

# All Therapy Dogs Go to HeavenFINAL

[00:00:00] **Hospital Voices:** Time to ring the bell! Woo hoo! Yay, Victor! Woo hoo! Woo hoo! Do you want to say hi to Professor? I know you haven't gotten to see him yet today.

[00:00:14] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm Stephen Calabria. What you're hearing is a video taken of a patient named Victor Franco on his last day of chemotherapy treatment at Kravis Children's Hospital in Mount Sinai.

[00:00:30] Victor was 18 years old at the time, and underwent chemotherapy for almost nine months. He's greeted in the video by one of his closest companions over that time, Professor Bunsen Honeydew, who goes by Professor. Professor is Mount Sinai's first of three facility dogs, and a respected and beloved member of the Mount Sinai workforce.

[00:00:49] On today's program, we welcome Ali Spikestein, the Program Manager of the Child Life and Creative Arts Therapy Department at Kravis Children's Hospital at Mount Sinai. Allie is a Certified Child Life Specialist and oversees the Paws and Play Facility Dog Program. In that role, she serves as Professor's primary handler. We're pleased to have Ali on the show,

[00:01:10] Ali Spikestein, welcome to Road to Resilience. Could you give us an overview of your background?

[00:01:15] **Ali Spikestein:** Sure. I'm happy to be here. I am a certified child life specialist and the program manager of the Child Life and Creative Arts Therapy department at Mount Sinai. I also oversee our facility dog program, Paws and Play, and I'm the primary handler of our first facility dog. Professor Bunsen Honeydew.

[00:01:33] **Stephen Calabria:** How did you first become interested in using facility dogs in your practice?

[00:01:37] **Ali Spikestein:** So I was a child life specialist. I actually did my training at Mount Sinai in our internship program here. This was before we had our facility dog program. And did my first couple of years in my career here and

really saw a need to connect with patients in a different way, in a more intimate way, and there are facility dog programs around the country that were starting to appear and our director at the time, Diane Rohde, was doing an educational session at a hospital in Colorado and met their facility dogs and said, This is incredible.

[00:02:10] I need to bring this to Mount Sinai. So it kind of, the stars kind of aligned for me that I was looking for something to add to my skill set, to my repertoire, something that I could offer that was a little bit more tangible because as a certified child life specialist, a lot of what I offer is grounded in things that are tangible, but a lot of it is talk based as well.

[00:02:28] And we're not therapists, so we don't do therapy, but we help prepare patients for what they're going to experience, support families through difficult moments, but I was really looking for something to help ground that work, so when we talked about who would help to really drive this new initiative, which is a huge initiative for our hospital, starting a facility dog program, I thought to myself, Hmm, this might be a good fit for me right now.

[00:02:53] To be transparent, I had never had a dog before, which is something that I talked to my patients and co workers about all the time. I was really, really interested in the clinical aspect of having a facility dog, really interested in doing research around what would that look like to introduce a facility dog into my child life sessions, onto my clinical units.

[00:03:14] I think when I graduated as a certified child life specialist, I never would have predicted that this is the direction that my career would have taken me, but I'm so happy that it did.

[00:03:24] **Stephen Calabria:** We keep using the term facility dogs instead of therapy dogs. What is the difference between a facility dog and therapy dog?

[00:03:32] **Ali Spikestein:** I'm really glad that you asked that because it is a really important difference and I think both programs have such value within a healthcare system. So, our facility dog program is full time service animals. So, dogs trained as service animals to work in a facility, facility dog. They're trained from birth.

[00:03:50] **Stephen Calabria:** A medical facility, that is.

[00:03:52] **Ali Spikestein:** So, it doesn't necessarily have to be a medical facility. There are facility dogs in different types of facilities. There is usually a

medical component, but there's also some therapy practices that might have facility dogs. The main distinctions are how they're trained.

[00:04:06] So, facility dogs are trained from birth to work as a full time service dog and also who they work with. So facility dogs work with trained clinical handlers who incorporate them into their clinical work.

[00:04:18] Therapy dogs are often personal pets that are trained. through a set of training to work in healthcare setting as a therapy dog or school or nursing home. And often they're on site for a couple hours a week at most, whereas facility dogs work with their handler full time and are really employed at the facility that they work. So it is a pretty big distinction, I think, as a facility dog handler and as being part of a facility dog dyad with professor.

