

## Sensory Strategies for Personal Care



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## **Sensory Strategies for Personal Care Activities**

Personal care activities can be challenging for people with an autism spectrum condition. This is especially so if difficulties with sensory processing are evident. However, the close proximity of others or not understanding the necessity of an activity can all contribute to personal care activities being a stressful part of the person's every day life.

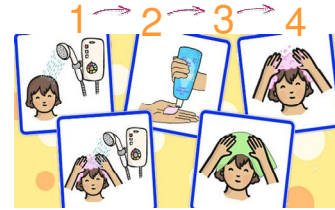
Each person with autism is unique, as is the way they perceive the world. This resource booklet is a compilation of a wide variety of strategies and ideas aimed at making times less stressful and more pleasurable for all involved.

While reading this booklet, use your knowledge of the person, their preferences, their dislikes, developmental level, their communication and other abilities to choose which strategies would be appropriate to try.

Personal care activities entail many different sensations such as **tactile sensations**, for example handling soap, towels, brushes, toothbrushes, touch from the person assisting, bare feet on mats and flooring surfaces, **the smell of toiletries**, **noises** such as the extractor fan, **echoes** in the bathroom, **movement**, **tastes** and **visual experiences**. The sensory information that people who have autism receive from their bodies and from the environment during self care skills may not be processed correctly.

**Activities have to be completed in a particular sequence**, for example, shampoo needs applying to the hair before rinsing, which needs to be understood and remembered.

Also, the necessity or reason for the activity may not be understood and the person may be reluctant to cooperate.



By taking the person's sensory needs into consideration, the caregiver is able to devise routines, adopt certain approaches and create environments that will help reduce anxiety levels, facilitate skill development and make the activities easier for the person to tolerate.

**Remember, factors such as stress, fatigue and motivation can all affect sensory stimulation.**

### General principles:

- ◆ Build **self care activities** into the person's routine as this will help them to become familiar and used to it
- ◆ Ensure that all carers involved with personal care activities follow exactly the same predictable routine.  
**Consistency and predictability help to decrease stress**
- ◆ **Encourage the person to do as much for themselves as possible**, this helps self esteem. They may have a tendency to wait for prompts/or have the activity done for them, rather than show their true abilities. Self initiated touch is easier to tolerate and less likely to produce a defensive reaction
- ◆ **Use firm touch**, never light or unexpected touch. Firm touch has a more organising and calming effect. Give the person warning that they are going to be touched and avoid approaching them from behind
- ◆ **Minimise other sensory stimuli in the environment**
- ◆ Have an **organised environment**, with items required for the activity all in place to make the environment more visually predictable and aid independence

- ♦ **Lower your voice or use a nonverbal approach if appropriate**
- ♦ **Use a mirror so the person can see the touch being applied**
- ♦ **Involve the person in getting items out and putting them away**, provided this does not cause unnecessary demand
- ♦ Where possible, **try to position yourself at the same height as the individual**
- ♦ **Incorporate known calming activities** before and after a personal care activity that the person finds difficult to tolerate. An example may be to incorporate an activity involving firm touch pressure such as placing your hands on their shoulders and applying firm pressure downwards/a foot massage/rolling a large gym ball repeatedly up and down the person while they lie on their tummy on a mat or wedge using firm, even pressure
- ♦ If **deep tactile pressure** is known to calm the person, consider having them sit on a beanbag cushion, wear a weighted vest or use a weighted lap pad/blanket  
Note: If weighted products are used, ensure that safety guidelines from the manufacturer are followed
- ♦ **Distraction may be helpful** during certain personal care activities such as counting, music, singing familiar songs, or watching the TV
- ♦ **Using a timer**, counting, or using a specific song/piece of music can help the person to understand when the activity will end

## Mealtimes:



Many people with sensory sensitivities have difficulties with eating. The presenting difficulties and reasons for these can be very varied. Over sensitivity to smells, tastes and food textures are the most common reasons from a sensory point of view. Conversely some people are under sensitive to taste and reject food because they find it too bland.

