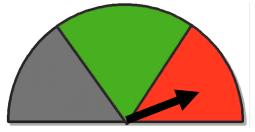
NAME

What Works?	What Bothers Me?	
Mouth	Mouth	
-	-	
-	-	
-	-	
-	-	
-	-	
Move	Move	
-	-	
-	-	
-	-	
-	-	
-	-	
Touch	Touch	
-	-	
-	-	
-	-	
-	-	
-	-	
Look	Look	
-	-	
-	-	
-	-	
-	-	
-	-	
Listen	Listen	
-	-	
-	-	
-	-	
-	-	
-	-	
Smell	Smell	
-	-	
-	-	
-	-	
-	-	
- Pressure / Heavy Work	- Pressure / Heavy Work	
-	-	
-	-	
-	-	
_	-	

RED ZONE - HOW DOES IT FEEL?



-	How does my neck/ shoulder feel?	How do my arms and hands feel?
How does my chest feel?	How does my stomach feel?	How do my legs feel?
How does my breathing feel?	What else do I feel?	What seems to be easiest to notice?



LEARNING ABOUT MY "SAFE PLACE"

My Safe Place is :

List the movement you might see or experience in your safe place:

List the things you may feel (on your skin) in your safe place:

List the things you may see in your safe place:

List the things you may hear in your safe place:

List anything you may taste or smell in your safe place:

List good feelings you may experience in your body or your brain in your safe place: Relationships between Neurological Thresholds & Behavioural Responses

onse Continuum	Active	Active Sensory Seeking		<u>Sensation</u> Avaiding	
Behavioural Response Continuum	Passive	Passive Low Registration		<u>Sensitivity to</u> Stimuli	
Neurological Threshold	Continuum	High Threshold (habituation)		Low Threshold (sensitization)	

Model by Winnie Dunn PhD, OTR, FAOTA