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# UNYTE-ILS SSP INTAKE FORM For Clients Aged 13-18

Client:	-
Parent/Guardian:	_
Provider:	_
Date:	

#### An Invitation for a Conversation about your Nervous System:

As we start to consider the delivery of SSP for you, it will be helpful if you could please answer the following questions as honestly as you can. Please be assured that the information you share with me is confidential.

This form will help me to learn a little more about you - and maybe you'll learn a little more about yourself too. There are no rights or wrongs here. Instead, it is designed to give me more information about your current circumstances. You will see that there are two sections to this form for you to complete: one for you to share details about your experiences in life, and the other about resources available to you.

The details you share with me will help us work together to explore what will be the best way to move forward in your SSP journey. It's best if you don't spend too much time considering how to answer each question since your initial response is often the most helpful. There are spaces for you to write more information that you think may be helpful for me to know.

### Questions and Conversation Topics

#### YOUR EXPERIENCE:

1.	Sensitivity to sound Check all that apply and provide details:
	☐ Some frequencies or volumes of sound are uncomfortable for me; I dislike noisy places
	☐ Some specific sounds are irritating or feel unbearable and I feel the need to escape them
	Even though I can hear what someone says, sometimes I have difficulty understanding what I have heard
	☐ Sometimes I have a hard time focusing on what someone is saying when there is a lot of background noise
	☐ Other:
	Details:
2.	General sensory sensitivity Check all that apply and provide details:
	☐ Certain clothing and textures are irritating
	☐ Certain tastes are overwhelming
	☐ Some smells are too much for me
	☐ Sometimes I have trouble sensing where my limbs are in space

	] I get car sic	k easily					
	] Light can b	other my	eyes some	etimes			
	] It can be dif	fficult so	metimes to	adjust to	certain sen	sations	
	Other:						
Deta	ils:						
	ious listening Have you co			nd Sound	Protocol (S	SP) befor	e?
	YES / NO						
	If yes, what	was your	experience	e like?			
b.	Have you ha	ad any ot	her listenir	ng therapie	es before?		
	YES / NO						
	What was tl	he therap	y and how	was your e	experience?	)	
C.	How does n			-	-	y make yo	
	Calming, Grounding						Aggravating Irritating
	0	0	0	0	0	0	0

i.	Do you like to listen to music?
ii.	How often do you listen to music?
iii.	What type of music do you like?
iv.	Are there times when you'd rather have it be quiet?
or ho	e answers to the questions above change based on your mood w you feel? Examples are: how tired you are, what kind of mood in, or even the time of day.
Detai	S

#### 4. Nervous system pathways

When you run into difficult situations, it's normal to quickly move out of feeling balanced and social into feeling a bit out of control.

There are two general types of reactions or ways of coping with uncomfortable situations and people usually tend to move towards one more than the other. These two types are:

• The red (fight or flight) pathway

d. More about your experience with music:

• The blue (shutting down) pathway

To help you decide which pathway is more common, please circle the feelings or behaviors that match up best for you. Even though some of these words or

actions may have a negative tone, both pathways are important and valuable support to you.

#### In the red (fight or flight) pathway you might feel:

Worried	Jittery/ jumpy	Unable to relax	Unable to take things easily	Cranky
Cautious	Impulsive/ reactive	Short- tempered	Inflexible	"Boiling" feelings
Consumed by racing thoughts	Heart beating fast	Rapid breathing	Unable to Focus	Too much energy
Other:				

#### In the red (fight or flight) pathway you might show the following behaviors:

Becoming frustrated easily	Being argumentative	Name calling or accusing	Fidgety/ constant movement	Sticky thoughts
Feeling bursts of anger & hostility	Resisting others' suggestions	Pushing boundaries	Biting, hitting, throwing	Impulsive decisions or actions
Over-reactive responses	Walking or running away from situations	Crying, screaming, or yelling	Threatening words or gestures	Tantrums
Other:				

#### In the blue (shutting down) pathway you might feel:

Low	Shut down	Shame	Numb	Overwhelmed
Frozen	Sad	Depressed	Lifeless	Sluggish
Heavy	Isolated	No or slow energy	Want to curl up & hide	Avoidant
Withdrawn	Disconnected	Unreachable		
Other:				