## Before mealtimes:

Where appropriate, encourage participation in food preparation even if the person does not want to eat the food. This can include encouraging the person to lay the table, wipe the table etc if appropriate.



## Before mealtimes continued:

Minimise visual distractions and noise levels in the environment. Be aware of the noise cutlery and crockery can make. Minimise as much as possible by making staff aware, using a plain coloured table cloth and plastic or melamine plates.

It may be helpful to complete alerting or calming activities in preparation for eating. Examples include having crunchy/chew foods, blowing bubbles, whistles, making funny faces or sucking through a straw.

Use visual timetables, now/next boards, reward charts or social stories.



Pre cut foods to encourage independence and manage over filling the mouth. The provision of chewy tubes if the person mouths non-food items.

## During mealtimes:

If the person has difficulty using cutlery, try using weighted cutlery or cutlery with larger handles. Remember that the sensation of a metal spoon may be difficult to tolerate.



If the person has difficulty stabilising their plate or bowl, try using a non-slip mat. If they spill their drink often, try a weighted cup or one with a lid.

Ensure good sitting posture with the chair pulled in and both feet on the floor. Seat the person with their back to the wall in a position so that others are not walking behind them.



Tie a theraband stretchy exercise band around the front legs of the person's chair to provide something to push against/a foot fidget.

Be aware of food temperatures—foods at room temperature may be easier. Look for patterns in the person's food preferences. Are they choosing or avoiding certain textures such as crunchy, chewy, lumpy, multi-textured or sloppy foods? Be aware of food textures when switching or changing foods.



## During mealtimes continued:

Try to make the introduction of new foods voluntary and enjoyable by your presentation and modelling. Give the person some control over what they might be willing to try. Remember that the person may be more willing to try new foods when they are hungry.

It may help to introduce new food away from regular meal times initially, then gradually introduce that new food to meal times. Agree a very small amount of new food to try, and serve it on a separate plate. Immediately follow with a preferred food.



Pair foods that they do not like with foods that they like. For example, non-preferred carrots dipped in tomato sauce.

Encourage choice between 2 foods. Foods could be presented one at a time.



Make small variations to increase tolerance to variety. For example, change brands, style of preparation, use of bowls the food is served in.

## A staged approach:

You may prefer to try a staged approach when introducing new foods:

1. Introduce food that is slightly different to a preferred food, for example, different flavoured crisps.
2. Put the new food on a different plate, next to the person and comment on how nice it is—this may need to be done for some time.
3. When ready, place the food on the person's plate with other foods. It does not have to be eaten, the person just has to tolerate it on their plate.
4. Touch the food, encourage the person to touch it once after you pick it up.
5. Encourage the person to bring the food to their lips, put on their tongue, chew, then they can spit it out if they choose to.
6. Encourage the person to swallow the new food.
7. Begin regularly placing a small amount (1-2 mouthfuls) of the new food on the person's plate, increase this over time.

## Tooth brushing

The mouth can be particularly sensitive for those who are over responsive to touch. This, along with the close proximity of a carer (if assistance is required), and a possible lack of understanding around why tooth brushing is even necessary, can make this a challenging area of personal care.





