



# SELF-INJURY & SUICIDE: REDUCING THE RISK

**GUEST: SALLY FOOTE, DVM**

[00:00:00] **Colleen Pelar:** Hi, welcome back to UNLEASHED (at work & home). My guest today is Dr. Sally Foote of [Okaw Vet Clinic](#) in Illinois, and I asked her to talk to me today a little bit about self-injuring behavior because that's a big problem and it's something that we do sometimes when we are attempting to cope with problems and it's not usually helpful. So welcome, Dr. Foote. I'm so glad you're here today.

**Sally Foote, DVM:** Thank you. If you hear a few background noises, that's because of my veterinary practice. I holed myself off in the exam room, but you may hear voices in the hall and just to let you know.

**Colleen Pelar:** It's all about real life here. Things happen. We typically start with animals and then we move toward people. So we do see self-injuring behavior in animals sometimes. Can you tell me a little bit about that? When does that occur?

**Sally Foote, DVM:** Well, I think um the most common thing many veterinarians, veterinary staff, even probably, you know pet owners that have had [00:01:00] some uh, whatever little more educated or experience with pets, we can think of, say, the dog who chronically licks their front paw chronically, maybe if their paws or at a spot on the back of their foot, and this is called an acral lick granuloma. That's the technical medical term and oftentimes what gets them to start licking is some kind of like stress, some kind of anxiety trigger, and it becomes chronic and it actually is partly a compulsive behavior.

Now there can be medical triggers as well. Say like pain in that limb or pain in the leg, or we may have cognitive dysfunction syndrome, which is basically like in the aging brain of the dog. If it's a behavior change, then they go into the self-licking, you know, just chronically looking and they create the wound. Some of these wounds can be big and very difficult to try to get to heal, even when you get the animal to stop looking because it's become very large and very involved. So that's one example of self-injurious behavior say in the [00:02:00] dog and the cat you can also have this chronic licking, over grooming. You know the cat has no hair on their front legs or on the abdomen, backs of the thighs.

In cats we don't often get where the cat will actually get to a sore, you know, or a lesion. Consuming all that hair can lead to obstruction. Hairballs that are very large or chronic vomiting because of the hairballs and that's not good for their health and oftentimes in cats it's related to stress. It can also be related to allergy or skin, you know allergies that are related and causing inflammation in the skin, but commonly it's a two-fold. You have to

manage both the behavior, the stressors in the environment that get them to start starts licking in addition to possibly allergens but a good portion are triggered by things that are stressing the animal. We may not see that this as stressful, but the animal is.

So oftentimes, it's some kind of a compulsion. You also see feather [00:03:00] picking in birds. There'll be birds that look naked. Have no feathers. They plucked all their feathers out. Or horses cribbing. Horses that are wind sucking, as we call it. They're biting on the side of the fence and then grinding and they wear their teeth down or they may be like this, inhaling air, and then they can colic.

But it's this repetitive self-injurious behavior oftentimes related to stresses for them that are in the environment and then it may be because they don't have enough enrichment. Maybe there they have another physical problem, but it all comes together. But yes, we do see these self-injurious behaviors and animals.

**Colleen Pelar:** And the common theme, of course, being that it's an attempt to deal with the stress.

**Sally Foote, DVM:** It's a coping mechanism.

**Colleen Pelar:** And we as people do that a lot. Don't we?

**Sally Foote, DVM:** Yes. Yes, I think in humans we have much more of the evidence that shows. You know, like if I start twirling my hair, right? I'm not injuring myself. But if I hit a bald spot because I did it all the time, now I'm injuring [00:04:00] myself. But anyway, as I do this action of twirling my hair, I may be releasing dopamine and serotonin and these calming brain chemicals that help me to feel more calm. So it kind of becomes this addictive compulsion whenever I feel stressed because I want that self-dump of the good-feeling chemicals. Well, these are all mammals, with the exception of the bird, but still in many our brain structures are not that different. We're fundamentally very similar. It seems to be that the stressor on the animal is also releasing for that animal something that is self-soothing. Something that is, you know, self-calming and then it becomes reinforcing. You're just gonna keep on doing it.