[00:04:44] Our partnership and the full time aspect of our partnership allows us to provide. A certain kind of consistency for patients, families, staff, and really the whole health system, that is pretty unique, um, and I think pretty novel.

[00:04:56] **Stephen Calabria:** I mean, you have a certain level of consistency in the dog that was training for two plus years as opposed to a dog that only trained for what a month, two months.

[00:05:07] **Ali Spikestein:** Yeah, there's definitely a difference in the dogs themselves. And I think again, I think the volunteer we have at Mount Sinai, a volunteer pet therapy program that I think is wonderful.

[00:05:15] I think the type of work they do is also very different. So a volunteer coming into the hospital might see patients who miss their dogs at home. Patients who have extended stays, patients who love dogs, and they'll do kind of recreational sessions where they'll cuddle and talk, whereas all of our facility dog interventions are goal based interventions.

[00:05:35] So we're working with the interdisciplinary team. What are this patient's needs today, this week? What are their discharge goals? How can we work within the child life and creative arts therapy context with our facility dog to help them meet that goal? So it's really a whole team effort. Um, and really embedded into the treatment planning for the patient.

[00:05:53] At the time that we started Paws and Play, which was March of 2017, we were the first facility dog program in a children's hospital in New York State. Since then, many other programs have added facility dogs to their

teams, but it's a relatively new integration of animal assisted therapy into healthcare.

[00:06:13] But I would say most of the freestanding children's hospitals either have facility dog programs at this point or are looking to grow or start their facility dog program.

[00:06:22] **Stephen Calabria:** Now in starting a facility dog program, you've already mentioned the depth of training that each one of these dogs has to go through. What does that training actually entail and are all dogs cut out to be facility dogs?

[00:06:36] **Ali Spikestein:** Such a good question. So all of our three facility dogs, so in Paws and Play we have Professor, Amos, and Moby. They're all from Canine Assistance, and they go through about a year and a half to two years of training, depending on when they graduate.

[00:06:49] So after they've accomplished certain tasks and gone through certain exercises, they graduate and get placed with their clinical handler. So I actually did not meet Professor until he was 18 months and, essentially, fully trained. The way that they determine which dogs are going to be facility dogs, and they also train individual service dogs with different skill sets, is they look at the dog's natural interests, natural abilities, their sense of smell.

[00:07:13] Do they like attention? A dog that's extremely sensitive to smell would have difficulty in a facility dog role because we're in the hospital and the smells are unpredictable. Patients are eating, there's sanitizer, there's different medications that might have a smell.

[00:07:26] Whereas a dog who's in training, who likes being the center of attention, goes into the middle of the room, rolls on their back for a belly rub, that's a dog who would make an incredible facility dog.

[00:07:35] So a lot of what they do is taking the dog's natural strengths and enhancing that, giving positive feedback for that and then seeing kind of how they progress. When we get our facility dogs, we have two handlers, a primary handler that the dog lives with and then a secondary handler that the dog works with for some amount of time each week.

[00:07:55] So both handlers fly down to Georgia to Canine Assistance and we get paired with our facility dog and we go through about a week of training on site at the Canine Assistance Farm. I think something that a lot of people don't

know, even people who are familiar with Paws & Play and pediatrics, is that our dogs are, are always doing training with our handlers, so the training doesn't stop at graduation.

[00:08:17] They have what's called a bond-based training, which means that they're trained to respond to their handler's cues. So if I walk into a room with Professor and I sit down and I look relaxed and like I'm settling in, he'll know that he can lay on the bed and settle in. If I'm standing and moving around, he's feeding off of my body language and he might be ready, or getting ready to leave the room or on alert that I might ask him to do something.

[00:08:40] So they don't really respond to cues, they more so respond to their handler's natural body language, the flow of their day, so we always have to work on that bond, and dogs are living, living animals, so they change over time, too. So, we also work with an animal behaviorist on a monthly basis to continue to grow our skills as handlers in reading our dog's cues.

[00:09:03] Are they tired? Do they need an extra break? So although they do graduate at 18 months, the training is really ongoing.

