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## **A Needs Assessment for the Utilization of Child Life Specialist Bereavement Support Services in an Emergency Veterinary Hospital Setting**


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**A NEEDS ASSESSMENT FOR THE UTILIZATION OF CHILD LIFE  
SPECIALIST BEREAVEMENT SUPPORT SERVICES IN AN  
EMERGENCY VETERINARY HOSPITAL SETTING**

A Master's Thesis

Presented to

The Graduate College of

Missouri State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Child Life Studies

By

Jared Negin-Fryers

May 2020

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# **A NEEDS ASSESSMENT FOR THE UTILIZATION OF CHILD LIFE SPECIALIST BEREAVEMENT SUPPORT SERVICES IN AN EMERGENCY VETERINARY HOSPITAL SETTING**

Childhood Education and Family Studies

Missouri State University, May 2020

Master of Science

Jared Negin-Fryers

## **ABSTRACT**

Studies indicate that there is an affective attachment bond, and related emotional involvement that exists between the companion animal and their human owners. Patient companion-animal death within the veterinary hospital, is a daily occurrence, with death rates per patient being significantly higher than in human health care. This comparatively higher death rate is due to the commonplace utilization of professionally sanctioned euthanasia to relieve animal pain and suffering. Companion animal death, may elicit grief reactions that are identical to what is experienced upon the death of a family member. A void currently exists in family centered veterinary care in terms of grief support of families; particularly the children who are the most vulnerable due to their level of developmental maturity. Study results suggest that there is a need for child life specialist support of children and families who are experiencing the death or imminent death of a companion animal. Although 80 percent of the participants stated familiarity with the role of a child life specialist, 100 percent of all respondents had never used the therapeutic services of this profession or had any specific knowledge of child life specialist support strategies. Despite this lack of experience and familiarity, most respondents demonstrated an understanding of both the necessity for child life specialist intervention and the ramifications of not providing this support to children, contemporaneous with the companion animal loss. The results of this needs assessment did not, however, support the functional benefit of child life services involvement as a facilitator of the reduction of compassion fatigue experienced by veterinary health care professionals.

**KEYWORDS:** child life specialist, children, companion animal, death, euthanasia, grief, human animal bond, loss, pet, traumatic, veterinary

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May 2020

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In the interest of academic freedom and the principle of free speech, approval of this thesis indicates the format is acceptable and meets the academic criteria for the discipline as determined by the faculty that constitute the thesis committee. The content and views expressed in this thesis are those of the student-scholar and are not endorsed by Missouri State University, its Graduate College, or its employees.

## **DEDICATION**

To my Family

To my Committee Members

To Hannah, Phoebe and Princess, my Puppies

In Memory of Dr. Delsworth Harnish

## **ACKNOWLEDGEMENTS**

I would like to acknowledge those parents who shared, with me, their lived grief experiences relating to their companion animals. I hope that this needs assessment study will open the doors for child life specialist bereavement services to be available in emergency veterinary hospital settings, so that families and children will receive the necessary psychosocial support that they seek.

I would like to thank my committee members for their support and guidance. They encouraged me to investigate this alternative field and to determine if there is a need for child life specialists in this unstudied, but possibly new child life domain. They were consistently understanding, supportive and accommodating of my need to learn.

I would like to dedicate this study in memory of Dr. Delsworth Harnish, the Undergraduate Dean of Health Science at McMaster University. He always believed in me and had a huge impact on my decision to investigate a career as a child life specialist. His statements regarding the need to consistently think outside of the box and to transform from competitive students to collaborative group members rings true for me to this very day. He was always available to assist me with any challenges, even when things seemed insurmountable.

Last, but not least, thank you to my family who taught me the importance of commitment and never giving up, but always following my dream.

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# **CHAPTER I**

## **OVERVIEW OF THE STUDY**

Attachment is a primary concept in child developmental psychology that refers to the need for children to form strong emotional and physical bonds with their primary caregivers, in order to achieve a sense of security and stability (Cronin, Favazza & Munson, 2010; Osterweis, Solomon, Green, and the Institute of Medicine, 1984). The unfortunate and sometimes inevitable negative result of strong attachments is that the death of the significant other, with whom the child bonded, may manifest as profound loss, grief and bereavement (Clements, Benasutti & Carmone, 2003). Depending upon the development level of the child, they may lack the necessary maturity and strategies to properly deal with the loss; emotionally, cognitively or otherwise.

Families, including children, develop similar strong attachments bonds to companion animals and may be subject to the same type of grief response, as in the case of the loss of a family member or other companion (Clements et al., 2003). A companion animal may be defined as a domesticated animal/pet whose physical, emotional, behavioural and social needs are met through a consistent and unconditional bond between the pet and their owner (Hines, 2003). Companion animals are often regarded as integral family members with whom there is a feeling of both psychological attachment and emotional closeness (Archer, 1997; Sable, 2013).

Similar to the situation that occurs when a primary care-giver parent, or a non-parent primary caregiver dies, the death of a companion animal, with whom the child has bonded, will generate profound grief and loss. As is the case when a parent or non-parent primary caregiver dies, younger children, who have not matured developmentally, may not have the necessary

personal coping tools to deal with the loss of their companion animal. The extent to which the animal-human bond exists, may elicit grief reactions that are identical to what is experienced upon the death of a family member (Sable, 2013). A close bond between the child and the deceased companion animal is a predictor of, and is often associated with a stronger grief response (Barnard-Nguyen, et al, 2016).

The most vulnerable of the family unit are the children who do not have the tools or the strategies necessary to deal with the loss (Osterweis et al., 1984). Child life specialists currently work in human hospitals and participate with family-centered health care teams, providing appropriate grief, loss and bereavement support to families and children, using various strategies that focus on normalizing the environment and enhancing coping strategies and the processing of the loss through emotional expression (Thompson, 2018).

The veterinary medicine critical care sector is one in which there is a high incidence of loss due to a number of intersecting factors, including the short life span of animals and the fact that animal euthanasia is legal and commonly used in order to respond to animal pain and suffering (Williams & Green, 2016). Despite this high incidence of death, grief and loss circumstances in the Canadian veterinary emergency hospitals, there is a discernable void in terms of the provision of grief support to families; particularly the most vulnerable family member, being the children. This need could be fulfilled by the introduction of child life specialists who have the necessary skillsets and competencies to support the emotional needs of grieving families, and in particular the children.

In comparison to the United States of America, although the child life specialty has had historical roots in Canada, there are a comparatively limited number of practicing child life specialists, with the vast majority of them working primarily in major urban center hospitals, and

very rarely in other non-hospital settings (Canadian Association of Child Life Leaders, 2018). There is no discernable presence of child life specialists in the veterinary sector. This chapter will address the rationale for this needs assessment study, the purpose of this study, the research questions to be addressed, the research design of the study, the significance of the study, limitations of the study as well as provide definitions of terms that appear throughout this paper.

### **Rationale for the Study**

The rationale for this qualitative study was that there was a palpable void of child life specialists in Canadian veterinary hospitals, despite the arguable need for the expertise of this profession in a medical environment which had a high incidence of death related grief that impacted children. The primary focus of this study was to demonstrate the need to support vulnerable children, who were experiencing the death of a companion animal in one emergency veterinary hospital in Canada. There was probable evidence of the need for this child life specialist emotional support in this setting, due to the fact that veterinarians, veterinary staff and families were often times dealing with the death of companion animals on a regular basis and did not have the skillset or training necessary to provide such support (Lovell & Lee, 2013). Euthanasia was also regularly used in order to relieve the animal of pain and suffering (The College of Veterinarians of Ontario, 2019). Under the Patient and Family Centered Care model utilized by the veterinary sector, families were often intimately involved in the euthanasia decision making and procedure, thus, increasing the level of anxiety experienced by the family members (Barnard- Nguyen, Breit, Anderson & Nielsen, 2016). Often the death of a companion animal was the first experience of the loss of a loved one, faced by a child. As a result of the child's developmental stage and their probable minimal experiences and lack of developed

coping mechanisms, this grief and loss experience will likely set the precedent in terms of their ability to cope with future death experiences.

The primary theoretical rationale for this needs assessment was that, if such a need was established, the incorporation of child life specialists would be beneficial to the entire family, particularly the vulnerable children. Specifically, the child life specialist would provide the necessary support that would allow the child to emotionally deal with the current pending or actual death of their companion animal and set the stage for their future capacity to deal with similar grief and loss situations. The secondary rationale for this needs assessment related to the known problematic mental health circumstances that veterinary staff experience as a result of compassion fatigue (Lovell & Lee, 2013). Veterinary health care workers do not currently have the necessary resources and expertise to support the emotional needs of families and children who are facing the imminent or actual death of their companion animal (Reisbig, Hafen, Drake, Girard & Breunig, 2017). Theoretically, the introduction of child life specialists into this environment would serve to support the veterinary staff by redirecting part of the empathy workload to the child life specialist. This additional support structure would hopefully have a positive impact in terms of the reduction of stress on these veterinary health care workers, who experienced an increased incidence of suicide and other mental health problems which were reported to be primarily related to compassion fatigue (Lovell & Lee, 2013).

My interest in pursuing this specific needs assessment, primarily arose as a result of a past experience when my two companion animals were in the Intensive Care Unit of this emergency veterinary hospital. Both of my companion animals were suffering from potentially life-threatening aspiration pneumonia and I noted that there was no support for our family and any other families and children who shared the family waiting lounge with us. I also noted that

this facility did not appear to be geared towards the accommodation of children despite the fact that their philosophy is premised upon Family Centered Care (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). The hospital was structured based upon a human pediatric hospital model. Pediatric hospitals provide medical services exclusively to children and adolescents and are designed to provide optimal care to children in a patient and family centered care environment, where the special needs of children are addressed. According to Toronto Animal Health Partners Emergency and Specialty Hospital (2019), the pediatric model was followed, based upon a belief that the animal patients are similar to children in that they require caregiver advocacy and often have small body cavities similar to that of younger children. It was also believed that these similarities generate an opportunity for the sharing of medical research (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019).

I believed that child life specialists could make a sizable positive impact in this veterinary health care facility. This needs assessment may be particularly well received by the human and veterinary medical sectors, as this emergency veterinary facility is positioned as a strategic partner with the University Health Network, sharing valuable research and procedural experiences (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). Their format is specifically designed to minimize the anxiety and fears of pet owners and patients, so as to provide the best possible health outcomes (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019).

## **Purpose of the Study**

The purpose of this qualitative study was to examine the current practice of one veterinary emergency hospital in terms of the incidence of patient loss and the procedures that

were in place in order to support bereaved children dealing with the loss or imminent loss of their companion animal. This analysis formulated an assessment as to the need and value of the introduction of a child life specialist service for the emotional support of children and the family dealing with loss and grief. The results of this needs assessment provided important direction to the management of the subject emergency veterinary hospital facility in terms of the efficacy and value of the introduction of child life specialist support services in their veterinary emergency hospital setting. It was anticipated that study findings could be shared with other veterinarians in a multitude of practice settings, including private clinics and emergency veterinary hospitals. Given the strong parallels between pediatric medicine and small animal veterinary medicine and considering the collaborative sharing of research and best practice through the auspices of the University Health Network (UHN), it was anticipated that the results of this needs assessment could positively benefit the pediatric medicine community. As there is little qualitative research in Canada as to the need and value of child life specialists in veterinary and/or human medicine, it was also anticipated that there may also be a much wider general application within the pediatric human and small animal veterinary medicine communities. The results of this study will be beneficial to assist these parties in establishing best practices in their individual medical facilities, which will necessarily enhance the quality of patient and family centered health care.

## **Research Questions**

This phenomenological qualitative study was guided by the following research questions:

1. What grief support services were offered by the veterinary hospital to your family and child?
2. From the perspective and perception of both veterinary health care workers and the



grieving families, what sufficient child grief support services, if any, were provided by the veterinary hospital?

3. From the perspective of both veterinary health workers and the grieving families, is there a need for additional child grief support services offered, and if so, what specific support services would you want?
4. What child grief support protocols would families and veterinary health workers put in place to best support the need of grieving families and children who have lost or are in the process of losing a companion animal?
5. Would child life specialist bereavement support be beneficial in a veterinary setting?

