

**Veterinary Mental Health Update:  
New Data for Yourself and Your Team**

*Part 1:  
Adverse Childhood Experiences, Moral Stress,  
and Veterinary Mental Health*

**Elizabeth B. Strand, Ph.D., LCSW**  
Director, Veterinary Social Work  
University of Tennessee

December 8, 2016

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**Veterinary Mental Health & Wellness**



**Part 1: Adverse Childhood Experiences, Moral Stress, and Veterinary Mental Health**  
Thursday, December 8, 2016  
12:00pm – 1:00pm Central Time

**Part 2: Neural-integration and the Reversal of Poor Wellbeing in Veterinary Medicine**  
Thursday, January 26, 2017  
12:00pm – 1:00pm Central Time



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## What is Pet Poison Helpline?

- **24/7 animal poison control center**
- **Veterinary & human expertise**
  - 20 DVMs, 35 CVTs
    - DABVT, DABT
    - DACVECC
    - DACVIM
  - 7 PharmDs
- **Case fee of \$49 includes**
  - Unlimited per case consultation
  - Fax or email of case report
- **Educational center**
  - Free webinars (live & archived)
  - Tox tools
    - Wheel of Vomit
    - Pot of Poisons (toxic plants)
  - Textbook
  - iPhone app
  - Newsletters for vet professionals
  - Free resources for clinics
    - Videos
    - Electronic material
    - Clings



Email us for info!

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AVMA | LIFE  
ASSURANCE CORPORATION

**AVMA | LIFE**  
Veterinarian Inspired Coverage

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AVMA | LIFE  
ASSURANCE CORPORATION

## Celebrating 60 years!

AVMA Life is more than just Life insurance.

- Disability – including maternity benefit
- Professional Overhead Expense
- Hospital Indemnity
- Critical illness
- Supplemental disability for Educational expense

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## Speaker Introduction



**Elizabeth B. Strand, PhD, LCSW**

*Clinical Associate Professor  
Director, Veterinary Social Work*

Colleges of Veterinary Medicine and  
Social Work  
University of Tennessee

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### **Veterinary Social Work**

**HELPLINE: 865-755-8839**

*Access to counseling, resources, or support*

**HELPLINE HOURS:**  
Monday – Friday, 10am – 5pm  
vetsocialwork@utk.edu

[vetsocialwork.utk.edu](http://vetsocialwork.utk.edu)

Elizabeth B. Strand, Ph.D., LCSW  
estrand@utk.edu



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## Elizabeth B. Strand



- B.A. Religion and Latin
- MSSW Social Work
- Ph.D. Social Work
- Ordained Interfaith Minister 2011
- Work
  - Trained as a Family Therapist, LCSW
  - Founding Director, Veterinary Social Work
  - Teach stress management
  - Teach communication, conflict management, mediation skills
- 27 Years Clinical Practice Experience
  - Second Generation Psychotherapist
  - Second generation Educator
- 41 years mindfulness meditation experience

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**THE UNIVERSITY OF TENNESSEE**  
 KNOXVILLE  
**Veterinary Social Work**  
 College of Social Work  
 College of Veterinary Medicine  
 College of Veterinary Medicine  
 College of Social Work  
**VSW SERVES**  
**STUDENTS FACULTY STAFF CLIENTS**  
 Founded 2002

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Attend to the human needs that arise at the intersection of veterinary and social work practice

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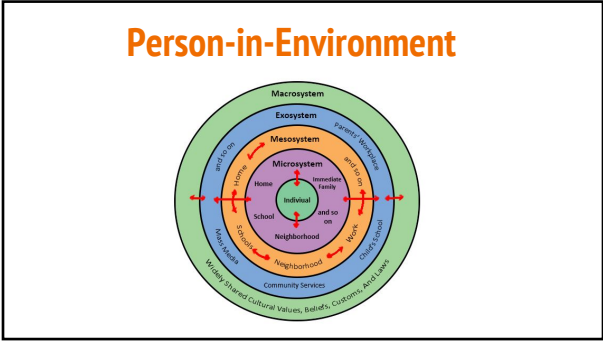
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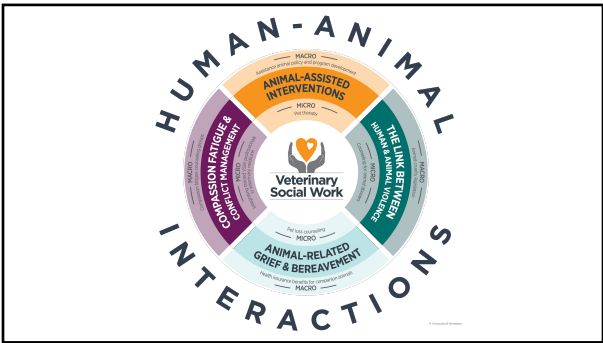
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**Terms**

