Dr. McPherson: Hello, this is Dr. Lynn McPherson, and welcome to Palliative Care Chat, the podcast brought to you by the online master of science and graduate certificate program at the University of Maryland. I'm super excited about our guest today. We have Yelena Zatulovsky. Wow, that's a hard name to wrap my mouth around. So, Yelena, welcome. We're so happy you're here with us.

Yelena Zatulovsky: Thank you, Dr. McPherson. I'm really excited to be here with you.

Dr. McPherson: Oh, call me Lynn. So, first, let's talk about all these initials after your name. I see your official title is the Vice President of Patient Experience for Seasons Healthcare Management, which is Seasons Hospice and Palliative Care, but what does this mean to be the Vice President of Patient Experience, and what do all these initials mean?

Yelena Zatulovsky: So, my role as the Vice President of Patient Experience, of the Department of Patient Experience is really all of the psychosocial services that hospice offers. So, we offer, of course, social work services, chaplain and peer spiritual care services, volunteer services, bereavement services, and we also offer music therapy. So, I sort of oversee the the program around the psychosocial disciplines. So, new education that might roll out or support to patients and families, and how do we bring them front and center?

Dr. McPherson: Okay, that sounds like it keeps you out of trouble, doesn't it? By training, all these credentials that you have here, you are a music therapist yourself, yes?

Yelena Zatulovsky: Yes, I am.

Dr. McPherson: Okay, great. Let's focus on that. Let's start with talking just some general conversation about music therapy. I know not all hospices have music therapy, and you're very fortunate to have this with Seasons. So, if you had to name it, how would you describe, what is music therapy?

Yelena Zatulovsky: I'm actually going to define it based on the American Music Therapy Association. They define it as the clinical and evidence based use of music interventions to accomplish individual goals within a therapeutic relationship. So, really, what they talk about is the idea that research in music therapy supports efficacy in a wide variety of healthcare and education settings, and credentialed professionals have approved or completed an approved music therapy program to sort of retain this and receive this education.

Dr. McPherson: So, there's a college degree in the loop here somewhere. Is that what I'm hearing.

Yelena Zatulovsky: There is indeed a college degree. In fact, music therapists, in order to even use the title of music therapy, it's protected in many states and actually federally. So, most music therapists have retained either a bachelor's degree in music therapy from an accredited or approved university or college, or a master's

degree in music therapy. What does that really mean? Well, it means that we've really focused on curriculum in three very specific areas. So, musical foundations, clinical foundations, which would be very similar to what psychology students and social work students receive, and then the music therapy foundations and principles, so the integration between the two. Then, we complete a minimum of 1200 clinical hours, which is practicums and supervised internships before we sit for a board certification exam.

Dr. McPherson: Wow, that's a lot of time. That's half a year right there, a little over half a year, 1200 hours. That's a long time.

Yelena Zatulovsky: It is, indeed. It is.

Dr. McPherson: Obviously, I think you've answered my question here. I play four musical instruments, the piano, the organ, the banjo, and the guitar when my nails are short, but that doesn't necessarily make me a music therapist, nor would it make someone who has a pretty good singing voice. Correct?

Yelena Zatulovsky: Correct, but you're pretty close, Lynn. You're close to a music therapist. I might convert you today.

Dr. McPherson: There you go.

Yelena Zatulovsky: But, it's a great question, because this is actually a real misconception about music therapy. We have competencies like any other profession and discipline do. In those competencies are the instruments that we have that are mandated to complete. So, there's the harmonic instruments. So, we have to understand how to use the piano and the guitar in a clinical fashion and modify music in a clinical fashion on both of the harmonic instruments. Rhythmic instruments, so that there's percussive qualities to the music, and also the use of the voice, which you already mentioned. There has to be a demonstrative proficiency to complete our education for any of these before we even sit for the board exam.

Dr. McPherson: I know that when I talk to music therapists in the past, and I ask the question, so, what's the instrument you play? They all give me that look, like, hello. My voice is my instrument. I know your voice is your instrument, but having said that, what musical instrument do most musical therapists bring to the bedside?

Yelena Zatulovsky: I think it's variable based on the population and also which harmonic instrument you are most comfortable in. So, my primary instrument is the piano, though I play other instruments as well. Obviously, the ones I have to play as a music therapist, but it's usually at the bedside, for example, of a hospice patient. I know we're going to focus a little bit on pediatric patients today, but at a hospice patient, very frequently, you see the guitar just because it's a little bit more mobile, so the guitar and the voice, and possibly some small percussion instruments. If you are working in groups, chances are you're more likely to use

a piano, just because it's got that sort of grander sound, and it's a little bit easier to pull more people together with one.

