

Vibroacoustic Harp Therapy® is offered in a nursing home

by Mary Stevens, VAHTP

I have recently begun providing Vibroacoustic Harp Therapy (VAHT) for the residents of the Liberty Medical Center nursing home. I use the VAHT Lounge System and a Lyon & Healy CG85 pedal harp. All the equipment used is my own and I transport it from my music studio to the medical facility in a Dodge Caravan.

Liberty Medical Center is a small hospital and nursing home in Chester, Montana, where my mother is a resident. During one of her quarterly care team meetings, I suggested to her physician and the director of nursing the possibility of bringing VAHT to the residents of the care center. Both were open to the possibility, but cautious. I invited Nancy, the director of nursing to experience a free demonstration of the therapy before committing to anything. She accepted.

On the day of the demonstration, it was apparent to me that Nancy was not sold on the therapy. I gave her some background, and then invited her to lie on the lounge so that she could feel the effect of the equipment. After only three notes from the harp, she was sold. She was immediately thinking of some of the residents who would benefit from the therapy. I also demonstrated using low-frequency VAT frequencies and CDs of recorded music, and let her borrow my portable VAT system. She immediately began using the system for specific patients, using CDs of music that the patients loved and reported wonderful results and responses from the patients.

The portable system is the "Smart Vest" available from NexNeuro. I have discovered the vest portion to be cumbersome and uncomfortable, so I remove the speaker board from the vest, wrap it in a pillowcase, pillow or blanket, and prop it next to a person or place it under the mattress of someone who is immobile. (The speakers in the Smart Vest are full-frequency speakers, so I am beginning to experiment with using them with the harp for VAHT. Hopefully by the next issue of *The Harp Therapy Journal* I will have some results to report.)

With the positive results from the portable system, the director of nursing, physicians, and social worker were eager to try VAHT with the harp and lounge for their patients. They pay me a fixed fee for a half-day of sessions every two weeks and provide a room in the facility for the sessions. The fee is paid from an endowment that the facility received earmarked for the benefit of the nursing home residents.

Facility staff members assume all responsibility for infection control (clean bedding for each resident), selecting which residents receive VAHT treatments and for moving the residents to and from the room and on and off the VAHT lounge. A staff member stays in the room during the session if safety is a concern for a resident (concern that they may try to get up from the lounge). On the first day of sessions, seven residents were each given 15- to 20-minute sessions.

Caregivers are very pleased and excited with the results they saw after the first session. The Director of Nursing declared, "This is the best thing we have done for our residents in years!"

This is a work in progress and the staff and I are communicating about how to make the therapy as effective as possible for the residents. I am in communication with several other nursing homes/care centers in the area and hope to be able to begin offering VAHT to the residents of those facilities in the next few months.

Below are my observations from the first day of VAHT sessions:

Case #1—Woman in her mid-50s severely crippled by MS, completely non-communicative. Was very stiff when placed on the bed. Face was very tight and tense. Hands were clenched and arms were tight and inflexible. She relaxed quickly when the music started. Shoulders relaxed into the mattress, hands were not clenched as tightly, whole face relaxed. She opened her eyes to familiar tunes. Eyes either brightened or soft-

ened greatly on repeated low Gs. Her whole countenance was much softer and brighter after the session.

Case #2—Elderly woman, non-verbal, but physically responds to verbal communication through body and eye movements. She was slightly agitated at the beginning of the sessions. She vocalized a few times at the beginning, and then a couple more times during the session when I played a familiar hymn. Her countenance was much more relaxed afterwards.

Case #3—Elderly woman with ability to communicate verbally and can ambulate with assistance. She relaxed quickly after the session started. Her head, which was held slightly off the bed at the beginning, relaxed into the pillow and she fell asleep. According to her caregivers, this person normally has difficulty sleeping.

Case #4—Elderly woman, non-ambulatory, can communicate verbally. She breathed deeply when the music started, turned her head away from me and may have fallen asleep. Opened her eyes after 10-12 minutes, looked around the room, and became slightly restless, which indicated that she had had enough. She commented that she really liked the music.

Case #5—Elderly woman, non-ambulatory, able to communicate verbally. Her countenance was tense and appeared a little angry before the session. A few minutes into the session she lifted her head from the pillow as if to listen to the music, repeated this motion a couple more times in the session, and then relaxed into the pillow and went to sleep. Afterwards she smiled and said she felt very good and very relaxed. Her countenance was noticeably brighter, happier, and softer after the session.

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Case #6—Elderly woman, verbal, alert, and ambulatory. Clapped her hands and smiled when I started playing. She relaxed and appeared to go to sleep. Her countenance was brighter and happier after the session. She really enjoyed the music.

Case #7—Elderly man, mentally alert and aware, with limited mobility. Really liked the music. Did not seem to fully relax but thoroughly enjoyed the session. He asked when I was going to come back. ♥

Mary Stevens, VAHTP grew up in Chester, Mont., and has been active in the music community of Havre, Mont. for over 30 years through involvement with various church, school and community activities. During those years she has been the music coordinator and organist/pianist for churches, played piano for numerous musical community and school stage productions, accompanied countless students at district and state music festivals, conducted church music workshops, coordinated and participated in numerous concerts, played piano or organ for countless weddings and funerals, taught piano and other instruments to numerous students and raised two daughters with her husband, Rick. Her professional credentials include being a former Registered Piano Tuner and Technician, Lay Pastoral Associate with the Montana Synod ELCA, Certified Clinical Musician, Certified Harp Therapy Practitioner, and Vibroacoustic Harp Therapy Practitioner. She was awarded the Montana Health Care Association Volunteer of the Year award for the State of Montana for her volunteer work at Northern Montana Care Center in Havre. She resides in Havre and offers therapeutic music to hospice and care center residents, volunteers to teach piano lessons at the Boys and Girls Club in Havre, provides Vibroacoustic Harp Therapy through her private music studio, and continues to serve First Lutheran Church as the choir director, music coordinator, pianist and organist.



NSBTM news

by Dee Sweeney

The National Standards Board for Therapeutic Musicians has been working since fall on a strategic plan for the next three to five years and expects to finalize it at the annual meeting in February. Check our website for an update from our winter activities. Sales of our updated NSBTM Presentation Planner have been brisk. Thanks goes to all who have supported the board's activities through your purchases.

Stella Benson, member of our advisory board, was appointed to be our archivist, to maintain our documents and history on the website.

Legislative Update

Sable Shaw, committee chair, reported that all legislation introduced last year by the American Music Therapy Association is dead as a result of the election cycle, and each state initiative will start from the beginning of the process. We are working with the AMTA to stay abreast of the legislative activity in 2013. The states targeted for action this year include Arizona, Hawaii, Indiana, Minnesota, North Carolina, Rhode Island, South Carolina, Iowa and Utah.

Board members took a welcome respite from NSBTM business during December to enjoy the holidays and their families. ♥

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