[00:09:10] **Stephen Calabria:** You work principally with children, you're at Kravis Children's Hospital. But speaking generally, what takes place within someone who is comforted by a dog, a facility dog or otherwise?

[00:09:23] **Ali Spikestein:** So we see patients. We've seen impact and benefit for a lot of different types of patients. We've seen patients and had a big impact when they have one outpatient visit and a fear of needles and we help get them through that process. And then where we see a lot of the benefit is our chronic long term patient populations, hematology, oncology, transplant, extended ICU admissions.

[00:09:48] Working with the families of the patients as well. Within Kravis, we have a patient and family centered care model, so our facility dog program aims to support patients, but also their family systems. Um, so it's hard to say like one specific type of patient because we are trained to adapt to whatever the patient's needs are.

[00:10:08] We do have a series of questions we go through to make sure a patient's interested, medically cleared. Thank you. No allergies or cultural considerations. That would be a barrier. So all of the handlers are very skilled and trained in making those assessments. But we see patients of all different ages from 0 to 25.

[00:10:26] And then we also have our third facility dog, Moby, who does actually work in the adult hospital. So Moby, Moby is part of our care for clinical teams program and supports our clinical staff on high acuity units and sees a handful of adult patients as well.

[00:10:41] So, I would say that anybody who is receptive and open could benefit from a facility dog session and it's really about the handler, whether it's a certified child life specialist or a creative arts therapist, assessing how can I use this extremely dynamic modality to meet whatever need this patient is presenting with today.

[00:11:00] And that changes day to day sometimes. So I might have a session, I think one of, I say this all the time, but I think one of professor's superpowers is his ability to read the room. An example is like, I'll have a patient who is in a lot of pain, inpatient, and maybe they're a new, a new oncology diagnosis.

[00:11:17] So, they enter and they're in a lot of pain. So Professor goes with me into the room. He gets into the bed, provides pain management, distraction. But then as the patient starts to feel a little bit better, maybe they want to play. They want to get in the hallway, get out of bed. And Professor has the most incredible ability to walk into a room and know.

[00:11:34] If it's time to be calm and restful, or if it's time to be playful and active. So it's really a combination of Professor's ability to know that, but also as a handler, our ability to assess and direct what the session will look like.

[00:11:50] **Stephen Calabria:** How do you introduce facility dogs to your patients?

[00:11:54] **Ali Spikestein:** We always make an introduction without the dog present to see if they would be interested because we, of course, have patients who are afraid or allergic or not interested, but it is part of our introduction into child life services.

[00:12:08] So I might say, my name is Allie. I'm a Certified Child Life Specialist here. My job is to support you while you're in the hospital or while you're in the clinic for your treatment today. Here are some of the ways that I can support you. We have an animal-assisted therapy program here. We have a full time facility dog, Professor.

[00:12:25] His job is to make you comfortable while you're here. Your doctors let me know that you're in a lot of pain today. Would you like Professor to come

lay in bed with you while you're waiting for your pain medication to start working or to kick in or to be delivered? Your parent told me that you were feeling a little bit nervous before coming into the clinic today.

[00:12:42] How would you like to get a tour of the playroom? We can bring professor with us and bring one of his toys and throw it down the hallway. It's also a really nice way to. Help patients feel comfortable with their medical teams.

[00:12:54] So to be able to pet professor, give him hugs, like that's something that we don't do as clinicians with our patients, but professor shows up with unconditional love, available to cuddle, and then to be able to see him interact with the medical team kind of signals to a lot of our younger patients of, These are safe people. These are people here to take care of me. I'm in a safe place and it really brings the team closer with a patient.

[00:13:18] **Stephen Calabria:** It sounds like so many of the folks who respond best are going through incredible trials themselves. What do you think are the reasons for that, that they respond so well?

[00:13:32] **Ali Spikestein:** I think there is something about the unconditional love that Professor provides. Patients do not have to be in a good mood.

[00:13:40] They don't have to present in a certain way. They can be exactly who they are and Professor will show up with consistency, every day, if they're inpatient, depending on how often they're seeing him. And I think that, so many times, every day, even, a patient says, Professor made me feel .