## **Research Design**

Purposive sampling was used as this study was based on specific research questions. That is, specifically, this qualitative study looked to the pet owners and veterinary health care workers, who knew and had experienced grief and loss. Questionnaires and interviews provided the data that determined the impact of lack of child-life services on the grief and loss process of the children and families. Phenomenological qualitative research was selected as the method for this study in order to gain a rich understanding from authentic description. The families and children were recruited based upon their companion animal's admission to the veterinary emergency hospital. Randomly recruited patients met the following criteria:

1. Participants had fluency in English.
2. Participants had a companion animal who faced end of life care and circumstances.
3. Participants had a child who experienced the loss or imminent loss of a companion animal.

Participation in this phenomenological qualitative study was voluntary and non- participation did not impact treatment of the companion animal at the veterinary emergency hospital.

### **Significance of the Study**

This study was significant in that it drew attention to the possible void that existed in family centered veterinary care in terms of the grief support of children and their families. Despite findings as to the extent of any void that existed, this study looked for ways to improve best practices for the family centered support of children and families in both pre and post death periods. It also focused on the possible need of implementing other child life strategies of family centered care within the veterinary hospital setting.

### **Assumptions**

The following are a list of assumptions that were made for this study:

1. Veterinary health care providers and support staff would participate in this study and would answer all questions truthfully.
2. Families who participated in this study would answer all questions truthfully.
3. The information gathered from this qualitative research study would help direct the hospital administration in regards to the need to develop appropriate child grief support services in the hospital setting.
4. Staff and patient willingness to participate in this qualitative study would not be impacted by fear of reprisal from hospital administration or department management.

## **Limitations**

The following are a list of limitations that may have been encountered during this qualitative study:

1. Willingness of staff to participate in the study.
2. Willingness of families to participate in the study.
3. The willingness of staff and families to be transparent in their disclosure about their hospital experiences.
4. Access to staff and families for survey completion purposes.
5. The results of one veterinary hospital in Canada would be equally applicable to other veterinary hospitals and clinics that deal with pet related child and family grief.

## **Definition of Terms**

The following section contains a glossary of words and respective definitions that were relevant to this study and appear throughout the context of this report.

1. Adverse Childhood Experience (ACE), is a term used to describe a traumatic experience that has occurred in a person under the age of 18s life and which will ultimately manifest itself in downstream negative health consequences (Schickedanz, Halfon, Sastry, & Chung, 2018).
2. Child life specialist, is a certified individual who through a supportive relationship with the child and family, via therapeutic play interventions, can assess the physical, social and emotional responses of a child and family so as to allay fears, misconceptions, anger and profound sadness. This will enhance coping, utilizing a variety of preparations that will enable self-mastery (Thompson, 2018).

3. Companion animal is a domesticated animal/pet whose physical, emotional, behavioural and social needs are met through a consistent and unconditional bond between the pet and their owner (Hines, 2003).
4. Compassion Fatigue is an emotional burden that results due to continual and excessive exposure to traumatic events experienced by patients and families (Lovell & Lee, 2013).
5. Disenfranchised Grief is a term that describes grief that is not recognized, acknowledged or accepted by society. Examples of events leading to disenfranchised grief are the death of a friend, or the loss of a pet (Petrich, 2008).
6. Euthanasia (veterinary) is the practice of ending the life of a suffering animal, through the utilization of humane methods that minimize or eliminate any pain or distress (The College of Veterinarians of Ontario, 2019).
7. Human Animal Bond is the reciprocally beneficial and dynamic relationship that exists between people and animals and is essential to the health and well-being of both (Holcombe, Strand, Nugent, & Ng, 2016).
8. Legacy Building is a strategy that utilizes memory books, hand and foot molds, art work, photos, songwriting and videos to offer children and families permanent memorabilia that will enable them to confirm that the deceased's life had meaning (Thompson, 2018).
9. Long Range or Sleeper Effects are the delayed reaction a person may experience in terms of dealing with death related loss (Osterweis et al., 1984).
10. Needs Assessment Study is a methodology by which a researcher collects qualitative and/or quantitative data to determine the perceived and unperceived needs of the target audience (Michener Institute of Education at UHN, 2019).
11. Patient and Family Centered Care is a health care model which is based upon a

collaborative partnership strategy that includes patients, families and health care professionals. This type of partnership is currently considered to be integral to the best practices care of both the patient and the family, with the end result being positively beneficial to all parties (Thompson, 2018).

12. University Health Network (UHN) is a medical and health care research organization in Toronto, Ontario (UHN, 2019).

## **CHAPTER II**

### **REVIEW OF RELATED LITERATURE**

The purpose of this qualitative needs assessment study was to examine the feasibility of utilizing child life specialists, as support, for children dealing with loss, grief and bereavement in the case of a death of a companion animal in a setting of a veterinary emergency hospital in Toronto, Canada. Personal anecdotes suggest that the death of a companion animal may be one of the most difficult life events, for a multitude of reasons.

#### **Attachment Theory-Theoretical Underpinnings**

Attachment refers to a strong emotional and psychological bond that develops between mother and child wherein the child is provided with a sense of safety and security (Thompson, 2018). Bowlby's attachment theory contends that this bond is biological in nature. According to Bowlby, this attachment bond is a close emotional relationship; and in the absence of the mother's love there are potential negative downstream emotional health consequences to the child. Bowlby's research moved from child observational studies to animal studies, thereby supporting his thesis that the love of a mother is a biological need (Bowlby, 1958). A strong child-mother attachment during the early development years will negatively impact the child's coping skills and the lack thereof will be reflected in terms of poor social and cognitive development (Thompson, 2018).

Research by Hofer (1994) regarding the specie universality of attachment disruption, demonstrated that when animal mothers are removed from their pups, the result is that the pups exhibit multiple physiological and behavioural system changes that are not influenced by cognitive mediators. Hofer (1994) noted a remarkable similarity between infant-animal and

infant-human behaviour in terms of the response to separation from their primary attachment figure, usually the mother. Theoretically, therefore, in the case of the human-animal bond, children develop a similar attachment bond with companion animals and when these bonds are broken by loss or separation, the child is similarly negatively impacted.

**Human-animal bond.** There is a strong, consistent and unconditional bond that exists, between pets and their owners (Hines, 2003). This bond is often compared to a parent-child relationship (Reisbig et al., 2017; Rujoiu & Rujoiu, 2015). Holcombe, Strand, Nugent and Ng (2015) review the historical roots of the term human-animal bond, which has been adopted by the American Veterinary Medical Association (AVMA). According to Holcombe et al., (2015), the AMVA has adopted the concept of the human-animal bond, which they define as:

The 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 (p. 69).

### **The Inevitability of Companion Animal Death and Related Grief**

The 10 to 20-year average life span of dogs, will inevitably result in a dog's death within a child's lifetime. The general shorter life span of animals, as compared to humans, means that owners will outlive their animals; sometimes many times over (Williams & Green, 2016). Upon the death of a companion animal, the extent to which the animal-human bond exists may elicit grief reactions that are identical to what is experienced upon the death of a family member (Lavorgna & Hutton, 2019; Morris, 2012; Sable, 2013; Stokes, Planchon, Templer & Keller, 2002). A close bonded relationship between the pet owner and the deceased companion animal is

usually associated with a strong grief response (Eckerd, Barnett & Jett-Dias, 2016). Clements et al., (2003) state that the grief and bereavement experienced by pet owners, following the death of a companion animal, appears to represent “a behavioral manifestation of the disequilibrium in the social system composed of owner and animal” (p. 52). The likelihood of this strong grief reaction is also exacerbated by the fact that pet owners are often times active participants in the euthanasia process; including the decision to euthanize (Tzivian, Friger, & Kushnir, 2014). Both the owner and veterinary staff may experience a feeling of guilt and responsibility for the death of the companion animal via euthanasia (Knesl et al., 2017).

**Euthanasia.** The complex and profound grief reaction that owners experience when their companion animals are euthanized, has led to increased pressure being put on veterinary staff, to be aware of and react to the grief reaction at this critical treatment juncture (Barnard-Nguyen et al., 2016). Barnard-Nguyen et al., (2016) specifically documented the need for veterinary staff to anticipate the grief and loss support needs of companion animal owners, which includes the necessity of determining which owners are at greatest risk, and thereafter providing appropriate support in the nature of “empathic communications, sensitive interactions, and the provision of grief support” (p. 421).

## **Veterinary Mental Health**

The constant need for death related grief support has been well documented as a problematic mental health concern within the veterinary health community (Lovell & Lee, 2013). Veterinary burnout is noted to be on the rise with statistics demonstrating that veterinarians have the highest incidence of suicide; twice as high as doctors and dentists (Lovell & Lee, 2013). This burnout phenomenon is specifically referenced as compassion fatigue, which is described as “an



emotional burden that occurs as a result of continued and excessive exposure to traumatic events that patients and families experience” (Lovell & Lee, 2013, p. 790). The impact of compassion fatigue is further facilitated by the developing veterinary profession’s recognition and support of the bond-centered approach to veterinary practice, which recognizes the strength, and magnitude of the bonds that humans have with their companion animals (Lovell & Lee, 2013).

**Increased incidence of companion animal death in the veterinary sector.** The incidence of patient death within the context of veterinary emergency medicine is considerably higher than human medicine, as patient euthanasia is legal in the veterinary medicine sphere (Lovell & Lee, 2013; Siess, Marziliano, Sarma, Sikorski, & Moyer, 2015). More specifically, there are no Canadian laws prohibiting animal euthanasia, although there is legislation prohibiting animal cruelty. In Ontario, the College of Veterinarians of Ontario sets out strict guidelines regarding the decision to euthanize and the required procedures, both before and after death (The College of Veterinarians of Ontario, 2019).

**Veterinarian psychosocial support of families.** In addition to the issue of the grief and loss impact on the veterinary service provider, is the related consideration of the type and quality of the support that veterinary staff should be providing to the companion animal owners/family. Studies have shown that there is a need for veterinary staff to understand the salience of the human-animal relationship that exists in the normal everyday life of families, coupled with a need to understand how to best support and normalize the mourning and grieving experience of pet owners (Reisbig et al., 2017). In fact, the grief experience related to the death of a companion animal is regarded as being both similar and remarkably different than the case of human death (Clements et al., 2003; Reisbig et al., 2017; Walsh, 2009). Despite the profound similarities between the grief experience in the case of both human and animal death, the human response to

companion animal death has yet to be fully integrated into existing protocols for grief and bereavement psychosocial support management (Clements et al., 2003). Studies indicate that the deeper the affective attachment bond and related emotional involvement that exists between the companion animal and the human, the more complicated the grief experience (Archer & Winchester, 1994; Stokes et al., 2002). Adams, Bonnett and Meek, (2000) also suggest that euthanasia is a predictor for severe grief in euthanasia related deaths. There will also be a more difficult adjustment-mourning period, post death (Reisbig et al., 2017). According to Clements et al., (2003) humans and their companion animals are significant attachment figures for one another. The nature of the bond that exists between the animal and the human, coupled with the short duration of the animal's life and any euthanasia related stressors, necessarily generate a very complicated grief experience (Reisbig et al., 2017; Walsh, 2009).

### **Disenfranchised Grief**

Lavorgna and Hutton (2019) maintain that there is also a fundamental difference in terms of trying to compare grief reactions in the case of human and companion animal deaths, particularly when the death of a companion animal “continues to be positioned as a disenfranchised grief” (p. 526). Disenfranchised grief is a term describing grief that is not recognized, acknowledged or accepted by society (Petrich, 2008). Examples of events leading to disenfranchised grief are the loss of a pet or limits set by society as to the expected grief reaction to the death of a friend. This could include setting limits on duration of grieving and commentary on the manifestation of the grief reaction. Even attending medical staff may be culpable in terms of minimizing the grief being experienced by the grieving companion animal owner, by referencing the deceased animal as only a cat or a dog (Clements et al., 2003). Packman, Field,

Carmack and Ronen (2011), also suggest that the death of a companion animal may not even be recognized or validated by the spouse of a grieving owner as a significant bereavement.