**Colleen Pelar:** And that's how we get all of our little quirky habits where we're like, "Oh that's that is what I do. I twirl by hair, or I bite my nails or I crack my Knuckles or bite on pens." All those things. And these behaviors are an attempt [00:05:00] to make ourselves feel better for this moment of stress. So on the one hand, it's a good thing. On the one hand, it is an attempt to make ourselves feel better and to cope with the situation. But they could go too far and they often do go too far. And so when we're looking at that in a veterinary clinic, one of the biggest issues is, of course, turnover and employee burnout and compassion fatigue. Just that people are worn down by the work. And so when we're looking at coping mechanisms, what are some of the common coping mechanisms you see, healthy ones, that people use in a clinic.

**Sally Foote, DVM:** Well, my personal work experiences, I did start out at a larger clinic in the city of Chicago and then moved to a slightly smaller--and I say slightly smaller going from I think a five DVM Clinic to a three DVM clinic--so we also pretty busy. Still in the city, right in the city of Chicago. Then [00:06:00] we moved a little town, Tuscola, four thousand population. I went into solo practice so I kind of have both worlds, you know what I mean, of practices I can see and think of. And I've been pretty active in various associations and so on and with vet students, I think to keep a grasp of these things.

So healthy ways of coping with the various, let's just call those emotional stressors or mental health stressors. Okay we have business stressors and all that but these mental health stressors, in practice, the healthy ones are, I think, a little vent session within the staff. In other words, it could beat what some people might call water-cooler talk but we don't usually have water coolers. Either have a coffee pot or the animal who's doing well under anesthesia, and then we start chatting. Or it's the end of the day as you're doing the money and you're finishing up and you go, "Oh my God, it was so hard when that puppy came in hit by a car. You know, I just I just can't believe something so sweet [00:07:00] and little is gone now." To just say that releases it from you and to know that you can say that. It's considered appropriate and that your co-workers aren't like, "Oh just buck up and get with it." They say either, "Yeah, you're right," or even if they don't feel as intensely as you do they at least would emphasize to say, "I hear what you're saying."

**Colleen Pelar:** Yeah, "This job is hard sometimes."

**Sally Foote, DVM:** "It was hard on you. You were the one standing in there administering oxygen, intubating with the doctor," etc., etc. "You were the one holding the client's hand as they're crying and collapsed down the ground as a puppy died." Like, "I understand it's hardest on you and I'm really sorry for that." To have the staff to be able to do that little vent session and I think especially led by the DVM. That the DVM walk up going, "I hate my job sometimes." Now it's really just say that out loud. "I hate my job sometimes. We had four euthanasias today. We had the puppy who died, and now Mrs. Jones is complaining about the bill after we just saved her pet. I just really want to go home and crawl under a rock." Like to be able to say that or and to [00:08:00] say that to your staff, it relieves you and unburdens you and we must be able to do this in a second. So I think that's a healthy mechanism. Another healthy mechanism as well, it's really important for us to have non-veterinary family members or friends who are close too because they help us to keep balanced, on what's really realistic expectations. At times though, no one else, but another DVM can understand how I feel when I do have to do four euthanasias that day and that puppy died under my hands and I've got someone complaining to me about the bill and tells me I don't know what I know, you know. So another DVM is who I need to talk to, who is an empathic caring friend because they'll say, "Wow. Yeah, I had days like that too. You know, it's tough. I'm sorry you're going ..." Meaning to be empathetic. And so we need to maintain our friendly, real-life blood and flesh or real phone contacts. Many of them are going to be people say we went to school with. You [00:09:00] know, I'm still close with about three or four of my friends from my veterinary class and even undergrad. They have been some of the best people for me to turn to at times of duress or stress because they've