Dr. McPherson: We have a lady in Baltimore, I assume she's still working, who was a music therapist who was trained as an opera singer. She plays the harp, which is a whole different sound than playing the guitar, I'm pretty sure.

Yelena Zatulovsky: Yes, very different, and there are a lot of music therapists who use a different primary instrument. We have an incredible music therapist in one of our programs in the west region whose primary instrument is trumpet. He found a functional way and learned throughout his education, throughout his internship how to clinically apply the trumpet to the bedside work with patients and families.

Dr. McPherson: That's interesting. I would expect that a trumpet blaring as you're dying would be a little jarring, but he's managed to pull that off.

Yelena Zatulovsky: But, he really has. He really has managed to pull it off, so when we think about some of our elderly patients and those who are losing their hearing, or are more hard of hearing, the trumpet can actually be a really effective instrument. Not to mention, people from a variety of different generation might appreciate that big band sound, and a trumpet is really reminiscent of that.

Dr. McPherson: Oh, that's interesting. I wouldn't have thought of that. So, here's a question for you. What about people who are unconscious or cognitively impaired? Do they really know what's cooking with the music therapy? Is it of any benefit, do you think?

Yelena Zatulovsky: So, I love to address those unconscious, minimally conscious patients first. What we really know is that hearing is the first sense to develop in the womb, and it's also the last sense to be lost at the time of death. So, when a board certified music therapist or even a family member or friend speak or sing to a patient who is in an unresponsive state, often, we'll see changes in their breath patterns, in their blood pressure, even in some of their neurologic activity if they're, of course, connected to something that ... machine that will demonstrate that.

Research supports that, that once there's a connection made, that unconscious patient, you can actually see ... We call it in music therapy, the idea of entrainment, being able to connect to something that they're putting out, whether it's emotional or physical like breath patterns, for example. That, once somebody connects to that in some way, shape, or form, neurologically, that they're able to ort of follow along, and you can do a lot and mediate that body in a lot of different ways that way or the emotional states that way.

Dr. McPherson: And, how about dementia patients? I've seen YouTube videos where someone with dementia seemingly is completely out of the loop, and someone puts headphones on them, and, boy, they come alive.

Yelena Zatulovsky: Oh, they really-

Dr. McPherson: Do you see that in clinical practice?

Yelena Zatulovsky: We absolutely see that in clinical practice for patients with cognitive impairment, just like you mentioned, with any form of dementia. It's really about diving more into the neurologic implications of music, and so we know that music is processed in both hemispheres of the brain. So, language on one side is processed in several areas, but mainly in the left hemisphere, right? When we think about Broca's aphasia and things of that nature, that's on the left. But, music is often considered to be processed generally speaking in the right hemisphere of the brain.

Thinking about things like creativity, that said, listening involved various memory centers in the brain, so things like the hippocampus or parts of the frontal lobe. So, when you tap along with music and honestly, who doesn't like to let the music move us, right? You actually also involve the cerebellum. The reason that you start seeing patients with various forms of dementia come alive or any kind of cognitive impairment come alive is because now you're tapping into the activity in various different areas of the brain. What could have been a, say, broken or paralyzed at some point in time is now very high activity in those centers. The music is stimulating it because there's an emotional attachment for most of us to music.

Dr. McPherson: That must be very comforting for the families.

Yelena Zatulovsky: Oh, I would say so. It's really kind of amazing. There's a lot of things that we can do with patients with various forms of dementia. There's two big ones. Most families, if we can't elicit a response, sometimes you can. I've seen many of those videos that you're referring to where the patient would be very disconnected or very disengaged, and then all of a sudden the music come so, and sometimes they'll even start singing along with you, and you didn't even realize that you haven't heard them speak for a very long time. Other times, the families will see them just be able to smile or lift their eyes and make really purposeful eye contact.

With those patients, music therapists might utilize different kinds of legacy initiatives, the idea of saving or capturing a moment or capturing a memory where they might actually record the heartbeat of a patient with dementia who really can't speak in any way, shape, or form, or can't really sing along anymore. Then, they'll put that to the music that they've been playing to that person that's elicited that response. So, think about that daughter, for example, where she hasn't been able to connect to her mom, sort of that cycle of life. In the

womb, she could hear her mother's heartbeat, and nearing the end of her mother's life, she hears that heartbeat again.