Clements et al., (2003) further state that, “the lack of a social and professional sanction for the bereavement of a pet’s loss can complicate or derail grief and adaptive coping” (p. 51). While society may deem it to be inappropriate to tell a recent widower to find a new wife, Packman et al., (2011) points out that the urging of a recently bereaved pet owner to immediately acquire a replacement companion animal, is almost commonplace.

Unfortunately, society lacks the support networks necessary to help persons who are struggling with the loss of a companion animal (Petrich, 2008). Pet owners are often left to mourn the loss of their companion animal, in private, as there is a lack of societal compassion and a noticeable lack of any established grieving rituals for these loss circumstances (Petrich, 2008).

### **Psychosocial Vulnerability of Young Children**

In terms of the grief impact that the loss of a companion animal has on the family unit, the most vulnerable and high-risk family members are the children, including the adolescents. Child interaction and companionship with pets has been studied as a vital support mechanism within the child’s developmental process (Purewal et al., 2017). Interactions with companion animals impacts many aspects of child/adolescent development, including social, cognitive, behavioural and emotional (Purewal et al, 2017). Paul and Serpell (1996) report that there is a positive association between companion animal attachment and the confidence level of children.

Osterweis et al., (1984) support the proposition that children do not follow the same life grief models as adults in terms of both grief reactions, terms of reaction, manifestation or

duration. There are, however, limited research studies on the differential impact that the loss of a companion animal, has on children (Russell, 2017). Often, the death of a pet is the first interaction that a child has with grief related to the loss of a life of a significant entity in their lives (Russell, 2017). In an interview based study of children aged 6 to 13, Russell (2017) found that children come up with unique ways to rationalize their pet's death. Even years after the pet's death, the children describe the event as one of the worst days in their lives (Russell, 2017). From a developmental perspective, Russell (2017) considers death at the family home as being an important step in the child's ecological learning. The manner in which the pet died was also found to significantly impact the child's grieving process (Russell, 2017).

### **Differentiated Child Reaction to Grief**

The importance of concentrating specifically on the child/adolescent family members is due to the child's vulnerability, which is directly tied to developmental immaturity and the fact that children have not developed sufficient coping strategies and capacities (Osterweis et al., 1984). The child's "grief of losing a pet may be accompanied by feelings of anger, despair, sadness, emptiness, longing, and in the case of younger children, confusion and a lack of understanding" (The Trauma and Grief Network, 2014, ¶ 4). Children often do not initially work through their grief, loss and mourning reactions, which may result in the later life appearance of psychopathology symptoms that are triggered by a similar or other high stress event that may or may not centre on loss (Osterweis et al., 1984). The delayed reaction in terms of dealing with the death related loss are referred to as long range or sleeper effects (Osterweis et al., 1984). Although these sleeper effects are of utmost concern, there is very little research in this area (Osterweis et al., 1984). Osterweis et al., (1984) state that the reason for blocking, that is a

delayed response to grief experienced in childhood, relates to the fact that death is such a frightening and painful event particularly for young children. Depending on the child's level of developmental and psychosocial maturity, they are at risk of being overwhelmed, and are therefore only capable of enduring and coping with strong emotions for short periods (Osterweis et al., 1984).

**Cultural diversity and grief.** A child's individual grief response must also be considered and understood in a cultural context. Although bereavement and its related psychosocial consequences appear to be cross cultural, it would be a mistake to assume that similar grief responses would universally appear, in children, and that they would continue for similar periods of time (Packman, Bussolari, Katz, Carmack and Field, 2017a). It is therefore necessary to examine the cultural norms for grieving that are established within the specific family and cultural environment in which the child has been raised. Every culture has specific rituals that govern the appropriate expression of grief (Esposito, Buckalew & Chikunta, 1996). Cross-cultural competence is developed by researching, examining and gaining an understanding of the traditional rituals and grief related attitudes towards death and loss, within different cultures and societies.

**Adverse childhood experience.** Although there is no research that specifically equates or discusses the child's pet loss as being an Adverse Childhood Experience (ACE), this type of traumatic event arguably meets the criteria of an ACE. Although ACEs are typically related to traumas such as abuse, neglect, and household dysfunction before the age of 18, arguably, the common element of all of these negative experiences appears to be stress, which ultimately manifests itself in downstream negative health consequences (Schickedanz, Halfon, Sastry, & Chung, 2018). Research by Harris (2005) draws a definite connection between early childhood

trauma and subsequent downstream manifestations of cancer. Maté (2003), also references a long latency period during which childhood stresses are hidden and chronic. These stresses stem from early childhood related emotional programming and unconscious psychological coping styles (Maté, 2003). These stressors accumulate over the period of a lifetime, making the individual susceptible to disease in later life (Maté, 2003). Schickendanz et al., (2018) suggests that the earlier that these childhood traumas occur, the more profound downstream negative health effect they will likely have. Clearly, these traumatic life stresses could include the death of a companion pet where the child has an enduring and significant attachment with the animal, particularly in those circumstances where the death is sudden and for example, related to elective euthanasia.

### **What Role Could Child Life Specialists Play in Emergency Veterinary Care?**

There is a compelling argument for the need for proactive intervention necessary to support children who are experiencing life trauma related to the death, or upcoming death of a companion animal. In Canada, the child life specialty has limited professional representation in medical facilities other than in some large urban centre hospitals (Canadian Association of Child Life Leaders, 2018). Unlike the United States, there is limited representation of child life specialists in alternate settings such as the court system, funeral homes and dental offices. Similar to the United States, there is also no discernible presence of child life specialists in the sphere of veterinary medicine, and there is therefore logically no literature or studies on the potential role of child life specialists in the emergency veterinary hospital setting. The only studies that exist relate to child life specialist's role and involvement in the human hospital and alternative settings. A review of the existing literature and studies in terms of the child life

specialist role in the human medicine context, is however quite pertinent, valuable and applicable by reference to the subject emergency veterinary hospital facility. This is particularly relevant, as the clinical set up of this unique emergency veterinary hospital was purposely modelled based upon the set-up of a family centred care, paediatric human hospital facility (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019).

From a practical and functional point of view, the benefit of a child life specialist's psychosocial involvement in a veterinary animal death situation is arguably to decrease the distress that the child would be feeling both before and after the animal's death, and in the case of euthanasia, during the euthanasia procedure. These strategic interactions would logically be developmentally appropriate and would be much the same as the coping strategies used in the case of children undergoing invasive hospital procedures. They would also be similar to the coping support strategies provided to siblings during death and loss situations. These coping support strategies could include pre-procedural preparation, cognitive-behavioural coping strategies, parental coaching and possibly veterinary related medical play (Thompson, 2018).

**Diagnosis disclosure.** The certified child life specialist could arguably also play a vital role in the area of developmentally appropriate diagnosis disclosure. Diagnosis disclosure in the case of a terminally ill pet, or a pet about to be euthanized, or even a pet that has any kind of disease or physical issue, would be specifically tailored to the child's cognitive level of development and psychosocial maturity (Thompson, 2018). The expression of loss and grief by children are unique manifestations that will differ from child to child. Aside from the previous references as to issues of cultural diversity, the uniqueness is also based upon a consideration of the specific perspective of individual families (Cronin et al., 2010).

## **The Child Life Specialist's Strategy Tool Box**

The child life specialist traditionally utilizes a variety of implemented strategies, tools and resources in order to support the child and the entire family (Garcia, 2015; Thompson, 2018). Essentially, each of the chosen strategies represents a distinct coping tool, which promotes the child's self-expression in a developmentally appropriate manner. Self-expression by young children could include puppetry, telephone play, socio-dramatic play and art (Cronin Favazza & Munson, 2010). Leigh (2016) provides insight into other child life specialist grief and loss self-expression supports and coping strategies that can be utilized under circumstances where a child is faced with the death of a loved one. The concept of legacy building relates to an arts based group activity where the dying child can create tangible items such as hand and foot prints, locks of hair or scrapbooks in order to bring meaning for their deaths to their bereaved family members (Foster, Dietrich, Friedman, Gordon, & Gilmer, 2012; Kohut, 2011; Leigh, 2016). Although research has not yet quantified the impact of this type of legacy building intervention on the bereaved family, in many circumstances the legacy items themselves hold some meaning and significance to the survivors (Foster et al., 2012; Kohut, 2011; Leigh, 2016).

Extrapolating from the child life legacy building support coping strategy, to the case of the death or imminent death of a companion animal, children could be prompted to build a developmentally appropriate tangible legacy. The child could utilize a paw print or lock of pet hair, or create a legacy scrapbook that includes some of these items, as well as pictures that are hand drawn by the child. Once again, the benefit of legacy building in the companion animal death context appears to be primarily related to the legacy building process itself, as opposed to the inherent value of the physical legacy product (Foster et al., 2012; Leigh, 2016). Leigh (2016) identifies the child life specialist as the most appropriate member of the health care collaborative



team to introduce, develop and execute legacy building and grief and loss support interventions, in a companion animal death situation.

Packman et al., (2017b) rationalize the need for creative distractions as a necessary modality, which will allow for true grief processing to occur. These creative strategies enable the child to fully engage, face and deal with the emotional difficulties relating to the loss of the companion animal. By way of example, projective drawings allow the child to experience cathartic relief by expressing their emotions in an artistic manner. At the same time, the child may be asked to explain their drawings to the child life specialist who would be considered to be a non-judgmental listener (Packman et al., 2017b). According to Packman et al., (2017b), there is no discernible literature on art therapy utilization in the area of pet loss. Essentially, in each of these strategies the child life specialist is providing the child with an opportunity to respond to the grief and loss in a healthy manner (Cronin Favazza & Munson, 2010).

## **Summary**

Emergency veterinary hospitals are potentially high stress environments in which veterinary staff and families have to deal with the emotional circumstances relating to the death of a companion animal, be it via accident, disease or a planned death by euthanasia. Veterinary staff are known to experience significant mental health issues as a result of a number of factors, including most notably compassion fatigue (Lovell & Lee, 2013). The negative mental health impact of compassion fatigue is further exacerbated by the veterinary profession's family centered health approach to animal care, which centres upon the strong bonds that develop between humans and their companion animals (Lovell & Lee, 2013). The result of this compassion overload is represented by troubling statistics suggesting that the rate of veterinary

suicide is twice that of doctors and dentists (Lovell & Lee, 2013). The complex and profound grief that owners experience, particularly when a joint decision is made to euthanize, has resulted in a stated need for veterinary staff to anticipate the grief and loss reaction (Barnard-Nguyen et al., 2016). Veterinary staff have also had to learn to determine which owners are at greatest risk and thereafter provide appropriate grief support (Barnard-Nguyen et al., 2016).

The most vulnerable of the familial group are the young children who are developmentally immature and have not yet developed appropriate coping strategies to deal with the death of their companion animals (Osterweis et al., 1984). The child's response and their ability to cope is highly dependent upon their developmental stage and psychosocial maturity, as well as the strength and nature of the child's attachment to the companion animal (Russell, 2017).

Other than veterinarian empathy, there is currently no discernible emotional and or psychosocial support offered to families who experience grief associated with the death of their companion animal. This is currently an understudied area (Packman et al., 2017b). Child life specialists are certified professionals trained in child development, who through supportive relationships with the child and family and the use of therapeutic play therapy, can assess the physical, social and emotional response of children. By utilizing a variety of coping strategies, the child life specialist can facilitate emotional self-expression by the child, and thereby minimize fears, misconceptions, anger and profound sadness (Thompson, 2018). These coping strategies include puppetry, telephone play, socio-dramatic play, art therapy and legacy building, to name a few (Cronin et al., 2010; Foster et al., 2012; Kohut, 2011; Leigh, 2016).

## **CHAPTER III**

### **METHODOLOGY**

The purpose of this qualitative study was to examine the need for the introduction and utilization of child life specialist support services in the area of grief and loss experienced by children in one emergency veterinary hospital setting in Toronto, Canada.

This particular study was unique because the whole area of loss and grief, relating to companion animals, from the perspective of the impact on children had not been the subject of any study, nor was it a service that was being offered by the child life specialist community. There was, however, substantial commentary on the impact that compassion burnout had on veterinarians and veterinary staff. The participants of this needs assessment study were veterinary staff, adult pet owners and minors with parental permission, who had recently experienced grief and loss. No studies had addressed this issue and how child life specialists could facilitate coping with grief and loss of a companion animal within an alternative setting, specifically veterinary medicine.

