

A Letter from Dr. Porges

When Discomfort Arises: Using the SSP with Adolescents and Adults

Since the late 1990s, my research group has been evaluating and refining the protocol that has evolved into the Safe and Sound Protocol. During this period we tested the protocol on several hundred children with a variety of disorders, including children with autism spectrum disorders, speech/language delays, auditory hypersensitivities, and behavioral regulation disorders. The outcomes of this research have been very positive with noticeable increases in spontaneous social engagement behaviors, reduced sound sensitivities, improved organization of social behaviors and emotional state, and improved and more spontaneous verbal communication highlighted by more expressive voices.



We have also conducted and published two peer-reviewed research papers describing our findings. During the past few years we have organized several clinical trials, which are currently registered on [ClinicalTrials.gov](https://clinicaltrials.gov). These new clinical trials are evaluating the intervention with different populations including children with abuse histories, individuals with attention and concentration difficulties, and children with Prader Willi Syndrome.

Since the release of the Safe and Sound Protocol by Integrated Listening Systems, we have received feedback that matches the positive behavioral changes in children that we observed in our research. During the 20 years that we have tested the SSP with children we have not observed any major adverse effects. Occasionally, we have observed an initial tactile sensitivity to the headphones, which would rapidly resolve. Also, perhaps due to previous unpleasant experiences with sounds and headphones, the combination of sounds and context might provoke minor anxiety in the child, which has rapidly resolved. This success is, in part, due to the “safe” context in which the intervention is delivered. For children, the safe context is efficiently structured by creating a ‘safe’ clinical environment with a therapist who projects welcoming cues of warmth to the child. This sense of a ‘safe cocoon’ is supported by a safe and protective parent or caregiver accompanying the child, while the child experiences the SSP.

The Safe and Sound Protocol as an intervention has two components: first, structuring a safe context in which the intervention is delivered; and second, delivering the acoustic features of the sound presented during the intervention that serve as a neural exercise. The safe component is managed by the practitioner delivering the SSP. The sound component is embedded in the SSP acoustic stimuli. It is important to acknowledge successful implementation of the SSP requires both components. This understanding should inform judgment of whether to deliver the SSP in the home to

either a child or an adult. If recommending a home environment, the therapist should evaluate whether the SSP will be delivered in a quiet and safe environment in which a 'safe' adult is available to help the child regulate state during the intervention program. Home administration should be cautiously implemented and the therapist should evaluate whether there is sufficient support within the home to provide a 'safe cocoon' while delivering the SSP. The therapist should evaluate if the home environment contains any potential disruptors of the client's mood and state and if the client has access to a caring and safe individual to help regulate if the acoustic stimuli trigger a state change. For the SSP to be effective, it is necessary to maintain the client's nervous system in a state of safety.

For the SSP to be effective with adolescents and adults, similar to children, it is necessary to maintain the nervous system in a state of safety during the listening sessions. Maintaining the adult's nervous system in a state of safety may be challenging, especially adults with trauma histories. Unlike the 'safe cocoon' that children experience in the presence of a caring and supportive adult, adults frequently arrive at a clinic without a supportive partner. Suggesting that a trusted friend who would be available for support and regulation accompany the client would be helpful in creating the safe environment. Vulnerability to state changes might be exacerbated if the adult comes alone to the clinic or is self-administering the SSP at home which I don't recommend.

Emotional and physiological reactions to the SSP are a potent signal that the stimuli are effectively triggering neural circuits. However, for the stimuli to trigger and exercise neural circuits that promote spontaneous social communication, improved state regulation, and reduced auditory hypersensitivities, the nervous system has to be in a safe state. More accurately, the nervous system has to feel protected and sufficiently trusting not to move into states of self-protection, hypervigilance, and defense.

In this webinar, I focus on how the SSP protocol can be adjusted when adolescent or adult clients have state changes while listening, such as becoming anxious and having strong visceral feelings. I will be discussing two basic principles: one, when the client feels discomfort, pause the intervention and allow the client's nervous system to stabilize; and two, do not encourage or reward the client to power through the intervention if there is discomfort. Although the fixed protocol works extremely well with children, adults have a complicated history and frequently have difficulties feeling safe. As we move into the treatment of adults, we will continue to learn through the detailed comments from the therapists about variations in responses. This important feedback will allow us to modify the protocol to optimize the client's outcome.