

# Sensory Processing Checklist - Identification and Suggestions for Support

**Hypo or low sensitivity** - NEEDS big sensory experiences in one or more areas to increase general arousal, attention, postural tone, focus and pleasure.

If existing 'stims' are effective, safe, legal and hygienic, go with them. If not don't simply eradicate them, provide alternatives which deliver the same feedback.

Hypo tactile (Touch)	
Indicators/stims	Suggested stims, activities or strategies
<ul style="list-style-type: none"> <li>• Seeks out tactile sensory input. Prefers to rub or feel certain textures</li> <li>• Bumps into others</li> <li>• Stuffs food in mouth. Puts inedible items in the mouth</li> <li>• Licks items or own skin</li> <li>• Not aware of being touched lightly</li> <li>• When getting dressed, doesn't notice clothing that is twisted. Hates loose clothing (See also PROPRIOCEPTIVE)</li> <li>• Tendency for self-directed stims: biting self, rubbing self with heavy pressure, head-banging, pinching self, etc.</li> <li>• Unaware of runny nose, messy face, or messy hands</li> <li>• Struggles to gauge comfortable personal space, Runs into other children without noticing, Has difficulty maintaining space in line; bumps into others without noticing. <b>Unintentionally</b> rough on siblings, other children, or pets</li> <li>• <b>NEEDS</b> to touch everything and everyone</li> <li>• Grips pencil/pen tightly, Writes with heavy pressure (See also PROPRIOCEPTIVE) Tears paper when cutting with scissors</li> <li>• Unintentionally rough on siblings, other children, or pets</li> <li>• Always touching others or things</li> <li>• Seeks out messy play experiences that may include bodily fluids e.g. spit</li> <li>• Difficulty with fine motor tasks</li> <li>• Craves touch</li> </ul>	<ul style="list-style-type: none"> <li>• Tight fitting clothing. Loose may feel as if it may fall down or off</li> <li>• Frequent messy play without hindrance and make old or cheap clothes the default. Use clothing as cue to differentiate times when getting messy is okay and when (temporarily) not.</li> <li>• Provide objects and solid, soft and/or liquid materials with interesting shapes and textures. Create a list of those favoured and schedule frequent opportunities to fiddle, lick, smear or otherwise explore</li> <li>• Explore a range of messy art &amp; craft or sport activities.</li> <li>• Set aside easy to clean areas for messy play e.g., taped off tiled area in the bathroom.</li> <li>• Encourage to help with messy jobs</li> <li>• Create written or visual material containing e.g. physical signs of injury and what to do about it.</li> <li>• Serve same amount of food in several small portions with opportunities to have more if wanted. Give <b>tangible</b> measure based on cutlery</li> <li>• Use firm touch</li> <li>• Encourage use of mirror or windows to check clothing, runny nose etc.</li> <li>• Give <b>tangible</b> unit of distance from others e.g. arms length.</li> <li>• Explore effective short term substitutes for self injurious stims e.g. rubber bands, clothes pegs. Identify and tackle deep seated drivers such as poor self-esteem, trauma and anxiety for long term change.</li> <li>• Choose thick pens, pencils</li> </ul>

# Hypo proprioception (Spatial awareness)

## Indicators/stims

Struggles to feel 'anchored' or 'grounded' in space unless receiving strong, physical sensory feedback

- Uses excessive pressure when writing or coloring and may break pens and pencils or rip through paper.
- Difficulty with fine motor skills e.g. handwriting
- "Jumper and crasher"- seeks out high impact sensory input
- Finds sleeping difficult without being hugged, held or 'swaddled'
- Seeks firm, 'sensory' hugs when distressed
- Difficulty gauging distance and depth.
- Bumps into or treads on people or objects
- Clumsiness. Frequently trips or falls and/or bumps self.
- May perimeter hug in environments without clearly defined 'pathway'.
- Grinds teeth or works jaw muscles
- Walks on toes and/or prefers not to wear shoes and socks or, conversely, feels most comfortable in heavy, tightly laced shoes or boots.
- Chews on pencils, shirt, sleeve, toys, etc.
- Uses unusual force to chew and prefers crunchy or chewy foods
- Cracks knuckles
- Drums on self, claps etc..
- Deliberate, stomping walking style
- Kicks their chair or their neighbors chair in the classroom
- Clumsiness. Frequently falls over
- Poor balance
- Constantly moving, fidgeting & may adopt odd or painful posture when sitting
- Often adopts slumped posture.