- **Moral Stress**- Knowing what the right thing to do is, but not being able to do it...
- **ACE's**- Adverse Childhood Events
- **Integration**=
  - Differences- acknowledging and respecting the difference between things
  - Connection- recognizing the ways that these differences interact in a necessary way
  - **Neural-Integration**- having all three parts of the brain operating well together

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Well-Being  
↓  
**Resources = Demands**  
Psychological, Social, Physical

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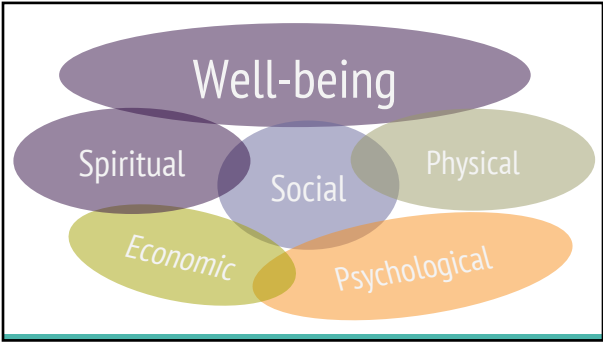
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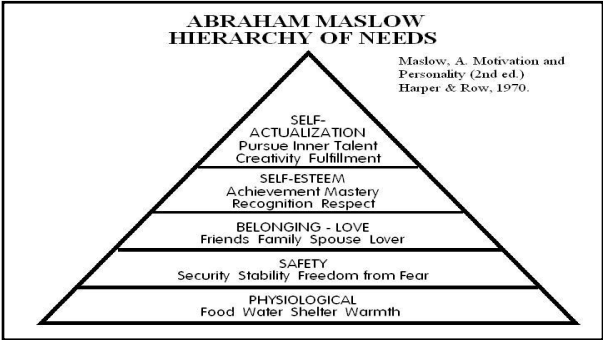
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**Gallup-Healthways**

**Purpose:**  
Liking what you do each day and being motivated to achieve your goals

**Social:**  
Having supportive relationships and love in your life

**Financial:**  
Managing your economic life to reduce stress and increase security

**Community:**  
Liking where you live, feeling safe and having pride in your community

**Physical:**  
Having good health and enough energy to get things done daily

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**What is a work day like for you that has well-being?**

Well organized with time to communicate well with staff and clients, handle patients (even the aggressive and fearful ones) with patience and kindness, write records and make appropriate judgment calls. Getting an hour for lunch - enough time to eat and go for a short walk. Getting off at an appropriate hour to work-out, walk my dogs and have dinner with my husband. Perfect!

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What is one word to describe what YOU NEED to have good well-being?

Start the presentation to activate live content  
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Is there REALLY a ~~problem~~?



**Opportunity**

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*"I would love for there to be more encouragement for professional students about mental health and support for those with mental health problems."*

Dr. Norman Paul Nolen II

December 27, 1983 –

March 23, 2011

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Updated 9:10 am, Sep 2



### Survey: Mental health stigmas are shifting

By Azadeh Ansari, CNN

#### Story Highlights

Online survey finds 94% of respondents believe suicide is preventable  
It says 90% of Americans value mental and physical health equally  
Younger people appear more comfortable seeking mental help

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**How is poor well-being impacting the profession?**

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## Impacts of poor wellness



- Burnout (Miller, 2004; Zuziak, 1991)
- Substance abuse (Harling et al, 2009; Fishbain, 1986)
- Depression (Reisbig, et al., 2012; Strand et al,2005; Shouksmith & Heskeith, 1986)
- Anxiety (Reisbig, et al., 2012)
- Psychological health (↓ ↓ recent grads) Fritschi et al, 2009)
- Relationship distress/negative work-home interactions (Speck, 1964; Fritschi et al, 2009)
- Suicide (Bartram, 2010; Fishbain, 1986)

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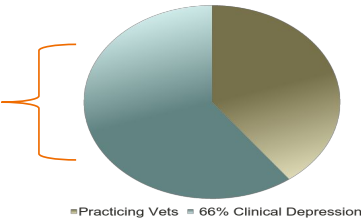
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## Mental Illness in Practicing Veterinarians