Qualitative methods were used in this study, to gain a richer understanding of the needs of children, who experience grief and loss of their companion animal. A qualitative methodological approach allowed for the researcher to gain an in-depth understanding of the possible grief and loss experiences at hand. The results of this study benefited veterinarians, veterinarian staff, children and families by providing them with information supporting the need for attention being paid to the issue of grief, pain and loss experienced by the child and family of a companion animal. It also assisted in the provision of greater understanding for the University Health Network in terms of the challenges faced by child patients and their families who had no

access to child life services within the human hospital setting here in Ontario.

This chapter discusses the research design, site of the study, participants, ethical considerations, data collection procedures, and data analysis.

## **Research Design**

This study was phenomenologically qualitative in design and incorporated purposeful sampling of veterinary staff, adult pet owners and children with parental permission, who recently experienced grief and loss. At all times parents were present with their children when they participated in the study. The goal of qualitative, or interpretive research was to understand phenomena on a deeper level than quantitative pattern analysis (Mills & Gay, 2016). A questionnaire (Appendix A) and semi-structured interviews (Appendix B) were used to obtain information from veterinary staff and pet owners with respect to their individual perspectives with regards to the need for loss and grief support, which included memory making. Interview questions were developed based upon questionnaire responses and also based upon the literature; keeping in mind the important issues and research questions that guided this study. Questionnaire questions took the form of multiple-choice responses with additional room provided for reflective and personal elaboration by the participants. The perceptions and experiences of the staff and families were of particular importance in this needs assessment study. Semi structured interviews of staff, as well management, administration and families took place, as this was a particularly useful way by which narratives were documented and hence enabled in depth understanding and analysis regarding individual perceptions. This human aspect to the study provided for documentary from lived experience and was most impactful.

## **Site of the Study**

This study was conducted during the Spring 2020 school semester at one Ontario veterinary emergency and specialty hospital whose philosophy was modelled after best practices in pediatric human medicine. The hospital had a team of highly qualified veterinary specialists (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). Medical equipment and technical expertise utilized at this one Ontario veterinary hospital, equaled or exceeded those found in a number of human hospitals (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). The veterinary emergency and specialty hospital prided itself on offering the highest quality of veterinary care (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). Treatments and diagnostic tests that were performed on the animal patients were informed by the best available scientific evidence. The veterinary hospital recognized that illness and injury experiences for both the companion animals and their owners were extremely scary and painful (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). Through the use of gentle handling techniques, appropriate pain management and stress reduction and a model of patient centered care, they provided compassionate care (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). The veterinary hospital also premised itself on a partnership model, wherein they offered high quality care, not only considering individual patient outcomes, but also the best outcomes and relationships that could be established with the broader community and human medical field (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). The veterinary emergency and specialty hospital provided sources for continuing education and skills training for local and visiting veterinarians, which promoted educational growth in the area (Toronto Animal Health Partners Emergency and Specialty Hospital, 2019). Seeing that the veterinary hospital is

affiliated with the University Health Network, this allowed for sharing of new information, which could be of assistance to the human health field.

## **Participants**

This study sampled from the staff, administration, management and families who had been involved in recent companion patient animal deaths. This group was composed of both males and females and those who identify as other. Sampling was as unbiased as possible. Staff participants were randomly selected, subject to the permission and authorization of management. Families were randomly selected from a list provided by the management and had the right to participate or not participate in the study. Each family had an equal chance of being chosen as a participant so long as they meet the Research Design Criteria. There was some bias inherent in selecting from those who chose to participate in the questionnaire versus those who did not choose to participate, but the extent and nature of the bias was unknown. There was also some bias inherent in the list provided by management as the researcher had no way of verifying the content of the survey candidate pool. As the research design was qualitative, the sample size remained small, but included enough participants to generate a pattern or theme that demonstrated the need assessment results. A total of 10 participants, 8 of which were female and 2 male, participated in this needs assessment. The population of the participants covered a wide demographic with the only stipulation being a family with a child who had faced the death or imminent death of a companion animal. The animal hospital acknowledged that it caters to patients who did or did not have pet insurance.

## **Ethical Considerations**

All participants in this study voluntarily participated in both the questionnaire and semi-structured interviews. The researcher ensured that the participant had provided informed consent (Informed Consent Form Appendix C). Participants also provided informed consent prior to the semi-structured interview (Informed Consent Form Appendix D). The researcher partaking in the study was Collaborative Institutional Training Initiative (CITI) certified to conduct ethical research. Prior to commencement of the research, Institutional Research Board (IRB) approval was obtained from Missouri State University (Appendix E). The animal hospital's administration also provided consent for the study to take place at their veterinary medical institution (Appendix F).

## **Data Collection Procedures**

A voluntary questionnaire and semi-structured interview provided the data that was utilized and analyzed for this study. The semi-structured interviews considered responses regarding the grief and loss experiences of the participants and their respective opinions regarding the need for child life specialist support services. The semi-structured interviews were open ended, flexible and free flowing. They were recorded and transcribed for analysis. The questionnaires were distributed to those persons who were selected from the lists provided by management. All responses upon return were stored in a secure database.

**Instrumentation.** This study used two instruments. The first was a closed questionnaire comprised of 21 questions (Appendix A). The second was a semi-structured interview (Appendix B). Survey questions were aligned to research questions (Table 1) and semi-structured interview questions were aligned to research questions (Table 2).

**Table 1. *Alignment of Survey Questions to Research Questions***

Questionnaire Survey Instrument	Survey Question Number	Corresponding Research Question
	1. Do you know what the role of a child life specialist is, in health care?	2
	2. Would you be interested in learning about the therapeutic services offered by a child life specialist?	2
	3. Have you ever been afforded the opportunity to use the therapeutic services of a child life specialist?	2
	4. Do you believe that there is a necessity for a child life specialist in this Veterinary Emergency Hospital setting who could help your child and family interpret and understand the pertinent information so as to develop a specific developmentally appropriate child life grief and loss plan of care?	3, 5
	5. Do you believe that developmentally appropriate communication skills through the services of a child life specialist will assist your child and family in accurately assessing your child's and family's bereavement needs?	1, 2, 3
	6. Do you think a child life specialist could help assess your child's concept of euthanasia?	1, 2, 3



Questionnaire Survey Instrument	Survey Question Number	Corresponding Research Question
	7. Do you think a child life specialist can help assess your child's concept of death and grief?	3, 4
	8. Do you think a child life specialist can help your family in terms of identifying psychosocial factors e.g. spirituality, coping styles, diversity in order to provide grief and loss care within a family centered care model?	3, 4
	9. Do you think a child life specialist could help your child and family understand the psychosocial and contextual factors that may arise as a result of the death of your companion animal?	3, 4
	10. Do you think the services of a child life specialist can help your child in terms of understanding your pet's illness, diagnosis, procedures and/or reason for visit to the animal hospital?	1, 2, 3, 4, 5
	11. Do you think a child life specialist can provide psychosocial and developmentally appropriate support that is responsive to the grief and loss needs of your child and family?	1, 2, 3

Questionnaire Survey Instrument	Survey Question Number	Corresponding Research Question
	12. Do you think that the services of a child life specialist can facilitate the communication with your child and family, on the death of your pet, in a way that demonstrates respect for and affirmation of individual grief experience(s)?	1, 2, 3
	13. Do you think that the provision of therapeutic educational opportunities offered by a child life specialist will facilitate and meet the grieving needs of your child and will help them learn and achieve mastery (understand) as to why they are grieving and feeling emotionally as they do?	1, 2, 3
	14. Do you think the services of a child life specialist can facilitate preparation for the challenging situation of death and grief that your child will/has experience(d) and will help to minimize fear and anxiety and promote mastery of their experience?	1, 2, 3, 4, 5
	15. Do you think that by a child life specialist using developmentally appropriate and medically accurate teaching aids and preparation techniques, your child and family's knowledge will be increased and emotional needs will be supported?	3, 4

Questionnaire Survey Instrument	Survey Question Number	Corresponding Research Question
	16. Do you think that the opportunity for a child life specialist to facilitate therapeutic play will increase your child's mastery and coping with the imminent death and or euthanasia of their companion animal?	3, 4
	17. Do you think the services of a child life specialist can help your family and child in the promotion of patient and family centered care which would maximize a positive experience?	3, 4
	18. Do you think that child life interventions could play a major role in calming your child's fears and result in higher parent satisfaction ratings of the entire veterinary experience?	3, 4
	19. How satisfied have you been with the grief support process?	1, 2, 3, 4
	20. How satisfied have you been with how your veterinarian explained the euthanasia process?	1, 2, 3, 4
	21. What has led to your satisfaction or dissatisfaction with the grief and loss support that you received?	1, 2, 3, 4

*Note.* Corresponding Research Question:

1. What grief support services were offered by the veterinary hospital to your family and child?

2. From the perspective and perception of both veterinary health care workers and the grieving families, what sufficient grief support services, if any, were provided by the veterinary hospital?

3. From the perspective of both veterinary health workers and the grieving families, is there a need for additional child grief support services offered, and if so, what specific services would you want?

4. What child grief support protocols would families and veterinary health workers put in place to best support the need of grieving families and children who have lost or are in the process of losing a companion animal?

5. Would child life specialist bereavement support be beneficial in a veterinary setting?

**Table 2. *Alignment of Semi-Structured Interview Questions to Research Questions***

Semi-Structured Question Instrument	Semi-Structured Interview Question	Corresponding Research Question
	1. Can you tell me about your child's companion animal?	N/A
	2. What stands out in your mind about your family's companion animal and his/her relationship with your son(s)/daughter(s)?	3, 4
	3. Can you tell me what an average day was like with your son(s)/daughter(s) companion animal?	N/A
	4. Were there certain daily rituals that were special for your child and his/her companion animal?	N/A
	5. Could you give me an example of times when you felt there was a bonding connection between your child and his/her companion animal?	3,4
	6. Did your child have certain names or terms of endearment for his/her companion animal that represented something special that he/she felt for him/her? Could you please share these with me?	3, 4

Semi-Structured Question Instrument	Semi-Structured Interview Question	Corresponding Research Question
	7. Can you tell me about the day your child's companion animal died?	1, 2, 3, 4
	8. Can you describe for me communication between your child and family members on that day?	1
	9. Can you share with me something about your child's behaviour that stood out that day in comparison to the day before and after?	1
	10. What did the grief of your child look like on that day?	1
	11. Can you share something with me that your child did with his/her companion animal before he/she died, which was important to you?	3, 4
	12. Can you share with me a feeling that your child has recently expressed about the loss, which is different than the feeling he/she expressed on the day of the companion animal's death?	3, 4
	13. How do you feel that your child would have benefitted from someone working with him/her, in a developmentally appropriate manner, in order to allow him/her to express his/her grief through play, discussion, art work, drama or otherwise?	3, 4

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Semi-Structured Question Instrument	Semi-Structured Interview Question	Corresponding Research Question
	14. What is your understanding as to the role of a Child Life Specialist in supporting children who are experiencing grief and loss and/or bereavement in connection with loss?	3, 4
	15. What advice can you offer to others about your child and family's experience with losing a companion animal?	1, 2, 3, 4
	16. What advice can you share about losing a companion animal with other companion pet owners families who have children?	1, 2, 3, 4
	17. What advice can you share with veterinarians, veterinary staff, the veterinary emergency hospital and clinic that could facilitate the experience of loss and grief that you faced when losing a companion animal?	1, 2, 3, 4, 5
	18. What did you consider to be the hardest part of supporting your child prior to, during and after the death of the companion animal?	1, 2, 3, 4

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Semi-Structured Question Instrument	Semi-Structured Interview Question	Corresponding Research Question
	19. In what areas do you feel you lacked competency in supporting your child through the grief process?	3, 4

*Note.* Corresponding Research Question:

1. What grief support services were offered by the veterinary hospital to your family and child?
2. From the perspective and perception of both veterinary health care workers and the grieving families, what sufficient grief support services, if any, were provided by the veterinary hospital?
3. From the perspective of both veterinary health workers and the grieving families, is there a need for additional child grief support services offered, and if so, what specific services would you want?
4. What child grief support protocols would families and veterinary health workers put in place to best support the need of grieving families and children who have lost or are in the process of losing a companion animal?
5. Would child life specialist bereavement support be beneficial in a veterinary setting?