## Suggested stims, activities or strategies

Ensure person feels adequately 'anchored' in the space, this may help in a wide variety of related areas;

- Try harder chair, mattress.
- Try placing marbles or similar objects in back pocket or use wobble cushion\*
- Try heavy shoes or boots which lace up tight
- Try 'barefoot' footwear and allow maximum shoe-free time to allow maximum contact with and feedback from the ground
- Try a heavier quilt, 'swaddling' in a sheet in summer or a mummy-style sleeping bag with washable liner.
- Explore chew toys, crunchy or chewy snacks or gum.
- Accept that person may always struggle with handwriting and encourage use of typing, 'dictate' mode or another technological solution
- Give tangible way of measuring others' personal space e.g. arm's length.
- Invest in some percussion!
- Explore cheap ways of delivering 'sensory hugs' or deep pressure on the move e.g. Tight puffer jackets or a good quality backpack with adjustable shoulder straps, lumber and chest straps and containing heavy objects.
- If you have space and money invest in a trampoline. Bouncing delivers excellent sensory feedback.
- Explore a variety of pushing, pulling and other high impact activities. Explore cheap options like bungy clips or domestic chores i.e. digging, pushing wheelbarrow etc.
- Also explore activities such as kayaking (push/pull), swimming (push/pull, deep pressure) etc.

(\* <https://www.physioroom.com/catalog/>

[Wobble Boards and Cushions/2029.html#:~:text=A%20wobble%20cushion%20is%20an.and%20trunk%20to%20remain%20stable](https://www.physioroom.com/catalog/Wobble_Boards_and_Cushions/2029.html#:~:text=A%20wobble%20cushion%20is%20an.and%20trunk%20to%20remain%20stable)

Autism Hampshire does not endorse these products This is for information only.)

# Hypo vestibular (Balance)

## Indicators/stims

- Need and love for constant movement including jumping, spinning, rocking, climbing, swinging. Does not feel fully alive or alert without this.
- Fascination with spinning objects or overhead fans
- Finds being swung round, held or hanging upside down very enjoyable
- Leans back or balances on chair legs when seated.
- Rocks self-back and forth and/or shakes head from side to side vigorously and/or adopts unusual head postures.
- Risk taker with little consideration of danger but often supremely confident **and** competent despite the fear and consternation of others! Takes to activities which involve balance almost immediately.
- Loves roller coasters, roundabouts, going over bumps at speed in a car or on their bike and other sudden and quick movements.
- Never motion sick.

## Suggested stims, activities or strategies

- Explore a wide variety of balance related activities (Skateboarding, roller booting, ice skating) and schedule them into the person's day whilst understanding the need for flexibility should the person require more sensory breaks due to stress.
- Invest in small battery fans, bookmark videos featuring rotating objects such as washing machines, fans etc.
- Invest in wobble cushion (see Hypoproprioception)
- You may have to revise what you consider a risk in order to avoid constant 'nagging'. If the child is confident and competent ask yourself:
  - ◇ how many times the child has actually injured themselves?
  - ◇ if they fall will they land on a soft or a hard surface?
  - ◇ how high is too high **for them specifically?**
- Investigate sports such as mountain biking, climbing, parkour, bungee jumping etc.
- Find someone willing to partner them on the types of ride after which you feel as if your brain has been pureed with garlic and lemon juice, and that your stomach is now on the outside of your body (this may indeed be the case). Unconditional love has it's limits.