Dr. McPherson: Goodness, you're going to make me start crying here, girl.

Yelena Zatulovsky: Like Dr. Russell Hilliard has always said, if we can't make someone cry, we're not connecting to the emotional elements of what we do every day.

Dr. McPherson: I think you're getting your job done here. When you think about Dr. Cicely Saunders and her description of total pain, meaning it's not just physical pain. It's the psychological, the spiritual, the emotional, and so forth, does music affect all the quadrants of total pain?

Yelena Zatulovsky: Oh, absolutely. There's actually a really interesting ... It's quite an old study from the 60s done by Melzack and Wall about the idea of the gate control theory of pain. Music therapists employ that theory a lot. This theory really proposes that there's sort of this neural gate. I'm using quotes, which you can't see, obviously. That's present in the spinal cord, which kind of opens and closes. It sort of modulates that perception of pain. What they really share is that the stronger the stimulus or the earlier that the stimulus is initiated, so, for example, let's say the music therapy interventions are initiated before wound care, for example.

The more likely that stimulus will close to the gate, so to speak, and limit the neuronal awareness or acuity that the patient might experience in terms of pain. That's really being for physical pain, but we already know that in the brain there's the memory centers, the emotional centers, the connections. So, pain, music can really impact pain via distraction. It can impact pain via this idea of the gate control theory. It's embedded in so many different areas and activates so many different areas of our brain and our body, of our instinct, and of our spirit, that it's really considered to be one of those really strong stimulus.

Dr. McPherson: Wow, I can certainly relate, because the gate control theory explains also when you hit your funny bone, after you've uttered to your expletive of choice, you immediately reach for it, and start rubbing your funny bone. That dilutes the pain message through the gate control theory. So, there you go. At least, I can relate on that level. Let's turn our attention to music therapy with children. I never really thought about this at all. So, all I'm thinking is the wheels on the bus, and we all love Barney, so what are some of the benefits of music therapy with a sick child?

Yelena Zatulovsky: I think there are three really big pieces. I love the idea that you used the idea of Barney or the wheels on the bus. Even from very, very, very young ages, there's some sort of connection with music. We use music to teach young children. We use music to elicit excitement in young children. We use music to add to things like their meeting developmental milestones like learning object permanence with young children. I think that because it's so ingrained from the very beginning, music has a very strong impetus to make an effect change especially

when you've got a board certified music therapist who's learned how to modulate that music.

But, there are two other very large benefits to the use of music with young children. I particularly have used music specifically with the young child because that's my area of expertise, is with pediatric end of life care. Is, the idea of children being silent sufferers. In some generations, that's probably more prominent than it is in today's age, but we still see this where there's a belief around the idea that children don't experience pain or don't know what's happening around them, for lack of a better way of saying this. So, the ability to impact, or the ability to modulate music and music therapy interventions with children often will give them a voice that they haven't previously had.

I think that's really a huge benefit of using music therapy interventions with children. The other is music is very easily modifiable. So, similar to hitting various developmental milestones for children, there are lots of ways to modulate music to make it more developmentally appropriate, more appropriate for a really young child to connect to the wheels on the bus. It's more appropriate for a teenager, an adolescent, to connect to whatever it is, music that they're listening to in this moment and genre that they're connected to. So, it really is very diverse and very much ingrained in almost every culture in the world.

Dr. McPherson: So, you've got to really bring your A game to have your range go from wheels on the bus to heavy metal, huh?

Yelena Zatulovsky: Rock or rap, yes.

Dr. McPherson: Or rap.

Yelena Zatulovsky: I do a mean rap with a lot of laughter around.

Dr. McPherson: Well, I'm think we should do that in our next podcast. What do you think?

Yelena Zatulovsky: We should invite some guests for that, too.

Dr. McPherson: Oh my gosh. Start practicing. So, I'm curious. How would a board certified music therapist, how do you even go about approaching a child who's critically ill?

Yelena Zatulovsky: So, ask is the first big thing. It's kind of funny to say that. Asking the child, asking the parents, asking the siblings, asking the people around. That's kind of universal for any clinician working with pediatric patients. For a music therapist, I think it opens a lot of doors. For example, I was sitting with a 15 year old girl once. She was completely withdrawn and ... Well, that's totally appropriate for a teenager, right? What teenager isn't disengaged from the adults around them? She was kind of upset and distracted. There were a number of adults in the room including her parents. She was in the hospital.

