Measuring The Effects of Therapeutic Listening - Quickshifts

Hannah Tashjian  
*Dominican University of California*

Phoebe Taasan  
*Dominican University of California*

Donielle Hair  
*Dominican University of California*

**Survey: Let us know how this paper benefits you.**

**Recommended Citation**

Tashjian, Hannah; Taasan, Phoebe; and Hair, Donielle, "Measuring The Effects of Therapeutic Listening - Quickshifts" (2017). *Student Research Posters*. 56.  
https://scholar.dominican.edu/ug-student-posters/56
Measuring the Effects of Therapeutic Listening - Quickshifts
Donielle Hair OTS, Phoebe Taasan OTS, Hannah Tashjian OTS, & Dr. Julia Wilbarger, PhD, OTR/L
Dominican University of California

Purpose
This study evaluates the effects of the Therapeutic Listening - Quickshifts (TL-Q) program and describes a standardized protocol for gathering data supporting TL-Q using a PBE* approach.

Therapeutic Listening
TL is a sound based intervention using electronically altered music used to improve self-regulation, sensory processing, attention, social skills and communication skills (Frick & Hacker, 2001). Quickshifts technique is a binaural beat technology which increases alpha brain waves to shift alertness and set up the nervous system for optimal learning (Vital Links, 2016).

*Practice Based Evidence
PBE can be used to document, measure, and review within standard clinical practice, thus providing high-quality evidence which can be generalized to larger populations as a basis for future practice (McDonald & Viehbeck, 2007).

Method
Seven U.S. clinics identified 20 eligible participants: children aged 3-12 (one girl) receiving OT services for learning or developmental disabilities, demonstrating sensory integrative concerns or learning disabilities. Complete data was available for 10 children. Pre-test, post-test design; assessments included:
→COPM, SPM, VMI, PDMS-2, BOT-2, and a modified Clinical Observation assessment
TL-Q protocol requires 30 minute intervals of listening twice a day for twelve weeks. Music was changed every two weeks or as needed determined by the therapist.

Summary of Results
Significant improvement was seen in individualized goals (as measured by the COPM), posture, and sensory processing.

Implication for OT
The results provide evidence to support the use of TL-Q in OT practice. The PBE framework was successful in capturing clinical changes. The COPM was a valuable tool for measuring outcomes, suggesting this measure should be used more frequently in practice.

Acknowledgements
We want to thank the following individuals for their support and involvement in our study: Dr. Julia Wilbarger, Sheila Frick OTR/L, Sophie Miller, and the dedicated clinics, therapists, and participants across the United States.

References: