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Provider Case Study Form

heather.richey@unyte.com [Switch account](#)

* Indicates required question

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, etc.

Your answer

Which Unyte-iLs products have been delivered? *

Safe and Sound Protocol (SSP)
 Integrated Listening System (ILS)
 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: _____

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

Your answer

CASE HISTORY

Background: *
What was the living and social environment, treatment history, and other context at the 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

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

Your answer

Therapeutic approach 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.

	Hour 1	Hour 2	Hour 3	Hour 4	Hour 5
SSP Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSP Core	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSP Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the ILS 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? Please provide any supporting data, including assessment results, progress towards goals, or other.

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

INFORMED CONSENT

In addition to obtaining written informed consent based on your profession, client population, and the legal requirements in your jurisdiction, you may also use or adapt this statement to explicitly inform and obtain consent from the client represented in this case study.

1. By participating in this case study, I understand that my deidentified information may be published by Unyte Health;
2. I was given time to ask questions to my provider and fully understand how my data and information may be shared;
3. I understand that, should I agree to participate, I will not receive any payment; conversely, participation will not cost me anything; and
4. I understand that, even if I initially consent to participate, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any information shared with Unyte Health will be destroyed, unless I give consent for it to be retained.

Informed Consent Attestation *

I attest that my client has given consent to participate in this case study.

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