

CVMA
MENTAL HEALTH WEEK

**The Child Within:
How Our Childhood
Can Shape Adult
Behaviours**

Dr. Karen Karsten, DVM

May 6, 2021



Bio – Dr. Karen Karsten

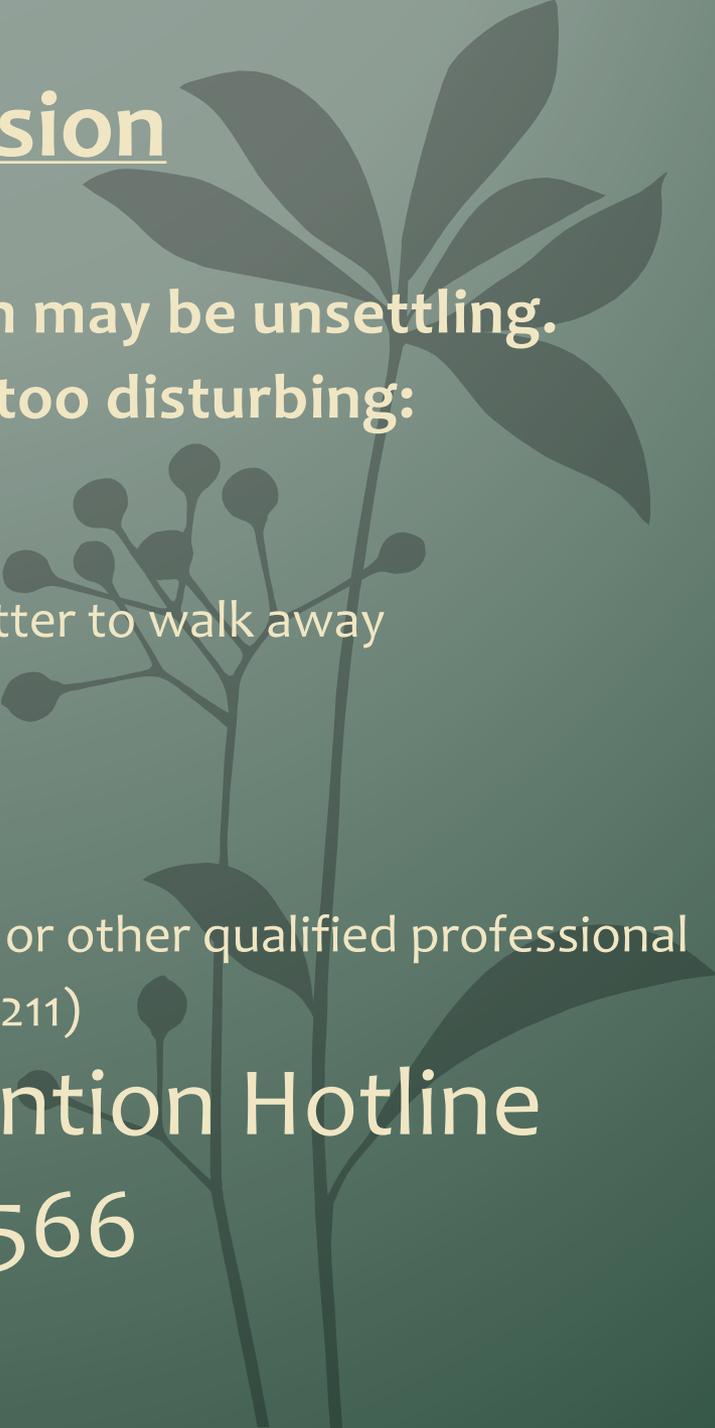
- University of Calgary – B.Comm, BSc.
- WCVM 2003
- Associate vet, locum/housecall
- Central Island Veterinary Emergency Hospital
 - July 2011 - Oct 2018

Life After VetMed

- Vancouver Island Crisis Line Volunteer/ ASIST trained
- Masters of Arts Counselling Psychology (Yorkville University)
 - ~2 years academic, finishes in Dec 2021
 - 6-8 months practicum starting January 2022
- Co-Director of Veterinary Peer Support Project
- Creating a suicide awareness and intervention course for vets



Safety Discussion



Some of the topics in this presentation may be unsettling.

If your emotions or thoughts become too disturbing:

- Please step away from the presentation
- Take a few slow, deep breaths
- Decide if you are able to continue or its better to walk away

Do you need immediate help?

- Reach out a trusted friend or relative
- Reach out to a registered therapist, doctor or other qualified professional
- Reach out to a local crisis line (Provincial - 211)

Canada Suicide Prevention Hotline

1-833-456-4566

Calling a Crisis Line

- You do not have to be suicidal to call
 - consider calling before you reach a critical level
- Non-judgmental and safe space to talk
- Anonymous unless:
 - Harm to self or others
 - Abuse of a child or other vulnerable person
- Consider a “Trial call” to check it out
- Each community has a separate crisis line
 - Source of amazing resources
 - More in tune with local issues

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Our Amazing Support Team



Dr. Kathy Keil

- BSc and MA in Psychology
- Technical support veterinarian for Merck
- SAFETalk trainer and ASIST certified, Yoga instructor
- ABVMA and CVMA Wellness Committee member
- Driving force for numerous mental health initiatives for vets

Terrie Ann McKinley

- 20 years experience as a veterinary practice manager
- Active member of ABVMA Member Wellness Committee
- Completed Masters of Arts in Counselling Psychology (2020)
 - Registration with College of Alberta Psychologists (CAP) expected June 2021
- Trained as crisis line counsellor and virtual intern counsellor