# Hypo visual

## Indicators/stims

- Stares intently at everything
- Seeks intense and vivid visual stimulation e.g., by gazing at TV, computer screens, lights etc. at close proximity. May also gain similar experience by moving objects, materials (e.g. strips of paper) and/or fingers close to eyes.
- Finger pokes eyes to create intense doubling effect.
- Focuses on detail rather than whole
- Eye flickering during travel. Trying to process and fix every detail when on the move is exhausting!
- Confuses similarly shaped letters, numbers and symbols.
- Easily confused and overwhelmed in cluttered environments and has difficulty in discerning individual objects they wish to find
- Fascinated and enchanted by lighting, shadows, reflections, textures of rain against certain backgrounds etc.

## Suggested stims, activities or strategies

- Collect a variety of cheap and portable visual stims;
  - ◇ Water and coloured oil and/or glitter toys
  - ◇ Strips of coloured shiny paper, cellophane etc..
  - ◇ Prism cubes and kaleidoscope toys.Schedule use and provide when needed.
- Cut down on visual clutter, shadow, lighting and reflective distractions. Provide screening from those that remain or provide a less distracting environment
- Increase contrast in reading material and use a typoscope ( window cut in a piece of card that reveals only what is to be read and masks the rest) , ruler or pointer (e.g. lolly stick) to stay on track.
- Use colour - coding for activities and to illustrate functions of different areas
- Use small stick-on screen on car, train or coach window to cut down on visual processing demand
- Create visual cues in order to clarify where things should be stored e.g. labels, outlines or silhouettes of objects.

# Hypo auditory (hearing)

## Indicators/stims

- Continuously makes or seeks noise through humming, whistling, drumming, tearing or scrunching paper, banging doors, growling and/or random other noises.
- Finds joy and comfort in certain words or phrases and often repeats them purely for the sound. May also ask others to repeat them.
- Talks very loudly regardless of proximity of listener or context (e.g. Trappist monastery;))
- Talks self through instructions or tasks out loud
- Frequently misses what has been said and/or doesn't realise that they are being addressed
- Appears oblivious to some sounds and may be startled easily having not detected early auditory clues concerning what is about to happen.
- Plays music whilst concentrating on other tasks and/or at high volume
- May become disoriented and frightened as a result of being unable to locate the source and location of certain noises e.g. emergency vehicle sirens.
- Struggles to decipher accents
- May only hear **stressed** syllables and so cannot distinguish between 'could' and 'could<sub>n't</sub>', 'should' and 'should<sub>n't</sub>', 'did' and 'did<sub>n't</sub>' etc.
- May not distinguish between words that sound similar e.g. 'party' and 'parting', 'spatial' and 'special'.

## Suggested stims, activities or strategies

- Collect portable materials that generate sounds of interest to the person and that can be reused e.g.
  - ◇ Cellophane
  - ◇ Velcro
  - ◇ Bubble wrap... and/or phone recordings of words & phrases that person likes others to say, favoured fragments of dialogue from films etc. and/or sounds that are difficult or dangerous to produce e.g. smashing glass, splintering wood.
- Short term - Introduce concept of outdoor and indoor voice and back up with simple, consistent and discreet non verbal 'code' such as hand movements to prompt person in public.
- Accept that, in the long term, person may naturally default to talking loudly. Encourage person to disclose this and give people permission to **gently** point this out if they are likely to have frequent interaction.
- Encourage to use headphones to listen to music and accept that, for them, this aids concentration.
- Use name first & speak more distinctly. Avoid contractions such as 'didn't', 'wouldn't' in favour of 'did not', 'would not' etc.
- Identify unexpected sounds as soon as they happen e.g. 'It's just an ambulance'.
- Where possible, supply more context in order to clarify words that may be misheard e.g. 'birthday party' rather than simply 'party'.

