

# 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 CD 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

### **Headphones** (*Sennheiser HD500A or Pro-50*)

- ❖ 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

### **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 used

### **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 aides:***

- ❖ Remove hearing aides 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 is not a stand-alone treatment. Skills facilitated by listening are solidified with a core-based sensory diet program that helps the changes hastened by listening hold.

***Working with headphones:***

- ❖ Your child may not have not had experience wearing headphones, so the initial newness may cause apprehension. Often the apprehension is more about the headphones being “new” and “not the child’s idea,” rather than a symptom of tactile defensiveness.
- ❖ This potential apprehension quickly fades away, especially when you do not compound your child’s hesitation. Be confident and your child will follow your lead.
- ❖ It may be helpful to integrate some of your child’s favorite toys, snacks, or even when first starting with the headphones alone, to ease the transition.

***Modulated Music Guidelines -- the Schedule***

- ❖ 30 minutes each listening session -- 20-30 minute listening times for specified modulated CDs.
- ❖ Listen 2 times per day, 7 days per week
- ❖ Minimum separation of 3 hours between listening sessions
- ❖ Change CD every 2 weeks. Consult your occupational therapist.
- ❖ This program is for use only with headphones, except for children under 2 years of age.