgram, 2010). The three areas studied were how veterinarians broke bad news to their client about a pet’s poor prognosis, how veterinarians learn how to give social support and whether veterinarians vary their level of social support based on how well the veterinarian knows the client (Pilgram, 2010).

Ten participants (veterinarians) were found using a non-probability snowball sample. Interviews were scheduled for 30 minutes at the veterinarian’s office. Some questions asked included: “How important is it to offer social support in your job?” “How comfortable are you in offering clients social support?” “Do you vary your strategy of
offering social support based on your perception of how bonded your client is to their pet?” (Pilgram, 2010, p.703-704).

In responding to the first area, how to break the news of a poor prognosis, the participants stressed the importance of offering emotional support, informational support and offering instrumental support (Pilgram, 2010). The participants stressed validating and affirming their patients in efforts to make the client feel less guilty (Pilgram, 2010). All ten participants stated they would send a sympathy card after the euthanasia (Pilgram, 2010). All participants mentioned they never rush the client during the euthanasia and offer amenities like leaving through a private exit so they can avoid walking through the lobby (Pilgram, 2010). Some participants shared they would let the owner wait a few days before making the client pay their bill (Pilgram, 2010). These are small ways in which the participants showed their support. Participants explained the importance of providing resources and information about the prognosis and plan for euthanasia so the client could make the best-informed decision (Pilgram, 2010). They also offer support by making appointments flexible to better suit the client’s busy schedule (Pilgram, 2010).

When asked how the participants learned to communicate support, all ten participants reported they received no course-work on how to communicate social support to grieving clients (Pilgram, 2010). One participant stated: “The compassion piece is missing in our training” (Pilgram, 2010, p.708). Three participants stated it takes a certain personality type to be a vet and being a compassionate person should be addressed in the screening process before being admitted into veterinary school (Pilgram, 2010). One participant reported: “There is much more to being a good vet than having a high GPA or excellent research skills” (Pilgram, 2010, p. 709). This statement implies
that to be a veterinarian you must not only be there for the animals, but for the human clients too and know how to interact and communicate with them.

Interestingly, all ten participants stated they needed additional training in social support (Pilgram, 2010). All ten participants also reported they do not formally train their staff, they learn by watching other clinicians give social support (Pilgram, 2010). The majority of participants said they vary their strategy of support based on how well they know the client (Pilgram, 2010). Veterinarians are the primary support for clients dealing with grief and loss, however they feel that they are inadequately trained (Pilgram, 2010).

There is very little research and evidence-based studies on veterinarians and social support. This researcher used the St. Catherine Library article database and searched the term, ‘veterinary social work’ and yielded 27 results, three of which were academic journals. The researcher then used the search term, ‘veterinary social services’ which yielded nine results, only four of which were academic journals.

**Conceptual Framework**

Attachment theory has been selected for this paper based on the close attachment formed in the human-animal bond. Attachment is formed between an infant and caregiver. The central theme of attachment theory is that primary caregivers who are responsive and attentive to an infant allow the infant to develop a sense of security; if the caregiver is not responsive to the infants needs, the infant will develop an insecure attachment (Cherry, n.d.). According to Bowlby (1980) attachment behavior results when an individual tries to gain proximity to a preferred individual. The attachment style formed in infancy typically follows the individual into their adulthood and predicts
relationship patterns (Bowlby, 1980). For the purpose of this paper we focus on the pet owner and their attachment to their companion animal, “Similar to humans, pets carry the potential to provide an emotional attachment bond that promotes a sense of security and well-being” (Field, et al. 2009). Main (2000) describes that an attachment behavior system is, “as deeply ingrained within our genetic response programming as are feeding and reproduction—(attachment) would have had primary and immediate responsibility for regulating infant safety and survival in the environments in which we originally evolved” (p. 1061). With the development of regulated, pre-verbal communication between mother and infant, a secure emotional base is developed within the first two years of development (Bowlby, 1980). Many strong emotions come with forming the attachment, and maintaining the attachment; when there is disruption to the attachment an individual may lose their internal sense of comfort and security (Bowlby, 1980). When an individual loses the individual they are attached to Bowlby (1980) states, “Threat of loss arouses anxiety and actual loss gives rise to sorrow; while each of these situations is likely to arouse anger” (p. 40).