**Write down instructions & complex messages or present them in some other visual format. Leave person to process alone.**

# Hypo gustatory taste/texture. (See also proprioception, tactile, smell)

## Indicators/stims

- Craves strong flavours;
  - ◇ Sour- e.g., adds vinegar or other sour sauce to every savoury dish, eats lemons and prefers unripe fruit, loves pickles, may dislike many sweet foods without a sour counterbalance.
  - ◇ Salty- e.g. adds a lot of salt, accompanies yeast extract with small amount of toast!
  - ◇ Sweet- e.g. craving sweet drinks ( may also be seeking the 'rush')
  - ◇ Piquant- chillie, mustard, wasabi/horseradish with everything. High tolerance.
- May like burnt food e.g., toast.
- Loves foods with strong textures e.g. crunchy, crispy. May eat cereal without milk.
- Hates or sees no point in eating bland foods e.g. pasta (unless raw), rice, potato, white bread etc.
- Resists drinking water preferring flavoured and/or carbonated drinks or concentrated squash.
- Eats or mouths non food items for strong taste or texture
- Eats toothpaste and loves brushing teeth.

## Suggested stims, activities or strategies

- Provide sauces and other accompaniments that satisfy need for strong flavours or textures taking cue from the person and their preferences.
  - ◇ Sour—Try acid/oil dressings to increase appeal of vegetables and reduce possible reflux.
  - ◇ Salty-If excessive use low sodium substitute. Add strong flavouring - lemon juice often enhances saltiness and reduces the need to add more.
  - ◇ Sweet- If excessive **gradually** reduce amount of sugar in drinks, cereal and other foods. Use half and half sweet and unsweet alternative. Also explore excessive sugar use as possible indication of depression, boredom etc. Give rationale and detailed scientific explanations concerning the inevitable outcomes of excessive consumption of salt/sugar etc. and the process by which they come about. Rules without adequate explanation and context are unlikely to be accepted and adopted. Research together using authoritative websites etc. If required ask a real expert e.hg. GP to explain.
- Provide crunchy or crispy foods e.g. raw veg, or consider coating less favoured foods in crispy batter/ breadcrumbs.
- Spice up bland foods with chillie sauce, dips etc.
- Look at characteristics of non food items and provide foods with similar taste or texture.
- Introduce fun sucking/ blowing activities e.g. using straws, blow football, bubbles.

# Hypo olfactory smell

## Possible indicators/stims

Craves/needs strong smells

- Sniffs own dry spit on lips, hand or other parts of the body. May also use other bodily secretions.
- May sniff pens, clothes, people etc.
- May sniff objects and materials that contain harmful solvents or chemicals
- High tolerance to what many consider bad smells
- May not detect or be bothered by gas, own body odour etc.
- May be put off trying certain foods which, to them, may have no discernable smell

## Suggested stims, activities or strategies

- Provide frequent opportunities to sniff preferred smells
- Provide equally rewarding alternatives to olfactory stims that are unhygienic or harmful.
- Provide discreet means of delivering olfactory stim such as a hanky or sweat band infused with desired smell.
- Provide quality rational and factual information on the scientific, health, and social benefits of washing, regular laundry etc. (See also hyper tactile)
- Enhance smell of bland foods with sauces, dressings etc.
- Encourage to help with smelly jobs that others may find nauseating!
- Introducing preferred familiar smells into a new environment may comfort and help acclimatization e.g. a new bedroom may seem less alien if the bedclothes smell of familiar fabric softener.

# Hypo Interoception (sensations in own body)

## Possible indicators/stims

- Leaves using the loo until last minute and sometimes too late (also consider hyperfocus and reluctance to transition out of favoured activity—ODTT)
- Does not register signs of nausea until it is too late
- Seems not to be bothered by heat or cold until it becomes extreme e.g., over/under dressed in hot or cold weather
- High pain threshold and may not register or report need for medical examination.
- May continue to use injured limb etc.
- May not seek appropriate medical help when needed.
- Does not eat or drink for long periods or until hunger or thirst becomes extreme (also consider hyperfocus). Conversely may over eat and not be able to gauge fullness.
- Often does not register levels of tiredness, burnout or overload until too late
- May struggle to recognise, interpret and be able to report own emotions in a conventional way (alexithymia)

## Suggested stims, activities or strategies

Interoception is crucial to maintaining the body's physiological health.

