



## Parent Manual

# Safe and Sound Protocol: A Portal to Social Engagement™

# Suggestions for Delivering the SSP

The Safe and Sound Protocol is designed to work with a person's nervous system. When the child feels safe, calm and relaxed his/her nervous system will be receptive to new acoustic stimuli within the frequency band of human communication and this will maximize the effectiveness of the intervention. While feeling safe, calm, and relaxed may be difficult for many children, you can help by attempting to create a calming environment for the intervention administration.

Quiet location: By maintaining a quiet location, the child will be able to

(1) feel safe and relaxed without worrying about distracting noises; and, (2) focus on listening to the intervention. As the sound level of the music fluctuates through the intervention, at times it will seem very quiet to the child, and a quiet environment will help them pay attention to all parts of the intervention. Keep in mind that children with sound sensitivity may be bothered by everyday noises that otherwise go unnoticed by others. All sounds should be minimized, including human voice, outside and inside of the room where you are administering the program.

Outside the room: Minimize distracting noises outside of the room that could be heard in the room. Examples include people talking outside the door, lawn maintenance, telephone ringing, loud air conditioner, etc. Try to create a quiet zone outside the room to keep the outside noise level at a minimum.

Inside the room: Create a comfortable space to conduct the program. Soft chairs and soft (non-fluorescent) lighting can create a calm environment and help the child feel comfortable. Please make sure that **all** cell phones are silenced and video games are not accessible. Be quiet, and keep speaking to a minimum. Also, please limit interruptions during the program by reducing the number of entries/exits during.

Family: The child should feel comfortable with the person administering the program. Only one person is needed to stay with the child. Young siblings should not be permitted in the intervention room, since they may create a distraction for the child during the intervention. The atmosphere should be pleasant, friendly and encouraging to the child.

## Instructions for Delivering the SSP

The role of a parent or caregiver in delivering the Safe and Sound Protocol is to: (1) communicate expectations to the child on his/her level, (2) help the child feel safe and comfortable during the intervention, and, (3) assess if the child is becoming overstimulated.

### Before the SSP begins: Talk with your child about what to expect

- A. Depending on the child, an explanation along these lines should suffice:

“You are going to be listening to some music that is going to help your ears and your brain listen better. You will be listening to music for up to an hour per day. The music may sound a little funny to you; and, sometimes, it will sound very quiet. All that we need you to do is listen to the music. If it sounds too quiet, keep listening and it will get louder. We do not want you to adjust the volume.

While you are listening to the music, try not to talk too much or sing along. If you need something, let me know quietly, and I will pause the music. While you are listening to the music, you can play quiet games.

(Depending on age): When you finish the music program for today, I want you to tell me if you recognize any of the songs, and which songs are your favorites.” (This will give the child a reason to attend to the music.)

- B. Make sure the child has taken all breaks necessary (restroom, water, etc.) before you begin.
- C. If you are working with a younger child, encourage them to select an activity BEFORE you begin the music.
- D. Make sure that the child is not hungry and offer a snack before starting.

During the SSP: Help your child feel safe and comfortable by following these steps

- A. Be helpful, friendly, and smile! Thumbs-up encouragement and other non-verbal communication is encouraged.
- B. Know the child’s boundaries and respect his/her social space. If he/she is not comfortable when you sit next to him/her, simply move to a more comfortable distance. You do not need to do an activity with the child during the intervention. However, if you see them becoming bored or restless during the intervention, you can engage them in a joint activity (cards, puzzles, Legos, etc.). Be open to hugs, lap-sitting & non-verbal communication.
- C. Many individuals feel comforted when eating or drinking, so offer the child a drink or soft foods during the intervention (no crunchy foods). Be aware that sugary snacks and caffeinated beverages may cause hyperactivity during the intervention, which could interfere with the child’s ability to sit quietly and listen to the music.

D. A note about cell phones, videos, video games:

Due to the cognitive dissonance that can occur with any of these items (i.e., focusing on the video so much that the individual “tunes out” everything else – including the intervention!), we discourage use of screens during the intervention, even if the sound is muted. This goes for you, as well! Be available to the child; you don’t want to miss the opportunity to return a smile or gesture they may initiate.

During the SSP: Ensure the intervention is delivered correctly

- A. Monitor the child at all times. Make sure he/she does not interfere with the music device (adjusting volume, skipping tracks, removing headphones, etc.). You can use the provided waist pack to keep the player out of reach, and remember to use the Hold switch.
- B. Ensure the child maintains an appropriate behavioral state. Please discourage excessive movement (running or dancing to music). Increased activity can move the nervous system out of feeling “safe” and reduce the effectiveness of the intervention. Walking around the room is acceptable. Try to find a time in the day where the child’s energy is at an appropriate level (neither over- nor under-aroused).
- C. If the child requests a break from the music, please pause the music and allow a break to occur. Slowing down the protocol when it seems necessary helps with processing and integration. Please consult your SSP Provider if you are unsure when to pause or end a listening session.
- D. Some suggested activities while delivering the SSP are coloring, looking through picture books, playing with PlayDoh or Legos, weaving, puzzles, crafts, card games, blocks... etc.

# Frequently Asked Questions

## Does the intervention need to be delivered in five consecutive days?

The intervention is tailored to the functioning of the middle ear muscles. Listening during the intervention may fatigue the middle ear muscles and the child may appear to be exhausted. Be attentive to these potential changes in behavioral state. If you feel you should skip a day for the child to recover, simply resume where you left off.