## Tooth brushing continued:

- Begin with **preparatory activities** and **oral mouth activities** to desensitise the mouth before brushing teeth such as blowing bubbles, drinking from a sports bottle or drinking through a straw. **Consider the position** the person is in, sitting may be preferable to standing.
- **Brush in front of a mirror** and provide a **flannel** so the person can wipe away any drips.
- Where possible, **encourage the person to brush their own teeth**. They can control the touch and may therefore tolerate it better but if needed, place your hand over theirs to help. It may be helpful for the person to put the toothbrush in their own mouth and to start brushing which will **help desensitise their mouth**. The carer can then finish brushing. Use a **firm touch pressure**, not a light touch, **softer bristles** may also be easier to tolerate.
- Count to a specified number (at a predictable pace,) use a countdown towards the end of brushing, use a timer or a set song whilst brushing. **These ideas can help give a clear end to the activity which may help the person to tolerate it**. If the person has difficulty brushing for long enough to brush all their teeth, it may be worth building an additional time for brushing into their daily routine.
- **Develop a predictable routine** when brushing the person's teeth, for example, perhaps always start with the top teeth on the left side, then the top teeth on the right side, then the bottom etc.
- **Massage the gums and teeth** with a soft cloth, a rubber finger brush or a vibrating toothbrush to help desensitise. **The vibration of an electric toothbrush may be calming** and if the person uses too much pressure when brushing, electric toothbrushes are available that cut out if the person is brushing too vigorously.
- **Avoid brushing the gums to begin with** and do not present the toothbrush too far back at the sides as this may cause gagging. Use a **mild flavoured toothpaste**, or even nothing initially and introduce it gradually.
- **It may be necessary to brush between the gums and teeth** because if the person has poor motor planning they may end up with food stuck in this area. **Allow time whilst brushing** so that the person can close their mouth, swallow or rinse and wet the toothbrush frequently.
- If the person resists tooth brushing, let them **chew on a damp washcloth after meals**. Eating a small piece of cheese after meals also helps to restore the Ph balance of the mouth and frequent drinks of water are helpful to remove food.

**Dental visits:** People with sensory difficulties, particularly those with oral sensitivities, can find trips to the dentist very stressful. Remember, however, that it is not unusual for many people, without sensory issues, to dislike visiting the dentist! It may take several trips for the person to feel less anxious. Below are some suggestions that will hopefully ease this process.



- Use a social story or photographs of the waiting room and dentist chair with someone having their teeth examined.
  - Visit the dentist on a separate occasion before work is required to have the opportunity to sit in the dentist's chair. Have the dentist move it up, down and back (as this is a more threatening sensation.)
- Gloves for hygiene reasons have a very specific smell, feel and taste. Ask the dentist to have a pair prior to the appointment for the person to practice with. They could put their own fingers into their mouth whilst wearing the gloves.
- Use a mirror to let the person look inside their mouth and eat something chewy prior to the appointment. Allow 'fidget toys' during the session and use some form of distraction such as a portable device to watch a DVD on.
- Have the person wear a heavy or tight hat before and during the appointment and verbally warn them about each thing before it is done.



- Have the person wear the X-ray vest, a weighted vest or lap pad during the entire appointment to provide extra weight and pressure.
- Do some oral deep pressure or vibration prior to the appointment, for example, the use of an electronic toothbrush or mini massager.
- Consider the sounds made by dental equipment as well as background noises. Can the drill from another room be heard? Ear defenders or head phones (listening to calming music) may help.
- ♦ Allow sunglasses if the person is sensitive to bright light and consider the use of a hand signal if the person feels they need a break. You may also want to consider seeing a special needs dentist.



## Self care:

### Grooming products, hair brushing and face washing

Touch to the head can be particularly difficult for people with sensory issues. Face washing entails not only the feel of the wash cloth and towel, but also the feel of water and wet skin being exposed to the air. Long hair and potentially tangled hair can contribute to the difficulties with touch involved with hair brushing. The suggestions below have proved very successful in improving a person's tolerance these areas of self care.



#### Grooming products:

Roll-on deodorants may be preferable to spray deodorants if the person or others in the house are sensitive to olfactory stimuli. Dry roll-on is less sticky than liquid roll-on and consider using unscented products.

#### Hair brushing:

Brush hair twice a day to build up a tolerance.

Apply firm pressure / give a scalp massage to the head before brushing to help desensitise.

Hold onto the piece of hair being brushed above the tangle so the person does not feel tugging.

Sometimes having the person distracted, for example watching TV may help.

Use a hair brush with a large head, a lot of soft bristles and rounded ends to the bristles.