- Explain that you accept that the person is not at fault and explain under sensitivity. **Avoid adding extra stress.**
- Give a calm, objective and rational explanation concerning the medical risks of urine retention, not drinking enough etc. If they are likely to discount information given by a parent, do research together using reputable scientific sources or ask a GP or other expert to explain, preferably using written or other indirect visual format.
- Once the person understands the scientific and health implications, agree times of day when it would be advisable to use the loo, drink etc. Add these to visual schedule, set alarms etc.
- Collaborate on creating a visual gauge showing, for example, the minimum healthy fluid intake for a typical day. Move the gauge to illustrate volume drunk over the course of a day. N.B. do not insist on water or healthy drinks initially. The priority may be simply to drink enough. ODTT!
- Follow this link for a guide to ideal fluid intake <https://www.nutrition.org.uk/healthyliving/hydration/hydration-for-children.html>
- Teach to dress for the actual weather and temperature now rather than the time of year. Also accept that they may not actually feel too hot or cold even though you do.
- Teach **observable** signs of injury and what to do about them.
- Use flow diagram or similar to illustrate examples of how tiredness and overload have led to meltdown in the past. Discuss tangible early warning signs and agree early strategies that would help.
- Teach awareness of sensations initially rather than emotions e.g., tight/burning stomach = tension = take a break.
- Create visual 'gauge' to indicate mood state.
- Explore phone apps that offer reminders.

# Sensory Processing Checklist - Identification and Suggestions for Support

**Hyper or high sensitivity** - Avoids, escapes, defends self against certain sensory stimuli or seeks to calm senses after exposure to them.

If existing 'stims' are effective, safe, legal and hygienic, go with them. If not don't simply eradicate them, provide alternatives which deliver the same feedback.

<b>Hyper tactile</b> (Touch) 	
<b>Indicators/stims</b>	<b>Suggested stims, activities or strategies</b>
<ul style="list-style-type: none"><li>• Avoids physical contact with others unless initiated and controlled by them.</li><li>• Maintains large distance between self and others and may hit, spit or bite those who come too close or touch them.</li><li>• May accuse those who have touched them accidentally of deliberate assault and rub touched area as if injured..</li><li>• Shudders violently when stroked lightly e.g., by hair.</li><li>• May avoid touching lips with food or cutlery</li><li>• May find certain food textures unbearable to the extent that even talking about them provokes physical reactions such as nausea, skin prickling etc.</li><li>• May become very distressed when messy</li><li>• Finds certain textiles and other materials unbearable on skin.</li><li>• May find it difficult to tolerate gloves, socks, shoes, tight fitting or formal clothes and/or those with internal labels or seams</li><li>• May insist on wearing 'safe' and comfortable clothes for long periods even though they are faded, worn and in need of washing.</li><li>• May only agree to wear new clothes after they have been washed several times</li><li>• Uses fingertips only to touch or manipulate objects and materials.</li></ul>	<ul style="list-style-type: none"><li>• Ask permission to initiate physical contact and accept that this will not always be desirable. Discourage others from doing so.</li><li>• Teach person alternative greetings which are incompatible with and gently discourage hugs, hand shakes etc. Could include raised hand to say hello, fist bump etc.</li><li>• Acknowledge and accept the person's unusual sensitivity to unexpected touch whilst also using a social story or similar to explore clues that might help them distinguish between deliberate assault and accidental contact in future.</li><li>• When agreeable to the person or unavoidable due to danger use firm rather than light touch</li><li>• Provide napkin for wiping lips and sticky cutlery if required. Encourage to carry wipes or tissues at all times so that mess can be remedied without undue distress.</li><li>• Acknowledge and accept food preferences (see also Hyper Gustatory)</li><li>• Once tolerable clothing is identified buy several items, some in larger sizes, as future replacements and to enable rotation so that they can be cleaned If line is discontinued ensure that search for similar items begins <b>before</b> your stock runs out. Slowly habituate the person to the new item(s) whilst they still have the option to wear more familiar clothes some of the time.</li><li>• Buy second hand or charity shop clothes as they are already worn in.</li><li>• Negotiate concessions from school e.g. smart polo, collarless shirt instead of stiff collared</li><li>• Cut out labels and sew or stick soft strips of material over seams.</li></ul> <p><b>Please refer to notes at the end of document concerning self care tasks such as grooming, cleaning teeth etc.</b></p>