Basically how I'm handling life

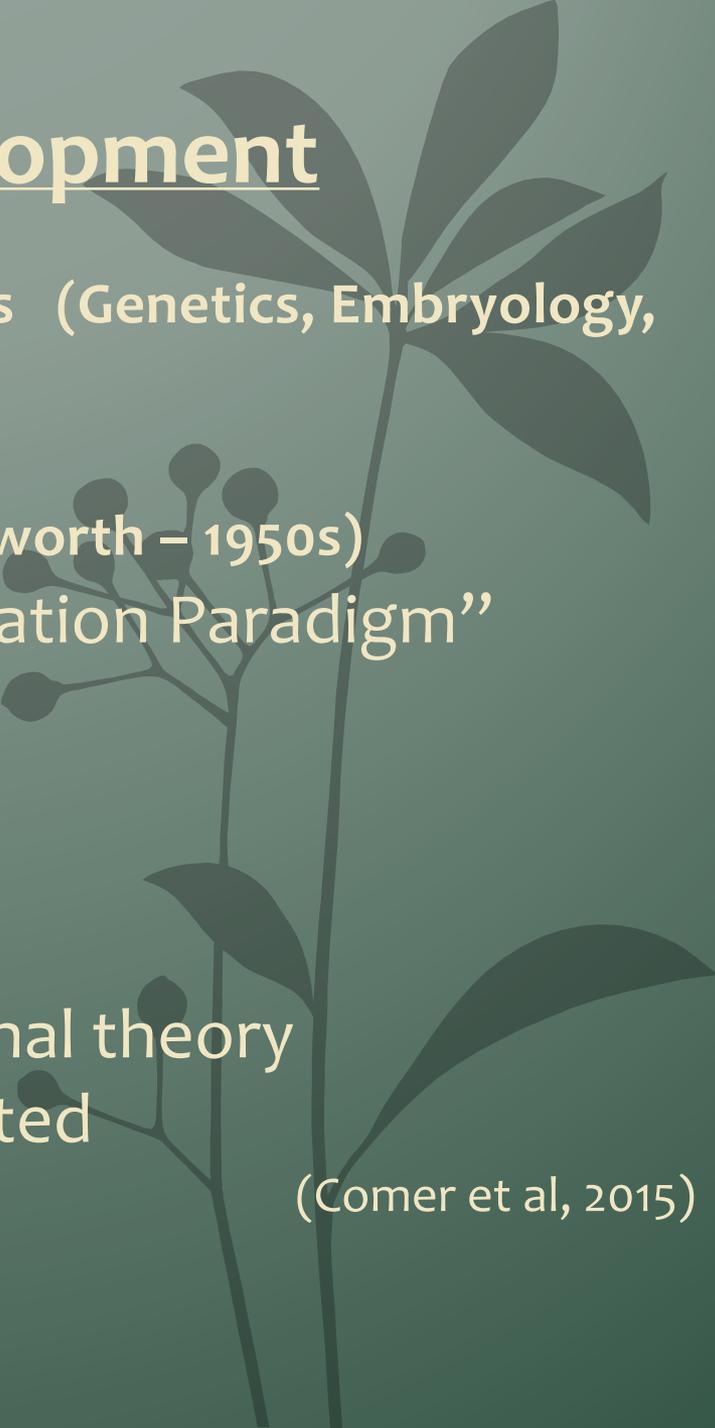
Neural correlates of
dispositional mindfulness
during affect labeling
(Creswell et al., 2007)



CHECK IN WORD

POST IN CHAT (To your comfort level)

Childhood Development



We are not addressing prenatal influences (Genetics, Embryology, ~Epigenetics)

Attachment Theory (Bowlby/Ainsworth – 1950s)

- 12-18 month olds -> “Strange Situation Paradigm”
 - Secure Attachment
 - Insecure – Avoidant
 - Insecure – Resistant/Ambivalent

More recent category, not in original theory

- Insecure – Disorganized/Disoriented

(Comer et al, 2015)

Secure Attachment (60%)

- Child is bonded with caregiver (CG)
- Seeks CG in times of stress
- CG is responsive to child

Adult:

- Positive view of self and others
- Secure, trusting, emotionally available, comfortable with intimacy

Insecure Avoidant (10%)

- Child minimally bonds with caregiver
- Does not seek caregiver when stressed
- CG insensitive, rejecting, uninterested

Adult:

- Positive self-view, negative for others
- Puts up walls, distant emotionally, poor in conflict, independent, distrusting

Insecure Resistant (15%)

- Child highly distressed with separation
- Clingy, dependent, fears strangers
- CG is inconsistent, awkward, overwhelmed by task of caregiving

Adult:

- Negative self-view, positive for others
- Dependent, clingy, fear of rejection, emotional variability