If possible, have several brushes available for the person to choose from.

Brushing in front of a mirror may help tolerance.

Consider where the person is sat. Examples include a beanbag cushion or wearing a weighted jacket.

Use conditioner or de-tangle spray prior to brushing.

Use a de-tangle comb, hair brush with soft bristles (e.g. Tangle Teezer brush) if necessary.




Use firm, downward strokes and avoid light strokes.

Try brushing the hair using just the fingers. A short hair cut might be easier to manage.

Encourage the person to brush their own hair, if possible, as it will be easier to tolerate.

Brush for a predictable number of brushes, counting as you do so. Start with a small number of strokes such as 5 to make it predictable, and gradually increase the number.









## Face washing:

-  Use a mirror and warm water. Experiment with flannels, sponges, or a rough or soft cloth, the person may have certain preferences.
-  Encourage the person to wash themselves if possible. Place a flannel on their hands and encourage just one wipe of the face initially.
-  Use a firm but gentle touch and downward strokes. Avoid exposure of wet skin to the air, offer a towel straight after washing.

## Hair cutting

This can be a hugely difficult area for people with autism especially if sensory issues are present. Light, unexpected touch to the head by another person can cause great discomfort if tactile sensitivities are present. The noise of the hair clippers or the scissors may also cause some alarm. Trips to the hair dressers can also entail many overwhelming smells from certain hair treatments. Sitting for the required length of time, together with a lack of understanding as to why hair cutting is necessary, can also contribute to a lack of cooperation. The suggestions here give some ideas of how to approach this activity that will hopefully make it easier to tolerate.

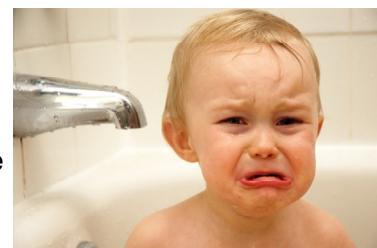


-  Apply firm touch pressure / give a scalp massage before cutting to help desensitise.  
A heavy blanket or lap pad may help or the use of earplugs and listening to music.
-  Practice without scissors, for example, lifting up sections of the hair and give definite time limits using a sand timer, predictable song or counting.  
It may be helpful to wear headphones or ear defenders while the hair is being cut, not only to cut out the sound of scissors or clippers but to cover the ears if the person is concerned about their ears being touched.
-  Consider what is used to cut the hair. If clippers are used, it may be helpful to let the person hold these prior to cutting - to feel more familiar with them and the vibration may have a calming effect.  
Use the word 'trim' rather than 'cut' and do a simple, quick cut, starting with the edges or fringe.
-  Distract with a snack, bag of fidget toys and/or the TV and have the person hold a cloth over their face. Follow the cut with a reward or treat.  
If a water spray is used, use your hand to block water going directly on the face.
-  If hair cutting is very difficult for the person to tolerate, consider just doing one cut each day followed by a reward to help them become used to it.  
Give the person a big soft brush or a hairdryer set on cool to blow off stray hair as it is cut.
-  Cover the person well during the hair cut and have clean clothes ready to change into after if the person is bothered by snips of hair on their neck or body.  
Consider what is used to cover the person while they are having their hair cut. A very large towel and clip may be preferable to a plastic cape with Velcro fastener.
-  If going to a hairdressers, it may be worth asking for an appointment when there are no colourings or perms taking place that would involve overwhelming smells.  
If possible, schedule an appointment so the person can see someone else having their hair cut first.
-  Have a dry trim or wash the person's hair prior to going to the hairdressers to minimise the time spent there.

## Bathing

Some people find the warmth and pressure provided by the water in a bath relaxing, where as others may find it a defensive experience.

Bathing is a very intense sensory experience, which some may enjoy for a while but then become over stimulated. There are multiple sensory experiences happening; the touch and temperature of the water, touch of the soap, shower gel, body and hair washing, sounds and echoes, scents of the toiletries and the visual stimuli of the water and bubbles.