24% had seriously considered or attempted suicide



Skipper, C. E., & Williams, J. B. (2012)

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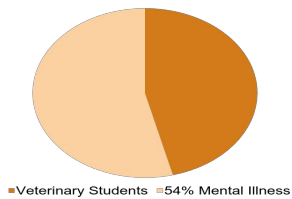
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## Mental Illness in Veterinary Students

25% had considered suicide



(Cardwell et al, 2013)



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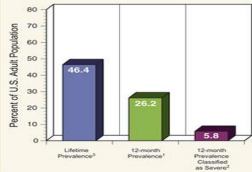
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## Population Mental Health NIMH

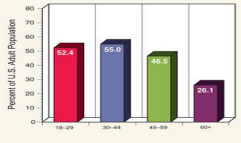
### Prevalence

- **12-month Prevalence:** 26.2% of U.S. adult population<sup>1</sup>
- **Severe:** 22.3% of these cases (e.g., 5.8% U.S. adult population) are classified as "severe"<sup>2</sup>



### Demographics (for lifetime prevalence)<sup>4</sup>

- **Sex:** Women are no more or less likely than men to experience any disorder over their lifetime
- **Race:** Non-Hispanic blacks are 30% less likely than non-Hispanic whites to experience any disorder during their lifetime
- **Age:**




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## Suicide in Veterinary Medicine

- Veterinarians are 4 times as likely to commit suicide than the general population and two times as likely as other health professionals (Bartram, 2008)
- Veterinarians are 5.5 times more likely to have suicidal thoughts in the past 12 months than the general population (Bartram & Baldwin, 2009)

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## Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians

Randall J. Nett, MD, MPH; Tracy K. Witte, PhD; Stacy M. Holzbauer, DVM, MPH; Brigid L. Elchos, DVM; Enzo R. Campagnolo, DVM, MPH; Karl J. Musgrave, DVM, MPH; Kris K. Carter, DVM, MVPM; Katie M. Kurkjian, DVM, MPH; Cole F. Vanicek, DVM; Daniel R. O'Leary, DVM; Kerry R. Pride, DVM, MPH; Renee H. Funk, DVM, MPH&TM, MBA

**Objective**—To evaluate the prevalence of suicide risk factors, attitudes toward mental illness, and practice-related stressors among US veterinarians.

**Design**—Cross-sectional survey.

**Sample**—11,627 US veterinarians.

Nett, R. J., Witte, T. K., Holzbauer, S. M., Elchos, B. L., Campagnolo, E. R., Musgrave, K. J., ... Funk, R. H. (2015). Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *Journal of the American Veterinary Medical Association*, 247(8), 945-955. <https://doi.org/10.2460/javma.247.8.945>

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## Suicide in Veterinary Medicine- USA

- Nett et al. 2015
- N= 10,553 (10% of all working DVM's in USA)
- 31% male
- 64% small animal practice exclusively

**Nearly 1 in 11 DVM's  
suffer from serious psychological distress  
More than 1 in 6  
experienced suicidal ideation**

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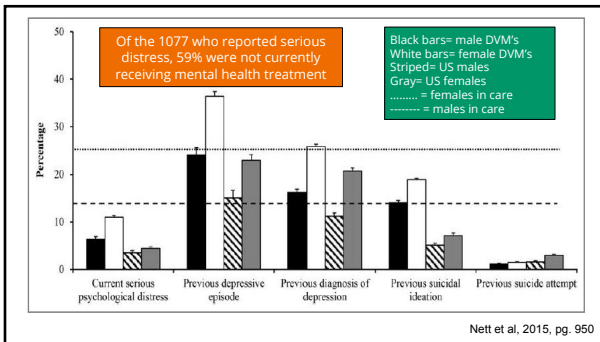
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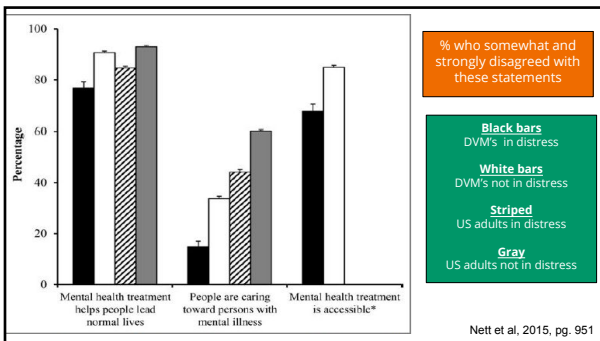
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## Suicide in Veterinary Medicine