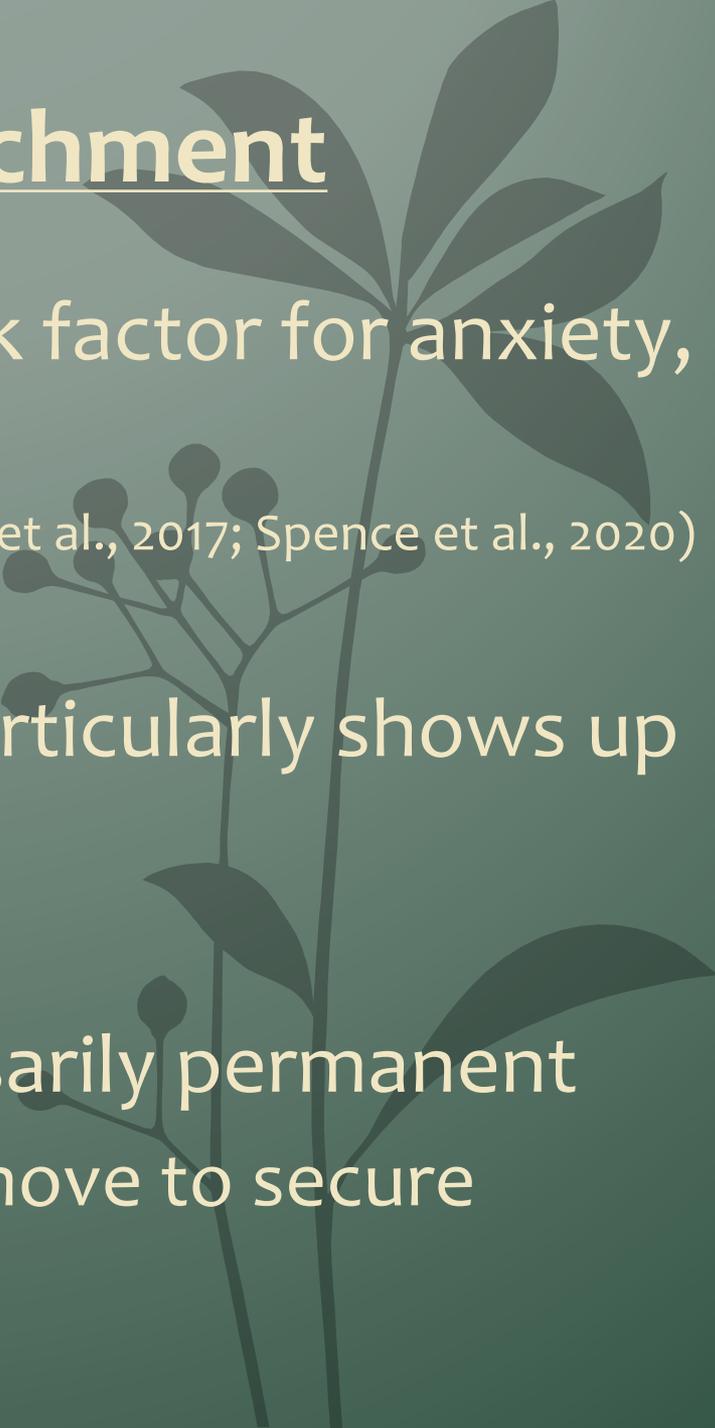
Insecure Disorganized (15%)

- Child acts confused, disoriented
- May dissociate when stressed
- CG emotionally unstable, may be confusing or frightening to child

Adult:

- Negative view of self and others
- Alternates between seeking and avoiding closeness, fearful of relationships

Childhood Attachment



- Insecure attachment is a risk factor for anxiety, depression and addictions

(Byrow & Peters, 2017; Estévez et al., 2017; Spence et al., 2020)

- Can be a life pattern that particularly shows up in our adult relationships
- Attachments are not necessarily permanent
 - Typically requires ‘work’ to move to secure

RISK FACTORS **DO NOT** EQUAL DISEASE



Adverse Childhood Events (ACE)



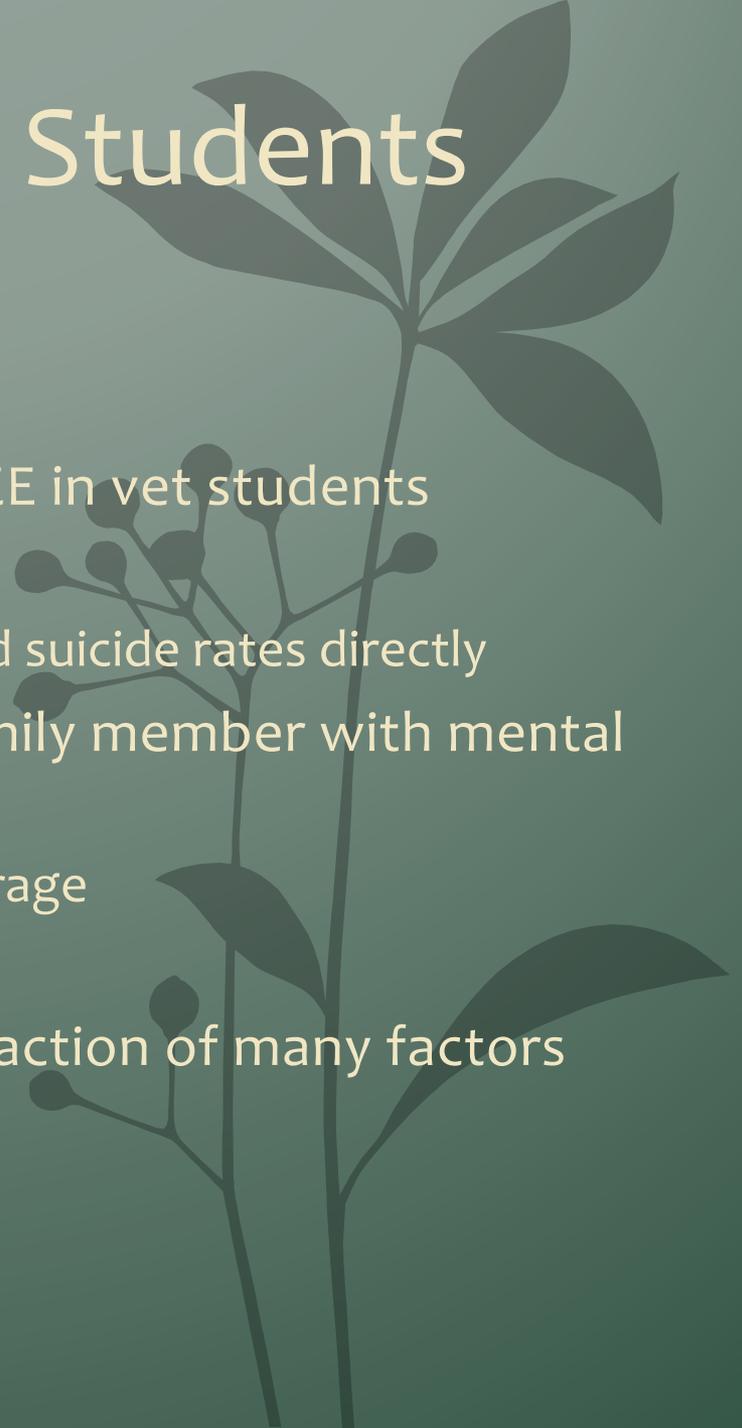
- Traumatic experiences occurring in childhood
 - Inadequate/inappropriate care by caregivers
 - Unexpected circumstances
 - NOT THE CHILD'S FAULT
- **Can** result in mental health issues
 - Anxiety
 - Depression
 - Self-harm and suicidal ideation
 - Substance abuse
 - Post Traumatic Stress Disorder (PTSD)
- Correlation between quantity of ACE and **potential** for mental health problems