Consider the person's likes and dislikes to make it a more pleasurable experience.



Consider the time of day that a bath or shower would be most beneficial. If it is a calming experience, use as part of a bedtime routine. If it

is alerting, complete earlier in the evening so that it can be followed by calming activities before bedtime.

Routines are helpful to organise and calm by enabling the person to predict what is going to happen next.

~~Ensure the same routine is followed by all care givers.~~

Be aware of light levels, natural or dim lighting is preferable. Consider the feel of the bathroom floor/bath mats and if the echoes cause distress,



If the sound of the running water bothers the person, try filling the bath with the door closed before they enter the room.

Experiment with scented or unscented products and a variety of sponges, bath mitts, a loofah or back brush.

Experiment with the amount of bubbles/no bubbles. The person may like just enough bubbles that they can play with them and still see the bottom of the bath or his/her body.



Use firm, downward touch pressure when washing and encourage the person to wash themselves if possible.



A warm bath or shower can have a soothing effect. Be aware that the person may have a different perception of what is hot or cold. Consider the room temperature, warm is generally calming while colder is usually alerting.

Deep water provides more firm, calming pressure than just a small amount of water in the bath.

Have the bath ready before the person undresses and aim to make the transition from undressing to getting in the bath as quick and smooth as possible. Ensure you warm the room before the person undresses too.



Incorporate play into bathing where appropriate. If bath toys are used, aim for smooth surfaces and soothing sounds, not overly textured or those that make alerting noises.

Bath time is a good time to name different parts of the body and brushing with water may have a calming effect.

Experiment with different textured soaps (bar, firm soap, foam soap.) Consider the scents of the toiletries used; some may prefer unscented, others may like a calming scent such as camomile or energising orange but try to minimise exposure of wet skin to air.



If showering, let the person watch the shower for a while before getting in. Use a handheld shower nozzle so that the person can control the direction and force of the water. The person may prefer to have the shower turned off while lathering with soap.

Experiment with a softer or rougher towel and warm the towel on a radiator or in a dryer.

Use a large towel and wrap the person tightly in the towel and/or use firm touch pressure and dabbing when drying for a calming approach, or firm, quick towel rubbing for an alerting approach. A smaller towel may be easier for the person to manage. If towel drying is a difficult activity for the person to tolerate they could wear a towelling dressing gown instead.



## Hair washing and drying:

As hair washing is usually done in the bath or the shower, the varied and intense sensory experiences described in the previous section all need to be considered. Touch to the head is particularly difficult to tolerate and it is also an activity that needs to be done in the correct sequence which may not be remembered or understood by the person.

- ♦ It may be helpful to **massage the scalp** before washing the hair
- ♦ Use shampoo that the person likes the smell of. A **'no-tears' brand** might be preferable
- ♦ Shampoos that have a **combined shampoo and conditioner** eliminate repeated application, if this is difficult
- ♦ Use as **little shampoo as possible** to make rinsing easier and quicker
- ♦ **Give breaks** if this helps the person to remain calm. Occasionally it is best to complete as quickly as possible and not to prolong the experience
- ♦ **Use conditioner** to help detangle
- ♦ Apply **firm pressure** when applying shampoo and conditioner. A bath mitt could be used to do this
- ♦ **Encourage the person to rinse some of the shampoo themselves** by putting their head under the bath water. Less rinsing by pouring water is then required
- ♦ When rinsing hair, encourage the person to **'look at the ceiling.'** Vinyl pictures could be stuck to the ceiling if needed
- ♦ **Consider what is used to rinse the hair.** A large container of water may be preferable as this will provide more of a feeling of weight from the water rather than the sprinkling of a shower. Alternatively, the person may prefer a watering can, a cup, or a hand held shower attachment that they hold
- ♦ **Give warning** that you are about to rinse their hair, for example, 3, 2, 1, rinse. Let the person know how many times you are rinsing their hair and when it is finished
- ♦ **Keep eyes and face dry** by using a foam visor, goggles or a wash cloth held over the face. Let the person dry their face immediately after washing even if they are still in the shower or bath
- ♦ Sometimes people with sensory issues resist closing their eyes when having shampoo rinsed off as they may fear falling and are unsure where their body is in the space. **Use a tear-free shampoo** so they can keep their eyes open
- ♦ **Earplugs** could be used to keep the water out of the ears
- ♦ Gently, but firmly, **press the hair** with a towel rather than rub