known me for 35-38 years, and I know them. And maybe I might not have talked to them like in person in eight months or a year, still if I get a call from my friend Vicky, I'm gonna pick that phone right up and I'm gonna listen to her because I care and we're both DVMs. That's important to maintain. Don't let those die and then also for me to, say, talk to my sister, who is a homeowner and a homemaker and an intelligent woman and her background is more of a liberal arts degree from college. She can listen to me, you know be supportive, not just as a sister but also about, "I'm just a regular person. You're expecting too much from yourself, Sally," which helps to ground me.

So I think those are all the healthy ways that we have. You really got to [00:10:00] encourage your staff--I'm a boss, I'm owner of a practice as well as the DVM-- to encourage your staff to take the time to continue to cultivate those relationships. They're like, "I really ought to go to the CE event, but gosh my husband's high school friend that we also hung out together with all through college is coming into town." No, go hang out with your husband and your high school friend. There'll be more see CE events. If this person is traveling from halfway across states, take the time with them.

**Colleen Pelar:** I think that's great. I particularly like your part about saying that some of the vents sessions within a clinic should be led by the DVM because I've talked to many vets who say they will talk to other vets about their concerns, but they never want to show what they perceive to be as weakness to the staff. So they want to keep it all in.

**Sally Foote, DVM:** That's just kills you.

**Colleen Pelar:** That's a heavy, heavy burden.

**Sally Foote, DVM:** Yes, your staff [00:11:00] is so aware of what affects the leaders. They are not blind to this. They can clearly see when you're happy, when you're sad, when you're tired, when you're energetic. They can tell when you walk in the door in the morning if there might be something going on at home. You're trying to bottle up and hide for work. And they may not know the facts about it, they know something is affecting you and, you know, what we are not robots. They expect that if you were the vet who lost that puppy on the table. The DVM is the one who delivers that euthanasia. We are the one who gives the drug that ends their life. If you're never been in that standing in that role, you never know what it's like till you are. And the staff knows, this has got to eat at them. And if they never hear about, even just a little bit, of how it eats at you then it's only holding them away from us and how they can be help to us and us a help to them.

Secondly, we are not [00:12:00] perfect. We are not some kind of god or goddess that is never affected by that and if we hold ourselves up to any kind of an image for that, we just are creating that pedestal, you know that we fall down from because we are human. Then we be getting the way deeper grip of emotional pain and mental health pain that quite honestly many of our professionals are taking their life over or even saying "I'm thinking about taking my life" over. Oh my God, how did you get to this point? Because you kept it all bottled up and it could have been, it's like what they say, a sign of strength is to ask for help

and that is so true. It's true in any kind of manner of life or any kind of person and so it's a sign of strength to say to your staff, "oh, I just today sucks," or "I don't know if I could see the next patient. I just don't know what to [00:13:00] do."

**Colleen Pelar:** It's a difficult thing because for most people we love to help others. You know, that helping makes us feel good. But asking for help makes us feel bad and yet if we can recognize that asking someone for help is a sign of strength and it will make the other people feel closer to us and make us feel closer to them, it's such a powerful thing. But it's an interesting spot where we get ourselves stuck. Like, you know, "I would never judge you for asking for help, but I can't ask for help. Oh no. No. No. You might think I was weak or inferior. Unable to handle stuff."