(van der Feltz-Cornelis et al., 2019)

ACE and VetMed Students

Study by Strand et al., (2017)

- Survey with 43% response
- Did not find an increased number of ACE in vet students
 - 61% vs.63% population
 - Doesn't explain the high mental health and suicide rates directly
- 31% of vet students had at least one family member with mental health challenges
 - 16.3% suggested as a possible national average
- Veterinary wellbeing is a complex interaction of many factors



Possible Factors Affecting The Mental Health of Veterinarians



- Norms created within our veterinary culture and in our practices
 - Long hours are expected
 - Make no mistakes, must be perfect
 - Never show weakness, emotions have no place here
 - Unfailing dedication to our pets (loss of boundaries)
- Personality traits
 - Perfectionist/Fear of failure
 - Tendency to engage in social comparison
 - Limited interests and experiences outside animal-related activities

(Strand 2017)

RISK FACTORS **DO NOT** EQUAL DISEASE



Story Time



CHECK IN – CHAT WORD

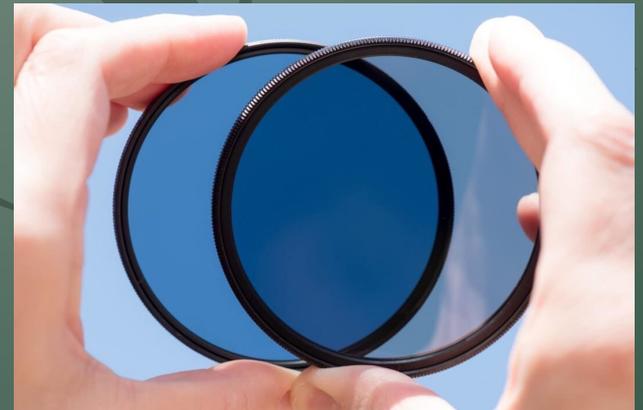
So I'm just sitting here, minding my own business and the whole couch exploded. I barely escaped. I'm as surprised as you are.



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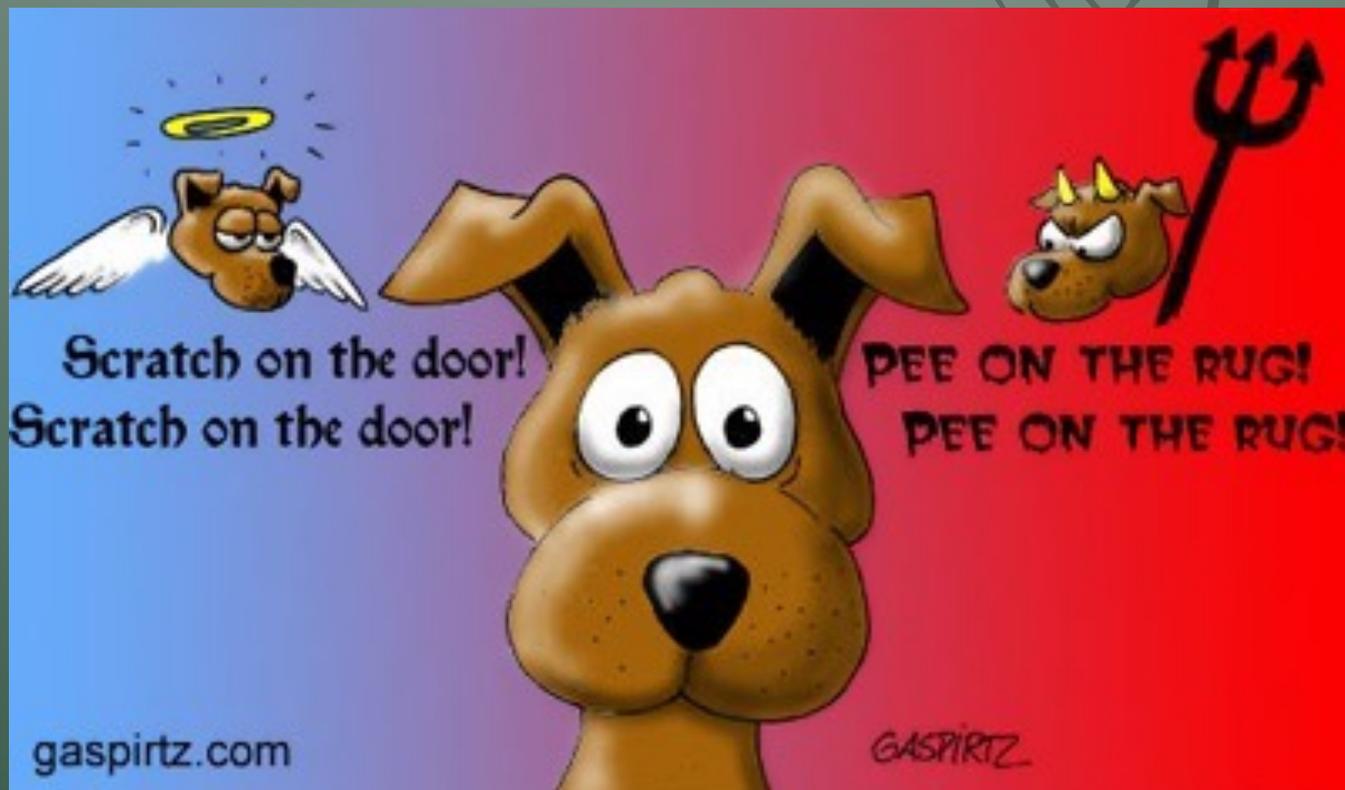
“We don’t see things as they are,
we see things as we are.”