- Possible increased risk factors include:
    - Increased incidence of depression, anxiety, stress,
    - Substance abuse,
    - Access to lethal means
    - Accepting attitudes toward euthanasia.
    - Isolation
    - Familiarity with death and dying
    - Suicide "contagion"
    - Cognitive and personality factors
    - Work-related stressors
    - Perceived stigma
    - Psychiatric illness
- (Bartram, 2010, Veterinary Record)

"address this issue in the  
 veterinary  
 profession... and in  
 veterinary medical  
 educational institutions  
 (Bartram, 2010, Tremayne, 2010)

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### The Distinct Role of Performing Euthanasia on Depression and Suicide in Veterinarians

Lily Tran, Monique F. Crane, and Jacqueline K. Phillips  
 Macquarie University

Veterinarians are more likely to experience mood disorders and suicide than other occupational groups (Fritsch, Morrison, Shirang, & Day, 2009; Platt, Hawton, Simkin, & Mellanby, 2010). The performance of euthanasia has been implicated as contributing determinately to the prevalence of suicide risk and psychological distress in veterinarians (Bartram & Baldwin, 2008, 2010). In contrast, the application of psychological approaches would suggest a possible protective role for euthanasia administration. This paper is the first to investigate the association between euthanasia-administration frequency and depressed mood and suicide risk. A cross-sectional survey sampled 540 Australia-registered veterinarians (63.8% women), ranging in age from 23 to 74. Results revealed that the administration of objectionable euthanasia (i.e., euthanasia that the veterinarian disagreed with) was not related to our mental health variables. In contrast, overall euthanasia frequency had a weak positive linear relationship with depression. Moreover, overall euthanasia frequency moderated the impact of depression on suicide risk. The nature of this moderation suggested that average frequency per week of performing euthanasia attenuated the relationship between depressed mood and suicide risk. The implications of these findings and directions for further research are discussed.

**Keywords:** suicide risk, depressed mood, euthanasia administration, veterinarians

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### The Distinct Role of Performing Euthanasia on Depression and Suicide in Veterinarians

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**Table 1**  
 Descriptive Statistics for SBQ-R Suicide-Risk Category by Categorical Demographic Variable

Variable	n	Percentage of group at risk of suicide <sup>a</sup>
Total N	540	29.4%
Sex	537	28.3%
Women	345	29.6%
Men	192	26.0%
Vet type	540	28.4%
Small animal	327	28.2%
Large animal	25	28.0%
Mixed	129	29.5%
Specialists (e.g., avians)	59	27.1%
Socio-economic status	512	28.5%
High	71	11.3%
Average	362	28.5%
Low	79	44.3%

<sup>a</sup> Note. All reported percentages are weighted by sample size.  
<sup>b</sup> Suicide-risk measured by the Suicide Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001).

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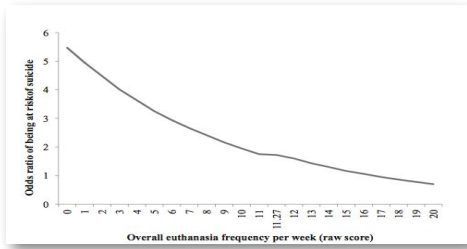
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### The Distinct Role of Performing Euthanasia on Depression and Suicide in Veterinarians



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### Mental health in female veterinarians: effects of working hours and having children

Women with two or more children have less anxiety and depression than women who have never been pregnant or childless women,

Working more than 45 hours per week was associated with more mental distress

	Minor psychological distress	Chronic psychological distress	Minor psychological distress	Chronic psychological distress
Total mean	31.5	61.5	37.7 (0.8)	4.2 (0.7)
Pregnancy				
Never				
No child				
Current				
1 child				
2 child				
3 child				
4 child				
P value				
Working hours				
<35				
34–45	41.9	63.5	3.5 (0.9)	4.2 (0.9)
>45				
P value	<0.035	<0.482	<0.001	<0.001

<sup>a</sup>Denotes minor psychological distress. <sup>b</sup>Denotes chronic psychological distress. <sup>c</sup>Higher score denotes better health. CI, confidence intervals; SD, standard deviation.

