



Provider Case Study Form

Please maintain HIPAA compliance by using pseudonyms and providing a secure email address.

* Required

Email *

Cannot pre-fill email

Provider Information

Provider Name: *

Your answer

Provider Location: *

(city, state/province, country)

Your answer

Provider Organization:

Your answer

Provider Language: *

- English (first language)
English (second language)
Non-English Speaker
Other:

Discipline/Credentials: *

Please list your discipline (practice area) and credentials (licenses, certifications, etc.) i.e. Occupational Therapist, OTR/L; Mental Health Provider, LPC, MSW, LMFT

Your answer

Modalities:

Please list the modalities, interventions, and theoretical approaches you use or are trained in. i.e. Somatic Experiencing, EMDR, Sensory integration/processing, play therapy, art therapy, cognitive behavioral therapy.

Your answer

Which Unyte-iLS products have been delivered? *

- Safe and Sound Protocol (SSP)
Focus System
Interactive Meditation
Dream Pad
Voice Pro

What is your past experience delivering the Unyte-iLS product?

How many years/months have you delivered? With about how many clients?

Your answer

Client Information

Client Pseudonym: *

Please provide a pseudonym for your client to support HIPAA compliance and confidentiality.

Your answer

Client Age: *

Your answer

Client Gender: *

- Female
Male
Non-binary
Prefer not to say
Other:

Case History

Client Presentation: *

Describe your client at the start of treatment. What conditions, symptoms or features were present?

Your answer

Background: *

What was the living and social environment, treatment history, and other context at start of treatment?

Your answer

Reason for seeking services: *

What brought the client to you? What problem was being addressed? What were the treatment goals?

Your answer

Intervention: *

How was the Unyte program delivered (in-person, remotely, or a hybrid)? What was the length, pace, and structure of the sessions (co-listening and independent listening)?

Your answer

Delivery and supporting activities: *

Were other modalities or therapeutic approaches used in delivery? What, if any, psychoeducation, co-regulation, regulating activities, or other interventions were delivered?

Your answer

If the SSP was delivered, which Pathway/Hour(s)?

Include partial and/or complete Hours.

Table with 6 columns: Pathway, Hour 1, Hour 2, Hour 3, Hour 4, Hour 5. Rows include SSP Connect, SSP Core, and SSP Balance.

If the Focus System was delivered, which program(s)?

Include partial and/or complete programs.

- Calming Program
Sensory & Motor Program
Concentration & Attention Program
Reading & Auditory Processing Program
Optimal Performance I
Optimal Performance II

Outcomes: *

What changed for your client as a result of the intervention, especially relative to their clinical history? Provide data from any assessments.

Your answer

Subjective: *

Describe your own reactions, the client's, and how family members, teachers, or colleagues responded to the changes.

Your answer

Discussion: *

What do you think was different about this intervention? Why did it work? What have you learned (or what would you change) after working with this client? Consider how this case might inform delivery for other providers and their clients.

Your answer

Case Study Title:

What would your headline be for this case study if it were an article in the newspaper or professional publication?

Your answer

Additional info:

Please include anything else that supports your case.

Your answer

Unyte-iLS Multimedia Release

In order to provide ongoing professional development for those using Unyte-iLS products, videotaped instruction and case stories are regularly provided and published. We also use multimedia on our website and marketing communications.

By signing this release form, you approve the use of your case study and any multimedia for professional development and/or marketing purposes. The multimedia will not be released to news or media agencies without your express permission, nor will any identifying information accompany the multimedia.

You are welcome to ask any questions prior to signing this consent form. This release does not have an automatic expiration. Contact us to make any changes to this release.

Please send supporting multimedia by email to casestudy@unyte.com. (Videos, photos, graphs and charts, audio, handwriting samples, etc.)

Provider Electronic Signature: *

My typing my name below, I verify that I have read and consent to the Unyte-iLS Multimedia Release.

Your answer

Get link