- Anais Nin



What are Cognitions?

- Thoughts or images that pass through our minds
- Not the same as a feeling
 - A feeling = one word, vs. a cognition = phrase
- May be positive or negative, conscious or unconscious

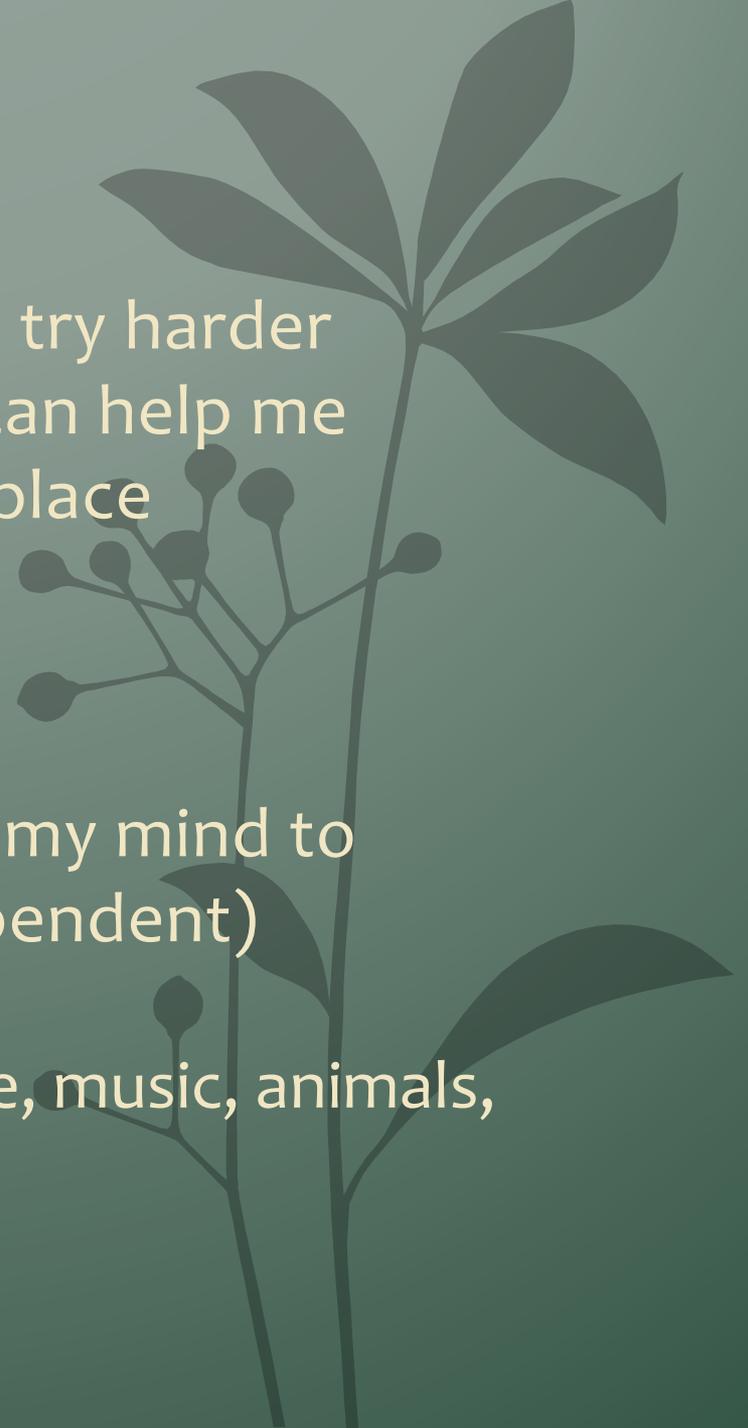


My Thoughts (Cognitions)

- I am unlovable
- I am not good enough, need to try harder
- I cannot trust anyone, no one can help me
- The world can be a dangerous place

BUT I also thought....

- I am strong and smart
- I can accomplish anything I set my mind to
- I can take care of myself (independent)
- I can cope and self-soothe
- Reading, stuffed animals, nature, music, animals, driving



Cognitive Dissonance

- Festinger (1957) proposed the theory and now hundreds of studies confirm it
- Occurs when:
 - We hold two contradictory beliefs, or
 - Our behaviour is contrary to our beliefs
- Creates emotional discomfort that we are motivated to reduce
 - Most commonly done by modify an exiting belief
 - Can also occur by selectively choosing supporting beliefs and ignoring those that contradict (selective retention/awareness)

(Comer et al, 2015)

Cognitive Dissonance in Action

Stopped at Red Light at 3am

- What are your thoughts as you sit at the light?
- As you consider running it, how do you feel?
- What are your feelings and thoughts after running the red?



Cognitive Dissonance in Action

Brand New Grad Being Pressured By My Boss to Euthanize a Healthy, Unwanted Cat

- Know it's unethical but my boss might fire me
 - fear of failure , fear of disappointing, fear of rejection
- Two other vets in practice do them, I must be a wimp
- There are so many cats, SPCA is overloaded right now
- These people may mistreat the cat or abandon it if I don't

Feeling:

- Nauseous, disappointment, anger (self and boss)
- Promised myself I would never euthanize an animal unless it was fully warranted

OUR THOUGHTS ARE POWERFUL



Cognitive dissonance can signal
an important crossroad...

Which way will you turn?