## Clothing and dressing:

Sensitivity to fabrics is common with people who are over responsive to touch. Dressing itself entails repeated touch to different parts of the body as well as correctly sequencing clothes, coordination and balance skills.

Be conscious of sensitivities regarding texture. People with over responsiveness to tactile stimuli may prefer soft or tight clothing (for example bicycle shorts, or t-shirts that are too small.) These could be worn beneath other clothes. Other people may have preferences for loose clothing.

People with sensory modulation and regulation difficulties tend to stay warmer than average and therefore may not need such warm clothing. Be conscious of lengths of sleeves/trousers the person prefers.

Second hand clothes will have been prewashed and therefore may be softer. Wash any second hand items in the person's usual washing liquid so that the smell is familiar.

Seams and labels may cause irritation. Cut labels out of clothes if necessary. Buy seamless socks and underwear or items could be worn inside out so that the seams are not directly next to the person's skin.

It may be necessary to be aware of/avoid certain clothing irritants such as elastic at the wrists or ankles, scratchy backings on appliques or patches, turtle necks (loose or tight,) tight collars, or wristbands that have buttons and elastic exposed.

Wash new clothes before wearing so that they lose their stiffness and smell familiar.

Wash clothing in unscented or a familiar detergent and fabric softener.

Dressing in front of a mirror may help to provide visual cues to assist with body awareness and sequencing of the task.

Rather than completing undressing, try changing only one piece of clothing at a time, replacing that piece, then moving to the next item.

Try to develop a dressing routine with all carers following the same sequence.

Provide calming music or a visual distraction during dressing.

If dressing is a difficult area for the person to tolerate, apply firm touch pressure prior to dressing. Roll a large gym ball repeatedly up and down the person while they lie on their tummy on a mat or wedge, using firm, even pressure.

By pushing down in the pockets of a hooded sweatshirt when the hood is up, firm pressure is applied to the top of the head which may be calming.

The use of a hat or cap may help if feeling overwhelmed or if the person finds bright lights uncomfortable.

## Nail cutting:

This is another common area of difficulty for those with tactile sensitivity. The necessity of this activity may not be realised which can also contribute to a reluctance to cooperate. A genuine fear that fingers may accidentally be cut may also contribute to a person's reluctance to have their nails cut.

If this is a difficult activity, build nail cutting into the person's daily routine at a similar time each day.

Try cutting after a deep pressure calming activity such as a firm hand massage. Use the term 'trim' not 'cut.'

Develop a predictable routine; for example, wash hands, rub cream into the person's hands including each nail bed, compress their fingertips gently before cutting, cut **only** 1 nail each day.

Consider where the person sits to have their nails cut. A weighted blanket may provide a calming pressure. Try cutting a nail while the person is in the bath as the nails will be softer. Also consider what is used to cut the person's nails, cuticle scissors may be more tolerable than nail clippers.



## Nail cutting continued:

Ensure you leave a little white edge rather than cutting the nails right back to the skin. Use Emery boards to firmly file the nails.

Hold the person's hand using firm pressure or place their hand on the table and press on the nail whilst leaving the nail edge exposed for cutting. Avoid moving the fingers around.

Where possible, teach the person to cut their own nails as this will be easier to tolerate.