The goal of attachment behavior is to maintain an affectionate bond and internal security and when something threatens that bond, the greater the individual will act to preserve it, some individuals will cling, cry and even use angry coercion to keep their attachment (Bowlby, 1980). This occurs with bereaved owners when their companion animal becomes sick or dies. Owners could have an extremely difficult time bereaving the loss of their pet, which is an attachment figure in their world. The next theory that will be used for this paper is the five stages of grief.
Elisabeth Kubler-Ross first proposed the five stages of grief theory in her 1969 book “On Death and Dying” (Axelrod, 2006). The five stages of grief are: 1) Denial and Isolation, 2) Anger, 3) Bargaining, 4) Depression and 5) Acceptance (Axelrod, 2006). The stages of grief are universal. Axelrod (2006) states, “The five stages do not necessarily occur in order. We move between stages before achieving a more peaceful acceptance of death” (p.1). It is important to note that each person’s grieving process is unique to the individual. The theory was developed upon human death and grief, however grieving and mourning are universal and for the use of this paper it will be adapted to fit pet loss and grief. Denial and isolation is when an individual denies the reality of the situation, that their loved one has a terminal illness or has died (Axelrod, 2006). Once the denial and isolation start to wear off reality comes to the surface and an individual starts to feel the pain of the loss. The pain an individual feels inside is masked as anger on the outside (Axelrod, 2006). The third stage of grief is bargaining, where the individual attempts to make a deal with God or a higher power in effort to protect them from the reality of the situation (Axelrod, 2006). Depression occurs in reaction to the loss, the individual may feel sadness and regret, wishing they would have done more or should have spent more time with their loved one (Axelrod, 2006). The final step in the model is acceptance, when the individual has come to terms with the loss and has accepted the illness or the death (Axelrod, 2006).

Attachment theory is used for this paper because pet owners may greatly grieve the loss of their companion animal, which was a secure attachment figure in their world. Some pet owners may require the use of social work services to help process through the loss. The five stages of grief theory is used to understand what the grieving
process looks like. This theory serves as a reminder that grief is not only unique to the individual, but also grieving the loss of a pet is a journey, not a destination. Depending on the client, they may need individual or group counseling sessions to process through the loss.
Methodology

Previous literature has revealed the loss of a pet can be debilitating and some veterinarians feel they are inadequately trained to handle the owner’s feelings of grief and loss. Many social workers help bereaved individuals successfully grieve the loss of a human loved one in a healthy way. Could social workers have the same effect on individuals who have lost a pet? The purpose of this study is to see what veterinarian’s attitudes are toward social work services in small animal private practice settings. This study uses an exploratory research design. The data was collected through a semi-structured interview. The research question for this study is “What are veterinarian’s attitudes toward social work services in small animal private practice settings?”

Sample

The researcher used a purposive sample. Six subjects participated in the project. Each participant had a Doctorate in Veterinary Medicine (DVM). Four participants (66.6%) were female and two (33.3%) were male. Participants’ ages ranged from 30-65 years old. All participants (100%) were Caucasian. The length of the participant’s veterinarian career ranged from 3-40 years. Participants’ training on offering support to bereaved owners ranged from no bereavement training to 60+ hours of training.

Veterinarians were chosen for this study, as they are the primary clinicians at small animal private practice settings. Research participants were collected using the University of Minnesota’s Veterinary Medical Center’s referring veterinarians’ mailing list. The researcher is currently an intern at the University of Minnesota Veterinary Medical Center (VMC). The researcher submitted a request asking for access to the list (See Appendix A) and was granted approval by the director of the VMC (See Appendix
B). Only veterinarians who practice within 30 miles of the twin cities were considered for this study.

**Protection of Human Subjects**

Research participants signed an informed consent form (See Appendix D) in the presence of the researcher before the interview began. Some of the questions in the interview asked the participant to recall memories about death and their experience with bereaved pet owners. The researcher had pet loss resources available at request of the participant if any of the questions caused emotional stress. Participants were informed that their participation would be kept confidential and that the information that they shared would be kept on a password-protected laptop and locked file in a locked room where only the researcher had access.

**Measurement**

Data on demographics was first collected by completing a five-item questionnaire (See Appendix E) on the veterinarian’s gender, age, race, length of career and experience with bereavement training. Data was then collected using a semi-structured questionnaire consisting of eight questions (See Appendix F). The theme of the questions include the veterinarian’s knowledge of social work services, comfort level in dealing with bereaved owners and the roles and challenges using a social worker in small animal private practice settings.