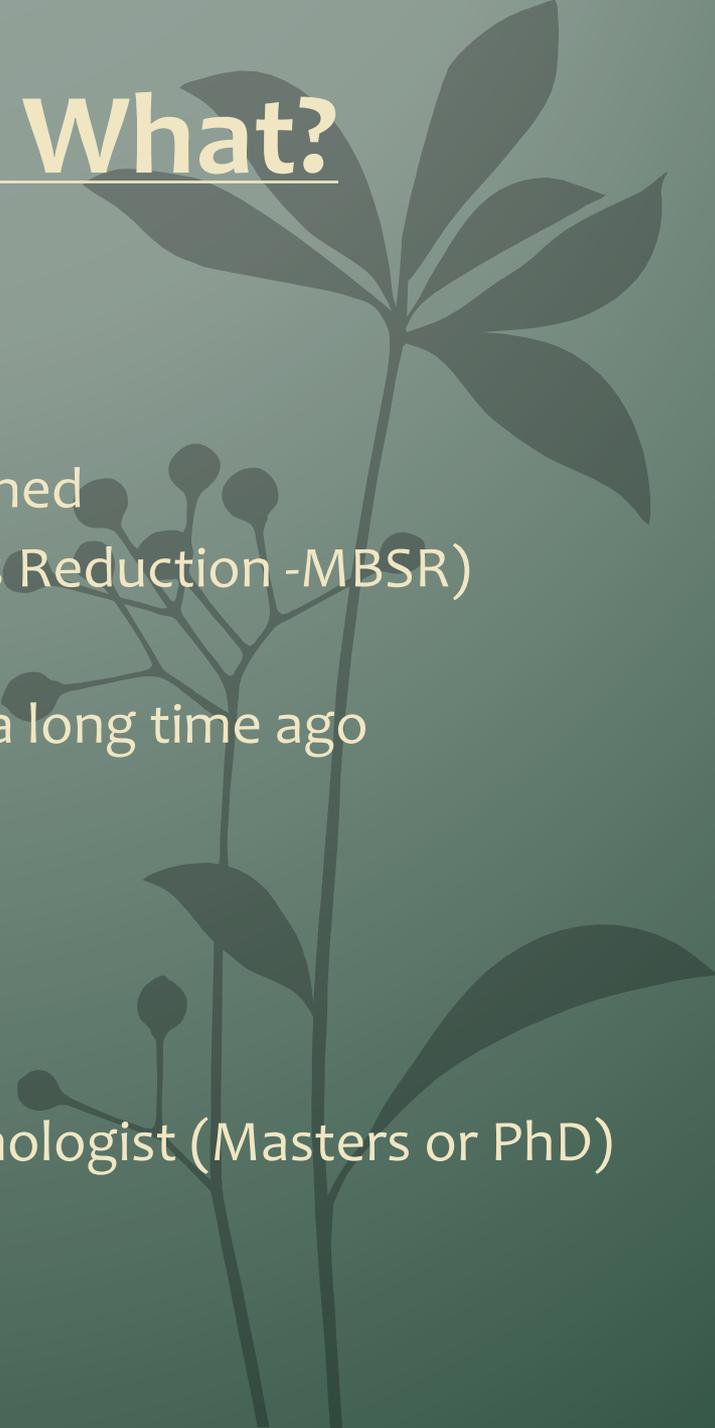


CHECK IN – CHAT WORD



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So What, Now What?