[00:13:56] And that's patients who are five years old, who need a blood draw, who are feeling afraid. That's a 13 year old patient who had a scoliosis surgery and is afraid to get out of bed or take a step up a flight of stairs. And it's a 19 year old patient who had a limb amputation, who's going to look at their at their leg for the first time.

[00:14:16] Professor makes me feel so brave. I feel safe when he's here. We've heard it in so many different ways, but I think there is something about just the consistency of showing up for a patient, being a listening ear, and not expecting anything in return that helps to create that resilience. And we see it in our clinical teams, too.

[00:14:34] See it in our patients, but on our clinical teams, especially for sure now, but especially during COVID. People would say, well, if Professor is here,

I know everything's okay. Like, things can't be that bad because Professor's here, he's showing up to work. He's running down the hallway. He has a big smile on his face.

[00:14:51] So I think that resilience builds with the relationship that he creates with patients, families, and staff, and that's for all three of our dogs.

[00:14:58] **Stephen Calabria:** And does that go for any medical condition? In other words, are facility dogs found to have been effective basically across the board with virtually any condition or are some much more effective than others?

[00:15:13] **Ali Spikestein:** In my experience, it's not been condition based. There is a lot more research that is needing to be done in the facility dog world. There's decent research on volunteer therapy dogs in clinical settings, but the research on facility dogs with a trained clinical handler is new. So there are studies out there that show positive changes in blood pressure, stress, depression, but there is more research needing to be done.

[00:15:37] And to my knowledge, there's not any condition-specific research, but that's why our program really values research so much. And we have two current research studies that will be published this fall that show positive outcomes. And those research one focus is on adult clinicians in various populations and one focuses on patients in the hematology oncology population. So, I can speak to those specific conditions and populations, but we haven't measured, you know, one condition versus another.

[00:16:04] But I think really, It's looking at and assessing the patient's needs versus the condition. So for example, pain, that's something that we're always thinking about in facility dog and animal-assisted therapy interventions. We see patients in pain from surgeries, patients in pain from new diagnoses, sickle cell pain, oncology-related pain, GI, Crohn's and colitis- related pain.

[00:16:29] So we see impact, positive impact in all of those different underlying conditions with the symptom of pain. So we really do look at symptoms as a measure for the impact for our facility dogs.

[00:16:42] **Stephen Calabria:** If facility dogs are so impactful though, why hasn't their use gone fully mainstream?

[00:16:48] **Ali Spikestein:** I think that's a great question. As I said before, I think it's growing. So I think we're going to see more facility dogs throughout the country. It's kind of started in pediatrics, but it's slowly expanding to the



adult world as well. And I think research is definitely needed because facility dog programs need funding. They need staffing.

[00:17:08] They also need a level of coordination because when you bring on a facility dog or now for Mount Sinai, three facility dogs onto your team, you're really taking responsibility for three living animals throughout their working life.

[00:17:22] So, things that people might not think of that go into our program are making sure the dogs get their weekly professional bath, making sure they're up to date on all their vaccinations, making sure they have all the supplies they need, whether that's at home or at work.

[00:17:35] So there is a lot of coordination needed. Um, so we talk to programs all the time around the country who want to start a facility dog program and there's a lot of work that has to go into it before you actually bring your dog on site. So I think that those are some of the barriers that prevent it from being everywhere, but I think we're going to see a lot more facility dogs in the coming years.

[00:17:54] **Stephen Calabria:** Now let's talk for a moment about the resilience of the caretaker. Can you talk about challenges and limitations you face when you're using facility dogs, especially in a pediatric setting?

[00:18:06] **Ali Spikestein:** Yes, and it's something that our program thinks about a lot, taking care of our handlers and making sure our handlers have what they need.

[00:18:14] I think it's a unique position in a couple of ways. One aspect is you are always in the spotlight. So, it is different than a traditional role where you might take a lunch break or run to get a cup of coffee. You have that facility dog with you. You are on, people are excited in the elevator, they're interested, they want to ask you questions.

[00:18:32] It's something I love about my role, but it's something that needs to be carefully considered to think about who is the person that's going to be working with this facility dog and essentially representing our whole hospital. Our dogs take the subway to work, some of them. They walk to and from work, and that's really representing the hospital.