**Data Collection**

The researcher first obtained the referring veterinarian mailing list by asking the director of the VMC for permission to access the list (See Appendix A). The researcher then submitted an email to the director’s secretary who retrieved the referring
veterinarian mailing list (See Appendix C). The researcher sent out an email about the study (See Appendix G), a copy of the consent form (See Appendix D), demographic questionnaire (See Appendix E), semi-structured questionnaire (See Appendix F) and request veterinarians to respond if interested in the study (See Appendix G) to 85 veterinarian’s email addresses. The participants then contacted the researcher indicating their interest in the study. The participant indicated how they would like to be contacted, either by phone or e-mail and based off of that preference the researcher then arranged a time for the researcher to interview the participant at their practice. The researcher completed the interviews in the veterinarian’s office or in a private exam room. Before the interview began the participant signed the informed consent form in the researchers presence and filled out the demographics questionnaire. The researcher then began the audio-recorded interview. The interviews took approximately 30 minutes. The researcher kept the recorded files on a password-protected laptop. The researcher took handwritten notes during the interview and kept the handwritten notes, the signed consent forms, and completed demographics questionnaire in a locked file in a locked room at the researcher’s house. The audio-recorded files will be deleted and the paper files will be shredded at the end of May 2014.

Analysis Technique

Summative content analysis was used to analyze the data. The researcher transcribed each interview in its entirety and began to look at raw data, meaning the words and phrases the subject spoke. The researcher then further explored reoccurring themes and then coded these themes.
Findings

The researcher identified five major themes connected to veterinarian’s attitudes toward social work services in small animal private practice settings: 1) the degree to which veterinarians acknowledge client grief daily, 2) skills used when working with bereaved pet owners, 3) knowledge of social work/social workers/social services, 4) social work services at a small animal private practice setting, and 5) challenges using social work services at small animal private practice settings.

1) Veterinarians acknowledge that grief is something they confront on a daily basis. Participants were asked to describe a situation where grief was acknowledged with a client. Five participants (83.3%) stated they acknowledge grief frequently and usually on a daily basis. Two participants stated:

*I acknowledge grief with clients almost every time I have to put their pets to sleep.*

*I was thinking of that on the way over, trying to think of just one example. It’s every single day, it’s every single client.*

Two of the participants (33.3%) stated they acknowledge grief by reassuring the client they made the right decision to euthanize and provide a space where the client can talk about their loved animal. One participant stated:

*What I do at the appointment is reassuring people that I think they chose a good time; I think this is a good time for their pet... I’ll get people to start talking and telling me things about their pet and reflecting on what the last couple of days have been like and just acknowledging what a big deal it is.*

Three of the participants (50%) stated they grieve themselves with the loss of some clients’ animals and that the grief affects them. One participant stated:

*It’s tough, some cases you work very closely, you get to know them, not only the animal very closely but the people very closely and when it comes to being very old and having a poor quality of life or if it’s that they got very sick, it hits you hard, too. I cry with people a lot. I know some veterinarians they hide it*
better. It’s not that they don’t feel it, they hide it better and they rarely cry or whatever, that’s just not my personality.

Two of the participants (33.3%) recognized how hard it is to euthanize animals. They stated knowing that they are providing a service makes the grief somewhat easier to handle. One participant stated:

I think after a while in practice I don’t think you get calloused after the loss of pets, but you tend to, you know, you tend to look at it from the standpoint that you look at it as a defense mechanism, an adaptive mechanism, that it’s the circle of life and you’re only doing it because their final days they may be in pain and suffering and you allow people and the animal to have dignity.

2) Veterinarians use a variety of skills when working with bereaved pet owners.

When asked what skills do you use when working with bereaved pet owners participant’s responses ranged from active listening, preparing the client for euthanasia beforehand, letting the client guide them and empathy. Four of the participants (66.6%) stated listening or active listening as a skill they use when working with bereaved pet owners. One participant stated:

I spend a lot of time listening and I don’t know if you would call it active listening but it’s quite active because it’s listening and giving a lot of energy and not doing much more than sort of non-verbal skills.

Another participant stated:

Listening is probably the most important one and what I’ve learned over the years it’s not as important for me to say something as it is for me to listen to what they have to say.

