

Autism and the Senses, Mike Dierdorr

Areas affected	Their perception	Possible triggers	What they may do	What you can do
Auditory (listening)	Rock concert for AC/DC standing directly in front of speaker, nails on chalk board. high pitched whistle, blaring trumpet, listening to rock/jazz/classical/gospel/ and rap simultaneously	Hairdryers, vacuums, others speaking in loud high pitched voices, squeaky doors, clanking of metals items (tools, hair clips), loud music, sudden loud noises (bangs, pops), sirens, wet shoes that squeak on a wet surface	Screaming, covering their ears, rocking back and forth, hiding (check under beds, closets, under tables behind furniture), running (no regard for safety in the street etc...), hitting themselves, hand flapping, spinning, pacing, making repetitive noises, they may wear headphones	<ol style="list-style-type: none"> 1. Offer “special” appointments during off peak hours when there will be substantially less patients/clients. 2. Ask parental advice. 3. Approach calmly, do not rush. You do not want them to feel threatened 4. Offer your hand for comfort. 5. Speak in a low and soft tone. 6. Avoid the use of loud equipment/electric equipment when possible. 7. Allow for increased time for completion of tasks, in able to promote understanding, and use lots of gestures. 8. If you have incandescent light bulbs which “hum” turn them off if possible.
Visual (seeing)	Strobe lights directly in front of you, looking directly at the sun, spots after a camera flash	Bright colors of walls and floor coverings (particularly if they clash or have complex patterns), objects that produce a lot of glare (shiny/metal/mirrors/overly waxed floors that may also appear wet/slippery), unfiltered sunlight streaming in on their face. Environmental clutter such as multiple bright colored objects on walls/on desks and tables.	Cover their eyes, squint, hid their face in their coat, scream, hit themselves, rocking back and forth, may stare at an object (shiny badge), very alert and fearful in general, poor eye contact	<ol style="list-style-type: none"> 1. Dim lights that must remain on and turn off lights if they are unnecessary. 2. Lower window coverings 3. Use more muted tones with wall coverings/carpet. 4. Decrease unnecessary exposure to shiny objects which produce a great amount of glare 5. Use indirect lighting. 6. Natural sunlight is much less prone to cause over stimulation. 7. Minimize visual clutter such as a counter top covered in multiple items as reasonable. (Have only items that are of absolute necessity sitting out when completing their cares). 8. Do not force eye contact- to some it is quite painful to look another in the eye.
Olfactory (smelling)	Smell of rancid meat/sauerkraut	Hair processing chemicals/strong smelling	Cover their nose, scream, throw up, hit themselves,	<ol style="list-style-type: none"> 1. Schedule appointments during times when there will not be perms/hair coloring procedures/or nail

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	/fresh skunk kill	hair spray or other hair products, finger nail polish/remover, strong smelling oral rinse/tooth paste, strong smelling air fresheners/candles, cleaning chemicals with strong odors (pine-sol, bleach)	cough excessively	<p>cares.</p> <ol style="list-style-type: none"> 2. Minimize use of hair spray/gel products in their presence. 3. Avoid using cleaning chemicals in their presence. 4. Avoid use of overly strong perfume when working with the individuals. 5. Choose more subtle air fresheners/candles in their environment. 6. Use products that have a more subtle odor when caring for the individual such as shampoos, first aid supplies/sprays.
Tactile (skin/hair/nails)	Wearing a wet wool body suit/body suit made of tacks, shoes that are 5 sizes to small, being covered by crawling insects, polar plunge, being covered in glue	Excessive heat/cold, fitting through small spaces, getting dirty/messy with hands/face, getting wet, application of bandages, using a sharp toothed comb or brush, pulling on their hair while trying to get tangles out, providing light pressure to their skin, use of amaterials that are rough /stiff, application of materials directly on their skin.	Avoid touch, refuse to wear a coat/shoes/gloves, laugh, hum, singing, remove clothing, hitting themselves, rocking, screaming, refuse bandages/medical tape. At times individuals are also under responsive to pain. So may not complain of pain in some situations; even when it is apparent that they are injured.	<ol style="list-style-type: none"> 1. Provide them with a warm, soft blanket or towel. 2. Adjust room temperature to a more neutral range. 3. Be flexible with rules such as, “they have to wear a hospital gown while waiting for their turn in the lobby,” 4. Provide firm pressure/vs light touches. 5. Do not touch unexpectedly, ask them permission to touch them. “Is it ok to look into your ears.” 6. Avoid use of bandages unless necessary. 7. If they need to change clothes, remove tags. 8. Provide access to sink and soap to clean hands and face. 9. As a side note- may individuals with sensory issues are heavily drawn to water; so they may seek opportunities in which they can have access to water to splash and play to include puddles/sinks/fountains.
Vestibular (moving)	Riding huge rollercoasters with multiple upside loops/deep drops at an	Climbing up and down ladders/steps, being picked up unexpectedly, lowering/raising height of chair or table/bed, spinning a chair, completing	Refusing to be picked up/descend a ladder/jump any distance/climb over uneven surfaces/going down stairs. Demand physical support, be clumsy, intense	<ol style="list-style-type: none"> 1. Provide as much contact area as possible when trying to move them, using firm/deep pressure. (Hugging them/holding them tightly while moving them can be very calming.) 2. Try wrapping them up tightly in a blanket or sheet.

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	<p>excessive rate of speed for an indeterminate period of time in a pitch dark enclosed environment. white-water rafting, sky-diving</p> <p>On the other end of the spectrum- being placed in a super tight straight jacket.</p>	<p>activities with movement in multiple directions at the same time (tipping backwards while raising height of chair)</p> <p>On the other end of the same spectrum- expecting them to sit still for a prolonged period of time without wiggling or changing position.</p>	<p>fear of falling, easily confused when turning around, Crying, screaming, hitting/biting themselves, pushing others away, wanting hugs/being overly “clingy.”</p> <p>Other end of the spectrum would be trying to run away, squirm in seat, looking for opportunities to get up and out of the chair/seat.</p>	<ol style="list-style-type: none"> 3. Speak in the same low, comforting, and slow tone as previously recommended. 4. Provide opportunities for them to get up and move around throughout process vs. expectation of them sitting still during an entire activity.
<p>Communication Difficulties (speaking/listening/ understanding)</p>	<p>Being dropped off in remote Mongolia while deaf and asking for directions to the nearest wi-fi enabled location</p>	<p>Giving multiple step directions, speaking in a rushed high pitched tone. Speaking in long sentences. (Hi, how are you today? Its time for you to see the doctor, and you will get weighed, your blood pressure checked, then I will squeeze your wrist to check for your pulse, then I will place something on your finger to check for your oxygen level. You need to be weighed- and for that you have to take off your shoes...)</p>	<p>Refusing to be compliant, screaming, kicking, hitting, grunting, crying, using a repetitive phrase that may give them comfort</p>	<ol style="list-style-type: none"> 1. Ask yes/no questions. 2. Speak in short easy to understand phrases. (take off your shoes... step on the scale.) (sit in the chair... the chair will tip back) 3. Speak slowly and use gestures. 4. When speaking to them speak face to face. 5. Even if they do not look at you, it will be more effective. 6. Use only the minimum amount of information that they need in order to understand the situation.