I sat down next to her, and in the jumble of all of these things occurring in her room, I quietly asked her what kind of music she was listening to right now. That was it, just, "What kind of music are you listening to right now?" I joked, and I just said I needed to sort of up my cool factor. You know how long ago this is because cool was still cool to say back then, and it's not now. So, she smirked a little, and she had this little slight smile. So, I could tell that there was some connection or some rapport building with her. But, then she started sharing a few of the bands, a few artists followed by a few songs.

Then, she kind of, as she kept going, and I did a lot of listening, right? Music is a lot about silence and capturing silence, too. As I continued to listen to her, she remembered a really specific song that she listened to a lot in this period of time. So, I started thinking about an intervention music therapists employ, which is lyric analysis. It's exactly what it sounds like. You look at a set of lyrics, and you start analyzing how that applies. While we listened to the recording, I was quietly reading along to the lyrics. I had pulled up both. The lyrics were about death.

They were particularly about the painful death of the subject in the song or the person in this song. When we finished listening to it, she was kind of expecting me ... There was definitely some fun and colorful language in the song. I think she was expecting me to have a very strong reaction, which I didn't have. The music was actually rather beautiful, and of course understanding what the music was about, really brought on some thoughts for me as a clinician. So, I pointed to a couple of lines of text to her. I didn't even say them out line. I just sort of turned the computer I was using at the time, and she began to cry, and said that while she's been sort of living what she considered living at the hospital, she had been watching her friends here die.

Dr. McPherson: Oh, god.

Yelena Zatulovsky: So, with a little bit of prompting and rewriting of the lyrics in that moment, she eventually started to divulge this feeling of guilt that she was the one who was surviving all of that.

Dr. McPherson: Oh my goodness.

Yelena Zatulovsky: And, why did she deserve this? And, why didn't they? Because, they were all these amazing people. So, what we spent in our next sessions over many, many, many months was rewriting lyrics recording some of her favorite songs, but when we looked at the lyrics and what we focused them on, each of the songs that we rewrote were lyrics about the story of one of these friends from their perspective that had died. So, she somehow found this great comfort in now carrying their legacies and stories. I think that's really what a board certified music therapist who is looking for those cues can do. For her, that relinquished a lot of that guilt around being the survivor because it gave a sense of purpose that she did survive them.

Dr. McPherson: Wow. Did that turn into a legacy project for either that girl or the other patients?

Yelena Zatulovsky: Well, so, the other patients that we wrote about were children who had died, so it did. It turned into both. That's a great question. It turned into both. She ended up gifting each of the songs she had written for the children that had died to their families.

Dr. McPherson: Oh my goodness.

Yelena Zatulovsky: Around the anniversary of their death, because she would never forget that, right? She was one of the few survivors on that floor, and all those kids had gone through chemo and radiation and treatments together. So, being the one that's sort of surviving last, you remember a lot of those sort of anniversaries and important dates. What inevitably also happened was she did die. So, this also became the legacy project for her family, which started the process of her siblings doing the same for her.

Dr. McPherson: Oh my goodness.

Yelena Zatulovsky: That began the bereavement process for them. So, that sort of cycle continues.

Dr. McPherson: That is so powerful.

Yelena Zatulovsky: It really is.

Dr. McPherson: It is. So, if you had to say, what do you think are the most important imperative aspects of working with an ill child? And, how would the board certified music therapist live up to those imperatives?

Yelena Zatulovsky: So, I think there's two really big things that happen. I think this is, again, it's kind of hard, sometimes, to say, well, why music therapy versus a different discipline? I actually would never say that. I think anybody who works with pediatric patients has to have some of the same skillset in their bag or pocket of tricks, right? So, there are two very big things. Children, obviously, don't have ... Children under a certain age don't have a legal voice regarding their medical decisions. So, one of the biggest imperative aspects of working with any ill child is the idea of assent and giving them that voice to really express their approval or agreement or opportunity to state their own wishes in the course of what things will happen, which of course requires the consent of working with their parents or guardians.

The other secondary really big piece of working with children, especially in end of life care, is the idea of the locus of control which is really the belief that the child has the ability ... or, how the child believes they have the ability to master their environment. So, an external locus of control is believing that whatever happens in their lives is out of their hands. That's true for older children, like the

tweens, teens, those moving into sort of that ... sometimes those moving into a transition of adulthood.