Three of the participants (50%) stated that preparing the client before the euthanasia occurs is a skill they use to help the bereaved pet owner. One of the participants stated:

One thing we try to do is prepare them beforehand. Beforehand we talk about grieving and what you’re going to go through and explaining that route too but the time that they come in we ask if they’ve been through it before (euthanasia) and if they would like us to describe the process.
Three of the participants (50%) explained that the euthanasia process, grief and bereavement are very individualized and that it is important to let the client guide the participant on what they need and want. One participant stated:

*I let them guide me as far as what they're looking for because if you listen you get a sense of if they want someone to talk to or if they are looking for you to actually give feedback or give your own experiences. Picking up on their physical cues to know are they looking for a hug or are they maybe not looking for any physical contact, they're actually trying to distance themselves from you at that time because for some people it’s something that they feel very personally and privately about.*

Two of the participants (33.3%) responded that they use empathy skills to help the bereaved owner. One participant stated:

*Empathy, I use it all the time. But until I had to teach it I really didn’t understand what it was, but now I understand better and instead of thinking, “Aww, I feel so bad for you” it’s feeling what they’re feeling and reflecting back to them.*

One of the participants (16.6%) stated that they had not been taught skills in veterinary school to work with bereaved owners. They explained that all of the skills they had developed around working with bereaved owners came from their years of practice and experience. The participant stated:

*Skills that I was never trained in would be a good thing for vet schools to offer if they don’t offer it currently and for class to be offered to veterinary technicians. The skills that I’ve gained have been from 40 years of practice.*

3) It was evident that each participant had a vast knowledge of different roles social work, social workers, and social work services could provide. One participant (16.6%) spoke of the macro, mezzo and micro level social workers work on. Participants were asked what social workers do and their knowledge of social work services. Four of the participants (66.6%) shared their knowledge of social work, social workers and social work services. One participant stated:
Um, social workers probably like any profession probably have a wide variety of job responsibilities; maybe at the macro level dealing with populations and at the micro level dealing with individuals who have issues that they want to discuss.

Another participant stated:

There are different populations that social workers work with, whether it be children, adults, adults who are vulnerable, people at different stages in their life, people who are looking at different services whether it’s counseling or whether they’re looking for more along the lines of government assistance.

Five of the participants (83.3%) stated that they had a family member who was a social worker, or who had family or friends who had utilized social work services in the past. One participant stated:

I know quite a bit about that (social work services) my mother was a social worker. I’ve used social workers to help me navigate life changes.

Another participant stated:

I know social workers personally who work for adoption, child protective services. I know social workers who work for government programs so people need assistance in getting food stamps and signing up for food programs and stuff like that.

Two participants (33.3%) stated they had utilized social work services for helping elderly relatives. One participant stated:

I’ve had social workers for geriatric issues with my family, whether it’s housing, setting up care so that my parents could live in their home during their geriatric time, and helping my father when he moved into a nursing home.

4) Participants shared their knowledge of social work and social work services at a small animal private practice setting. Participants were asked in what ways a social worker could function in small animal private practice settings. Responses ranged from being available to clients who are experiencing decision making, bereavement and grief support, facilitating communication between clients, providing resources and training, staff support and mental health support. Two of the participants (33.3%) stated social
workers could benefit clients making difficult decisions around the euthanasia of their pet. One participant stated:

_I also think there is a big part of the decision making...where the social worker would get involved in the triad, you know, the client, clinician and the social worker trying to help the client get their questions answered, make sure they understood everything that they needed to and just to help in the decision making process. Maybe even end of life planning if people have a terminal illness or diagnosis for their pet.

Three of the participants (50%) stated that social workers could benefit clients by working with client’s bereavement and grief. One participant stated:

_Probably the most obvious is when clients are having to deal with grief and sometimes it’s very overwhelming and sometimes it takes people by surprise. Either that they didn’t think that their pet was at a point where they would be dying or they didn’t realize the extent of their grief that they would have after their pet died which takes them by surprise too.

Two of the participants (33.3%) stated social workers could help facilitate communication between the participant and their client. One participant stated:

_I just think how beneficial it would have been to have someone in the room facilitating communication...something that I have noted in our practice is that families and spouses don’t communicate well always. Sometimes they do and sometimes they don’t and sometimes the communication is so poor. I think social workers could do a lot with helping people navigate that.