## Hyper proprioception (Spatial awareness)

### Indicators/stims

- Adopts odd body postures
- Feels constantly lethargic and floppy and soon becomes tired if required to stand for long periods of time.
- Stiff or 'waddling' gait
- Difficulty in manipulating small objects. Fumbles when trying to turn door-knobs, fasten buttons, join jacket zippers etc..
- Performs a full body turn to look at something rather than just inclining the head
- Below average hand eye coordination
- Dislikes tight clothing (see also hyper tactile).
- Dislikes physical activities that are strenuous and involve high degree of co-ordination .
- Extremely sensitive to touch and avoids situations where others may touch them. Dislike hugs (see also Hyper tactile)

### Suggested stims, activities or strategies

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# Hyper vestibular (Balance)

## Indicators/stims

- Fearful distressed and disorientated when feet are off the ground
- Risk averse
- Fearful of making quick movements which make them dizzy, sick and disorientated
- Suffers from motion sickness and cannot tolerate slides, swings, roundabouts and fairground rides
- May suffer 'simulator sickness' if playing computer games which create the illusion of rapid movement.
- Struggles with and avoids physical activities that involve forward rolls, climbing etc.
- Struggles to ride a two wheeled bike
- Prefers sedentary activities
- May stare at the floor whilst walking or running as struggles to maintain visual attention whilst moving. All energy focused on balance. May trip or fall when distracted
- May have problems sleeping if bed is too high and/or room is too dark leaving no visual points of reference and causing disorientation.

## Suggested stims, activities or strategies

- Encourage slow and rhythmic rocking or patting exercises. Try yoga, tai chi or similar or gentle swimming for exercise. Introduce movement gradually and give the child maximum control. The more pressure they are put under the greater the sensitivity they will experience.
- Accept that rides and activities that others may love are frightening and disorientating. This is not 'cowardice' and to label it so is damaging. Whilst others may be able to join **them** in tolerated activities, it is not realistic to expect the child to reciprocate in the interests of fairness.
- Motion sickness is caused in part by conflicts in sensory information e.g. visual without vestibular/proprioceptive evidence of motion; vestibular without visual evidence of motion etc. Ensure that they sit in front or have a clear view ahead. Avoid getting them to read maps or any other activity for which they need to use their vision.  
Before or during travel, avoid food and drink containing histamines e.g. fish(?!), aged cheeses such as parmesan and cheddar, fermented foods, packaged or grilled meats.  
Use motion sickness meds as appropriate
- Facilitate slow transitions
- Try lower bed or mattress on the floor and a small night light sufficient to dimly illuminate immediate surroundings.

# Hyper visual

## Indicators/stims

- Dislikes strong/flickering lights, prefers dark
- Distracted and easily overwhelmed by bright, clashing colours or high contrast, patterned décor and clutter
- Distressed or fascinated by dust motes and other small particles.
- Spots small mistakes and details that others miss.
- Struggles with perceiving people and faces as an integrated whole rather than a collection of details when they are near.
- Constantly squinting, rubbing eyes and prone to watery eyes, headaches after reading, TV or other focussed visual activities.
- May cover eyes with hands, look through fingers, 'retreat' into hood or pull hair over eyes to cut down on visual overload.
- May have panic attacks/meltdowns when exposed to confusing and visually overwhelming environments.
- Sideways gaze
- Slow and hesitant when using stairs, escalators. Misjudges depth or height. (see also hyper vestibular)
- Soon becomes exhausted and exasperated when asked to copy text, numbers, picture etc. Frequently loses place.
- Complains of 'dancing', shimmering or disappearing text.