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**Table 1:** Modified for Veterinary Support Staff Nursing Stress Scale

Subscale	M	SD
Death and Dying	9.4	4.06
Conflict With a Veterinarian	5.74	2.9
Inadequate Preparation	2.94	1.8
Lack of Support	1.04	1.74
Conflict With Other Staff	5.11	2.55
Workload	11.8	5.92
Uncertainty Concerning Treatment	5.07	2.91

Results suggest that workload, death and dying, and conflict with veterinarians were prominent sources of stress and that veterinary support staff experience high stress that affects their health. Coping strategies were found to be related to mental health status, and those used by this workforce have been linked to negative outcomes. This study's findings indicate that staff health may have negative economic implications for practice owners and staff members.

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**What is the source of the problem?**

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### Sources of poor wellness in veterinary medicine

- Giving bad news (Bragard et al 2010)
- Managing adverse events (West et al, 2009)
- Interacting with difficult clients (Morrisey & Voiland, 2007)
- Working effectively in teams (Gilling & Parkinson, 2009, Moore et al., 2014)
- Balancing work and home life (Riggs et al, 2001)
- Financial issues (Tran et al, 2014)
- Handling ethical dilemmas (Batchelor & McKeegan, 2011)

57% experienced 1-2 per week  
34% experienced 3-5 per week

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How many ethical dilemmas do you face in a week?

Start the presentation to activate live content  
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0-2      2-3      3-5

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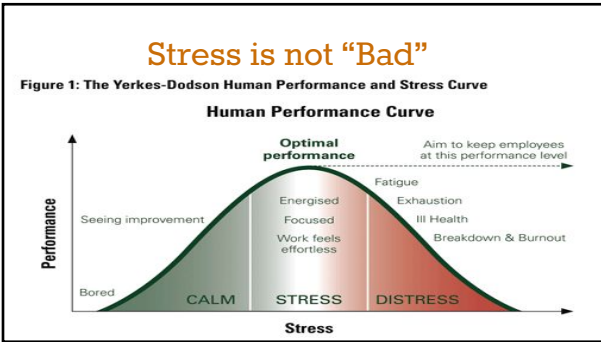
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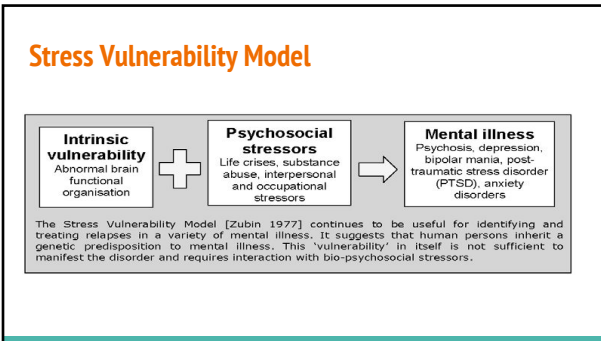
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## Research Findings: Stress and Cells

"Women with the highest levels of perceived stress have telomeres shorter on average by the equivalent of at least one decade of additional aging compared to low stress Women." Epel at al, 2004

## Perception

Kelly McGonigal: How to make stress your friend - YouTube



<https://www.youtube.com/watch?v=RcGyVTAoXEU>  
Sep 4, 2013 · Uploaded by TED  
Psychologist Kelly McGonigal urges us to see stress as a positive, and introduces us to an ... Thanks, TED for ...



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## Moral Stress

"...moral stress is experienced when nurses are **aware of what ethical principles are at stake** in a specific situation and **external factors prevent them from making a decision that would reduce the conflict** between contradicting principles."

Gütznén, Agneta Cronqvist, Magnusson, and Andersson. (2003): pg. 203

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## Moral Stress

“Moral stress is a **unique and insidious form of stress that cannot be alleviated by normal approaches to stress management. It arises among the people** . . . whose life work is aimed at promoting the well-being of animals.” (Rollin, 2011, pg 65)

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## Moral Sensitivity

“...an understanding of patients' vulnerable situation as well as an awareness of the moral implications of decisions that are made on their behalf . . .”