## In the blue (shutting down) pathway you might show the following behaviors:

Disengaging or fading away	Low muscle tone	Seeming to not hear what others say	Hiding or shrinking	Letting others speak for them
Slumped posture	Low curiosity/ lack of playfulness	Drowsy/tired	Retreating from social connection	Avoiding eye contact
Recoiling from touch	Giving up	Giving in	Unhealthy digestion	Flat facial expression & monotone voice
Other:				

#### a. When reacting to difficult situations I tend more toward:

The red						The blue
(fight or flight)					(sł	nutting down)
pathway						pathway
0	0	0	0	0	0	0

In contrast to the two defensive states above, when you are at rest, feeling comfortable, and cues of safety outweigh any cues of danger in your environment, you may be in a ventral vagal state where you can be socially engaged, calm, have impulse control, and generally experience feelings of wellbeing.

#### In a ventral vagal calm state, you might feel:

Safe	Alert	Proud	Interested	Curious	
Calm	Content	Engaged	In control	Trusting	
Willing	Accessible	Accepting	Ready to participate	Comfortable	
Attuned	Connected	Confident	Cared for	Grateful	
Other things you might feel:					

#### **In a ventral vagal calm state,** you might exhibit the following **behaviors**:

Engaged and aware	Cooperative	Interest in exploring	Advocating & doing things for yourself	Speaking your mind
Connected, but loose in your body	Curious and playful	Ready to learn	Interested in social connection	Maintaining eye contact
Affectionate	Wanting to do things for yourself	Perseverance	Healthy digestion	Good facial expression & vocal prosody
Other:				

b. I have experienced feeling safe and being in a ventral vagal state and can relate to these descriptors.

Agree			Unsure	Unsure		
0	0	0	0	0	0	0

#### WHAT IT'S LIKE FOR YOU

5.	Pleas	e answer the	followir	ng to descr	ibe your c	urrent hom	ne environ	ment:	
	a.	General fee	ling at h	ome					
		Calm						Chaotic	
		0	0	0	0	0	0	0	
	b.	Noise levels	at home	e					
		Peaceful, Quiet						Frenzied Loud	
		0	0	0	0	0	0	0	
	C.	People in your Supportive	our home	е			U	Inpredictabl	
		0	0	0	0	0	0	0	
		Details							
6	Acces	ss to support	from ot	hers:					
		Will a reliable, caring adult be able to support your experience with the SSP?							
		YES / NO							
		Who will thi							

	b.	Will you have access to the same quiet space without interruptions for the SSP listening sessions?				
		YES / NO				
		Describe the space where you can do the listening				
	C.	Will you feel comfortable sharing how you feel with your parents or other caring adults in your life?				
		YES / NO				
		Describe				
	d.	Are the relationships you have with the people in your life generally positive and supportive?				
		YES / NO				
		Please explain				
7.	_	ou have access to things you can do that make you feel good? ck all that apply:				
		☐ Nature, open spaces, park, or yard				
		☐ Pet				

		Sports, pl	lay, dance, g	gymnastic	s, biking, cl	imbing		
		Simple bi	reathing ex	ercises, mi	ndfulness	or guided i	imagery,	
		Singing o	or playing a	wind instr	ument (like	e a flute or	trumpet)	
			activities su or wind instr		drama, or n	nusic (othe	er than	
		Other:						
8. Are there any current stressful or upsetting events in your life or do know of any that are coming up?							r do you	
	Please provide details of any events happening or expected in the next few weeks or months so these can be considered. Examples are: exams, change of school or teacher, recent or upcoming move, friendship stress or trouble with peers, illness, a new sibling, or recent loss of a family member or pet.							
	In general, h and experie		-	•	-	-	t situation	
	Comfortable	)					Unsettled	
	0	0	0	0	0	0	0	
	Details							

I'm all in	0	0	0	0	0	m not so sure	
Comments							

9. Do you have a willingness to engage and participate fully in the process of

listening to the SSP with me as your provider?