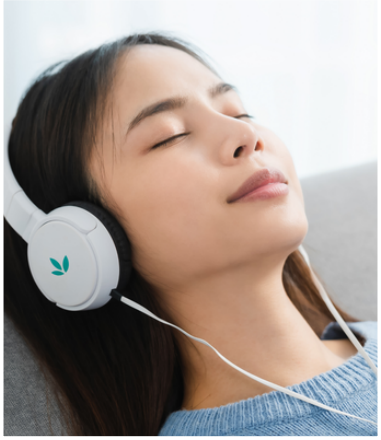
THE SCIENCE OF SAFETY:

# The Foundation of the Safe and Sound Protocol

*The Safe and Sound Protocol (SSP) is a powerful listening therapy designed to help regulate the nervous system.*



## Humans need social connection. But what happens when our nervous system is dysregulated?

We look for cues of safety in other people by reading their face, body language, and tone of voice. But the nervous system can misinterpret these cues, limiting your client's ability to connect in a meaningful way.

The nervous system is constantly taking in and responding to cues from people, the environment, and even inside our bodies. When a client isn't making progress, it may be that their nervous system feels unsafe, and **stuck in a feedback loop:**

1. Cues from other people, the environment, and from inside the body tell the nervous system it is not safe.
2. The nervous system mobilizes ("fight or flight") or shuts down in response.
3. Because the nervous system feels unsafe, it becomes harder to "tune in" to cues of safety.



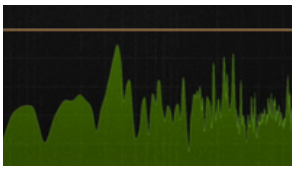

The Safe and Sound Protocol interrupts and redirects this feedback loop with cues of safety through therapeutic music.

THE SCIENCE OF SAFETY:

# How the Safe and Sound Protocol Works

The SSP acts as a non-invasive, acoustic vagal nerve stimulator, helping to retune the nervous system to better support connection, collaboration and resilience.

Through research-backed, algorithmically filtered music that mirrors the frequency envelope of human voice, the SSP sends cues of safety to the nervous system and trains the auditory processing system to better tune in to cues of safety, building a foundation for autonomic regulation.



*This is an example of the full-spectrum sound frequencies in a typical unfiltered clip of popular music.*



*Here is the exact same clip — after being filtered through the patented, evidence-based algorithm backed by decades of scientific research.*

## App-based Delivery

The SSP is experienced typically through over-the-ear headphones, delivered via the Unyte smartphone app in-person or remotely.

Depending on the provider, clients may also be asked to engage in a variety of regulating activities during listening.

The certified provider manages access, administers assessments, tracks and monitors progress, and is supported by a resource library on the MyUnyte platform.

Learn more on unyte.com



## Continue Your Learning




Learn about brain-body development, the vagus nerve in the ANS and its influence on the Social Engagement System, and Polyvagal Theory, the science on which the SSP is based.

**Download the Free eBook!**

THE SCIENCE OF SAFETY:

# Case Studies

Read a selection of stories and testimonials shared by existing Safe and Sound Protocol providers in the Unyte community.



### Autism

See how this occupational therapist helped MF, 2, who presents with autism and is non-verbal, make tremendous progress with the SSP, from improving picky eating habits to better eye contact and engagement with other therapies. Read more →



### Dysautonomia Associated with Long COVID

Teresa, 52, had been experiencing symptoms of long COVID. Read this about the progress observed in her after delivering the SSP, including improved nervous system regulation. Read more →



### Anxiety, Depression, PTSD and Gender Dysphoria

Not only did Paul report less social anxiety and fatigue after the SSP, he was able to respond to a stressful situation that typically would've led to a shift in state toward dorsal vagal. Read more →

## Does this sound like your clients?

The SSP may be helpful in reducing symptoms and supporting overall health and resiliency for people seeking support for:

- Depression and anxiety
- Neurodevelopmental differences like autism, hyperactivity and attention
- Learning differences
- Sensory processing differences
- Trauma history
- And more

The SSP is suitable for many ages: existing providers deliver to clients between the ages of two and 70+.

Visit unyte.com to read more case studies and customer testimonials.