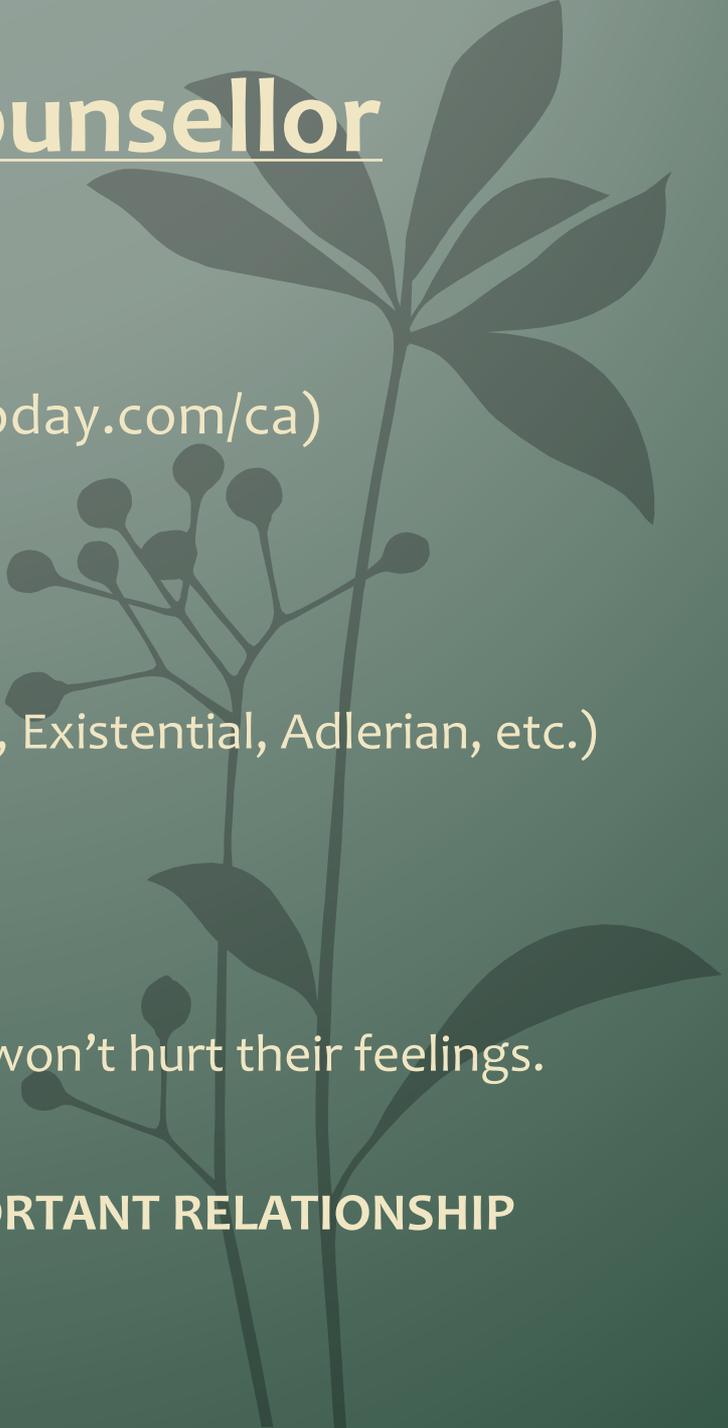
1. Working it out on your own

- Talking with friends and family
- Read every self-help book ever published
- Meditation (Mindfulness Based Stress Reduction -MBSR)
- Online resources
- If it was easy, we would have done it a long time ago

2. Seek professional help

- Family Doctor (medications)
- Life-coach
- Registered Counsellor/Therapist/Psychologist (Masters or PhD)
- Psychiatrist

How to Pick a Counsellor



- Ask friends and family
- Ask your family doctor
- Do some homework (www.psychologytoday.com/ca)
 - Qualifications, background
 - Trauma, addictions, depression, anxiety
 - Religion, culture, gender and diversity
 - Therapeutic strategies (CBT, Psychodynamic, Existential, Adlerian, etc.)
- TEST DRIVE!
 - You wouldn't buy a car without one!
 - It's OK to try someone else, not a rejection, won't hurt their feelings.

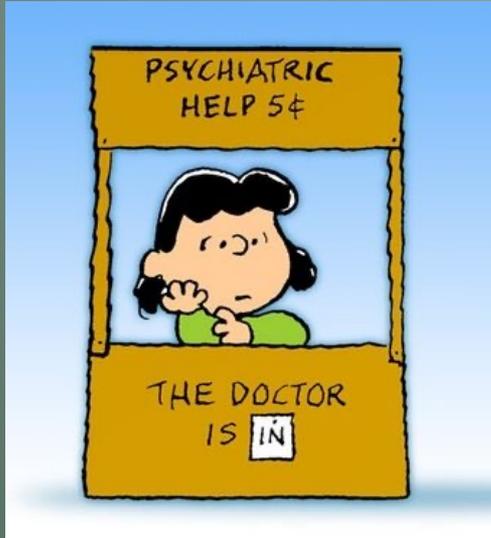
IT NEEDS TO BE A GOOD FIT, THIS IS AN IMPORTANT RELATIONSHIP

What to Expect in Counselling

- Confidentiality
- Disclose info on your current situation, medications, history, etc.
 - Open and trusting conversations
- Be aware - share your feelings and reactions
 - Can help identify key aspects of the problem
 - Can provide direction towards solutions
- Not a quick process in many cases
 - It took years to get you to this point, it won't unravel in a couple sessions
- Not every treatment works for everyone
 - CBT works for many people, but not everyone



Therapy is Not About Giving Advice



- We get all the advice we could ever want from family, friends, co-workers, internet (Dr. Google!)
- Most people do not act on simple advice
 - Buster collars, medications
- More committed when solve our own problems
 - Tailored more closely to our needs
 - Invested energy in = increased effort out
- EMPOWERING
 - When we solve our own problem, it enables us to solve future problems
 - Reduces dependency

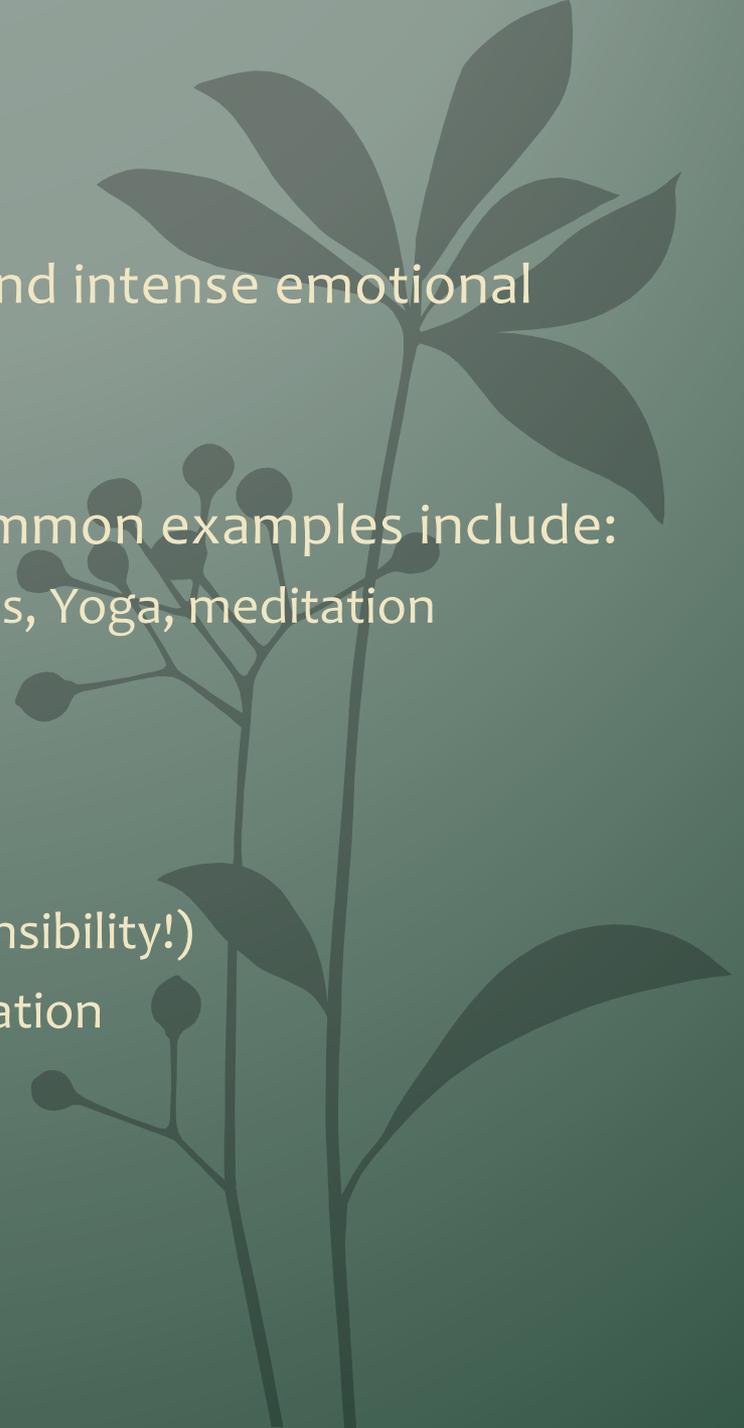
(Young 2017)