Four of the participants (66.6%) stated social workers could provide training, offer resources or create newsletters to the participants clients. One participant stated:

_I think certainly from that standpoint a social worker could present their services in providing seminars. It would be them coming in, traveling around in different ways and that’s why like state association, there are veterinarian groups that may get someone to come in and have a little seminar to do it.

Another participant stated:

_I believe they could play a role in human support, someone who could provide not only a listening ear but providing resources for someone who is going through a loss...I think that as a social worker you do get a lot of training in counseling and you know just learning how to work with people, and help
manage through so many things that I think education and training and that skill set is something that could be used for a variety of reasons in a veterinary practice whether it’s like what I said, the support of the staff or if it’s the support of the clients.

All six participants (100%) believed a social worker could help with issues amongst the staff in a small animal private practice. One participant stated:

Also I think it’s nice to have the availability of a social worker for staff that have issues in their own personal life, not just related to grief as far as their pets go but also issues related to their family life, their spouses and even making services available for counseling if they need to try to make a life change.

Another participant stated:

I think helping with interpersonal issues, helping to solve those, especially when they’re threatening the cohesiveness of this small team…helping staff work with difficult clients.

Two of the participants (33.3%) believe there is a place for social work services at small animal private practices. One participant stated:

I think I have said yes, I’ve confirmed yes over and over again that social workers have a place.

Four of the participants (66.6%) think social workers would be helpful but not in a small animal practice, due to the low volume of clients who would need services. These responses will be listed in the next theme under challenges. One of the participants (16.6%) stated social workers could help in handling a client’s mental health issues because a pet owner’s mental health status can affect the care of the animal. The participant stated:

There were times that I thought that I could sure use a social worker or psychologist beside me, whether it was with someone who I thought had their own mental health issues that were impacting the behavior of the animal or the care of the animal.
5) Participants identified several challenges associated with having social work services in small animal private practice settings. Participants named some challenges as fees and cost associated with the service, small clinics with low client demand for services and space and integrating social work services in a veterinary setting. Three of the participants (50%) explained that cost was an issue. One participant stated:

*Well the client is ultimately responsible for any fees associated with their services of the social worker, most of the veterinary clinics are stretched enough with the economy being bad that their not going to be able to pay a monthly fee to a social worker to do that.*

Another participant stated:

*If the social work professional offered services that were chargeable in some way that would help support their salary, that way they wouldn’t be totally overhead.*

Four of the participants (66.6 %) believed that social workers could be useful however not at a small animal private practice setting. They offered some more cost effective ways to have a social worker on site by having the social worker be available to several clinics. One participant stated:

*That’s a lot of payroll for someone who is in a total supportive role. As helpful as that can be, but it would be really interesting to think about what types of services could clients pay for? That would be great, that would be one way to offset the cost.*

Another participant stated:

*Well like I said actually like coming in I don’t think it would work out to go that route. Maybe for a larger practice because it’s out there like the humane society, people can come in for a group setting and then from an office setting. I think there is a need but I don’t think it would actually be in the practice.*

Two of the participants (33.3%) stated that a challenge to having a social worker at a small animal private practice setting would be having client demand and space for the social worker. One participant stated:
I think the way it’s set up right now actually with the humane society and different bigger groups where you’ve got many services would be good, as for private practice there’s probably not enough people wanting it enough to support a social worker. The majority of practices have one doctor and they just wouldn’t have probably the time to coordinate from that standpoint.

Another participant stated:

The other thing I was thinking about is small animal private practices tend to be crowded. They’re almost always too small of a space for what’s happening there, so where would the social worker be?

One of the participants (16.6%) stated clients might not want to talk with a social worker because of stereotypes:

I think maybe you bring up the term social worker to some people and I don’t think that everyone knows what a social worker does and for some people social workers have a negative context to it like there’s something wrong. I think a very general attitude about a social worker is, you know, a social worker comes into a house to seize a child who is not being cared for. So if you mentioned you know, I think you might get, if you might think about offering some assistance from a social worker to some people they might take that the wrong way.

Three of the participants (50%) noted that it would be challenging for a social worker to integrate into a veterinary setting. One participant stated:

I think it’s a little bit of a closed culture, veterinary medicine. So when someone is not working in there I think there could be a sense of, well they don’t know what we deal with, they don’t understand.