## Does the intervention need to be scheduled for the same time each day?

No. You can schedule the intervention at different times on each day. The goal is to select a time of day when the child is alert, with a schedule that works for both the child and the person delivering the protocol.

## Can my child use ear-buds instead of headphones?

No. The filtered music is difficult to hear at different times during each session. The volume will appear to decrease and increase as the different frequencies of music are removed and re-added and the ear-cup on the headphone helps to block out environmental noise to help the client attend better to the music. If wearing headphones is impossible, Mini-O speakers are available through the iLs Store.

## My child is reluctant to complete the intervention. What can I do?

If the child becomes overwhelmed or feels anxious, pause the music and give the child a 5-10 minute break to walk around, use restroom, get a drink of water, etc. If in rare cases, the child feels pain, promptly stop the session. Wait for the pain to subside and contact your therapist. If the child is pain free, perhaps in a day or two, you may restart the SSP using short sessions (i.e., 10-30 minutes).

If the child is having a "bad day", ask the child what can be done to make the situation better, and then try again.

Less is more. There is no reason to "power through" the protocol.

**My child is feeling overly tired during intervention week. Is this normal?**

Many users have reported fatigue during the intervention, especially around Hour 3. The SSP is working the nervous system - middle ear muscles, brain, and the autonomic nervous system - so feeling tired is typical. If you are overly concerned about fatigue in your child, please contact your therapist. However, do not worry if your child does NOT report feeling overly tired, either. Ask your child about his/her sleep. In general, we have received reports of improved sleep patterns.

**I'm interested in using the SSP myself. Can I use the SSP while my child is not using it?**

We do not recommend anyone over the age of 13 doing the SSP without the supervision of an in-person, trained SSP Provider.

# Looking For and Supporting Changes in Your Child after the SSP

The SSP is a portal to the Social Engagement System, and it can have powerful impacts on how your child interacts with you and the world. Resulting new behaviors reflect an increased sense of safety in the world, yet they are fragile and can be disrupted if not recognized and responded to in a positive manner. Essentially, the SSP is opening the system for greater engagement. What comes after the SSP can cement and extend the gains. It is the repeated and consistent responses from the people around your child that will enhance their new sense of safety and reinforce the new behavior.

The following guide can help you and the other people in your child's life know what to look for and how to support your child.

a. Look: Your child may now be making more eye contact with you, family, friends and teachers. Eye contact is a sign that your child is feeling safe and receptive to social behavior. Eye contact should not be forced or bribed, but when you see it, respond with a smile and encouragement. When children attempt eye contact that is not reciprocated, they may stop trying or feel like the other person does not want to engage. Reciprocal eye contact and smiles will help the child identify other "safe" people that are part of a "safe" environment where the child can relax and be friendly and loving.

b. Listen: Your child may now start understanding speech better. You may not have to repeat yourself when you ask the child a question or ask them to do something. Your child may stop complaining about loud noises or stop covering their ears when loud noises occur. By completing the SSP, your child's ear muscles are now better able to "ignore" loud noises, and allow them to focus on speech instead.

c. Regulate: Your child may now have better emotional control and expression. Meltdowns and outbursts are typically a sign of dysregulation, or uncontrollable feelings. Meltdowns can occur for a lot of reasons, some of which are addressed by the SSP. For example, if a child has a temper tantrum because he/she wants to leave the park NOW, but feels like the parent is not listening to him/her because parent does not leave the park NOW, these feelings may be calmed now that the child can make eye contact with parent, and listen to parent, and feel like he/she is part of a reciprocal conversation about when it is time to leave the park. When your child does experience a tantrum, try to keep a calm demeanor – soothing voice, eye contact. After the intervention, the child will be more responsive to social cues and will be learning how to control temper by watching you!

d. Play: Your child may now have better play behaviors with other children. Play involves reciprocal interactions, and communication between the players is eased by eye contact and listening to each other. For now, take a more active role in play-dates or sibling play so you can support the interaction and talk to your child afterward about what you noticed.

e. Love: Your child may now be more expressive of love to other people, including more smiles and hugs. Do your best to reciprocate those behaviors when they occur! Be aware, though, of the child's personal space; unwanted hugs (or hugs from unfamiliar people) can make child feel defensive instead of relaxed.

f. Support: The SSP is only one way to help your child improve looking, listening and regulation. Other ways you can continue to help your child include:

- o playing woodwind instruments (exercises breathing control and ear muscles)
- o singing alone or in a choir (exercises breathing control and ear muscles)
- o yoga (exercises breathing, posture and self-control) meditation (exercises breathing, posture and self-control)

g. Additional Support: Maintain a safe and pleasant environment for your child. Things that parents find comforting may not be the same things the child finds comforting, so talk to your child about what things help him/her feel relaxed. Some ideas: soothing environments, vocal music, gentle lighting, soft surroundings and fabrics, pleasant fragrances, and avoiding loud or abrupt noises.

h. Working with Your Child's Therapist: The SSP is designed to work with treatment, not to replace it. By providing a means for children to feel calmer and be more socially engaging, it will allow the therapist/clinician

to better engage your child in intervention, and should help your child to respond better.

i. Good Signs: As safety is restored, your child may find their voice with greater conviction! If you child seems to be more "strong-willed", see it as a sign of safety and confidence and continue to provide positive feedback.