It involves

**more dimensions than cognitive capacity, . . . it includes the components awareness, thinking, feeling and action.**

*Lutzen, 2010, pg. 216*

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Inside Out  
2015



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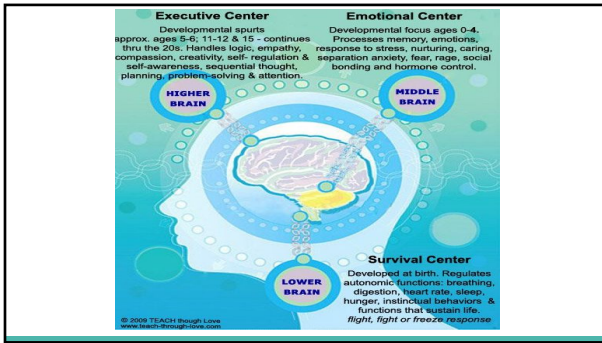
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### Emotions and Survival

Evolutionary needs met	Primary emotional system	Works with:	Functions
<b>INDIVIDUAL NEEDS</b>			
Basic Functioning	E1: SEEKING system	E2-9	Situation evaluation, incentive salience, hedonic appraisal, facilitates learning
Basic survival	E2: DISGUST system (repulsion, avoidance)		Avoiding harmful foods, substances, environments
	E3: RAGE system	E4, E9	Defense: protection of organism, resources, and conspecifics, limiting of restraint on movement
<b>SOCIAL NEEDS</b>	E4: FEAR system	E3, E9	Defense: flight, limiting of tissue damage
	E5: LUST system (sexual desire, satiation)	E6, E7	Ensuring procreation, enhancement of bonding
Group cohesion: bonding and development	E6: Reattachment/affiliation, separation distress	E5, E7	Protection of vulnerable individuals; creates bonding through need for others
	E7: CARE system	E5, E6	Caring for others, particularly offspring
Group function: regulating conflict	E8: PLAY system	E6, E7	Bonding with conspecifics, development of basic adaptive, and social skills, creativity
	E9: POWER/dominance system (rank, status, submission)	E3, E4, E5	Limiting aggression in social groups; allocating resources, esp. sexual ones

*E1 is a generalized system providing incentive for the others and this dependence is noted only once. The systems are renumbered from Ellis and Toronchuk (2005), in line with our previous systems. The new numbering system will be reviewed in this paper.*

Ellis, G. F. R., & Toronchuk, J. A. (2013). Affective neuronal selection: the nature of the primordial emotion systems. *Emotion Science*, 3, 589. doi:10.3389/fpsyg.2012.00589

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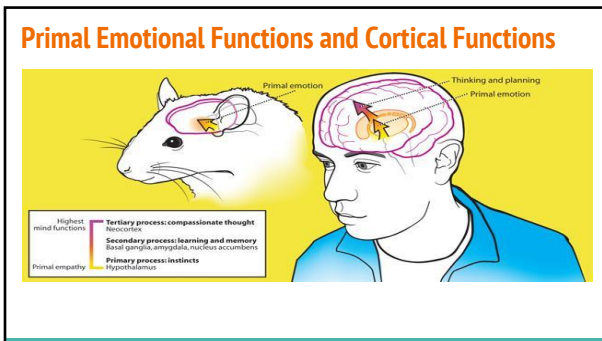
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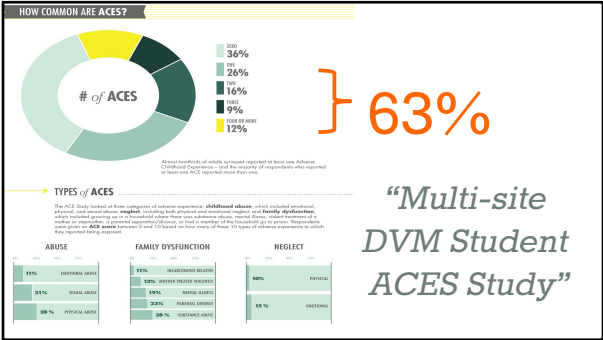
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Primary students have a higher rate of ACES than the general population

**TRUE**

**FALSE**

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### “Multi-site DVM Student ACES Study”

- Surveyed students in 6 schools
  - N= 1118 (39% response rate)
  - No significant difference in # ACES from the general population
  - Dose response- As ACES increase so does rate of depression and stress
  - 40% of students wanted to be a DVM “For as long as they can remember”
  - Most reported ACE was living with a family member with mental illness (31%)

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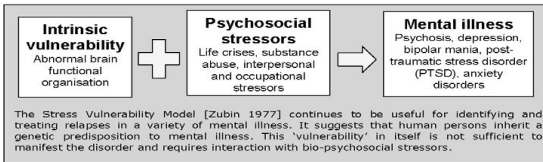
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### Stress Vulnerability Model



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### Sticks and stones: investigating rude, dismissive and aggressive communication between doctors