Another participant stated:

(Social work) is seen as a soft science in many ways and in a medical facility you are dealing with people who are trained in hard sciences and have a lot of times that mindset unless they have a humanities background or background in psychology. I think that just being recognized for value could be a real challenge. I’ve run into veterinarians who are afraid that they are being analyzed all the time by having a social worker on staff. So that might be a security issue, an emotional security issue.
Discussion

Summary of Findings

Participants acknowledge that grief was a common emotional response by pet owners who lost their companion animals. Participants state that they tried to be helpful with grieving pet owners by reassuring them that they made the right decision and by providing them with a place to share their stories. All participants expressed that working with grieving owners was difficult. Some participants did state that it was easier providing euthanasia knowing they were helping provide a humane service to the animal and owner. Participants named listening, preparing the client for euthanasia beforehand, letting the client guide and decide what they need and empathy as skills they use when working with bereaved owners.

From the interviews, it was clear that all of the participants had a good working knowledge of what social workers do professionally. The participants listed many reasons, ways and places social work services could be utilized in a small animal setting including decision making, assisting with bereavement and grief counseling, fostering communication between participants and clients, creating resources for grieving pet owners and staff related issues such as assisting staff through personal life changes, or firing an employee. Participants named some challenges as fees and cost associated with the service, small clinics with low client demand for services, and lack of space.

Comparing Findings with Literature Review

The research indicated that it is important for participants to validate their client’s feelings during euthanasia. This is congruent with Wrobel and Dye (2003), stating that grieving the loss of a pet can be stigmatized because there is not a universal way to express grief. Pilgram (2010) also stated that it is important for veterinarians to validate
and affirm patients to feel less guilty. Participants shared that it was important to tell their clients that their client is making the right decision and giving them the space to grieve. Participant’s shared that each client needs something different and it is the participant’s job to honor the client’s request.

Participants state that there are a variety of services that social workers could perform that would be useful in a veterinary setting. Participants disclosed that social workers could provide grief counseling which is consistent with Dickinson and Roof (2012) who state that colleges employ social workers for end of life counseling. Hafen (2007), states that MFT’s provide counseling to veterinarians and veterinarian students and staff. Participants in this study also stated that a role of a social worker in a veterinary setting would include providing support to veterinarians, veterinarian students and staff. Netting, Wilson and New (1987), suggested social workers could be effective in developing pet-related programs and policies. This was also found amongst participants who stated that a social worker could be in charge of providing training to staff, and creating resources on grief and pet loss.

This study had almost identical results to Sanders (1995) who stated that veterinarians face issues of death almost daily. Sanders (1995) found that veterinarians use coping mechanisms to protect themselves from emotionally painful situations. Participants in this study also stated they used coping mechanisms because the grief affects them. The Pilgram (2010) study found that some veterinarians are not adequately trained in offering social support. This is similar to the findings of this study as one participant shared they had not been trained in offering support to bereaved pet owners. Participants received training on bereavement which varied from 0 to 60+ hours, which is
similar to Dickinson et al. (2010) findings that there is very little coursework offered on bereavement during veterinary school.

In the Dickinson et al. (2010) study it was found that 71% of veterinarians had a positive response to social work. This finding is somewhat consistent with this study as all participants either had a family member or friend who was a social worker or had utilized social work services for themselves or family. However, just because a participant has a family member or friend who is a social worker does not necessarily mean that they have a positive response to social work. Dickinson et al. (2010) also found that some schools were already employing social workers and counselors, this finding is congruent with the study; participants shared they were currently employing social workers or other mental health professionals at their practice.

In Pilgram (2010), it was found that a social workers job in a veterinary setting was offering emotional, informational and instrumental support. Participants in this study also claimed that social workers could provide emotional support and would be in charge of providing information to clients related to bereavement. Pilgram (2010) found that it was important for social workers to provide resources to clients. Participants in this study also stated the importance of social workers would be providing resources to clients.

**Limitations**

One limitation of this study is the small sample size. Only six participants were obtained for this research study. Due to the small sample size this study is not representative of a larger population of veterinarian clinics.
There may have been a bias in favor of social work and social work services. The majority of participants either had a family member or friend who was a social worker. Participants also stated they had utilized social services for their personal use. Some participants even shared that they employed social workers at their own practice. Perhaps extensive knowledge and experience of social work services positively impacted their responses.