## Suggested stims, activities or strategies

- Use filters and covers for fluorescent or harsh lighting.
- Remove as much unnecessary visual clutter as possible and don't impose others' preferences concerning design and décor in person's private space.
- Create screened bay to cut down on visual 'noise'.
- Store things in cupboards out of sight and/or install neutral drapes or curtains which can be drawn across bookcases or open shelves to cut down on visual detail.
- Angle laptop screens etc. to avoid confusing reflections.
- Try sunglasses, reactive or tinted (Irlen) lenses to cut down on brightness and improve processing of cluttered or detail rich environments, close visual work, depth perception and people. (Irlen lenses are not usually available on the NHS. There is however a lot of positive anecdotal evidence from autistic individuals such as Donna Williams and Paul Isaacs but it can get expensive)
- Accept the need to use a hood. This is not rude or ignorant but rather a defence.
- Try a hat with a peak if it can be tolerated
- Schedule frequent breaks away from strong visual stimuli.
- If possible, research new environments for visual content and negotiate removal of or reduction in problematic stimuli.
- Make a sensory guide to factors that cannot be removed or whose impact cannot be reduced to prepare the person in advance. Support them in wearing clothes, (e.g. hoody), or bringing items (e.g. tinted glasses, calming stim toys).
- In advance of the visit, identify visually neutral places to which the person can retreat **before** things get overwhelming

# Hyper auditory (hearing)

## Indicators/stims

- Responds fearfully to sudden noises e.g. flushing toilet, hand dryer, motor bike
- Hates high pitched noises e.g. whine of vacuum.
- May have panic attacks/ meltdowns in noisy situations or in response to sudden noises
- Distracted and/or distressed by sounds not noticed by others
- Holds hands over ears or folds tragus, a pointed 'flap' of skin and cartilage, over the meatus or 'ear hole'.
- Cannot tolerate sounds of others eating (misophonia) and may become very angry.
- May judge people by the quality of their voice.
- May generate own sounds, play loud music etc. in order to mask unpredictable and uncontrollable sounds in the wider environment.

## Suggested stims, activities or strategies

- Explore the use of headphones or earbuds dependent on individual tactile sensitivity. These are less likely to draw attention to your child and are more comfortable than ear defenders. Person can also mask unpleasant sounds by listening to preferred music or using noise reduction mode on certain models.
- Use the above at mealtimes and don't insist on the person remaining at the table throughout a meal. When not actually engaged in eating themselves the sound of others may prove impossible to tolerate.
- Encourage others to tone down the loudness and pitch of their voice.
- If possible, research new environments for sounds, seek reasonable adjustments, prepare the person in advance for difficulties that remain and come prepared. Identify quiet places to which the person can retreat **before** things get overwhelming. Do not prevent the child making frequent visits to the toilet if there is no other option to escape from noise.
- Avoid 'minimalist' environments featuring hard surfaces that lack textiles or other noise absorbing décor e.g. many large chain restaurants.

# Hyper gustatory taste/texture. (See also tactile & smell)

## Indicators/stims

- Gags easily in response to certain tastes or textures. This produces anxiety in itself causing yet more increase in sensitivity.
- May experience other unpleasant sensory responses to foods e.g., 'woolly' apples, or materials e.g. wooden lolly sticks/recyclable bamboo tooth brushes. These reactions may include chills, goosebumps and prickly skin, and be provoked even by thinking or talking about certain items.
- Very sensitive to piquancy e.g. tiny traces of chillie, horseradish etc.
- Cannot tolerate carbonated or naturally gassy drinks.
- May state that they can taste smells and that the taste lingers as if they had actually eaten, for example, vomit.
- Extremely cautious about trying new foods and sticks to what is known and 'safe' leading to limited diet.
- Eats foods separately but dislikes them if they are mixed on same plate (ODTT).
- May mask textures and tastes by using huge quantities of ketchup or other sauce.
- May be able to taste metal cutlery, traces of detergent etc.
- May resist touching lips with food and cutlery and nibble using teeth only.
- Very distressed by tooth brushing and dental work (see also hyper tactile)
- Very distressed and made nauseous by sensation of chewing even tiny amount of grit, egg shell, limescale etc.
- Dislikes 'bread with bits in' e.g., granary or seeded although may enjoy them separately.