Authors: Victoria Bradley,<sup>A</sup> Samuel Liddle,<sup>B</sup> Robert Shaw,<sup>C</sup> Emily Savage,<sup>D</sup> Roberta Rabbitts,<sup>E</sup> Corinne Trim,<sup>F</sup> Tunji A Lasoye<sup>G</sup> and Benjamin C Whitelaw<sup>H</sup>

ABSTRACT

Destructive communication is a problem within the NHS, however previous research has focused on bullying. Rude, dismissive and aggressive (RDA) communication between doctors is a more widespread problem and underinvestigated. We conducted a mixed method study combining a survey and focus groups to describe the extent of RDA communication

**Introduction**  
Destructive or negative workplace communication is recognised to be a problem both in the NHS and other organisations<sup>1-4</sup> and has attracted concern following recent care scandals such as Mid-Staffordshire and Morecombe Bay.<sup>5,6</sup>

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### Rude Dismissive Aggressive (RDA) specific to:

**Frequency:**

- 31% subject to RDA
- especially those lower on the "totem pole"

**Context:**

- Workload
- Lack of support
- Patient safety
- Hierarchy
- Culture

**Impact:**

- 40% reported RDA moderately or severely impacted their workday

ABSTRACT

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### The Impact of Rudeness on Medical Team Performance: A Randomized Trial

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abstract

**BACKGROUND AND OBJECTIVES:** Iatrogenesis often results from performance deficiencies among medical team members. Team-targeted rudeness may underlie such performance deficiencies, with individuals exposed to rude behavior being less helpful and cooperative. Our objective was to explore the impact of rudeness on the performance of medical teams.

**DESIGN:** Twenty-four NICU teams participated in a training simulation involving a preterm infant whose condition acutely deteriorated due to necrotizing enterocolitis. Participants were informed that a foreign expert on team reflexivity in medicine would observe them. Teams were randomly assigned to either exposure to rudeness (in which the expert's comments included mildly rude statements completely unrelated to the teams' performance) or control (neutral comments). The videotaped simulation sessions were evaluated by 3 independent judges (blinded to team exposure) who used structured questionnaires to assess team performance, information-sharing, and help-seeking.

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Variable	Control Group (n = 53)		Rudeness Group (n = 39)		t Test	P (One-Tailed)
	Mean	SD	Mean	SD		
Performed resuscitation well	3.05	0.84	2.49	0.73	3.00**	.002
Ventilated well	3.43	0.94	3.01	0.81	2.029**	.0023
Verified place of tube well	3.56	0.88	2.85	0.82	3.492**	.0005
Asked for right radiographs	3.29	1.23	2.96	1.50	0.994	.162
Asked for right laboratory tests	3.78	0.89	3.24	0.94	2.382*	.01
Gave right resuscitation medications	3.55	0.81	3.17	1.08	1.639	.053
Stopped percutaneous central line on time	2.95	1.35	2.36	1.44	1.764*	.041
Prepared and performed pericardiocentesis	2.71	1.53	2.24	1.39	1.301	.099
Good general technical skills	3.17	0.88	2.61	0.73	2.969**	.0025
Overall procedural	3.26	0.72	2.77	0.67	2.974**	.0002

\*P < .05 \*\*P < .01

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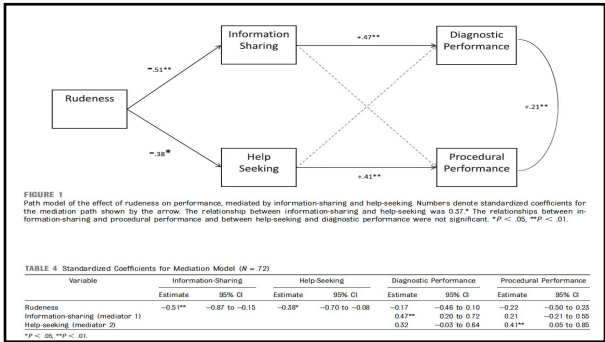
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Variable	Information-Sharing		Help-Seeking		Diagnostic Performance		Procedural Performance	
	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI
Rudeness	-0.51**	-0.87 to -0.15	-0.38*	-0.70 to -0.08	-0.17	-0.46 to 0.10	-0.22	-0.50 to 0.23
Information-sharing (mediator 1)					0.47**	0.26 to 0.72	0.21	-0.21 to 0.50
Help-seeking (mediator 2)					0.32	-0.03 to 0.64	0.41**	0.05 to 0.85