**Role of the researcher.** The role of the researcher was to ensure that all participants had provided informed consent prior to their involvement in the commencement of the needs assessment study. Upon obtaining informed consent, the researcher distributed questionnaires to the participants and categorized, coded and consolidated the information. The researcher also obtained informed consent prior to the interviewing process. During the interview process, the researcher recorded interviews, as these provided narrative detail. The researcher was also responsible for engaging in an in-depth examination of the data, so as to construct meaning from it through the identification of patterns and themes that emerged during the data analysis. Should any additional follow up of the participant be required, this was also the responsibility of the researcher. It was also the researcher's responsibility to ensure that all research was conducted in accordance with CITI ethical research standards. The researcher's current position as a graduate student of Child Life Studies did not influence the researcher's ability to examine the topic; however, the researcher had to engage in researcher reflexivity.

## **Data Analysis**

Data Analysis of this phenomenological qualitative research design involved verbatim transcription of the open-ended semi-structured interview questions and responses, which were recorded. Constant comparison, a form of inductive qualitative analysis was utilized, as this allowed for the extraction and comparison of data from the interviews to be examined (Mills & Gay, 2016). With respect to the closed questionnaire responses, these were consolidated and coded in terms of favourable versus unfavourable experiences. This enabled the researcher to look for themes within each. Analysis of these experiences also required reading of supplementary responses in order to obtain additional reasons provided by the participants as to why they felt the need or lack of need for additional child life support services. Bias and data analysis validity was controlled for by seeking alternate explanations for responses. Questions were carefully designed to be open ended and not to suggest that there was a correct answer. The final analysis incorporated concise narratives and personal examples to ensure that there was a human dimension to this potentially pressing problem faced by children and families experiencing grief and loss in this particular Canadian veterinary emergency hospital.



## **CHAPTER IV**

### **RESULTS**

The purpose of this phenomenological qualitative needs assessment was to determine if there was a need for the utilization of child life specialists in an emergency veterinary hospital setting in order to provide bereavement support to children and families who were experiencing grief and loss in response to the death of a companion animal. Data was collected from a total of ten participants of which eight were female and two were male. One participant in the survey was both a practicing veterinarian, in addition to being a parent of a child who had suffered the loss of a companion animal to euthanasia. One female and one male participant are now young adults and relayed their childhood experiences. The clientele of the emergency animal hospital came from a vast geographic area, as the hospital's referral sources were primarily veterinary clinics across the Greater Toronto Area who did not offer overnight emergency treatment. There was also some emergency walk-in clientele. Most of the clients were described by the hospital administrators as likely being middle class or having private pet insurance, as the cost of veterinary emergency services were expensive. No cultural or other demographic data was collected. The data was collected via questionnaires and follow up semi-structured interviews with adult companion pet owners who had children that had experienced grief and loss relating to the death of their companion animal. Data was analyzed by searching for specific codes which related to recurrent themes that appeared in the responses to the questionnaires and semi-structured interviews. Themes that emerged from the qualitative data analysis include:

1. Concept understanding
2. Child animal bond

3. Need for child life specialist intervention
4. Lack of familiarity with child life specialist protocols and strategies
5. Parent inability to support child

This chapter will detail the results of the questionnaires and semi-structured interviews by categorizing the data as responses to the four research questions.

### **Research Question One**

Research question one queried what grief support services were offered by the veterinary hospital to families and children. The reviewed questionnaires and follow up interview responses indicated that grief support services primarily revolved around explanatory dialogue with the attending veterinarian and the adult companion animal owners, relating to the euthanasia process.

One interviewee related their experience by stating:

The veterinarian in my experience was the only one to talk to and did not want to take any time to discuss the euthanasia except to say that she will simply feel no pain and fall asleep. This was an agonizing experience for me, watching my best friend pass away in my arms... then to see her tongue hanging down...the image was difficult to deal with...

Another interviewee stated, "...there was compassion, but no opportunity to comfort at 2 am.

Comfort came from family and friends the next few days."

There was also disclosure of follow up phone calls from the veterinary hospital inquiring as to the wellbeing of the family members. One interviewee stated, "the clinic called to check how my family and I were doing after, which I thought was very thoughtful." Yet another interviewee stated, "having a relationship with staff at the veterinary office is of vital importance."

## **Research Question Two**

Research question two queried whether, from the perspective and perception of both veterinary health care workers and the grieving families, were there child grief support services provided by the veterinary hospital, and if provided, were they sufficient. The reviewed questionnaires and follow up semi structured interview responses did not reference any grief support services provided by the veterinary hospital which were directed towards children. All respondents unanimously stated that they had never been offered the opportunity to use the therapeutic services of a child life specialist. Multi respondents did, however, make statements in regards to the potential role of the child life specialist. For example, one interviewee stated, “having a highly-trained individual who is dedicated to spending time with a family and children and assist them in understanding their situation, would allow families to be cared for and comforted.” A further interviewee made a specific reference to a child life specialist as being “trained in assisting children with the loss and bereavement. Consequently, the specialist would be able to appropriately assess the child’s understanding of euthanasia in a professionally sensitive manner.” Other responses included statements in regards to the child life specialist’s ability to maximize a positive experience stating in one case, “depends on the parents” and in another case, “bit uncertain here as I have not worked with a child life specialist.”

## **Research Question Three**

Research question three queried whether from the perspective of both veterinary health care workers and the grieving families, there is a need for additional child grief support services to be offered by the veterinary hospital, and if there was such a need what specific support services would be wanted. The reviewed questionnaires and follow up semi structured interview

responses suggested a need for the hospital to provide child grief support services. One interviewee stated, “child life specialists will be able to communicate with children in a unique manner that other specialists and professionals may not.” Yet another stated, “a child life specialist is trained in assisting children with the loss and bereavement. Consequently, the specialist would be able to appropriately assess the child’s understanding of euthanasia in a professionally sensitive manner.” The nature of such requested child support services included support by a non-emotionally charged third party such as a child life specialist who would gently examine the situation on a developmentally appropriate level. The child life specialist would assist the child in expressing their grief in a non-threatening and supportive environment, allow the child to grieve, assess the child’s understanding of euthanasia in a professional, sensitive and developmentally appropriate manner. The child life specialist was also referenced as being a person with, “a personal detachment with no invested emotions and offered sympathy.” There were also references to the need to identify the ways the child can better cope, normalize the experience and reduce fear, anxiety and confusion. Parents also acknowledged that due to their own grieving they were unable to support their child’s grieving process, specifically stating, “I think it is difficult to provide support to others when you are also trying to grieve....” Some respondents specifically referenced the total lack of support for grieving children. One interviewee stated, in reference to providing grief support to the child that she, “could not be there for her one hundred percent, as I was also the owner and the veterinarian.” Other respondents also acknowledged the special bond between children and their companion animal and indicated that the child life specialist may make the grieving process an easier adjustment period for children. In regards to the issue of the special bond, one interviewee stated:

...my other dog Bailey who I grew up with passed away. I was so devastated on this day

because I had never known a life without him. He was eighteen years old and had been there throughout everything, as I grew up. I felt as if I had lost a part of me that day. Another interviewee stated, “Lyle was very attached to my daughter. They could always be found close to each other.”

#### **Research Question Four**

Research question four queried what child grief support protocols would families and veterinary health workers put in place to best support the need of grieving families and children who have lost or are in the process of losing a companion animal. It should be noted that 80 percent of respondents indicated that they did know the role of a child life specialist in health care yet only 50 percent expressed an interest in learning about the specific therapeutic services offered by a child life specialist. The reviewed questionnaires and follow up semi structured interview responses made no reference to or recommendations regarding the initiation or execution of child grief support protocols. Respondents only made references to the general need for child life specialist services, necessary to address the negative psychosocial impact of grief and loss of a companion animal. These general references included statements such as, “losing a pet is heart wrenching, especially for the child who considers the pet their child.” Another interviewee stated, “kids can’t process these things and it stays inside them which causes problems later.” A further interviewee stated, “it will help children cope with the loss of a pet.” An example of a non-committal response by another interviewee was the statement, “I see no reason why it would not.”

### **Research Question Five**

Research question five queried if child life specialist bereavement support would be beneficial in a veterinary setting. One respondent stated that, “children need support and need someone who is not emotionally charged in the situation to sit down with them and ask questions and explain so as to help them prepare for an overwhelming loss.” This respondent did not, however, specifically reference the child life specialist, but rather referenced the need for a supportive professional. Another respondent similarly referenced the need for “having a highly-trained individual who is dedicated to spending time with a family and children and assist them in understanding their situation, which would allow families to feel cared for and comforted.” A further respondent was more direct and stated, “yes, I think they play a vital role in providing well rounded care as they ensure adequate understanding and emotional support for children.” The most direct statement by one parent indicated, “providing the services of a child life specialist can enable the development of individualized intervention that would optimally facilitate the child’s movement through the grief journey.”

### **Summary of Research Question Results**

As an overview, results indicated that there were palpable themes. These included a total lack of experience with the use of the therapeutic services of a child life specialist, a 50 percent interest in learning about the therapeutic services of a child life specialist, and a combined 50 percent lack of interest or uncertainty as to an interest in learning about the role of child life specialists. Despite the stated lack of knowledge of and/or, experience with child life specialists, questionnaire and semi structured interview responses included multiple references to the possible benefits of child life specialists, as well as the actual and potential negative implications

of not having grief and loss bereavement support for children who have lost a companion animal.

## **CHAPTER V**

### **DISCUSSION**

#### **Summary of the Study**

The present study was premised upon the research studies which indicate that there is an effective attachment bond, and related emotional involvement that exists between companion animals and their human owners, particularly children. This study assessed the need for the utilization of child life specialist bereavement support services in an emergency veterinary hospital setting. This alternative health care setting was selected, as in Canada, child life specialists are rarely employed in non-hospital settings (Canadian Association of Child Life Leaders, 2018). There has specifically been no discernable presence of child life specialists in the emergency veterinary hospital sector. The selection of the veterinary emergency hospital was particularly relevant to child development, as studies indicated that children develop strong attachment bonds to companion animals and may be subject to the same type of grief response as in the case of the loss of a family member (Sable, 2013) or other companion (Clements et al., 2003). The closeness of the bond between the child and the deceased companion animal is a predictor of and is often associated with a stronger grief response (Barnard-Nguyen et al., 2016). Given that emergency veterinary hospitals have a comparably higher death rate than human hospitals, due to the common place utilization and legality of euthanasia in response to animal pain and suffering (Williams & Green, 2016), this alternative setting was considered to be an appropriate site to conduct a needs assessment to determine if the death related grief and bereavement support of child life specialists are needed.



## **Consideration of Researcher Bias**

The researcher of this Needs Assessment Study is a graduate student in Child Life Studies. In the development and methodology of the execution of the study, steps were taken to minimize the potential for researcher bias. There was no participant selection bias, as interviewees were randomly selected from a pool of clients provided by the hospital administration. As COVID-19 eliminated any face to face interviews, there was no potential bias in the interview process itself. Semi-structured follow-up questions were all pre-determined and were designed to not be leading and were open ended and unrestrictive. Survey questions and semi-structured interview questions were all shared with my Thesis committee and vetted for potential bias. Any suggested changes were incorporated. In order to address the issue of potential researcher bias in the data interpretation process, once the data had been compiled, coded and anonymized, the data was independently reviewed by a third party who was not involved in the child life sector. After the third party's responses were received, the third party was provided with the researcher's comparative analysis and conclusions. These were compared with the third party's analysis and conclusions in order to determine if there was any bias in the researcher's data interpretation.

## **Overview, Interpretation and Implication of the Results**

A review of the questionnaire and semi structured interview results confirmed that 100 percent of the interviewees have never been afforded the opportunity to use the therapeutic services of a child life specialist. This seemed to imply that the respondents had little or no knowledge as to what role the child life specialist played in the psychosocial care of children. Yet, 80 percent of the participants indicated that they were aware of the role of child life

specialists in health care. Only 50 percent indicated an interest in learning about the therapeutic services offered by the child life specialist.

