

eCPR – Why the Veterinary Profession needs Embodied Listening

Joanna Robson, DVM, CVMST, CMP, CVA, CSFT, CIT, eCPR

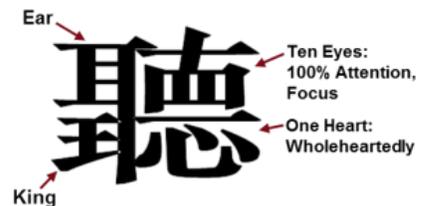
When my parents announced their acute exodus from the California Bay Area to a little town called Kingston, Tennessee, family strife ensued. They were two more people bailing on the exorbitant taxes and cost of living, traffic-jammed stressful environment, earthquake-PTSD, and strained retirement of CA living. But Tennessee?

Immediately after their announcement I was attending a long-overdue silent nature-based mindfulness retreat, revisiting my professional burnout and compassion-fatigue, ignored meditation practice, and avoided self-care that were all contributing to my dark mental condition and exhaustion. I was reminded of my experience in mindfulness and my desire to dive deeper into MiCBT – Mindfulness-integrated Cognitive Behavior Therapy. Online research quickly led me to University of Tennessee’s MiCBT programs, and then to the Veterinary Social Work program. Aha! What’s this? Turns out, University of Tennessee is the leader in Post-Graduate Veterinary Social Work programming: “Attending to human needs at the intersection of veterinary and social work practice.” Led by Dr. Elizabeth Strand, the MSSW-VSW and Veterinary Human Support Certificate programs are unique offerings. I reviewed the curriculum and came across an upcoming eCPR module. Having no real idea of what this entailed, I registered – an opportunity to learn something wholly new while also visiting my newly relocated family. Serendipity.

At the University of Tennessee-Knoxville College of Veterinary Medicine, our session included colored name-tags (with stickers!), two skilled eCPR Trainers from both West and East coasts, both with clinical counseling backgrounds, twelve people somehow connected to Veterinary Medicine (DVMs, techs, researchers, students), and a shared desire to learn, share, and connect.

eCPR: Connect, EmPower, Revitalize. A review of the day, an introductory PowerPoint, and a demonstration ensued. Two trainers sitting in chairs across from each other simply having a conversation. Only they weren’t. One was sharing a heartfelt issue about an aging family member and the other listened. Intently. And reflected and resonated what he was feeling in his body as his partner spoke. There was no fixing, no suggestions on what to do, no interruption with personal story – only empathy and curiosity. Whole body listening.

TING: to Listen. The Chinese character used to represent eCPR: listening with both ears, ten eyes, one heart, with respect, and undivided attention. That’s right, close down your Facebook page, put your phone down, and be present. Fully present. It could save a life.



The suicide epidemic in the Veterinary Profession is finally getting attention in the public light. A study spanning 36 years of death records covering 11,620 veterinarians concluded that female veterinarians were 3.5 times and male veterinarians 2.1 times as likely to die from suicide. Drug overdose was the leading method. People are often shocked to hear these statistics. “Veterinarians? Don’t you play with puppies and kittens all day? What a noble profession saving animals! I always wanted to be a vet!”

Causes of the high suicide rate are multifactorial. Burnout and Compassion-Fatigue, Moral Stress, convenience euthanasia, secondary trauma, emotional blackmail (“if you really loved animals you’d treat

Fluffy for free!”), competition among peers, social media backlash and personal attacks (Yelp reviews, Facebook forums), high student debt load, poor self-care, fear of litigation, Board reviews, perfectionism and high expectations, loneliness, easy access to controlled substances, poor mentorship and job dissatisfaction, depression, etc. are all on the list. Hence, it’s not a single easily-eliminated causation, but rather a reflection of human nature and societal pressures. And the issues expand beyond traditional clinical practitioners to include those dealing with animal depopulation (such as government workers dealing with infectious disease in herds or flocks), lab animal workers (from rodents to Beagles to primates), shelter veterinarians, and more. Corporate practice, private practice, solo practice, and non-profits each bring their own shared and unique stressors.

Over two days our group explored embodied listening and what it means to reconnect one’s mind to the body, to feeling in ourselves and resonating that back to our partners in “real play” rather than role play. We had open conversations about the struggles in our profession – from University settings to private group practices to solo situations. Family challenges, financial stresses, the difficulties technicians face with both clients and superiors, the reality of burnout and facing leaving practice, fear, joy, success, and loneliness.

There are inherent challenges in these trainings. One, fears about sharing deep personal information with strangers. Two, concerns about confidentiality and potential repercussions from colleagues or coworkers. Three, emotional rawness in opening and discussing past or present traumas and how to manage that post-training (meCPR). Finally, for clinically trained professionals, dropping the academic process to dive into the deep end of felt experience can be daunting. We love structure, and the organic flow of a session may cause distress in its own right. All of these are opportunities of exploration and growth requiring bravery and curiosity.

At the beginning of the training, there is the establishment of “The Community Agreement”: creating a Safe Space. These are a set of rules or ideas that the group needs in order to feel contained and able to share and proceed. Simple things from turning cell-phones off to freedom to use the restroom, to adherence to strict confidentiality. Each group may be slightly different depending on needs and demographics.

Most importantly, permission is typically given to NOT share. While the training is based on practice and experiential learning, one does not have to dig uncomfortably deep, and may be invited to simply share a current issue they are facing and see where it leads. Resonating as a group is incredibly impactful, and simply sitting and feeling within oneself as an observer can begin opening the heart and a feeling of connectedness.

But sharing with strangers? eCPR is applicable to family, friends, coworkers, the grocery-store clerk, the gas station attendant, clients, to oneself. You may find that it saves the life of someone in crisis, who could be a complete stranger. This has happened recently to me, and I was incredibly grateful that I’d had practitioner training to help someone in need. eCPR is a way of living, or being, and not simply restricted to a two-hour or a two-day seminar. It takes practice, but the skills are inherent in us. We’ve just lost our way, buried in our phones, ipads, noise-cancelling headphones, isolation behind a keyboard, fear (or very real legal or professional ramifications) of touching or hugging one another, of staying busy in our heads. For veterinarians specifically, living in our minds, reading diagnostics, interpreting histories and data, planning treatments, calculating dosages, crunching financials and bills, maintaining a professional exterior in times of stress, walling off human and animal suffering, may leave us wholly disconnected from

each other, and certainly from ourselves. Learning how to BE with someone in crisis- a coworker, a client, a friend, a stranger, without the responsibility of providing solutions and “fixing” is incredibly freeing, and ultimately very healing for both parties.

When I attended my first training, it was the third veterinary-specific session offered by University of Tennessee CVM. Ross University and Madison-Wisconsin have also offered eCPR practitioner trainings. I have subsequently attended two additional eCPR sessions, with very different social groups. Trainings may be offered to the general public, mental health professionals and peers, non-profits, first responders, and many more. As a Certified eCPR Facilitator I intend to bring eCPR to the veterinary profession at large, whole-heartedly believing that one of the keys to our professional and personal thriving, not only surviving, is knowing we are not alone. That it's important we share, and FEEL, the realities of our daily lives both in and out of the clinic.

For more information about eCPR please review the website at: <https://emotional-cpr.org/>

University of Tennessee Veterinary Social Work and the Veterinary Human Support Certificate:
<https://vetsocialwork.utk.edu/>

Joanna Robson, DVM, CVSMT, CMP, CVA, CSFT, CIT, eCPR www.InspiritusEquine.com