**Sally Foote, DVM:** And I think there's also a difference. You're not becoming like best friends or besties, say, with your staff or any other non-DVM in the case of a vet talking about, you know, big stressors. You are not becoming best friends with your staff. To just outwardly have this venting [00:14:00] session and I don't mean screaming and yelling. I just mean saying how we all feel. You are you are creating a friendly atmosphere. You're creating a trusting atmosphere. You're creating a way to help the place be run the best. You don't have to share everything, but I think you need to share enough that does unburden you and also shows that you are not a robot. I think it's also important to ourselves to let ourselves be somewhat vulnerable to others. The last thing I'm gonna say is this also. I never thought about this until a friend of mine had breast cancer and she was one of those who was kind of like, "No. No. No, I can do it all myself." And was a group of other friends. We just kind of said, look, we're gonna approach her with some ideas. We'll all rotate bringing like a casserole over once one day a week for you. Because she has five children, you know, and she's married and home schools her kids, and now she's got breast cancer? I'll cut your grass for you. Here, we have a plan. This is [00:15:00] what we want to do for you and we're not going to take no for an answer. The way we worded it was like, "Will you allow us to be trusted by you? Will you let me know that you value me by having me help you?" It's not about you being so poorly or doing so ill, you need help. It's more about giving me the gift to give to you and I want to gift you this. And she just sat there and went, "You know, you're right. I never thought of it that way. If I keep insisting I can do it myself, I'm actually telling you I don't want you around." I said, "Yeah. You just tell me what you want to do. I'll do your laundry. I'll play with your kids if you want laundry. When you allow me to give to you and to help you, it's actually giving me more than probably how it's helping you. It's in the end for us to build a relationship that's better [00:16:00] and I just want you to get better." And she did, but for her that was like you said before initially. It's that you know how it builds our relationship. I never thought about it so much like that until me and these other friends got together and her case.

**Colleen Pelar:** Yeah, I think that's it's really, really powerful because we do want to be supportive to one another and we do want to make things better. And you know, we all know that just stuffing it down doesn't work. And yet, it's the first thing most of us try to do because we're sort of taught, you know, you should have the answers and you should do things right. The perfectionism gene--which runs strong in many veterinarians--that we

have a concern about letting people in or letting bad things out. Letting you know that things aren't going so well. So on the coping skills side, what are some of the bad ways of coping that you've seen?

**Sally Foote, DVM:** Some of the bad ways of coping that I've seen is first of all over-working. You [00:17:00] know like the workaholism and I'm competing very guilty of that. Uh, but that you know, it's like, "Oh my gosh, this case isn't going well. I don't have all the records written up. So I'm just going to work harder at getting the records written up. I'm just work harder at making sure I get all those phone calls to all those clients. Make sure that they all care." Second thing is many people will turn to some kind of chemical substance that helps to create calming. And so that's a very general way of saying, okay, maybe I go home and have a beer or drink, but then there are some more having four or five metabolize off by the next morning so you can work in the day, but now it becomes a part of your pattern.

Thirdly, of course, we're all smart about drugs. So we have some of us self-prescribing things, you know, Alprazolam or other drugs and things like that and we can get our hands on it easily. Now we can have our little stash at home or wherever. I think that's what I see most commonly. I am not shocked to hear when another colleague or someone I know may say, "I have [00:18:00] to go to my meeting." They're now in recovery and they're attending their meetings to go into recovery. And I'm just like good for you. Okay cool, you know good for you and I hope you can get there. If I can help you, whatever. And I mean, I've heard that kind of comment from some of the top people, I would have never, you would never thought of, but anyway comes from them as well as others. And I just learned that is a way that some people will self-medicate. Self-medicating but I think chemical substance abuse is one of the first things many people will turn to. Almost like workaholism comes first is what I tend to see and then I see more like the substance type of abuse. And then what gets married in with that will be like people who have anger management problems, and then it's gonna erode your marriages or your relationships with partners.

I'm sure there's lots of other isms that can all come in after that too. Like gambling, you know and are all like whatever gamblingaholics and shopaholics and you name it, but um as far as when it comes to like [00:19:00] physical harm, I am aware of some people got into things like cutting, and then of course, I also have colleagues who committed suicide.

Now, I don't know what other ways they were self-harming necessarily, not specifically, proceeding the suicide. Some I do but not all because it's so easy to hide. Talk about shame and asking for help and that's a common thing for many an addict is they have to hit rock bottom before they ask for help, but even not all of them do that. They may hit the rock bottom, which is the end of their life.