### **Parents' Demonstrated Conceptual Grasp**

Notwithstanding that 100 percent of interviewees had no experience with child life therapeutic services, the vast majority of the respondents appeared to have some conceptual grasp and understanding of the potential benefits of having access to a child life specialist in companion animal euthanasia circumstances. Responses also appeared to indicate a certain level of understanding as to the reasons why the intervention of a child life specialist was both warranted and necessary.

### **Use of Language Demonstrating Concept Acquisition**

It should be noted, however, that despite the indicators of understanding, the language used by the respondents did not necessarily include the terminology customarily used in the child life profession. For example, one respondent referred to the ability of the child life specialist to communicate with children in “an age appropriate manner” as opposed to referring to developmentally and age appropriate manner.

**Developmentally and age appropriate support.** Other references indicating parents' understanding of the concept of developmentally and age appropriate support included statements such as, “child life specialists will be able to communicate with children in a unique manner that other specialists and professionals may not.” Another parent stated, “child life specialists are particularly qualified in this area and can thoroughly assess children. They have a greater understanding of the different ways children may communicate and express their

thoughts and emotions.” A further respondent addressed the concept of developmental appropriateness in referencing knowledge and understanding, by stating, “a child life specialist will have the necessary skills and knowledge to determine the child’s level of knowledge and understanding of these concepts.”

This reflection on the developmental appropriateness of a child life specialist intervention is supported by Thompson (2018), who discussed the vital role of the child life specialist in terms of a specific tailoring of their support strategies to the cognitive level of development and psychosocial maturity of the child.

**No parent reference to self-expression methodologies/strategies.** As these parent respondents admitted no previous direct experience with child life specialists, it was not surprising that there were no references to self-expression methodologies or strategies that could be used with young children, such as puppetry, telephone play, socio-dramatic play and art (Cronin, Favazza & Munson, 2010). There was only one respondent who referred to a legacy building type of coping strategy, wherein the family “made impressions of his paw prints, which I will now have forever. I am grateful we did this because I will always have a memory of him now.” Although research has not yet quantified exactly what impact legacy building intervention has on the bereaved family, in many circumstances the legacy item that has been made, holds some significance and meaning to the survivors; whereas, in other situations the legacy building itself may be the achieved benefit (Foster et al., 2012; Kohut, 2011; Leigh, 2016).

**Parent’s demonstrated grief support necessity understanding.** It was also apparent that parents had a general understanding of both the support strategies and methodologies used by child life specialists to support the child’s grieving process. One parent stated, “yes, by explaining to children in appropriate terminology, that is easy for them to understand, will not

only increase their knowledge, but will allow them to cope emotionally.” Another parent offered a more complex understanding of developmental appropriateness and the relationship of cause and effect in life, stating:

Being able to communicate with a child on their level and ensuring that they understand what happened to the pet, and why they are being treated will ultimately help the child not only in understanding the situation, but in understanding the relationship of cause and effect in life, and why we go to the doctor and piecing together events in the long term.

**Parents’ demonstrated understanding of the grief journey.** A further parent response demonstrated an even deeper understanding of the developmentally appropriate child life specialist intervention, by referring to it as, “the development of individualized intervention that would optimally facilitate the child’s movement through the grief journey.” The need to support children in the navigation of their grief journey is emphasized by Osterweis et al., (1984) who maintain that children follow a different life grief model than adults in terms of both grief, duration and terms of reaction and manifestation. Russell (2017) also adds that in most instances the death of a companion animal is the first experience that a child has with the grief associated with the loss of someone of significance in their lives.

**Parent confusion as to the definition of child.** There also appeared to be a mistaken belief that the ability to support a child is age dependent; that is an insinuation that a pre-school child cannot be supported as they have no capacity to understand the concept of death. Similarly, some respondents appeared to limit a definition of child so as to exclude an adolescent. This disconnect has been interpreted as a function of the fact that some respondents do not understand the principles of developmentally appropriate support strategies. In other words, the child life specialist would support a preschool child in a very different manner than they would an

adolescent.

There were also no indicators that there was any understanding relating to the developmental concepts of younger children having limited experience with grieving and having therefore not developed any coping strategies. There was similarly no palpable understanding of the limited capacity of young children to grieve for extended periods of time. Osterweis et al., (1984) explain that depending upon the child's level of psychosocial maturity and development, they run the risk of becoming overwhelmed by the loss that they are faced with and are therefore only capable of dealing with, coping and enduring strong emotions for limited periods of time.

**Long range or sleeper effects.** The failure of parents to acknowledge the limited grieving capacity of children is troubling, as the non-expression of grief may have negative future implications. Osterweis et al., (1984) suggest that children failing to grieve, contemporaneous with their loss, may result in the later life appearance of psychopathology symptoms. These later life symptoms may be triggered by similar or other high life stress events that may or may not be associated with a loss. Osterweis et al., (1984) consider these future reactions to be long range or sleeper effects of utmost concern, as there is limited research in this area. Notwithstanding the fact that parent respondents did not seem to understand the significance of their child's limited capacity to grieve, there were a number of observations of children's grief responses such as, "she was more openly grieving the day before and exhausted/quiet the day after." Another parent described their child's reaction as, "crying, not wanting to talk." A third parent stated, "my daughter has said very little about Lyle since he died two years ago. Rarely will she investigate a memory, but she will now participate."

## **Understanding of Play in Child Life Terms**

Results also appeared to indicate a very narrow definition of the concept of play, with an assumption that play only related to young children and did not relate to, for example, adolescent play using social media, computer games and other forms of self-expression. This lack of familiarity with the potential use of developmentally and age appropriate use of play is an obvious shortcoming which can be attributed to the fact that 100 percent of participants had reported lack of experience with child life specialists. Had respondents had experiences with the services of a child life specialist in the hospital setting, responses would have likely included references to coping support strategies such as pre-procedural preparation, cognitive-behavioural coping strategies, parental coaching and possibly veterinary related medical play (Thompson, 2018).

## **Child Life Specialists Have No Attachment**

Many of the respondents demonstrated understanding and support for the benefits of a child life specialist in their capacity as a professional, who has no personal attachment and can therefore provide valuable psychosocial support. A number of respondents specifically addressed the benefit of an intervening party who was detached and had no invested emotions in the circumstance. Some respondents demonstrated a deep analytic understanding of all of these potential benefits.

Thompson (2018) describes a child life specialist as a certified individual who through a supportive relationship with the child and family utilizes therapeutic play interventions in order to assess the physical, social and emotional responses, so as to allay misconceptions, anger, fears and profound sadness. These interventions will serve to enhance coping that will ultimately

enable self-mastery. Packman et al., (2017b) considers the intervention of child life specialists as providing a necessary modality which will support the occurrence of true grief processing. With specific reference to the child life specialist utilization of projective drawings, the child life specialist would be considered to be a non-judgmental listener. One parent described the child life specialist as being an autonomous professional who:

...possesses a specifically geared educational background, coupled with professional boundaries s/he develops. They can create a safe place for the child to explore his/her grief and will unburden the parents with the emotional work in assisting the child through the grief process.

Another parent provided a more detailed explanation by stating:

As a child life specialist specializes in assisting families and children during stressful experiences, they would be able to create an environment in which a child can feel safe and openly discuss how s/he is feeling and thinking. This would allow the child to gain a better understanding of what is happening from a neutral party. As parents would not have to think about explaining the situation to their children, they may be able to make clearer decisions about their pet.

### **Compassion Fatigue**

A particularly troubling aspect of the written responses received, relates not to the content of the responses, but to the matter of compassion fatigue in the veterinary profession. This subject was only referenced by one veterinary, who in response to the question, “What has led to your satisfaction or dissatisfaction with the grief and loss support that you received?” responded as follows:

Being a veterinarian myself, as well as a mother and pet owner, I have been involved in the death of many pets. I have a very supportive group of professionals that I work with and discussion has been very open and positively encouraged.

This response is in stark contrast to the well documented problem of veterinary burnout, which is described as an escalating problem that has been statistically demonstrated by veterinarians having the highest incidence of suicide; that being twice as high as doctors and dentists (Lovell & Lee, 2013). The concept of veterinary burnout is often referenced as compassion fatigue, which is described as “an emotional burden that occurs as a result of continued and excessive exposure to traumatic events that patients and families experience” (Lovell & Lee, 2013, p. 790). The veterinary profession has increasingly recognized and supported the bond-centered approach to veterinary practice, which acknowledges the magnitude and strength of the bond that humans develop with their companion animals (Lovell & Lee, 2013).

### **The Uniqueness of the Emergency Veterinary Hospital Environment**

In comparison to human medicine and the human hospital environment, there is comparatively a much higher incidence of patient death in veterinary medicine, as euthanasia is a professionally acceptable medical procedure for pain intervention (Siess, et al., 2015). Reisbeg et al., (2017) emphasizes the importance of staff training in the area of the need for veterinary staff to both understand the human-animal bond and to be able to properly support and normalize the mourning and grieving experience of all pet owners. The need for veterinary staff or parents to support vulnerable children in terms of facilitating healthy grieving is problematic in view of the multiple admissions by parents and veterinary respondents that it is challenging and difficult for them to manage their own grief, let alone that of their child's.



**Societal disenfranchised grief.** The entire family experiences grief and loss and is impacted by the death of a companion animal. Unfortunately, society is not receptive to overt demonstration of grief relating to the death of a companion animal. Disenfranchised grief is a term that is utilized when describing grief that is not acknowledged, recognized or accepted by society (Petrich, 2008). Society may unknowingly set limits on the appropriate duration of grief and may be critical of manifestations of the grief reaction, which are considered to be excessive.

**Familial disenfranchised grief.** The gravity of the impact of the death of a companion animal may not even be validated or recognized by a family member of a grieving owner, as being a significant bereavement (Clements et al., 2003). Despite numerous statements by respondents as to the need and potential benefit of child life specialist intervention, none of the responses directly or indirectly referenced negative experiences in which they felt they were subject to criticism for disenfranchised grief. Similarly, none of the respondents referenced any particular societal support, other than the limited reach out from the veterinary facility. Even grief support within the nuclear family was purposely withheld due to what appears to be an inability to address the grief. One respondent stated in reference to his father's grief support:

Dad sent an email saying he was very proud and gave Buddy so much love on his last day and he joked that he knew we'd break down in tears if we talked, so he sent the email instead. At dinner, he briefly asked if everyone was okay and that was it. There was one brief asking a week later, but no in-depth conversation that I can remember.

Overall, the responses demonstrate that companion animal owners are often left to privately mourn, as there is a lack of palpable societal compassion and established grief rituals.

Disenfranchised grief is therefore apparent both in society and within the family support dynamics itself. Unfortunately, the most vulnerable of the family unit are the children who lack

developmental maturity, experience and coping strategies to deal with grief (Osterweis et al., 1984). This is further confounded by the fact that there are limited studies on the differential impact that companion animal loss has on children (Russell, 2017).

## **Summary**

The rationale for this needs assessment was to determine if in fact a void currently exists in family centered veterinary care in terms of grief support of families and children. The determination that there is a need to introduce child life specialists into the domain of veterinary emergency medicine would then necessitate the development of appropriate protocols and statements as to the type and logistics of implementation of any recommended child life services. Based upon the analysis of the questionnaire and semi- structured interviews of participants in this study, there were overwhelming statements supporting and acknowledging the need for child life specialists and the benefits to be accrued from their professional expertise and support. Descriptive statements and adjectives intended to positively describe child life specialists and their involvement and services in veterinary emergency medicine included: (i) helpful, (ii) trained professionals specializing in loss and grief, (iii) vital role in providing well rounded care, (iv) providers of safe outlets for grief expression (v) feeling of being cared for and emotionally supported (vi) more descriptive and less emotions and (vii) non-judgmental and empathetic. These direct and indirect statements supporting the need for child life specialist services are further supported by the acknowledgement of the future negative impact on children of not addressing their grief contemporaneous with the loss.

Respondents had a good grasp of both the need to support children and the negative repercussions of not addressing this need. One parent addressed this need by concisely stating,

“kids can’t process these things and it stays inside them, which causes problems later.” Over and above these statements of need and understanding of potential future psycho-social issues, respondents candidly admitted their inability to simultaneously handle their own grief and the grief of their child, as well as their inability to even provide children with this type of support.