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# Efficacy of the Safe and Sound Protocol

**The SSP is an evidence-based tool, supported by a growing foundation of clinical trials and real-world evidence.** Clinical trials have demonstrated significant improvements in the following areas:



## Social Engagement [3, 6, 7, 8]

- Spontaneous speech
- Listening skills
- Behavioral organization
- Receptive language
- Social communication
- Social awareness



## Sensory Processing [2, 4, 7]

- Hearing sensitivities
- Visual sensitivities
- Tactile sensitivities
- Selective eating
- Digestion
- Physical movement



## Mental Health [1, 7]

- Stress
- Depression
- Anxiety



## Autonomic State Regulation [4, 5, 7, 8]

- Vagal tone
- Heart Rate Variability (HRV)
- Emotional regulation
- Emotional control

## Research in Development



Older adults with Parkinson's Disease



Young adults and adolescents with Ehlers-Danlos syndrome (EDS)



Children with trauma history



Students with special needs in early intervention (0-5 years)



Adults with PTSD and anxiety



Adults with chronic pain



Adults with long-haul COVID



Adults with self-reported voice, throat, and breathing complaints



Adults with depression and anxiety

THE SCIENCE OF SAFETY:

# Impact on Clinical Practice

Therapy is more effective when a client has a foundation of safety. The Safe and Sound Protocol helps cultivate safety from the bottom-up.

Providers report the SSP “opens up” their clients and relaxes their defenses, improving accessibility.

As a result, clients often experience quicker progress, becoming more engaged in therapy.

The SSP helps to accelerate results and improve therapeutic outcomes.

Once integrated, the SSP often becomes an essential part of a clinical approach.

## Trusted by Professionals

**100,000+** people helped by the SSP

**2,500+** active clinicians

**70+** countries represented

## Our Clients and Research Partners

HEALTH FAIRVIEW

mccarton center bronx

THE MEADOWS

Regions Hospital

Children's Hospital of Wisconsin

Witherslack Group

ALTERNATIVE FAMILY SERVICES

Learn how you can build the Safe and Sound Protocol into your practice. Speak with us today:

Book a Meeting 1-866-594-9453 sales@unyte.com

unyte.com

# References


1. Burns, S. (2022). HRV measurement not predictive of depression symptoms or improvement: a case report. Cogent Psychology, 9(1). https://doi.org/10.1080/23311908.2022.2080318

2. Heilman, K. J., Heinrich, S., Achermann, M., Nix, E., Kyuchukov, H. (2023). Effects of the Safe and Sound Protocol (SSP) on sensory processing, digestive function and selective eating in children and adults with autism: a prospective single-arm study. Journal on Developmental Disabilities, 20(1).

3. Kawai, H., Kishimoto, M., Okahisa, Y., Sakamoto, S., Terada, S., & Takaki, M. (2023). Initial Outcomes of the Safe and Sound Protocol on patients with adult autism Spectrum Disorder: Exploratory Pilot Study. International Journal of Environmental Research and Public Health, 20(6), 4862. https://doi.org/10.3390/ijerph20064862

4. Porges, S. W., Macellaio, M., Stanfill, S. D., McCue, K., Lewis, G. F., Harden, E. R., Handelman, M., Denver, J., Bazhenova, O. V., & Heilman, K. J. (2013). Respiratory sinus arrhythmia and auditory processing in autism: modifiable deficits of an integrated social engagement system?. International journal of psychophysiology: official journal of the International Organization of Psychophysiology, 88(3), 261–270. https://doi.org/10.1016/j.ijpsycho.2012.11.009

5. Porges, S. W. (1995). Orienting in a defensive world: mammalian modifications of our evolutionary heritage. A Polyvagal Theory. Psychophysiology, 32(4), 301–318. https://doi.org/10.1111/j.1469-8986.1995.tb01213.x

6. Rajabalee, N., Kozlowska, K., Lee, S. Y., Savage, B., Hawkes, C., Siciliano, D., Porges, S. W., Pick, S., & Torbey, S. (2022). Neuromodulation using computer-altered music to treat a ten-year-old child unresponsive to standard interventions for functional neurological disorder. Harvard Review of Psychiatry, 30(5), 303–316. https://doi.org/10.1097/HRP.0000000000000341

7. Sherman, R. E., Anderson, S. A., Dal Pan, G. J., Gray, G. W., Gross, T., Hunter, N. L., LaVange, L., Marinac-Dabic, D., Marks, P. W., Robb, M. A., Shuren, J., Temple, R., Woodcock, J., Yue, L. Q., & Califf, R. M. (2016). Real-World Evidence - What Is It and What Can It Tell Us?. The New England journal of medicine, 375(23), 2293–2297. https://doi.org/10.1056/NEJMsb1609216

8. Squillace, M., Lopez, A., & Cohn, K. (2022). Social outcomes of a child with autism spectrum disorder following a listening protocol. Journal of Occupational Therapy, Schools, & Early Intervention. https://doi.org/10.1080/19411243.2022.2156425