**Implications for Social Work Practice**

The results of this study have many implications for social work practice. First this study sheds light on how important our attachment to animals can be. This is a topic that needs to be explored further. Many pet owners identify their animal as a family member and an attachment figure. Once the animal becomes sick or dies the owner could lose their sense of comfort and security the animal once provided the owner. People can grieve the loss of an animal as much as a human loss. Knowledge pertaining to veterinary social services is sparse as there is a lack of relevant research published in the academic literature. In our society we rarely talk about death. Many individuals are isolated because grieving the loss of a pet can be seen as stigmatizing. This study draws attention to the importance of being open about death and dying and most importantly the grieving and bereavement process.

The results of this study have strongly suggested that there is in fact a place for social workers in a veterinary setting. However participants were unsure if a private practice setting would be the appropriate placement due to lack of space, low volume of clients and poor economy. Participants offered several practical solutions to the problems listed. For example, social workers could serve multiple private practices by
being mobile and on-call. The social worker would see a higher volume of clients if they worked at multiple clinics. Social workers could start a support group for pet loss by meeting bi-monthly. They could serve up to 8-10 people at once and the social worker could charge for their services. It is up to future social workers, and mental health practitioners in general, to forge a bond with veterinarians to offer unparalleled client centered care by offering support for pet loss and bereavement.
References


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http://web.ebscohost.com.pearl.stkate.edu/ehost/pdfviewer/pdfviewer?sid=10cd6e80-89b5-422c-aa9c-c2b3130a3293%40sessionmgr4&vid=7&hid=21


10.2190/QYV5-LLJ1-T043-U0F9
Appendix A

November 19th, 2013

Natalie Leiferman
1536 Burns Ave.
St Paul, MN 55106

Dr. David Lee
University of Minnesota Veterinary Medical Center
1365 Gortner Ave.
St. Paul, MN 55108

Dear Dr. Lee,

As you know my name is Natalie Leiferman and I am a social work intern at the University of Minnesota Veterinary Medical Center. I am in the process of creating a proposal for a research project. The purpose of my research study is to see what veterinarian’s attitudes are towards social work services in a small animal private practice setting. I would like to interview at least 8-10 veterinarians on my topic.

I am contacting you to see if I could have access to the University of Minnesota’s referring veterinarian list and contact veterinarians within 30 miles of the U of M VMC. I would like to submit an email explaining my study, consent form, demographics survey and semi-structured questionnaire to the veterinarians and then set up a time to meet with them if they are interested in the study.

If you approve this request I will then submit my proposal to the IRB and if the proposal is approved I will begin the interview process in January and would need the referring veterinarian list towards the middle to end of December.

Please let me know if you have any questions. Thank you for your consideration.

Best regards,

Natalie Leiferman
Re: Referring Veterinarian List Request

David Lee [leex3103@umn.edu]
Sent: Thursday, November 21, 2013 3:51 PM
To: Leiferman, Natalie K.; Laurel Mager Schedin [mager001@umn.edu]

Hi Laurel,
I have met with Natalie, the SWS intern, and her faculty adviser regarding her project. It is ok to provide the email list she requests, with the understanding (of course) that it is just for this one-time use. She can give you more details on her needs. It needs to go out from her because of the IRB requirements, otherwise she would need to get IRB use approval (needed for research on humans - even if it is just for a survey) from the U, which would delay things. Thanks
David

On Thu, Nov 21, 2013 at 3:30 PM, Leiferman, Natalie K. <leif0174@stthomas.edu> wrote:
Hi Dr. Lee,

I made the edits on my proposal after the committee meeting and got the approval to apply to IRB from my chair!! I was hoping to talk with you about the request I left on your chair about the referring veterinarian list. Will you be around tomorrow?

Thanks!
Natalie

David E. Lee, DVM, MBA
Hospital Director
Veterinary Medical Center
1365 Gortner Ave.
St. Paul. MN 55108
612-624-4769

https://mail.stthomas.edu/owa/?e=Item&i=IPM.Note&id=RgAAAACmCi...5dYyXrjmq4ABCbvXAAAa&sa=Print&pspid=_1385397036856_879612225 Page 1 of 1
Appendix C

Referring Veterinarian List
Leiferman, Natalie K.
Sent: Monday, November 25, 2013 10:33 AM
To: Laurel Mager Schedin [mager001@umn.edu]

Laurel,

With the approval of Dr. Lee, I am requesting a list composed of the names and email addresses of all referring veterinarians within 30 miles of the twin cities. I will need the list by the mid to end of December.

