

THERAPEUTIC LISTENING PROGRAMMING GUIDE

General Guidelines for Working with Therapeutic Listening®

Equipment:

- Caregiver/therapist should place the headphones on self before each listening session to check headphone and music player function, volume, and play settings

CD Player

- Using random or shuffle mode keeps music novel
- Should not generate background noise– no hisses or pops
- Turn off bass boost and/or shock protection
- Volume control should be equal in both ears
- Use “Hold” button to maintain all settings during listening session
- Use battery operated players to avoid electrical feedback
- Digital volume control allows most precise setting of volume

Portable Music Player (Sansa Clip+)

- Using random or shuffle mode keeps music novel
- Preprogram for Therapeutic Listening – See Quick Start Guide
- Listen at quiet to comfortable volume
- Use the included Velcro strap to wrap the headphone cord on the top of the headphones and clip the player to it to keep out of reach during therapy
- Use the included wall charger to avoid syncing your Therapeutic Listening music to your computer and maintain your therapeutic music collection on the player

Therapeutic Listening App (Android and Apple devices with app downloading access)

- See Therapeutic Listening App Instruction Packet for downloading steps
- Pre-programmed to be in shuffle mode, keeping music novel
- Listen at quiet to comfortable volume
- Tip: a Velcro strap can be used to wrap the headphone cord on the top of the headphones and a device clip to attach a mobile device to the Velcro strap to keep out of reach during therapy

Headphones (Sennheiser HD500A)

- Frequency range of 20 Hz - 23,000 Hz
- Impedance of 150 Ohms
- Open ear system
- Circumaural (no ear buds)
- Marked with Right/Left sides; cord goes on the left
- Ensure cord is plugged in to headset and not loose

Tune Belt

- Allows child greater mobility while listening

Volume Control:

- Volume should be set a comfortable level – normal conversation level
- Listener should not have to shout over music
- For exactness, a decibel reader can be used; volume should be in the 45-55 dB range
- Volume may have to be adjusted over the life of the batteries us

Contraindications:

- Schizophrenia
- Auditory-evoked seizures

Children under 2 years of age:

- Use modulated music over open speakers
- Place child at apex of triangle equidistant between 2 speakers, no more than 3-5 feet from each speaker
- Use a small space, such as a bathroom

Children with hearing aids:

- Remove hearing aids prior to listening
- Keep volume at normal conversation level
- Unilateral loss – use a stereo volume control to equalize volume in both ears

Children with cochlear implants:

- Therapist should understand mechanics and frequency range of cochlear implant
- Therapist should work in tandem with cochlear implant team

Children with active ear infections or other illnesses:

- Resume listening after child has been on medication for active ear infection for 24 hours
- Resume listening after flu or temperature symptoms clear up
- Able to continue with listening if cold symptoms present

Activities to be discouraged while listening:

- Activities that make the child unavailable such as TV, videos, computer use, video games, sleeping, and/or toys used in a perseverative way (i.e. lining them up)

Integrating Sensory Diet:

- TL cannot exist as a stand-alone treatment; solidify skills facilitated by listening with a core-based sensory diet program
- Postural activation, organization, and refinement of core movement patterns is the “glue” that helps changes hastened by listening hold
- Focus on balanced flexion/extension, rotation/counter-rotation, vestibular input, and respiration
- To recruit the deep core musculature, the child must work to the point of fatigue during activities
- If the child is holding their breath using fixing patterns, then the core is not fully activated.

Working with headphones:

- Remind yourself that most children have not had experience wearing headphones prior to this, so the initial newness may present as apprehension; often this apprehension is more about the headphones being “new” and “not the child’s idea” rather than an issue with tactile defensiveness.
- This potential apprehension quickly fades away, especially when the therapist/caregiver does not bring any additional hesitation to the situation; be confident in your position and the child will follow your lead
- It may be helpful to integrate some of the child’s favorite toys, snacks, or even a parent when first starting with the headphones to ease the transition

Modified Music Guidelines

Protocol:

- 30 minutes each listening session
 - 20-30 minute listening times for specified modified music albums
- 2 times per day, 7 days per week
- Minimum separation of 3 hours between listening sessions
- Change album every 2 weeks
- For use over headphones only except for children under 2 years of age (see General Guidelines for Working with Therapeutic Listening®)

Basic Progression:

- Start with the albums from Engagement category (Sensory Modulation and/or Space)
- Move next to Interaction (Core/Praxis)
- Then move to Discrimination
- How long you stay in each box depends on severity of issues
- Always think in terms of musical complexity – albums are listed from less to more complex in the box chart
- If you move to the right and get disorganization or more regulation issues, go back to Engagement