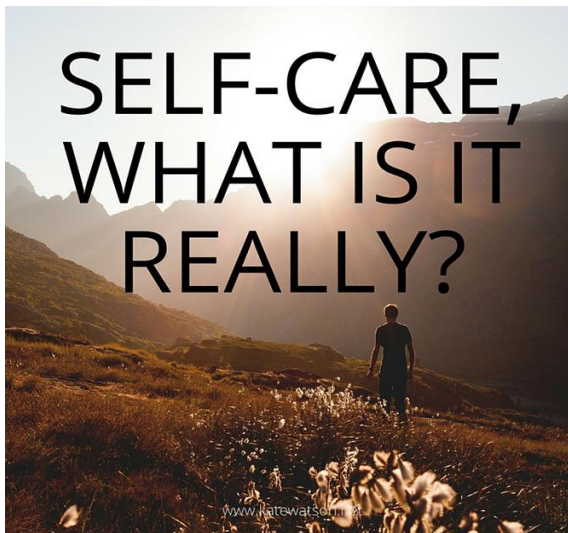


Reflective Practice for Self-Care of Therapeutic Harpists



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"Can you play for the patient on the vent please? Can you visit the baby in 4 please? This facility really enjoys your singing. Can you add them to your schedule please? Can you do this presentation and bring your baby harps? What song would you play for this patient? What note would you play for that one?"

In the Fall 2018 Harp Therapy Journal, Jocelyn Obermeyer quoted the above as a standard conversation amongst the therapeutic harpists in her hospital setting. Just a brief glance at this highlights the potentially emotionally stressful and difficult settings that therapeutic harpists are invited into as part of their role in hospitals. Very early on in my own internship in an aged care facility one of the chaplains commented that she thought I was sensitive enough and ready to take on playing for the dying. I was not so sure! Another article by Carol Carpenter in the same journal edition talks of her work in a psychiatric setting, where 'the healing vibration of the harp played in a therapeutic manner can facilitate relaxation which can allow the patient to re-group and come into a state of mindfulness'. Truly, the work of the therapeutic musician is not 'performance': rather the therapeutic harpist chooses to enter into a deeply intuitive space with the patient or resident in order to choose just the right music which facilitates entrainment; music which soothes or heals through the inherent healing properties of music, vibration and sound.

This task of the therapeutic harpist to be sensitive to the patient or resident, their emotional state and any other obvious physical needs and then to intuitively play therapeutically opens the therapeutic harpist to the risk of vicarious trauma. This is documented well in other health workers, especially frontline workers who are exposed to people in their most wounded states, but also therapists and counsellors who, like therapeutic harpists, aim to become attuned to what is happening in their clients.

Various forms of reflective practice have been either recommended or mandated for such workers as paramedics and therapists.

Debriefing can be undertaken as an immediate response to a critical incident. It can be an informal process often conducted by a manager fairly close to the time of the incident. Questions are asked that elicit people's reactions to the incident, affirmation of people's responses and normalising any stress reactions that people might be having. Often the offer of counselling, if needed is made, as part of the process.

Mentoring is a more structured relationship with a more senior or experienced person in your workplace or externally where regular meetings are held – maybe monthly. Sometimes there is a fee paid, but often not. The mentor is concerned with assisting their mentee in developing in their work practice and sometimes this may involve exploring the impact of work on their personal well being. There is limited accountability in relationship, but it is often a warm and supportive relationship.

Professional Supervision is an even more structured form of reflective practice with a trained or qualified supervisor. It is concerned with the interaction of the individual with their work practice and has supportive, educative and accountability aspects. A fee is paid for a structured appointment. A contract for what takes place in supervision is negotiated between the supervisor and supervisee, which ensures confidentiality and other professional boundaries, making it a very safe space for the supervisee. A professional supervisor is not necessarily skilled in the practice of the supervisee, for example a counsellor supervisor may also supervise church workers or paramedics.

When should you access some form of Reflective Practice?

The simple answer is – when you need it! Some might find it really helpful during their internship to meet with a mentor or supervisor to review both their actions but also their reactions during their placement, especially if working in a hospital or aged care environment is new to them. A reflective space is where you can review what you have done, see the positives and negatives with your mentor or supervisor's support, and work out how to do things better the next time. You can also 'unpack' any emotional reactions you might be having to the work and see how to care for yourself when working in a distressing or stressful situation. Certainly, if you are going home and finding yourself thinking over and over what happened or can't get a patient or resident out of your mind, you will find some reflective practice will be helpful.

The more time you are working as a therapeutic harpist in a stressful setting and the more stressful the setting is, the more you are at risk from some emotional trauma and even burn out if you don't attend to your self-care.

Where can you find a Mentor or Professional Supervisor?

ATHA plans to develop a list of suitable members who can offer mentoring to other members. This is in the planning stage at present.

In the meantime, you could contact the interim President, Christine Middleton and ask for some suggestions.

Alternatively you could seek out a professional supervisor through a professional association such as the Australasian Association of Supervisors at www.supervision.org.au. In the hospital setting, Chaplains who are trained as CPE Supervisor Level 1 would also be able to give you professional supervision.

Nicky Lock August 2019