**Colleen Pelar:** Right. And it's a difficult thing when someone's having suicidal thoughts to share those. I had someone tell me, "I keep thinking that it would be better if I weren't here," and then she said, "Well, I'm not going to commit suicide or anything, but I just keep thinking it. And I thought, "Wow. Well first off thank you for telling me."

**Sally Foote, DVM:** Exactly yeah

**Colleen Pelar:** It would not be better if you weren't here. [00:20:00] Um, but it was so matter-of-fact when she said to me. It was just sort of a statement, and it's something that had been rolling around in her head that it really probably would be better if she weren't here. And I think that suicide for those left behind is always so stunning and shocking. How could this person have felt that way? We're left grappling with these unanswered questions. But for the person considering it, it seems logical and practical and just, you know, probably a good idea when we're looking for solutions. And I think that's terrifying and then when we look at veterinarians having a higher rate of suicide and suicidal ideation than the general population, then that becomes a concern too. So as a culture, what can we do to support our veterinary professionals?

**Sally Foote, DVM:** Well, I really [00:21:00] strongly, strongly feel that we have to stop the culture of perfectionism and I was talking to another friend of mine who teaches at one of the veterinary colleges. She and I were creating some content for some behavior webinars, and we were just, you know talking at dinner about various things and this came up. She's working at a veterinary college of a large university. She said is totally the culture at this university to bash the primary care veterinarian, to bash the generalist. "They don't know what they're doing. You should not do certain surgeries unless you're board-certified you are good enough. You aren't good enough. You're going to get it wrong. You're screwing up." That kind of mentality is definitely a part of their learning cultures. Of course when they graduate, if they are not going into a specialty, which is probably part of why so many of them go into a specialty and the specialties are a long haul and too draw. They really don't make more money. They go deeper into debt, which is insane. Then they go in general practice and they're coming into general practice with that whole like [00:22:00] imposter syndrome, perfectionism, "I can never be good enough" mentality, which are there we have just sunk them down so far. So there's no there is no like acknowledgement of our own humanness and then that can carry on. So I think it goes one of two ways. Either if you're lucky enough or fortunate enough to have enough other non-veterinary people who go, "What in the heck is that all about? That's not even realistic thinking," you know, like sort of slap you around and wake you up. You don't go into a practice that has more humanistic staff especially veterinarians to go, "Hey, whoa, whoa. Whoa, this is not mechanics here. We are dealing with biology. You cannot control the outcome. All you can do is advise and give what can be done for medication and it's up to the owner and the animal's body and whatever else that's going to get this to go right or wrong. It is not all up to us. We have not in control of this. You're not in control a lot of your life. That's how life is." Accept it, [00:23:00] like accept that you know, you are not gonna get everything right. You are going to misdiagnosis and that's how it is. That's how it should be. If you aren't missing some, it means you aren't seeing that many. To capture that kind of mental attitude is very rare these days and I feel there's been a change in our veterinary, both the educational culture and the culture in practice that is lost that. I graduated 34 years ago. The old vets were like, "well every day's a new day. You do the best you can. It's very interesting business, but you can't control everything and don't ever think that you can control the outcome of every case. It is not possible." That's what the old guys were saying to us

coming in as new grads. I don't hear that kind of message coming to our younger grads unless it's somebody older like me. So I think a lot of these and I mean graduates that graduated even 15 years ago, we're still facing that same kind of thought pattern, you know, so I think that's become [00:24:00] very ingrained in our culture. So when everybody's talking about wellness and all this, I think we have to have self-compassion and that's what self-compassion is. We have to self-compassion and we also have to have colleague compassion and when you need to look at life as a process and that a no one is ever going to get it all correctly. And we're always just doing the best that we can in every moment that we're here. Some moments may be better than others. I don't mean this in a trite way but I really do pray for our profession because I really feel so strongly about how we lack that. You can talk to people. You can approach leaders at universities and all that and they'll give you a little lip service, but nothing changes. And so if I want to call on the divine, I'll call on the divine and see if it adds a little oomph.