### **Initial Study Assumptions**

Four initial assumptions were made in this needs assessment. These assumptions primarily addressed the issues of willingness to participate, truthfulness of responses and the value of the responses in terms of directing development of appropriate child life grief support services. Findings and analysis of the qualitative data suggest that subject to limited exceptions, respondents answered questions truthfully, candidly and without reservation. In fact, many responses included disclosure of innermost feelings and emotions relating to lived experiences relating to companion animal loss.

Those responses, which were categorized as exceptions were from veterinary health care workers, who although expressed candid and truthful emotional experiences, clearly distanced themselves in terms of acknowledging any limitations in their capacity to provide grief support to others. This response pattern is in direct conflict with the research literature, which suggests that veterinary health staff overwhelmingly suffer from compassion fatigue (Lovell & Lee, 2013). The veterinary health care responses are also at odds with the literature findings that veterinary health care workers currently lack the necessary resources and expertise to support the psychosocial needs of families and children who are facing the imminent or actual death of companion animals (Reisbig et al., 2017). There was also a suggestion that there are sufficient peer support mechanisms already built into the host emergency veterinary sector. This anomaly

is considered to be problematic for this study, as the secondary rationale for this needs assessment was the perceived necessity to have an outside grief-loss trained professional, that is the child life specialist, support the veterinary staff through redirection of part of the empathy workload. One may assume that the reluctance of the veterinary personnel to acknowledge grief fatigue overload could be associated with an admission of incapacity and inability and possibly a perceived threat to their individual professional undertakings.

### **Supports that Should be Put in Place**

Although respondents alluded to the general need for child life specialist intervention, there were no specific suggested protocols which should be instituted within the veterinary hospital environment. Considering that these veterinary hospital settings are functionally not that much different than human hospitals and that both hospital environments deal with children's grief reaction to death or imminent death, the suggested protocols would simply be a matter of adaptation of existing child life methodologies, with some necessary adjustments. For example, legacy building, which is typically used to support children who are struggling with their own death could be utilized to support children who are faced with dealing with the death or imminent death of a companion animal. The legacy objects, which they could create, would include such things as picture books, paw prints or moulds, stories about the companion animal or a keepsake of the companion animal's hair.

Normalization of the veterinary emergency hospital environment could involve the child life specialist immediately interacting with the child at the point of the companion animal's hospital admission, followed by a hospital tour which highlights the areas of the hospital, the staff and some of the medical equipment that the family will likely encounter during their

hospital journey.

More direct support of the child could include an introduction to a designated playroom where the child could be involved in normative play. This prospect of the child playing as they would at home or at school would normalize the hospital environment. In terms of medical play, children can explore medical equipment or items which will prepare them for the companion animal's upcoming procedure and address any misconceptions. This could include access to a medical bag filled with simple items such as tensors, syringes, IV straws and a stethoscope which they can use on a stuffed toy animal. In terms of therapeutic expressive play, children could draw pictures or put on puppet shows in which they express their fears, concerns and anxieties. This will give insight into how they are feeling.

In those situations where time is of the essence and the euthanasia procedure will be proceeding expeditiously, the child life specialist would be present with the primary focus being the support of the child. This can include pre-procedure support and explanation and support during the medical process. All this support would be provided in a developmentally and age appropriate manner. All of this child focus is premised upon the questionnaire and semi structured interview responses which indicated that the adult respondents were immersed in their own grief and did not have the energy, knowledge or capacity to simultaneously support the child's grief.

Post death, the child life specialist could also accompany the child to the playroom and participate in a de-briefing of the grief expression processes which were previously outlined. This is an important process as it may highlight any problematic grief reactions which the child life specialist may suggest to the parents be followed up by an appropriate therapeutic professional. Child life specialists could also be designated as the party to follow up with the

parents on how the child has reacted after leaving the veterinary emergency hospital.

### **Limitations and Future Research**

The goal of this study was to examine the need, if any, for the utilization of child life specialists for the psychosocial support of children in a veterinary emergency hospital setting where the child's companion animal is facing imminent or actual death via euthanasia. There were significant findings in this needs assessment, all of which must be considered in terms of several limitations.

One of the primary limitations of this needs assessment relates to the small sample size. Participant recruitment was limited in terms of the population from which the questionnaire and semi structured interview respondents were recruited. There was also no stipulation or tracking of the age or developmental maturity of the children whose parents responded to the initial questionnaire. Also, all initial questionnaires and follow-up semi structured interviews were conducted without the benefit of face to face interviews due to the physical distancing and essential business restrictions that were Government mandated, in response to the current Covid-19 pandemic. Face to face interviews were not logistically possible. Respondents were also selected by the hospital with limited input by the researcher. These limitations may have impacted the results. For example, face to face interviews may have impacted the respondent's perceived support that they were obtaining from the host emergency veterinary hospital. In most instances, mothers were the primary party who responded to the study participation requests and the initial questionnaires. This suggests that they were the family member who was most actively involved in and aware of their child's grief response to the death of the family companion animal.

There was also a noted hesitancy on the part of veterinary staff to participate in the study. Although this obstacle was explained by the researcher as being a function of the staffs' resistance to acknowledge their limitations in terms of providing grief support to children and/or fear of admission that there is a compassion fatigue problem in the veterinary health emergency sector, this limited involvement generated several further limitations to the study. These limitations included the resulting inability to determine the secondary need of the child life specialist to provide grief support assistance to veterinary staff in order to reduce their empathy workload. The limitations further included the general lack of input from staff, in terms of their observations of the current existence and sufficiency of child and family grief support offered in the veterinary hospital. Future studies should include other variables including type of pet, age of pet at time of death and cause of death, including specificity as to which deaths were facilitated by euthanasia.

The current study is one of the first known studies to investigate the need for the introduction of child life specialists for grief support, in the context of the veterinary emergency hospital setting. Future studies could build on the foundation of this study and utilize similar methodologies in the context of a much larger respondent cultural demographic, including concentration on children's age ranges and their level of developmental maturity. It is also recommended that there be an emphasis on the manner in which parents' grief patterns and/or their capacity to handle their own grief impacts the grief response and the future mental health outcome of the child.

Future studies should also include emphasis on the veterinary health care workers. The involvement of the veterinary health care workers would necessarily require the intervention of hospital administrators in order to highlight the importance of finding avenues to support and

remediate the work-related compassion fatigue circumstances and the related concerning mental health outcomes.

This needs assessment study provides an initial glimpse into the manner in which the death of a companion animal can negatively impact the grief response and negative health outcome of the child, if appropriate grief support is not provided. In view of the demonstrated close emotional bonds that develop between children and their companion animals, it is essential that steps be taken to ensure that all animal health clinicians understand the need to support the individual grief responses of child pet owners and to assist in the creation of a normalized and safe environment in which the child can express their sorrow, grief and feelings of loss and abandonment.

## **Conclusion**

This study established a demonstrated need for the introduction of child life specialists into the realm of the emergency veterinary hospital sector. This is necessary in order to provide psychosocial support for the child population, specifically in regards to their grief response associated with the death of their companion animal with whom they have developed an affective human-animal attachment bond. This need for structured, developmentally and age appropriate support is warranted due to a number of intersecting factors. These factors include but are not necessarily limited to the short life span of animals and the high incidence of euthanasia induced death of companion animals (Williams & Green, 2016) and the unique high risk vulnerability of this child cohort. This vulnerability is due to their susceptibility of being overwhelmed, which is a function of their relative developmental immaturity and their lack of developed grief response coping skills. Study results did not, however, establish this need as a



function of the canvassed secondary purpose of providing grief support assistance to the animal health care practitioners and support staff. These health care professionals have been the subject of a substantial body of research study commentary, relating to compassion fatigue (Lovell & Lee, 2013). Due to the small sample of questionnaires and follow up semi structured interview participants, further research is warranted utilizing a similar methodology; however, incorporating a wider multicultural respondent demographic. This follow-up could include a more detailed focus on a number of important variables; including notably, the age and developmental level of the child. It would also be valuable to simultaneously examine the grief patterns of the parents and their relative demonstrated capacity to manage their own grief and/or to provide developmental and age appropriate grief support to their child.

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## APPENDICES

### Appendix A: Questionnaire Survey Instrument

1. Do you know what the role of a child life specialist is, in health care?
  - a. Yes
  - b. No
  
2. Would you be interested in learning about the therapeutic services offered by a child life specialist?
  - a. Yes
  - b. No
  - c. Uncertain
  
3. Have you ever been afforded the opportunity to use the therapeutic services of a child life specialist?
  - a. Yes (please describe where and if they were helpful)  

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  - b. No
  - c. Uncertain
  
4. Do you believe that there is a necessity for a child life specialist in this Veterinary Emergency Hospital setting who could help your child and family interpret and understand the pertinent information so as to develop a specific developmentally appropriate child life grief and loss plan of care?
  - a. No
  - b. Yes
  - c. If yes, please provide detail.  

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5. Do you believe that developmentally appropriate communication skills through the services of a child life specialist will assist your child and family in accurately assessing your child's and family's bereavement needs?
  - a. No
  - b. Yes
  - c. Uncertain
  - d. If yes, please describe how?  

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6. Do you think a child life specialist could help assess your child's concept of euthanasia?

- a. No
- b. Yes
- c. Uncertain
- d. If yes, please describe how they may help

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7. Do you think a child life specialist can help assess your child's concept of death and grief?

- a. No
- b. Yes
- c. Uncertain
- d. If yes, please describe how they may help

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8. Do you think a child life specialist can help your family and child in terms of identifying psychosocial factors e.g. spirituality, coping styles, diversity) in order to provide grief and loss care within a family centered care model?

- a. No
- b. Yes
- c. Uncertain
- d. If yes, please describe how they may help

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9. Do you think a child life specialist could help your child and family understand the psychosocial and contextual factors that may arise as a result of the death of your companion animal?

- a. No
- b. Yes
- c. Uncertain
- d. If yes, please describe how they may help

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10. Do you think the services of a child life specialist can help your child in terms of understanding your pet's illness, diagnosis, procedures and/or reason for visit to the animal hospital?

- a. No
- b. Yes
- c. Uncertain
- d. If yes, please describe how they may help

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11. Do you think a child life specialist can provide psychosocial and developmentally appropriate support that is responsive to the grief and loss needs of your child and family?

- a. No
- b. Yes
- c. Uncertain
- d. If yes, please describe how they may help

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12. Do you think that the services of a child life specialist can facilitate the communication with your child and family, on the death of your pet, in a way that demonstrates respect for and affirmation of individual grief experience(s)?

- a. No
- b. Yes
- c. Uncertain

13. Do you think that the provision of therapeutic educational opportunities offered by a child life specialist will facilitate and meet the grieving needs of your child and will help them learn and achieve mastery(understand) as to why they are grieving and feeling emotionally as they do?

- a. No
- b. Yes
- c. Uncertain
- d. If yes, please describe how they may help

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14. Do you think the services of a child life specialist can facilitate preparation for the challenging situation of death and grief that your child will/has experience(d) and will help to minimize fear and anxiety and promote mastery of their experience?
- a. Yes
  - b. No
  - c. Uncertain

For the following questions please respond Yes or No. If Yes, please describe.

15. Do you think that by a child life specialist using developmentally appropriate and medically accurate teaching aids and preparation techniques, your child's and family's knowledge will be increased and emotional needs will be supported?

- a. No
- b. Yes

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16. Do you think that the opportunity for a child life specialist to facilitate therapeutic play will increase your child's mastery and coping with the imminent death and or euthanasia of their companion animal?

- a. No
- b. Yes

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17. Do you think the services of a child life specialist can help your family and child in the promotion of patient and family centered care which would maximize a positive experience?

