

Safe and Sound Protocol

<https://integratedlistening.com/ssp-safe-sound-protocol/>

Developed by **Dr. Stephen Porges**, the Safe and Sound Protocol (SSP) is a five-day auditory intervention designed to reduce stress and auditory sensitivity while enhancing social engagement and resilience. Based on Dr. Porges' Polyvagal Theory, by calming the physiological and emotional state, the door is opened for improved communication and more successful therapy.

The SSP is a research-based therapy showing significant results in just five days in the following areas:

- Social and emotional difficulties
- Auditory sensitivities
- Anxiety and trauma related challenges
- Inattention
- Stressors that impact social engagement

The intervention uses prosodic vocal music that has been filtered to train the middle ear muscles to focus in on the frequency envelope of human speech. Once human speech is properly perceived, the portal to social engagement has been opened. You'll find you are (or your child is) better able to interpret not only the meaning, but also the intent in conversations. And the sense of safety that is achieved by better understanding the fluctuations in human voice calms your (or your child's) physiological state. Once your system has been primed and your state is calm, further therapy is enhanced and behavioral regulation is improved.

One's autonomic or physiological state is a factor affecting the ability to listen, to extract information, and to be social. It is affected by neuroception, the assessment of safety from cues in the environment and our viscera at any given moment that occurs outside of our conscious awareness. Our behaviors are affected by our physiological state. Different physiological states allow different "emergent properties" some of which are good for defensive behaviors and some for social behaviors.

State is adaptive and different states will promote different types of behaviors: defensiveness; focused attention; or social engagement. State is critical to how we approach the task at hand. So, when a person has better state control, not only can they be more socially engaged, they are more open to therapy. Better state regulation can improve therapeutic outcomes.

The vagus (the 10th Cranial Nerve) plays an important role in social engagement. It regulates both the heart and the muscles of the face and head. The vagus nerve keeps heart rate low by means of a vagal "brake"; this inhibits sympathetic responses. While not an all-or-none condition, by putting a brake on heart rate and sympathetic responses, we can read social cues and social engagement is possible.

Upon signals of threat, the vagal brake is released, instantaneously speeding heart rate and increasing metabolic output to foster fight or flight behavior. Once in a sympathetic state, we may lose awareness of others and become less able to read social cues and use them to regulate our state. At this point, the muscles of the middle ear will attune the auditory system more toward sounds of threat and danger rather than social communication.

Just like the brain, the Autonomic Nervous System is plastic and can "learn" to stay more activated than necessary. Being in a state of chronic defensiveness, as in some psychiatric and behavioral disorders, compromises the social engagement system and the related neural networks "learn" to engage less.

The purpose of the SSP is to initiate and accelerate a physiological and emotional state conducive to successful treatment, and eventually to successful interaction with others. It is not meant to be used in isolation. Rather, it is intended to prepare the client's system for other therapies to make lasting improvement in sensory processing, auditory sensitivity, social communication, and state regulation.

Plasticity of the Autonomic Nervous System and State

The SSP exercises the neural pathways associated with regulating behavioral state and social engagement. These are aspects of the Autonomic Nervous System (ANS). And just as the brain is plastic and can change based on experience, the ANS is also plastic. The SSP has been shown in peer-reviewed research to significantly increase vagal regulation of the heart - a vital component of ANS regulation. This has the effect of better control of state.

We often hear parents say that their child will do certain things "when they're comfortable" or "at home", but not in a setting outside their comfort zone. These parents are referring to state. We ourselves may experience difficulty thinking on the spot during a presentation if we feel nervous about public speaking. Again, this reflects our state.

The SSP is best used together with other therapies.

Changes from the SSP can be cumulative and self-perpetuating. They will be enhanced by the social support the client receives and the learning opportunities they are presented with. While you may notice some very positive changes while using the SSP, it is not meant to be used in isolation. The changes you see can potentiate neuroplasticity and functional change from subsequent therapy modalities.

Passive vs Active:

The Safe and Sound Protocol is intended to accelerate the effectiveness of other modalities by preparing the client's emotional and physiological state. Dr. Porges discusses two pathways to achieving progress with clients: the passive pathway and the active pathway. Since a calm autonomic/physiological state is necessary for health, growth and restoration, achieving it becomes the foundation of an effective therapy. We conceive of the SSP as a passive pathway therapy helping to change the client's physiologic state through neuroception and opening the system to further neural change from other active pathway therapies that follow.

Passive Pathway

The passive pathway utilizes the vagus nerve and neuroception to assess and achieve safety. Over-activation of the sympathetic nervous system interferes with learning, attention, behavior and health. The SSP a passive pathway therapy helping the client to restore balance to an out-of-balance autonomic nervous system and to achieve a more calm and better-regulated state.

Active Pathway

The active pathway engages and exercises the Social Engagement System and challenges it to become more resilient. Active pathway therapies affect neuroplasticity and the functional changes seen that come from consistent and persistent exposure and attention. Active pathway therapies include psychotherapy, speech therapy, physical therapy, occupational therapy, cognitive exercises, dance therapy, listening therapy and many others.

Intervention

The SSP is recommended to be done in one-hour increments of listening for five consecutive days, and as such it may require some deliberate planning to include this new intervention. Clinical results have indicated at times it can be beneficial to slow down the intervention to ½ hour sessions depending on how the client is tolerating the initial session. We will individualize the implementation of the program and determine the best schedule for you or child dependent on their response on the first day so please note the initial schedule may be altered as necessary. It is important to continue the sessions consecutively as the program builds a platform and capacity over the 5 days. If there is an illness or interruption in the implementation it may be necessary to repeat sessions from the beginning to gain maximum benefit. Considering the SSP as a passive pathway therapy, we would consider a pause in regular therapy sessions while the SSP is being administered.

Colleen Hanson, LCSW will now be providing the SSP to clients at CORE Connection Counseling.

The changes to state regulation that often result from using the SSP make it an excellent way to start therapy or can help to improve outcomes of therapeutic modalities engaged in after the SSP and so makes it an effective intervention to use at any time.

For more information on the SSP please contact Colleen by email at Colleen@coreconnectioncc.com or by phone, 630-524-4000

SSP Research

<https://clinicaltrials.gov/ct2/show/NCT02680730>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3610863/pdf/nihms425959.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4117928/pdf/fped-02-00080.pdf>

<https://trialbulletin.com/lib/entry/ct-02398422>

<https://www.smh.com.au/opinion/middle-ear-may-hold-answers-for-autism-treatment-20140904-10c83a.html>

<https://clinicaltrials.gov/ct2/show/NCT02064257>

Podcast Interviews

<https://www.youtube.com/watch?v=yVVaTRbegJs>

<https://www.youtube.com/watch?v=k4NnJ6eJPjg>

<https://www.youtube.com/watch?v=na2bInkRhAY>

<https://www.youtube.com/watch?v=ivLEAlhBHPM>

and many more: just search Stephen Porges on Youtube or follow the link below.

https://www.youtube.com/results?search_query=stephen+porges