

A.C.C.E.P.T. Program Environmental Scan

Conduct a scan of your social/physical environment at home and/or work using this worksheet (if it is helpful).

- Is there anything in your environment that is incompatible with your biological traits? Anything that you have or wish you had modified?
- Which people in your life are most validating and/or invalidating of your perceptions and inner experiences?

| Environmental Conditions | Examples | Your Environment |
|-----------------------------|--|------------------|
| PHYSICAL | | |
| Sight | lighting, "visual clutter", colour, patterns | |
| Sound | fans, water running, car horn, siren, appliance bleeps, music/tv volume | |
| Smell | cleaning products, perfume, food cooking, hair products | |
| Touch | weighted blanket, light/firm pressure, rain, rough/smooth surfaces | |
| Taste | bland/spicy, colour, food not touching, texture, temperature | |
| Body Awareness | obstructions in space, fine motor challenges | |
| Movement | opportunities to move, swing, go outside, stand to work | |
| Sensory Deprivation | somewhere to go for privacy, quiet | |
| SOCIAL | | |
| Literal | social expectations are clearly stated | |
| Aware | others are aware of how ND impacts your perception of and interaction with the world | |
| Accepted | sensory experiences are validated and understood | |

Important Disclaimer: Please note that none of the worksheets or articles on the Scattergram website are designed to diagnose or treat any medical or psychological condition. There is no substitute for one-on-one consultations with qualified healthcare practitioners. If any action is considered based on these quizzes it should be merely to help you decide to take the necessary step to contact your doctor or another healthcare practitioner in order to get an accurate diagnosis and/or treatment plan. <u>Visit the website here</u> © Scattergram Counselling and Consulting