## Suggested stims, activities or strategies

- A bland and repetitive diet is not necessarily a bad diet. If in doubt seek a professional opinion before contemplating any response.
  - Use preferred taste and texture of food to guide you in your choice of new foods to introduce.
  - Be creative. Puree vegetables, create dips etc.
  - Introduce new foods outside of normal mealtimes and avoid putting any pressure on the person including direct personal praise (Exposure anxiety!). Note favoured new foods and gradually introduce into main meals without fuss.
  - Use small bowls or divider/portion plates in order to keep foods separate.
  - Try non metallic picnic cutlery and ensure that all utensils are thoroughly rinsed.
  - Ensure that any food and drink is free from grit etc. by thoroughly washing, cleaning kettles and other equipment etc. Encourage person to spit into a hankie and rinse mouth.
  - Get child involved in prep and cooking. More control can lower sensitivity.
- Mealtimes:
- Be flexible and be prepared to allow person to;
    - ◇ Eat away from others at times when they are likely to be stressed and exhausted
    - ◇ Consider abandoning attempts to eat together except at weekends and other low stress times.
    - ◇ Only sit at table when they are actually eating themselves
    - ◇ Look at an Ipad, book etc. when at the table
    - ◇ Wear headphones to mask sound of others' eating
- Be pragmatic. If the priority is simply that they eat then, for the time being, accept that teaching manners etc. can be put off until some future occasion. ODTT

# Hyper olfactory smell (see also hyper gustatory)

## Possible indicators/stims

- Disgusted or overwhelmed by certain smells including paint, perfume, air freshener, cleaning products, food, mildewy or musty rooms etc. etc.
- May pull jumpers over face or otherwise defend themselves against smells.
- Sensitive to tastes and will not eat strongly flavoured foods.
- May complain that smells linger in the nose long after the source has disappeared and feel contaminated as if they had actually had physical contact with, for example, faeces.
- May form strong opinions about people based on how they smell
- May no longer be able to wear clothes or sleep in a bed when detergent or fabric softener changes.
- May not be able to use certain bath/shower gel, shampoo etc. due to strong perfume.
- May stop using particular toilet due to overwhelming smells of disinfectant, toilet gel, perfumed blocks etc.

## Suggested stims, activities or strategies

- Collaborate on a list of problem smells to inform others and ensure that; these are removed or reduced, or the person is given the option to avoid certain environments in which they may be a factor.
- Encourage school staff etc. to be aware of how they smell (perfume, body spray etc.) when they work with your child.
- Encourage the person to carry a hankie or wear a sweatband impregnated with a smell they do like and which will enable them to mask other, less pleasant smells as the need arises.
- Use above to 'displace' smells that linger in the nose. Also try flushing out nostrils with water
- Choose low or no perfume products. Stick to products which have an acceptable smell and try using them to make strange environments more familiar e.g., if you plan a self catering holiday take bedclothes which smell familiar.
- Open doors and windows to allow for quick dispersal of cleaning or cooking smells.

# Hyper Interoception (sensations in own body)

## Possible indicators/stims

- Highly sensitive to heat, cold, hunger, thirst, pain and other sensations inside own body.
- Very aware of and sometimes distracted by own heartbeat.
- Prone to frequent anxiety due to brain's over interpretation of sensations in the body, and may often believe that they are indicative of serious illness.
- May respond strongly to seemingly minor cuts and bruises or other potentially uncomfortable stimuli.
- Reluctance to take risks
- May have very strong emotional reactions

## Suggested stims, activities or strategies

- Interoception is crucial to keeping the body in good physiological health