Though, that's sort of when it starts to circle back to what could be an internal locus of control, which is presuming that their actions consequently determine life. A really young child doesn't understand that mommy got sick because there was ... I don't know, a genetic predisposition to it, for example. Right? They sometimes assume, I said to my mommy that I hate her, and now she's sick, and it's my fault. That's an internal locus of control. So, a board certified music therapist thinking about how that locus of control is impacted and utilizing some of these various song writing or lyric analysis we talked about or even just music listening or music participation.

I used to have a song sheet of all sorts of different kinds of music, and I just had the titles on purpose. I wouldn't let the kids look through the kids who could read, look through the rest of the book to the actual lyrics, which I would share with them. I just wanted them to pick songs from the title. It was really kind of amazing how themes would emerge from that. So, utilizing some of those kinds of interventions, you can really start focusing in on how does this child perceive themselves in this world, and how much control does this child perceive they have? And, then work from that as the foundation.

Dr. McPherson: Wow, that's amazing. So, just as we spoke with adults about the total pain picture, can a board certified music therapist really parse out with a child interventions to improve their quality of life or pain management or symptom management or an emotional pain? How do you go about doing that?

Yelena Zatulovsky: So, again, we come back to that let's ask, let's ask, let's ask. So, I have this great story. I was with a social worker, and we were visiting one of our pediatric hospice patients who I believe at the time was seven, maybe eight. So, we just asked him, "What would you tell a staff member that's going to work with a kid like you?" Right? We were asking. We were curious. We wanted to get to know him, build some rapport so, he actually responded to, first, he says "He" a lot.

I'm going to try and describe what he looked like, but every time he said "he" he sort of had a coy tone in his voice, and he changed his body language to insinuate that he was talking about himself, even though he was trying to talk about other children. But, he responded, "First, you need to ask them their hobbies and interests. If he likes video games, you might want to play. If he has other interests like food, you might want to talk to him about it. Then, when he's comfortable, and you can ask him his fears and concerns. But, only when he is comfortable with you. You might also want to ask if he has any pain."

Dr. McPherson: Wow.

Yelena Zatulovsky: So, Lynn, what do you hear in that? To me, what becomes apparent is where his priorities are, right? Where his priorities lie. For an adult, they often list pain and

comfort likely first or second on their list, or early on anyways, but for him, it was more about connecting to his identity, his interests, the things that made him him, the things that made him the little boy that he was outside of the sick boy that he was, right? That's what was really motivating for him, and so I think he did offer up the fact that pain could be addressed, but he offered up the distractions first. I think when we ask and we listen to that answer as music therapists, often the child will respond with the answer to what that distraction may actually be.

Dr. McPherson: Interesting. That's very interesting. But, we've been talking about children, but in hospice, we emphasize that the unit of care is the patient and the family. I really feel that very keenly as we talk about pediatrics, because often the parents are the only ones who can really give you this 411 on what's going on. So, how do music therapists consider the wants, the needs, the desires of the whole unit of care, including the family?

Yelena Zatulovsky: Yeah, that's a great question. I think also when we talk about children, often times, we're talking about siblings, too. And, when we talk about children as silent sufferers, that includes the siblings in the family, too, but you're right. The parents or the guardians are often the gatekeepers to these kids, right? They watch them. They know their little cues. They know the little things for however old that child may be and however long they've been in their life, they know all the little nitty gritty pieces about what that child needs, wants, how they respond to things.

What a music therapist's role is, like any clinician, is really to get to that nitty gritty with them, and to open up the doorway. Most parents put up a lot of barriers in terms of communication. There's a fear about talking to this child beyond what they're able to understand or a fear about being able to manipulate or utilize language that is really developmentally appropriate. Often that fear is, I don't know how to talk to them, and I don't know how to communicate. Help me. So, I will often take that barrier as a very positive challenge for me. I will offer up to the parents two very big things. The first is I will follow the lead of your child and I will love on them.

The second is that I will not share anything that the parent is uncomfortable with me sharing, but I have one fundamental rule, which is I will not lie to your child. So, if a child directly asks me a question, then I will answer it in the most developmentally appropriate way, and then I will share that with the parent, if for example they're not in the room at the time. Often, parents after a visit, or sometimes even in the first ten minutes of a visit, if they can see that their child is connected, they take that opportunity for that break, because they feel a sense of trust in the clinician.