[00:18:49] They wear green vests that say Mount Sinai on them that signify that they're a working facility dog. I think the other interesting aspect is, as a

healthcare worker, we're always taught to prioritize our patients first. And as a facility dog handler and a child life specialist working with a facility dog, I actually have to prioritize my dog's comfort and safety first, while also balancing the needs of the patient.

[00:19:14] So an example would be prioritizing. Let's say I think to myself, I will be able to see seven to seven sessions with professor today. And I make a plan with patients. But let's say professor halfway through the day appears very tired, or he has a belly ache, which happens because they're dogs. I have to then make an alternative plan for that patient.

[00:19:34] And I have to really prioritize Professor's well-being, happiness, and health over everything. So I think as a handler, that's something that we carry with us throughout our day.

[00:19:43] I think it's something, a skill that we work on throughout our time as handlers. I've worked with Professor now for almost seven years and I know him very well, but it's definitely a process and took a couple of years to really fine tune what his needs are.

[00:19:58] **Stephen Calabria:** Working with such vulnerable populations with something that you see has a tangible effect and a tangible benefit served to endow you with a greater sense of meaning and purpose in your own work and your own life. Would you say that that's true?

[00:20:15] **Ali Spikestein:** Certainly, I feel so privileged to be able to be on the other side of his leash. And I think the vulnerability that patients give when he's present, you see the highest of highs and the lowest of lows. So we're providing support at the most difficult times, and then we also get to celebrate the happy occasions and be a part of that as well.

[00:20:33] That's so much value added, not only to my role as a child life specialist, to my career, but also to my life to be able to be present for those moments.

[00:20:42] **Stephen Calabria:** With a population like children that is so vulnerable and is made so much better, it seems, by the presence of the facility dogs, Can you talk a little bit about what effect the dogs have on parents as well as the patients.

[00:21:01] **Ali Spikestein:** This is something that I didn't think about before we got Professor. I didn't realize how big of an impact it would have on the parents.

And kids express themselves in a variety of ways, but it's not usually directly how they're impacted by Professor.

[00:21:14] Maybe it's by writing him a letter or drawing him a picture, but I've had parents say to me, I do not think my child would be alive if we did not have Professor and you as part of our care team. I don't think that he would have gotten out of bed

[00:21:26] I've had patients who, I had, I'm thinking of a three year old who stopped walking when he got diagnosed with leukemia and he saw Professor and he hopped out of bed and took him for a walk down the hallway and the parents said to me a couple of weeks later, like, I don't think we would have been able to carry on had that, had we not had that experience.

[00:21:45] I have another family that we work with who is here from another country for healthcare for their three year long treatment. And they've said to me, there is no way we would be able to get our child out of bed in the mornings to come to the oncology clinic for his chemotherapy unless Professor was there.

[00:22:03] You and Professor's presence makes it an exciting day, something exciting in our week, and if it wasn't for that we would not be able to complete our treatment, with the grace and the enthusiasm that we have. Being able to see their kids be kids, I think, is the way I would describe it.

[00:22:20] Professor allows them to just play and be themselves and have fun. And that's something that a lot of parents lose when they have a child with a chronic illness.

[00:22:28] **Stephen Calabria:** Can you share some examples of how facility dogs have positively impacted your patients and their families?

[00:22:35] **Ali Spikestein:** Sure, I can. I have hundreds of stories I could share. I like to share kind of different ends of stories.

[00:22:41] So I have a patient, an eight year old young man, that we met, I think we only met them two times, but they came into our outpatient clinic for a blood draw. They had so much anxiety around needles that they can't sleep for a week before their appointment that they know they have to get blood taken. They came in. I introduced my role as a certified child life specialist, introduced them to a Professor.

[00:23:02] We were able to make a coping plan before the blood draw. Who do you want in the room? Where do you want Professor to be? Do you want a stress ball? Do you want to pet him? Do you want to watch something? So we did the procedure. It went really well. We have little plush stuffed animal Professors that we have available for our patients.

[00:23:19] So we gave that patient a plush Professor to take home. And his parents reached out to me over email a couple of months later. To say that this experience had changed his entire outlook on doctor's appointments, needing to get blood taken, he sleeps with his stuff Professor every night, and they went to their checkup at another office, no tears, no anxiety.