**Colleen Pelar:** A little extra power to it. But I like the two pieces of [00:25:00] self-compassion and colleague compassion because I think that they're both difficult, especially when we are taught that there is one right answer. You know that is easy to go, "Well, you didn't find it. So now I'll bash you." Oh here, now. I didn't find it.

**Sally Foote, DVM:** "How could you miss that? It's right here. Did you not know how to do a bababababa test?"

**Colleen Pelar:** I think that's a really interesting way of looking at it because it is a big problem and if we don't have colleague compassion, it makes it harder to then turn to a colleague when you're having a bad day, too. You're going to be judged.

**Sally Foote, DVM:** Oh my Lord, yes, if they're gonna judge you about missing the diagnosis on a complicated pyoderma, you better believe you're gonna worry that you're going to be judged if now you're saying, "I think I got a problem with drinking." You would never say that to anybody. "I think I have problem with working too much. I haven't been [00:26:00] home more than six hours a day and it's only to sleep." Right? You won't say that. You won't say it.

**Colleen Pelar:** And then you'll judge yourself for all those pieces. I think self-compassion is an interesting thing in that it's sort of the buzzword now in the last five years or so, but it's hard for us. I think that where we've been raised in this culture of that you have to criticize yourself and have structure and rigidity and you have to accomplish and all those things. So it's really easy for us to point out all the places where we're not meeting the perfect standard and instead of looking and going, "Is the perfect standard the real standard or is it human?" Like you said, like you're gonna miss some. If you don't miss some you're probably not really doing enough so that idea of how do we let go of that perfect image for [00:27:00] ourselves and become more accepting. Give ourselves permission to be human. Do you have any suggestions for how people can start moving in that direction?

**Sally Foote, DVM:** Well, I think one of the best webinars was one that came shortly after Dr. Sophia Yin died and it was put on by [Vet Girl on the Run](#). It was from a sociologist and I'm sorry, I cannot remember the author's name, but it was debunking a lot of suicide myths and then they also went on to say so what do you do when there may be warning signs of suicide and then lastly kind of how to insulate yourself or protect yourself from getting that down or getting that low. And one of the key things that they said was balance in life is not just about how well, you know sleeping and your physical activity or what you eat. It's important, but it's a balance actually of your emotional health, your physical health, and your intellectual health. So [00:28:00] intellectual is yes, I attend a webinar. I read a book, you know, I keep up on my logical intellect, my medicine that I know, and it's not about trying to compete to be the best vet around but it's more about my own self-interest, my own self, what I like to do. And of course sleeping enough, eating enough, and getting my physical activity enough, but the emotional support, the emotional health was about your spiritual health. Spiritual health was, she said, not only about like religious practices, but anything that expresses your creativity and your feeling of what you are made for. Now we don't know what we're made for but this is a part of where you always will be to do something, to engage in something that literally gets you feeling, "Wow, I really love doing this." So if you're not one who may do well with, say, going to church or saying prayers. But that's a part of where you feel your spirit--and that's what spirituality is--then it's about things like maybe you like to paint, maybe you like to garden, maybe you like to sew, maybe you like to knit, maybe you [00:29:00] like to do music, okay? Maybe you like to build things, you're a carpenter. Great. That is what you do and that you need to have that expression in your life.