But, I'll often use ... I'll bring that back to the parent, and then we'll work through how do we address this now. Right? What do we do next? Because, for kids, they're very concrete. They don't need, like adults, especially young

children, they don't ask a question and then continually ask more deeper and deeper questions. If you tell them that you're going to give them a needle, they really want the concrete answers. I want to know how long it's going to take. I want to know what it's going to feel like. Don't lie to me and tell me it's going to hurt. It's going to hurt, right? I want to know all of those little pieces. But, then they sort of move on and say, "Okay, when can I play my game?" Right? It's very limited for them. They're able to move forward to the next thing that's about that identity that seven year old boy talked about for us. So, with parents-

Dr. McPherson: What if the child says, "Am I going to die?"

Yelena Zatulovsky: That's a question that I usually turn around to a child. That's a great question. I usually ask them, "What do you think?" The same way I would with an adult. What's happening? What's prompting you to ask this question? What's happening in your body? If I'm hearing a lot of themes about death or support or a lack of that, I often will reach out to the parents before knowing that that child is coming to the point of trusting me enough to ask me boldly, "Am I going to die?" So that we can prepare together.

I have a great example of a child that was on service. She was a tween, 12, and her parents, she had a glioblastoma, and her parents had told me when I called them to do an assessment, they were at home, that she didn't know anything that was going on. I'm not going to use the expletive, but I basically call [inaudible 00:29:09] on that, right? I was like, "No way."

I didn't say it on the phone to them, because I wanted to build and get into the door, but when I got into the door with them, I said, "Okay." So, I asked her. I said, "Is it okay if she tells me the story of what's been happening with her? How sick she is, whatever?" And, mom stayed in the room with me, and they gave me full permission. So, she did.

Then, all of a sudden, she gives me every minute, every detail, every date, everything that specifically happened to her. So, we know and recognize that she knows a lot. I watched the mother's ace change, and I'm observing her behavior. What I see changing is from the barrier to, I don't know how to talk to my daughter about the fact that she's on hospice, and she's going to die. So, I did the very similar technique. What music are you listening to right now? Right? Tweens, teens, they don't like to talk. That's no spoiler alert for this group.

I asked her the same thing, and she shared a really very strong song that had ... It was very prominent at the time, and it was really about the idea of just wanting people to hold her hand. There was themes in the music around the idea that the nights are getting darker, that it's harder to connect, that, really, all she wants are the people around her to hold her hand. That sort of came up and up. That continued.

That became sort of the basis of every visit, but it also gave me that opening to the mom to say, "Do you really believe that your daughter doesn't know?" Because, this is what's coming up. Mom said, "No, I know she knows. I just don't know what to do next." So, we developed an entire plan around how we could support those parents to supporting those children while we also simultaneously supported and modeled that behavior as an entire team, not just me as the music therapist. She just happened to connect to me with that song.

Dr. McPherson: Do you ever record a song for the parents to use when you're not there?

Yelena Zatulovsky: Oh, yeah.

Dr. McPherson: So, they can continue connecting?

Yelena Zatulovsky: Lullabies. A lot of lullabies, but when you think about pain and music therapy, we think a lot about lullabies. Lullabies have that triple meter in them, right? The [inaudible 00:31:25]. It's got a very lulling quality. That's why they're effective. So, we do a lot of lullabies with the kids. Sometimes it's lullabies that they're familiar with. Sometimes it's lullabies that they've wanted to write for themselves or others. Often, I will encourage the child to sing along as much as they can, the siblings to sing along as much as I can, because what we notice is between those visits, it's not just the parents using these lullabies or the music that's been recorded with this sick child, but it's everybody in the family that wants to utilize it, or the sick child themself saying, "I'm actually feeling some pain, but I really want to play with my brother, and I really don't want to be sleepy. So, I want to listen to that, and I want to lay down with brother first. Then, I want to play with him. If my pain doesn't go away, then you can give me my medicine or whatever it is."

Dr. McPherson: Wow. Wow, wow, wow, wow. Du get a lot of requests for the fight song?

Yelena Zatulovsky: These days, we do, although you know what? That's been replaced by a lot of other stuff. They move too fast these days.

Dr. McPherson: I'm showing my age.

Yelena Zatulovsky: Keeping up with the top ten is really problematic for the music therapist. I can't imagine what they will be like, our generations to come in the future.

