Symbiosis in Systems: Helping Families Through Animal Injury, Illness and Death

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Objectives

- To introduce the *Family Systems Illness Model* and present the family as the “unit of care.”
- To explore the effects of animal illness on family coping, communication, and adaptation.
- To present veterinary social workers as “ecosystems consultants” and explain how to utilize these professionals most effectively.
- To review concrete, phase-based tools for helping families during veterinary crisis and treatment.
The Evolution of Veterinary Medicine
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Animals in the Family

- Increased happiness and expression of affection in homes with pets (Cain, 1985).
- Pets mediate family interactions, buffer conflict, and reinforce family identity (Cain, 1983; Cain, 1985; Strand, 2004; Tannen, 2004).
- Pets serve as “homeostatic regulators” (Allen & Blascovich, 1996).
- Family adaptability and cohesion are significantly correlated with attachment to the family pet/s (Cox, 1993).
Family-Centered Veterinary Care

- Also known as “bond-centered” or “relationship-centered” practice
- Clinician as expert vs. clinician as consultant who participates in family process of navigating health/illness and provides wrap-around support
- A great idea in theory, but...?
## Barriers: Family-Centered Veterinary Care

<table>
<thead>
<tr>
<th>Clinicians</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I don’t have time</td>
<td>• I’m embarrassed</td>
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<tr>
<td>• I can’t work with this client – he/she is ____________</td>
<td>• I don’t understand</td>
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<tr>
<td>• This client isn’t listening/adhering</td>
<td>• I’m overwhelmed</td>
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<tr>
<td>• My responsibility is for the patient, not the client</td>
<td>• I’m not the decision-maker</td>
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<tr>
<td>• This is beyond my expertise – now what do I do?</td>
<td>• I’m scared</td>
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<tr>
<td></td>
<td>• I’m exhausted</td>
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<td>• I don’t want to be judged</td>
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Family Systems Model of Illness *(Rolland, 1984)*

- An integrative conceptual model that can be applied to any medical condition within human or veterinary medicine
- Accounts for life course dimensions of the family and the illness/injury
- Strengths-based, with a focus on the family as a resource that is resilient and meaningful
- Inherently collaborative
Family Systems

- **Family** = system of interdependent individuals and relationships
- We cannot understand client behavior/choices apart from the system that creates, maintains, and constrains them
- **The job of the veterinary team is twofold:**
  - build a functional relationship with the entire system
  - to prepare the system to care-give and to let go

**Key:** Patient vs. Family as *unit of care*
What Illness Does to Families

- Disrupts homeostasis
- Disrupt – or strengthen -- structure/relationships/communication
- Provides opportunity to work together – common goal
- Creates – or underscores – family stories around illness and death
  - *what does illness/death mean?*
Employing ‘Ecosystems Consultants’

- Human handling specialists
- Systems perspective/P-I-E
- Necessary skills:
  - “Boundary spanner”
  - Rapid assessment and treatment
  - Crisis intervention
  - Navigate -- and meet needs of -- multiple stakeholders

- **Goal:** identify and address the needs of the patient’s family, and barriers to understanding those needs, in order to improve care and outcomes
What Do Families Need?

- Determined by time lines/phases of illness (Rolland, 1994)

**Crisis**
- Diagnosis
  - Symptoms + Adjustment

**Chronic**
- The ‘Long Haul’

**Terminal**
- Death
  - Preparation/Mourning
Families in the Crisis Phase

- Pre-dx w/symptoms and initial adjustment to dx

- Families need:
  ★ to create a psychosocial understanding of dx
  ★ to build a trusting relationship with medical team
  ★ clear, understandable information

- The veterinary team needs:
  ★ to “join” with the family
  ★ to clarify expectations/needs
  ★ to create a roadmap of the family system

Key questions:

1. Who makes up the family? Roles?
2. What is the dominant coping style?
3. What resources does the system have to understand/adjust to what is happening?
4. What is the history of illness in this family?
5. What does the family need from you to adapt in this moment?
The Crisis Phase: “Luna” & Family

- 4 y.o American Eskimo
- Fell off cliff when hiking w/Mom
- Transported to hospital in police car
- Dad arrived at hospital first
Families in the Chronic Phase

- The “long haul” of caring for the patient

**Families need:**
- ★ To learn day in/day out with illness and treatment
- ★ To create a ‘new normal’

**The veterinary team needs:**
- ★ Clear communication about animal’s evolving status
- ★ To identify/remove barriers
- ★ To provide support, resources, and perspective

Key questions:

1. What is the system’s ability to adapt? Commit? Withstand?
2. What is the greatest source of strain?
3. What is the family doing well?
4. Can the veterinary team make daily life more predictable/manageable?
The Chronic Phase: “Lilly” & Family

- 12 y.o. Australian Shepherd mix
- Dx anal sac adenocarcinoma
- Delivery of multiple treatments over two year period
- Multiple life-threatening crises
- The burden of care-giving
Families in the Terminal Phase

- Relinquishment of hope
- **Families need:**
  ★ To prepare for death emotionally/practically
- **The veterinary team needs:**
  ★ To know the “no-go zones”
  ★ To construct flexible end of life plan
  ★ Closure with the patient and the family

**Key Questions:**

1. How does the system understand death and dying?
2. What needs to happen for “good” EOL decisions and care to occur?
3. “What will you need to see/hear/sense from your animal to know what to do next?”
4. “What, if anything, is unacceptable for your animal to experience as they die?”
The Terminal Phase: "Tigger" & Family

- 18 y.o. Dachshund
- Chronic renal failure
- Eight months palliation
- Quality of life v. quality of death
- Death narratives in family
- Family conflict
- Closure, control, exhaustion

Tigger & Family
On Death and Dying: Lessons from Human Healthcare

- Communication gaps significantly interfere with delivery of quality end of life care (Carline et al, 2003)
- Good outcomes – especially around “good deaths” – are collaboratively constructed (Steinhauser et al, 2000)
- Families of dying patients want providers to help them prepare for death
- Get to know the allied healthcare providers in your community
- Keep a short list of resources at the ready:
  - Hospice and therapist referrals
  - Spiritual/pastoral care
  - Suicide hotline
- **Normalize** and **validate** the wide range of human reactions to animal illness and death
- Encourage clients/families to seek additional support when an animal is ill or dying
## The Six R’s:
- Referral
- Relationships
- Roles
- Resources
- Reaction
- Recommendations

## What They Mean:
- How/why family referred
- What are primary relationships? Strength?
- What role/s does animal play in family? What role/s does primary caregiver play? Role strain/conflict?
- Financial/cognitive/financial/emotional/spiritual
- How is family responding to dx/tx plan/disease
- What would promote resilience?
Next Steps: Veterinary Practitioners

- Commit to a collaborative systems paradigm
- Seek specialty training:
  - Interdisciplinary healthcare
  - Human-animal relationships and pet loss
  - Working with crisis
- Seek consultation from allied health professionals
- Identify areas of greatest need
- Review AAHA White Paper on *Human Social Support in Veterinary Settings*
- Construct your list of referral partners and share resources
Next Steps: Social Services Providers

- Seek specialty training:
  - Human-animal relationships in families and communities
  - Grief/loss and grief counseling
  - Medical social work/medical family therapy
- Educate yourself about local policies related to animals
- If working within veterinary practice, specify role, expectations, areas of ethical concern, and own perspective on euthanasia
- Clarify mandated reporting requirements
Recommended Reading