And then the other part of your emotional health is maintaining relationships with non-veterinary people. And that's what she really was hitting on. So you gotta keep some level relationship with a sibling, your spouse, your parents, an uncle, a cousin, people have known you a long time. And then with new friends you really want to cultivate new friends that are not in your working world because they are who will help to keep that emotional balance, that kind of self check, you know. You just saw 20 patients today and you can't believe you missed the diagnosis on the twenty-first one, when you haven't had lunch, you barely had breakfast, and it's 8 p.m., you still haven't eaten dinner. Oh my, oh my God, you were starving. You're tired. Of course, you're gonna not think straight. That's the reality check that helps you to get away from that perfectionism, get away from all that [00:30:00] bad self-talk, and helps you to be healthy or emotional. You don't beat yourself up so hard, you know, and so that that I think is what we really need to totally encourage. And also maybe even create ways that vet students can have outlets to go commingle with the PhDs in music or something. You know, people are coming very different point say, "Hey, we're all going to go to the museum. We're not gonna go to a farm to look at cows."

**Colleen Pelar:** I know. I agree completely. I mean because I always break it into mental, emotional, physical, and spiritual or social--m-E-P-S in my head--of how are we making these connections? And those are all the pieces you're saying there. And those are the things that we jettison when we're stressed. We go, "I don't have time to cook. I don't have time to garden. I don't have time to meet a friend for lunch. I can't. I can't. I can't." And

those are [00:31:00] real needs. Those are the things that that make you, you.

**Sally Foote, DVM:** Right and also too our culture rewards the high achiever and work. People look like, "What you quit your job as the vice president in charge of Anderson Accounting Firm in Chicago to go move to Tiny Town, Southern Indiana, and be the family lawyer two days a week? Are you nuts?" That you gave up a job earning five hundred thousand dollars a year and this wonderful big city, you know, all these accolades, to be in a town of less than a thousand to only do two days week? And that person might be going, "Yeah, you know why? I love to go home. I love to go fishing. My grandmother lives 20 miles away and I want to see her and spend time with her and I actually sleep at night now and that's worth more to me than this job."

In our culture, they've got to be a strong person to say that. Instead of [00:32:00] like, "Good for you. You probably make plenty of money in your life. You don't need to make more. You're going to an area that has way less crime. Way less taxes to pay. Boy, I bet you sold that house in Chicago for a lot of money and you bought your house down there in Southern Indiana for one-tenth the price and could sock away the other money. Why work?" You don't get that attitude. You don't get that and you should. Really, even from a logical approach, doesn't that make more sense?

**Colleen Pelar:** That's an interesting perspective. You're right because that's absolutely not how we talk about anything. We value the wrong pieces and we--the word that's coming into my head is shame, which is the wrong one--but we're a little bit judgey whenever anyone says something that values those other pieces. So if you come to work on Monday morning and you say to somebody, "How was your weekend?" And they're like, "It was great. We just hung out and played with the puppy and took a nap." [00:33:00] You go, "Lucky. Must be nice." There's this idea that that's not normal or that you shouldn't have that or that's not what most of us are doing. And we should be playing with a puppy and taking a nap and having a lovely weekend. "Oh, you read a book? Great. And you walked to the library. Awesome. Perfect." And those are little tiny things that add up to being really big things.

**Sally Foote, DVM:** Yes, they do. Right. They're like the little perks that keep you grounded. They keep you centered and it's literally a break, you know, it's like that mental and physical break from everything and you need that. We need that. In my opinion it's better if almost every week or twice a week, you made a habit of shutting off your phone, reading a book only, making it a point to go meet your grandmother for lunch twice a week. And nobody can bother you now, you know, nobody can bother you now. She's an important woman in your life and this disconnect is important for you to have from your work and you actually come back to work more [00:34:00] refreshed and better and more efficient. Instead of just work, work, work, working.

**Colleen Pelar:** Yes. Yes, and what's interesting on that is that there's all sorts of data to prove that you are better and more efficient and more productive and make better decisions and we still don't take those breaks.