Dr. McPherson: Oh my goodness. So, I guess my last-

Yelena Zatulovsky: Especially when you think about the language barriers, too, right? Because we can sing in-

Dr. McPherson: I'm sorry, what?

Yelena Zatulovsky: Especially when you think about language barriers, too. We can sing in any language, right? So, keeping up with the top ten in whatever language we're thinking about, well, that's a whole other ...

Dr. McPherson: Oh my goodness. You've got to be on your toes all the time. I guess the last question I would have is I know that Seasons is quite large, so I know we have programs where there's a fairly robust pediatric population, but most hospices might have one or two pediatric patients a year, for example. So, what would be one thing that you think every clinician should take away from this conversation, that they can use in caring for a pediatric patient?

Yelena Zatulovsky: I will share the story of [Johnny 00:33:26] with you, and I'll keep it brief. You might want to grab your Kleenex, but-

Dr. McPherson: Oh, no.

Yelena Zatulovsky: He's one of the greatest lessons I learned in terms of humility and passion and understanding really came from this four year old boy who we're going to call Johnny today. So, he just taught me lesson after lesson about how much children observe and respond to their environment. We don't give them enough credit for that sometimes, but they really do observe and respond to everything, about how much our emotional energy impacts theirs, even beyond babies. We know that's true for babies, but when you're dealing with a sick child, or when you're working with a sick child, our energy is also something that they carry with them that external source. They carry that. Then, how often their voices get unnoticed. Remember, we're talking about Johnny, who's four at this time. And, about their maturity and understanding, because they're ill.

So, in Johnny's scenario, his parents got really bad news this morning that there really were only comfort measures that could be done at this point in time. There were no other treatments, medical treatments that could be utilized for him. So, the clinicians, the doctors were really starting to prepare them for the end of life journey that they were about to embark upon. So, they were very withdrawn from Johnny, as you can imagine. They were beside themselves. I can't even imagine what that would feel like as a parent. I came to see Johnny at my usually scheduled time because that was his ... He was in control, and that was his Monday at this particular time. Yelena has to come, and I get to tell who gets to stay in the room. I get to tell Yelena what instruments we're using. I get to tell Yelena everything. So, this was his having control over his own environment.

So, I came at that time, and I noticed, and I already knew the doctors had given me a heads up about what was happening. I sat down and started working with Johnny as was generally the norm. There were some whispers in the room. Then, at one point in time, his mother just burst into these very painful tears, which were of course expected. She called out, and she just said to me, "I don't know how you can do this, Yelena. Your heart must break every single day."

Here's this four year old Johnny, in all his wisdom and glory, and he looks up, and he says to her, "Mommy, of course her heart breaks every day. It breaks every day that she sees another child like me who's going to die."

Dr. McPherson: Oh my god.

Yelena Zatulovsky: Every time there's a crack in her heart from every child dies or every child that she loved, it makes more room for her to love the next child, and the next child, and the next child.

Dr. McPherson: Woo.

Yelena Zatulovsky: For me, I almost made myself cry, Lynn. For me, that's the memory for me, right? That's the note. It's how much these children observe and understand and how it imperative irrespective of their age for us to find a way to give their voice, to raise their voices up in some way, shape, or form, whatever is appropriate in their culture, belief system, or family unit, and whatever, in whatever way that will honor and allow the children and their families and their parents and their siblings and their friends to create those connections and memories for as long as they are on this earth.

Dr. McPherson: Well, goodness, gracious. You are a special person, my friend. Are there any last comments you would like to share with our listeners before we wrap this up?

Yelena Zatulovsky: Don't be afraid of working with children. They're amazing. They're insightful, and they deserve all that you can give them, and you deserve all that they can give you.

Dr. McPherson: Absolutely, even if it does break your heart, right?

Yelena Zatulovsky: Even if it does break your heart, yeah.

Dr. McPherson: Absolutely. Well, we've been chatting with Yelena Zatulovsky. Wow, I wish your name was Smith here right now. You've got me all discombobulated. She is the Vice President of Patient Experience with Seasons Hospice and Palliative Care. Again, this is Dr. Lynn McPherson, and this presentation is copyright 2018, University of Maryland. For more information on our completely online master of science and graduate certificates in palliative care, or for permission requests regarding this podcast, please visit Graduate.umaryland.edu/palliative. Thank you.