- a. No
- b. Yes

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18. Do you think that child life interventions could play a major role in calming your child's fears and result in higher parent satisfaction ratings of the entire veterinary experience? (If Yes, please specify)

- a. No
- b. Yes

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**Please respond to the following questions on the Likert scales provided, by circling the number that represents your response**

19. How satisfied have you been with the grief support process?

very dissatisfied	moderately dissatisfied	slightly dissatisfied	neutral	slightly satisfied	moderately satisfied	satisfied
1	2	3	4	5	6	7

20. How satisfied have you been with how your veterinarian explained the euthanasia process?

very dissatisfied	moderately dissatisfied	slightly dissatisfied	neutral	slightly satisfied	moderately satisfied	satisfied
1	2	3	4	5	6	7

21. What has led to your satisfaction or dissatisfaction with the grief and loss support that you received?

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Thank you for participating in this questionnaire. If you have any questions you may contact Jared Negin-Fryers at [Jared54123@live.missouristate.edu](mailto:Jared54123@live.missouristate.edu)

## Appendix B: Semi-Structured Interview Questions

1. Can you tell me about your child's companion animal?

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2. What stands out in your mind about your family's companion animal and his/her relationship with your son(s)/daughter(s)?

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3. Can you tell me what an average day was like with your son(s)/daughter(s) companion animal?

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4. Were there certain daily rituals that were special for your child and his/her companion animal?

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5. Could you give me an example of times when you felt there was a bonding connection between your child and his/her companion animal?

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6. Did your child have certain names or terms of endearment for his/her companion animal that represented something special that he/she felt for him/her? Could you please share these with me?

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7. Can you tell me about the day your child's companion animal died?

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8. Can you describe for me communication between your child and family members on that day?

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9. Can you share with me something about your child's behaviour that stood out that day in comparison to the day before and after?

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10. What did the grief of your child look like on that day?

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11. Can you share something with me that your child did with his/her companion animal before he/she died, which was important to you?

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12. Can you share with me a feeling that your child has recently expressed about the loss, which is different than the feeling he/she expressed on the day of the companion animal's death?

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13. How do you feel that your child would have benefitted from someone working with him/her, in a developmentally appropriate manner, in order to allow him/her to express his/her grief through play, discussion, artwork, drama or otherwise?

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14. What is your understanding as to the role of a Child Life Specialist in supporting children who are experiencing grief and loss and/or bereavement in connection with loss?

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15. What advice can you offer to others about your child and family's experience with losing a companion animal?

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16. What advice can you share about losing a companion animal with other companion pet owner families who have children?

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17. What advice can you share with veterinarians, veterinary staff, the veterinary emergency hospital and clinic that could facilitate the experience of loss and grief that you faced when losing a companion animal?

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18. What did you consider to be the hardest part of supporting your child prior to, during and after the death of the companion animal?

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19. In what areas do you feel you lacked competency in supporting your child through the grief process?

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## **Appendix C: Participant Informed Consent Form for Questionnaire**

### **TITLE OF STUDY**

A needs assessment for the utilization of child life specialist bereavement support services in an emergency veterinary hospital setting

### **PRINCIPAL INVESTIGATOR**

Jared Negin-Fryers

Dr. Denise Cunningham Department Head & Professor

Childhood Education & Family Studies Missouri State University

901 S. National

Springfield, MO 65897

417 836-4492

[DeniseCunningham@MissouriState.edu](mailto:DeniseCunningham@MissouriState.edu)

### **SIGNIFICANCE OF THE STUDY**

You have been asked to participate in a research study. Prior to participating in this study, it is important that you understand why this research is being conducted and what it will involve and require of you. Please read the following information carefully and please do not hesitate to ask the researcher for further, clarity if anything is unclear, or if you require further information.

This needs assessment study is significant in that it will focus on the needs of children who have experienced the death of a companion animal or are imminently facing the death of a companion animal. Even though your veterinarian may explain to the family and the child the procedure that your companion animal will face, this needs assessment will determine if there is a necessity for a child life specialist who will utilize developmentally appropriate strategies to assist your child and family with the grief and loss process. This needs assessment study will provide recommendations, measures and protocols that could be implemented in order to address the death and grief process that children will face when their companion animal is dying, and/or euthanized.

### **STUDY PROCEDURES**

As a participant, you will be requested to answer a questionnaire comprised of 21 questions. You will be provided with a quiet room wherein you may answer the questionnaire. Upon completion please place it back into the brown manila envelope that has been provided and seal it.

## **RISKS**

As a study participant, you may feel uncomfortable responding to the questions on the questionnaire or engaging in discussion or reflection in the non-standardized interview. This two part process may cause you to engage in self-doubt and induce anger, and depressive symptomatology. Please note that your confidentiality will be maintained and your responses will not affect your treatment at Toronto Animal Health Partners Emergency and Specialty Hospital

## **BENEFITS**

This needs assessment study will determine if there is a need for a child life specialist in a veterinary setting to assist families and children with the death or imminent death of their companion animal. The results of this needs assessment will benefit the families who use the veterinary services and care provided by veterinarians. This study will also determine if there is a need for a child life specialist to provide developmentally appropriate coping strategies to children who are grieving the loss of their companion animal. It will also assist the veterinarians, veterinary staff and administrators by giving them a better understanding of the needs of their clientele, as well as an understanding of the role that they may play in supporting the death and grief process. It will also provide some useful measures that could be implemented to address these various problems.

## **CONFIDENTIALITY**

For the purpose of this needs assessment study, your responses to the questionnaire, will ensure that your confidentiality and privacy is maintained throughout the questionnaire process and thereafter. Pseudo names will be used for all participants. Your response to the questionnaire will be stored in a secured space, that is a locked file cabinet that is in the personal possession of the researcher and can only be accessed by the researcher himself.

Participants responses will be kept confidential, save and except in instances where the researcher is legally obligated to report specific instances or issues. These incidences may include, but are not limited to incidences of abuse and suicide ideation and/or risk.

## **CONTACT INFORMATION**

Should you have any questions regarding the study, you may contact the researcher whose contact information is provided on page 1 of this Informed Consent Form.

## **VOLUNTARY PARTICIPATION**

Your participation in this research study is voluntary. It is up to your sole discretion whether you wish to participate in this study. If you choose to participate in this study, you will be asked to sign a consent form. Upon signing this consent form, you may still withdraw from the study at any time, without providing reason. Should you withdraw from this study, it will not impact any relationship you may have established with the researcher. Should you withdraw from the study prior to its completion, all of your data will be destroyed.



## CONSENT

I have read and understand the information provided in this form and have had the opportunity to ask, and have answered, any questions that I may have. I understand that my participation in this research study is voluntary and I have not been coerced into participating. I am aware that I may withdraw at any time without providing any reason and will not face any adverse consequences. I understand that I will receive a copy of this signed document for my records. I voluntarily and independently agree to be a participant in this study.

Participant's Name: \_\_\_\_\_

Participants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Name: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix D: Participant Informed Consent Form for Semi-Structured Interview**

### **TITLE OF STUDY**

A needs assessment for the utilization of child life specialist bereavement support services in an emergency veterinary hospital setting

### **PRINCIPAL INVESTIGATOR**

Jared Negin-Fryers  
Dr. Denise Cunningham Department Head & Professor  
Childhood Education & Family Studies Missouri State University  
901 S. National  
Springfield, MO 65897  
417 836-4492  
[DeniseCunningham@MissouriState.edu](mailto:DeniseCunningham@MissouriState.edu)

### **SIGNIFICANCE OF THE STUDY**

You have been asked to participate in a research study. Prior to participating in this study, it is important that you understand why this research is being conducted and what it will involve and require of you. Please read the following information carefully and please do not hesitate to ask the researcher for further, clarity if anything is unclear, or if you require further information.

This needs assessment study is significant in that it will focus on the needs of children who have experienced the death of a companion animal or are imminently facing the death of a companion animal. Even though your veterinarian may explain to the family and the child the procedure that your companion animal will face, this needs assessment will determine if there is a necessity for a child life specialist who will utilize developmentally appropriate strategies to assist your child and family with the grief and loss process. This needs assessment study will provide recommendations, measures and protocols that could be implemented in order to address the death and grief process that children will face when their companion animal is dying, and/or euthanized.

### **STUDY PROCEDURES**

As a participant, you will be requested to attend a Semi-Structured Interview where the researcher will ask a series of open-ended interview questions. During the semi-structured interview, you will be recorded so that your provided responses can be transcribed verbatim and used in the research analysis.

**RISKS**

As a study participant, you may feel uncomfortable responding to the questions on the questionnaire or engaging in discussion or reflection in the non-standardized interview. This two part process may cause you to engage in self-doubt and induce anger, and depressive symptomatology. Please note that your confidentiality will be maintained and your responses will not affect your treatment at Toronto Animal Health Partners Emergency and Specialty Hospital

**BENEFITS**

This needs assessment study will determine if there is a need for a child life specialist in a veterinary setting to assist families and children with the death or imminent death of their companion animal. The results of this needs assessment will benefit the families who use the veterinary services and care provided by veterinarians. This study will also determine if there is a need for a child life specialist to provide developmentally appropriate coping strategies to children who are grieving the loss of their companion animal. It will also assist the veterinarians, veterinary staff and administrators by giving them a better understanding of the needs of their clientele, as well as an understanding of the role that they may play in supporting the death and grief process. It will also provide some useful measures that could be implemented to address these various problems.

**CONFIDENTIALITY**

For the purpose of this needs assessment study, your responses to the questionnaire, will ensure that your confidentiality and privacy is maintained throughout the questionnaire process and thereafter. Pseudo names will be used for all participants. Your response to the questionnaire will be stored in a secured space, that is a locked file cabinet that is in the personal possession of the researcher and can only be accessed by the researcher himself.

Participants responses will be kept confidential, save and except in instances where the researcher is legally obligated to report specific instances or issues. These incidences may include but are not limited to incidences of abuse and suicide ideation and/or risk.

**CONTACT INFORMATION**

Should you have any questions regarding the study, you may contact the researcher whose contact information is provided on page 1 of this Informed Consent Form.

**VOLUNTARY PARTICIPATION**

Your participation in this research study is voluntary. It is up to your sole discretion whether you wish to participate in this study. If you choose to participate in this study, you will be asked to sign a consent form. Upon signing this consent form, you may still withdraw from the study at any time, without providing reason. Should you withdraw from this study, it will not impact any relationship you may have established with the researcher. Should you withdraw from the study prior to its completion, all of your data will be destroyed.

**CONSENT**

I have read and understand the information provided in this form and have had the opportunity to ask, and have answered, any questions that I may have. I understand that my participation in this research study is voluntary and I have not been coerced into participating. I am aware that I may withdraw at any time without providing any reason and will not face any adverse consequences. I understand that I will receive a copy of this signed document for my records. I voluntarily and independently agree to be a participant in this study.

Participant's Name: \_\_\_\_\_

Participants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Name: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix E: IRB Approval Missouri State University

irb@missouristate.edu Thu 11/14/2019 3:56 PM  
Cunningham, Denise D; Negin Fryers, Jared R



**To:**  
Denise Cunningham  
Childhood Ed & Fam Studies

**RE:** Notice of IRB Approval

**Submission Type:** Initial

**Study #:** IRB-FY2020-269

**Study Title:** A Needs Assessment for the Utilization of Child Life Specialist Bereavement Support Services in an Emergency Veterinary Hospital Setting

**Decision:** Approved

**Approval Date:** November 13, 2019

This submission has been approved by the Missouri State University Institutional Review Board (IRB). You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

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This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated with this Project:

**PI:** Denise Cunningham **Co-PI:** **Primary Contact:** Jared Negin-Fryers **Other Investigators:**

## Appendix F: Approval from Toronto Animal Health Partners Emergency and Specialty Hospital



October 25, 2019

Research Ethics Committee  
Missouri State University

**RE: A NEEDS ASSESSMENT FOR THE UTILIZATION OF CHILD LIFE SPECIALIST  
BEREAVEMENT SUPPORT SERVICES IN AN EMERGENCY VETERINARY HOSPITAL  
SETTING**

Toronto Animal Health Partners Emergency and Specialty Hospital, Toronto's largest emergency and specialty veterinary hospital, has been presented with a proposal for a needs assessment for utilization of child life specialist bereavement support services in connection with a Research Proposal submitted by Jared Negin-Fryers.

We consent to inclusion in this research as we believe in the parallelisms between human and veterinary healthcare experiences and look forward to the outcomes of the activities.

If you have any questions regarding our organization, please feel free to reach out at your convenience.

Regards,

Scott Woodrow, CEO  
Animal Health Partners  
scott@animalhealthpartners.com

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