\*P < .05 \*\*P < .01

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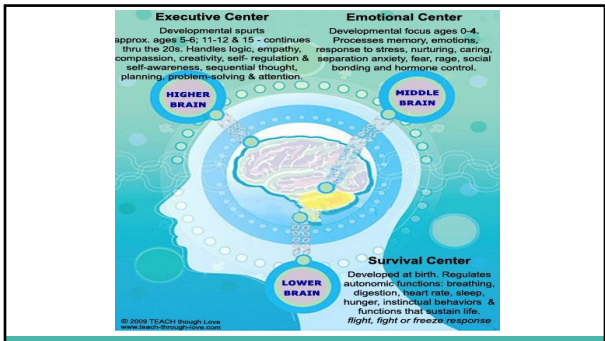
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## Neural-Integration

Dan Siegel, MD

*Integration*=

Differentiation + Connection

*Differentiation*- recognizing and respecting the differences between people, things, ideas, values etc...

*Connection*- recognizing the ways that these differences interact in a necessary way

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## Integration Continuum

High

Low



Flexibility,  
Harmony,  
Order

Chaos,  
Rigidity,  
Disorder

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## Nine Functions of the Pre-frontal Cortex

- Body Regulation
- Attuned Communication
- Emotional Balance/Affect Regulation-
- Response Flexibility
- Empathy
- Insight or Self-Knowing Awareness
- Fear Modulation/Fear Extinction
- Intuition
- Morality

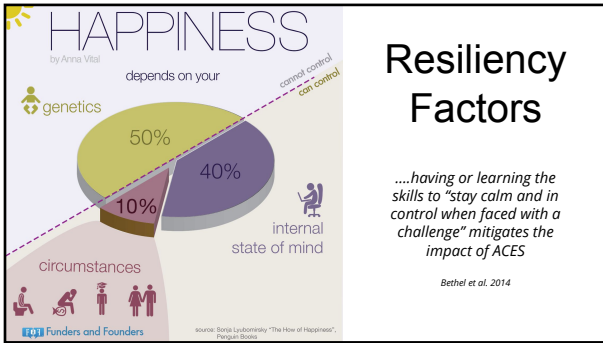
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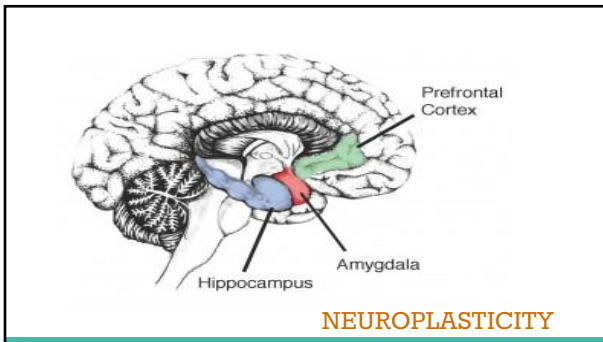
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Balance is key in life



**Veterinary Social Work**  
**HELPLINE: 865-755-8839**  
*Access to counseling, resources, or support*

HELPLINE HOURS:  
 Monday - Friday, 10am - 5pm  
 vetsocialwork@utk.edu    [vetsocialwork.utk.edu](http://vetsocialwork.utk.edu)

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**Emotional CPR**  
 Public Health  
 Emotional Crisis Support Program  
 Feb 20-21, 2017  
 Knoxville, TN  
 UT Conference Center

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**5<sup>th</sup> International Veterinary Social Work Summit**  
 October 7-13, 2017  
 Knoxville, TN  
 UT Conference Center  
 Theme:  
**Conflict Resolution in Veterinary Settings**

**MEDIATORS**  
*without Borders*  
 INSTITUTE

- "Conflict Resolution Coach"
- "Certified Mediator"

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**Join us for Part 2!**




**Part 2: Neural-integration and the Reversal of Poor Wellbeing in Veterinary Medicine**  
 Thursday, January 26, 2017  
 12:00pm - 1:00pm Central Time




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*Avoiding Heartbreak: Valentine Dangers Poisonous to Pets*

**APRIL 11, 2017 - Renee Schmid, DVM**  
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**SEPTEMBER 19, 2017 - Ahna Brutlag, DVM, MS, DABT, DABVT**  
*Pot and Pets: Updates on Marijuana Intoxications in Dogs and Cats*

**NOVEMBER 14, 2017 - Colleen Almgren, DVM, PhD, DABT, DABVT**  
*Clear Eyes, Dry Nose, No Problem? Wrong! Intoxications Due to Eye Drops and Nasal Sprays*

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