[00:23:39] So I think that's one example of, For me, that felt like just another session in my day that's kind of Professor and I's bread and butter. We work a lot in painful procedures, blood draws, IV placements, but for that patient, really changed the course of their life in terms of having to go to healthcare appointments.

[00:23:57] And then I can think of so many examples of patients who have serious chronic illnesses, many of them who have passed away, but many of them who have kind of moved on and come back and share stories.

[00:24:11] We had a patient who, Professor does a lot of work on our inpatient pediatric ICUs, and we had a patient who traveled here for our heart transplant from upstate New York. So she was with her mother and she was, they had no other family support and she was pretty withdrawn and didn't want to be here.

[00:24:29] She was a teenage girl and really was not receptive to any of our services, which we have a lot of services we offer through child life and creative arts therapy, but really was not receptive. And the only thing she was receptive to at the beginning was Professor and we kind of use that to get ourselves in the door.

[00:24:45] So Bringing Professor every day, even if it was in the beginning, just for five minutes for a hello, but that five minute hello turned into a 35-minute art therapy session and that turned into a celebration for her birthday with the whole clinical team on her unit, and so this patient eventually, I think she waited for about five months for a heart transplant, seeing Professor every day that he works.

[00:25:07] And she got her heart transplant. She was able to have sessions with him after transplant during recovery for pain management and adjusting to her

new body and physical therapy needs. And she comes about once every other month to our outpatient cardiac clinic and gets to see Professor during those visits.

[00:25:22] So I think that's a great example. She comes and she's another one. Her mom said to me, I truly don't think that she would have made it. I think she would have given up if she didn't know that the next day you wake up and you see Professor for your session and just that motivation and something to look forward to in a place that can feel lonely, scary, isolating for a child, especially for a teenager who's far from home. There's really not words to describe the value of that.

[00:25:49] **Stephen Calabria:** In what ways is the Paws and Play program unique when compared to those of other facilities?

[00:25:55] **Ali Spikestein:** We really pride ourselves on our clinical interventions and weaving our dogs into our clinical interventions. We also disseminate the way that we run our program and the research that we do to the whole broader facility dog community.

[00:26:11] So we hold two times a year intensives, where programs can come, a half day intensive, learn about our program and take what they want and bring it back to their own program. So I think we've really established ourselves as doing excellent clinical work, being very proactive in the care of our dogs. And I think another thing that sets us apart is the variety of our handlers that work with dogs.

[00:26:32] So we have certified child life specialists and creative therapists, mostly art therapists. So our dogs are being weaved into art therapy interventions, individual sessions, group sessions. And I think that's something really unique about our program.

[00:26:45] **Stephen Calabria:** Where can listeners find more information about the services offered at Kravis Children's Hospital at Mount Sinai?

[00:26:53] **Ali Spikestein:** So you can see all of our Child Life and Creative Arts Therapy offerings, including Paws and Play, on our website, which is [mountsinai.org-childlife](http://mountsinai.org-childlife), I believe. You can find all of the most up to date happenings about our program on our Instagram, which is [underscore\\_paws\\_and\\_play](https://www.instagram.com/underscore_paws_and_play).

[00:27:11] What I like about our Instagram is you can see our clinical work. You can hear from our patients. That's the best way to hear about what we do, to hear testimonials from our patients and families, but you can also see the dog's personalities, what they're like at home, and it really kind of gives a full 360 view of our program and our dogs.

[00:27:27] **Stephen Calabria:** Well, that was it for my questions. Was there anything else you wanted to say?

[00:27:31] **Ali Spikestein:** I think the only other thing I would add is just what an honor it has been being a part of this program for as long as I have, being Professor's primary handler, who was our first facility dog here, and just seeing how far the program has come, and how many patients and families it's impacted over the last six and a half years. I just feel very honored to have the opportunity.

[00:27:52] **Stephen Calabria:** Ali Spikestein, thank you so much for coming on Road to Resilience.

[00:27:55] **Ali Spikestein:** Thank you for having me.

[00:27:56] **Stephen Calabria:** Thanks again to Ali Spikestein, the Program Manager of the Child Life and Creative Arts Therapy Department at Kravis Children's Hospital in Mount Sinai. That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

[00:28:12] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.