Thank you,
Natalie Leiferman
Appendix D

CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

Veterinarians Attitudes Toward Social Work Services
543525-1

I am conducting a study about veterinarian’s attitudes toward social work services. I invite you to participate in this research. You were selected as a possible participant because of your title as a doctor of veterinary medicine and knowledge of the field. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Natalie Leiferman, a graduate student at the School of Social Work, St. Catherine University and the University of St. Thomas and supervised by Dr. Hollidge.

Background Information:
This research is being conducted to see if veterinarians think social work services should be used in a veterinary setting.

Procedures:
If you agree to be in this study, I will ask you to do the following things: There is a 5-item questionnaire on demographics and an 8-item semi-structured interview. The interview should take about 20-30 minutes to complete. The interview will be audio taped with a computer program and the consent form, demographics questionnaire and my handwritten notes will be kept in a locked file in a locked room at the my home. The information collected from this interview will be presented to those mostly consisting of students and faculty who have knowledge of social work services and veterinary services.

Risks and Benefits of Being in the Study:
Some of the questions in the interview will ask you to recall memories about death and experience with bereaved owners. This may cause emotional stress. If you require and request assistance with emotional help I will provide the following resources including the telephone number for the IAMS Pet Loss Hotline and telephone number for the Animal Humane Society’s Pet Loss Support Group in Golden Valley, MN.

There is no compensation for participating in this study.

Confidentiality:
The records of this study will be kept confidential. Research records will be kept on a password-protected laptop in the researchers home. I will also keep the electronic copy of the transcript in a password-protected file on my computer. The consent form, demographics questionnaire and hand written notes will be kept in a locked file in a locked room at the researchers home. My chair, committee members and other students will be able to see the final transcription. I will delete any identifying information from the transcript. The audiotape file, transcript, demographics questionnaire, consent form and hand written notes will be destroyed and shredded by January 1, 2015.
Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw by March 1st, 2014. Should you decide to withdraw, data collected about you will not be used in the study.

Contacts and Questions
My name is Natalie Leiferman. You may ask any questions you have now. If you have questions later, you may contact me at 763-957-2152 or email me at Leif0174@stthomas.edu. You may contact my professor, Dr. Colin Hollidge at 651-336-1506. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

____________________________________
Print Name of Study Participant

______________________________   ________________
Signature of Study Participant     Date

______________________________   ________________
Signature of Researcher     Date
Appendix E

Demographics Survey

1) What is your gender?
   Male_________ Female_________ Other_________

2) What is your age? _________

3) What race do you identify with?
   White_________ Hispanic or Latino_________ Black or African American_____
   Native American or American Indian_______ Asian/Pacific Islander_____
   Other_________

4) How long have you been a veterinarian? _________

5) How much training have you had on offering support to bereaved pet owners?
   ____________________________________________________________________
Appendix F
Interview Guide for A Veterinarians Perspective

1) Tell me about your knowledge of social work services.
2) In your opinion, what types of services could a social worker offer in a small animal private practice setting?
3) Tell me a story when you’ve acknowledged grief with a client.
4) What skills do you use when working with bereaved owners?
5) What experience have you had working with social workers?
6) Do you think social workers have a place within a small animal private practice setting?
7) In your opinion, what role, purpose, or function could a social worker serve in a small animal private practice setting?
8) What challenges might come with using a social worker in a small animal private practice setting?
Appendix G

Veterinarians Attitudes Towards Social Work Services

My name is Natalie Leiferman and I am a student at St. Catherine’s University and St. Thomas University obtaining my Masters Degree in Social Work. I have contacted you to ask for your participation in a research study I am employing on veterinarian’s attitudes toward social work services in a small animal private practice setting. You have been selected because you are a doctor of veterinary medicine.

If interested, I will contact you to set up a time to meet. I will come to your practice and complete a demographics questionnaire consisting of 5 questions and administer a semi-structured interview consisting of 8 questions related to the study. The interview should take about 20-30 minutes to complete.

Respond to this email if you are interested in participating in the study. Indicate how you would like to be contacted, whether you would prefer I set up a time to meet over e-mail or over the phone. A timely response is appreciated.

Thanks,

Natalie Leiferman