Use the nail clippers to press gently against the person's finger without cutting. This may need to be done repeatedly before the person can tolerate the cutting. For toenails, encourage the person to walk barefoot prior to cutting toenails to help desensitise the feet. Applying foot lotion prior to cutting one nail may be helpful.

## Toileting:

Children with a sensory processing disorder often train later than other children because of their sensory issues. This may be due to poor internal, sensory awareness of bowel and bladder function or under responsivity to touch, resulting in a reduced ability to sense if they are soiled. Conversely, some children with sensory issues train early because being soiled bothers them so much. The scope of the suggestions below is not to explore toilet training regimes, but to make some sensory related suggestions that may help alongside such programmes.

Ensure the person feels comfortable and secure when sat on the toilet, with their feet firmly on the floor.

A foot box may be necessary for young children

Wearing a weighted vest may help prolong sitting time and placing toilet paper in the bowl helps prevent splashing.

Some people are frightened by the sound of flushing. Count down to the flush—1, 2, 3, flush.

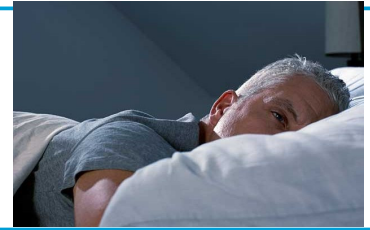
If the person is sensitive to the feel of toilet paper or has difficulty wiping, try using moist toilet wipes.

Sometimes the feel of tight clothing might provide tactile pressure that distracts from the sensation of needing to go to the toilet.

If the temperature of the toilet seat is an issue, try a cushioned toilet seat. Use distractions like books, songs, music and pictures on the wall.

## Sleep:

Many people with autism have difficulty with sleep which can be stressful for both the person themselves and their families/ carers. Sleep problems such as difficulty falling asleep or staying asleep can be greatly helped by considering sensory strategies.



- ◆ Try to provide **rigorous exercise** 4-6 hours before bedtime
- ◆ Ensure **plenty of daylight** during the day as this helps with melatonin release
- ◆ Have **predictable routine** prior to bed that incorporates known calming activities
- ◆ Avoid eating/drinking/watching TV or using electrical gaming devices for **1 hour prior to sleep**
- ◆ **Listen to calming music** as part of preparation to sleep. Music with a beat rhythm of less than one per second helps to calm the heart rate
- ◆ **Consider using scents/products** with a particular smell and only use these at bedtime
- ◆ **Give calming, deep pressure** using a gym ball or wrapping the person in a duvet
- ◆ **Incorporate a calming foot or hand massage** into the person's bedtime routine
- ◆ **A bed tent** may be helpful for some people to block out distractions and provide a 'safe' space
- ◆ **The person may prefer a heavy blanket, sleeping bag or being firmly tucked in**
- ◆ **Warmth** is more calming than cold but some people can become fussy if they feel too hot
- ◆ **Experiment with fabric/tight or loose pyjamas**
- ◆ **Use a quiet, gentle voice**
- ◆ **Dim lighting**, a coloured light or perhaps an easily operated dim nightlight are all preferable night time lighting options
- ◆ **Blackout blinds**
- ◆ **Keep bedrooms visually calming** and non-stimulating. For example, soft colours, minimise clutter, soft lighting
- ◆ A person with auditory sensitivities may need **total quiet to fall asleep**
- ◆ **Using white noise** from a commercially available CD or using a tinnitus machine (available from the RNID) can help a person fall asleep and sleep through the night. White noise contains all the sound frequencies and therefore can mask other sounds. A fan or the radio set on static are good approximations of white noise.





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## Useful websites:

[www.autismspeaks.org](http://www.autismspeaks.org)

[www.sensoryintegration.org.uk](http://www.sensoryintegration.org.uk)

[www.fledglings.org.uk](http://www.fledglings.org.uk)

[www.sensory-processing-disorder.com](http://www.sensory-processing-disorder.com)

[www.sensorysmarts.com](http://www.sensorysmarts.com)

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