OTHER THERAPY INVOLVES:

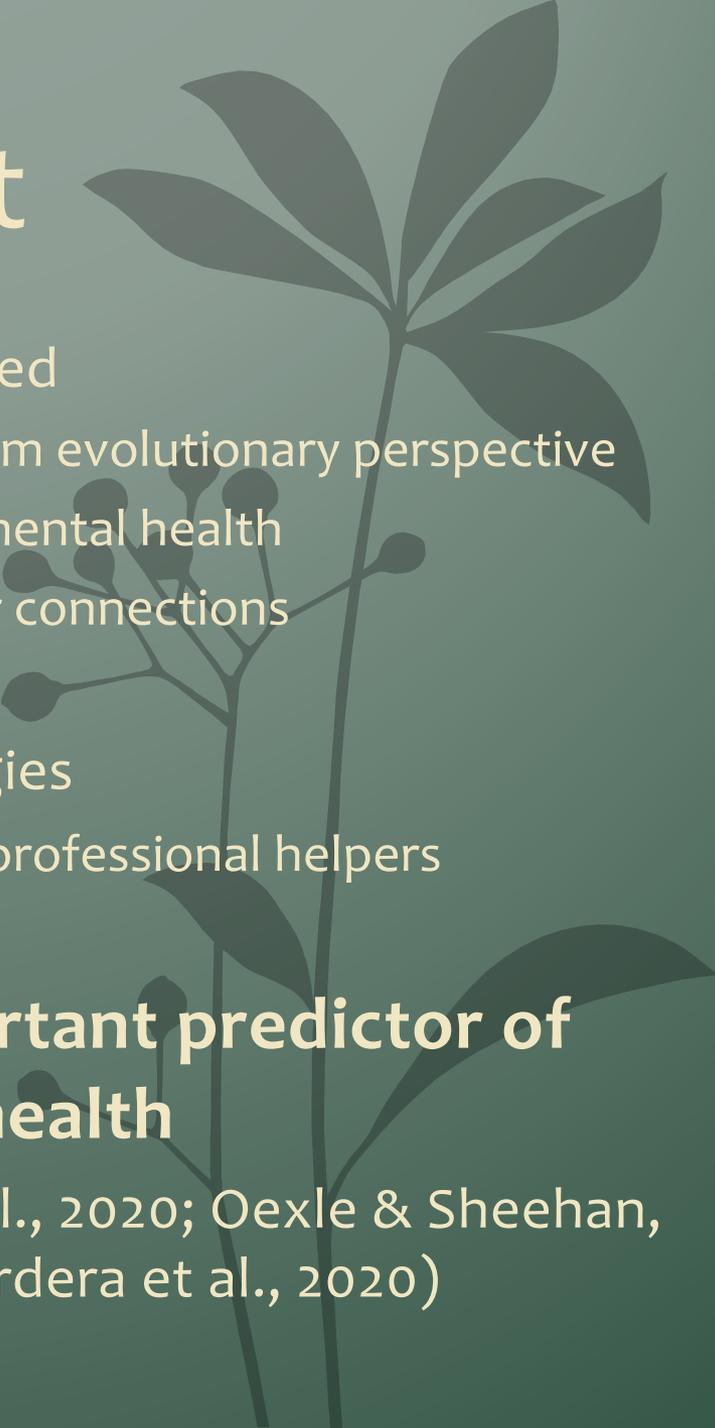
- Active listening (presence) , Empathy
- Unconditional positive regard (Acceptance)
- Thought-provoking questions

Coping Mechanisms

- Strategies used to help reduce stress and intense emotional states.
- Different for each person but some common examples include:
 - Exercise, sports, nature, music, art, hobbies, Yoga, meditation
- Maladaptive coping strategies
 - Substances and other addictions
 - Denial or blame (Learning to accept responsibility!)
 - Excessive venting/gossiping, seeking validation



Support



- As humans, we are inextricably intertwined
 - Survival linked to our success as a society from evolutionary perspective
 - Meaningful social connection is vital to our mental health
 - Our profession consumes us and we lose our connections
- Support is one of the best coping strategies
 - Friends, family, support groups, crisis lines, professional helpers

Perceived support is an important predictor of positive mental health

(Harandi et al., 2017; Muñoz-Bermejo et al., 2020; Oexle & Sheehan, 2020; Proescher et al., 2020; Scardera et al., 2020)

CULTIVATING the Right Friendships



SANDBOX FRIENDS

SHITSTORM FRIENDS

1. Stand behind and cheer you on
2. Stand beside you and hold you up
3. Shield you



DOG OR MUFFIN?



ANY OTHER QUESTIONS?

...AND ANOTHER CHAT WORD

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If you need immediate support, please call:

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