**Sally Foote, DVM:** Yeah. I know. I really wish one time. I thought of the great to have like this. I don't want to call it a contest but almost like this way that everybody would be really proud and feel like they were being more honored for "Tell me what you did that that is totally wacky, crazy, fun and blowing off and has nothing to do with being a vet, with your profession?" And someone goes, "Well, let's see we went skydiving" or you know, "I stayed at home and I organized my kid's closet." Or somebody says, "I'm in a rock band." And somebody else says, "I just played the dulcimer all weekend at some historic venue." You know, [00:35:00] it's like, wow, that's all great. You don't mean that people were really emulating like I gotta think of something really fun to do in my life to keep up with you instead of more the opposite way like, "It must be nice to play the dulcimer at the reenactment village."

**Colleen Pelar:** That would be so cool. And it's so true because it would be different things for different people. But all of those things would be restorative to the person who chose them. And if we had that mindset you might go play the dulcimer even if you've never played it before.

**Sally Foote, DVM:** Exactly. Give you that invitation to just try it for the sake of trying it.

**Colleen Pelar:** Yeah as opposed to the perfectionist, which is, "Oh, I probably won't be good, so I probably shouldn't do it."

**Sally Foote, DVM:** Exactly. Yeah. Yeah.

**Colleen Pelar:** This has been really a fun conversation, which is good because it was a tough topic and you don't always get a fun conversation on a tough topic. I do have a question I like to ask many of my guests. You have a dog, Bella. She's a lab/aussie. If Bella could speak in English, what would she tell me about you?

[00:36:00]

**Sally Foote, DVM:** Bella. What would you tell me about me? Bella would say, "She's really pretty routine. She likes to get up at the same time every morning. She's also very good about going out for activities with me. She loves to hike, she loves to go out. She likes to read sometimes. She'll work too much. But if I just nose her and drop my ball, she'll say, 'Okay, right,'" and she'll play. She enjoys time with her family. She enjoys traveling. I wish I could go with all the time, but they don't let aussie shepherds on planes to Switzerland and other places to go visit family that live overseas."

**Colleen Pelar:** They sure don't. Sounds like she has a pretty good description of you and it sounds like, based on her description of you, you're doing a good job of actually meeting those needs far beyond just work which is great.

**Sally Foote, DVM:** I try to keep that focus try to keep doing that.

**Colleen Pelar:** Yeah, I think it's really important. It's so important and I'm really grateful that you're sharing your expertise with others in so many ways on this subject because I

[00:37:00] think it's a really important one. So if our listeners wanted to learn more about you and the work you do, how could they do that?

**Sally Foote, DVM:** Well, I'm an email freak. So please email me.

Um, so my email address is [dr.sally@mchsi.com](mailto:dr.sally@mchsi.com). Second would be like me on my Facebook page called [Foote and Friends](#) and then you can always message me through Facebook and then you can learn more about me through my vet clinic website page, <http://www.okawvetclinic.com>. I get around.

**Colleen Pelar:** I will put all that into the show notes so that if anybody wants to link to it, it's all there. Thank you so much for coming on UNLEASHED today.

**Sally Foote, DVM:** You're welcome. This is really nice talking. I appreciate it.

**Colleen Pelar:** Hey, this is Colleen. I just wanted to pop back in for a [00:38:00] second to say how much I appreciate Dr. Foote having a difficult conversation with me. The only way we're going to make things better is by having some difficult conversations, by talking about some of the things that we don't want to talk about, the things that we stuff down and hide, and so I'm really grateful that she was willing to dive in and explore some of that with me and I hope that others are willing to have some conversations in their own lives too.

We really want to find ways to bring people together so that they feel connected and not so alone. It's hugely important. Also wanted to let you know that the [Vet Girl on the Run](#) program that Dr. Foote mentioned, I posted a link in the show notes for that. So I hope you'll go check that out too.

Thanks so much for listening. And if there's anything you need to talk about, please reach out to someone--me, a close friend, or even the National Suicide Prevention Hotline, which [00:39:00] is 1-800-273-8255. People are here to help.