ED Provider Sensory Charts

INTEROCEPTION

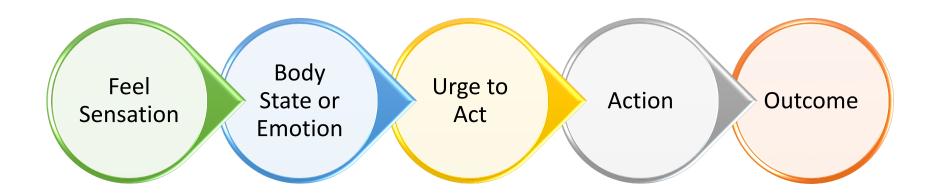
Overreponsive- feels internal states more readily	Under-responsive-May not notice internal states until they are very intense	Discrimination- difficulty pin pointing what and where sensations are in the body
-May feel the urge to urinate or eliminate bowels frequently	-May not respond to sensations quickly or at all	-May complain of being sick but unable to say why or what doesn't feel right
-May have a dramatic response to minor ailments -Often feels hunger and thirst cues much stronger and quicker then others -Often very sensitive to temperature changes -Often feels pain or discomfort long after the painful stimuli is gone -Can appear like a "hypochondriac" -May be extra sensitive to a change in heart rate which can lead to a sense of panic with exertion	-Difficulty feeling own heart beating -May not notice when injured, sick or feverish -May not feel the need to go to the bathroom until it is urgent -Difficulty feeling hunger or thirst cues -May not recognize when hot or cold -May not sense an emotion until it is very intense -May have poor emotional regulation skills -Often struggles with using calming	-Often struggles with emotional regulation -Difficulty recognizing different degrees of an emotion -May struggle with identifying different emotions -May notice pain but is not able to recognize where the pain in is coming from (i.e. can recognize the stomach hurts but can't identify why) -Often confuses body signals -May have difficulty know whether she is tired or full of energy
-May feel emotions very intensely	techniques to prevent outbursts of emotion -May not know when tired until exhausted	

ED example: Carl, who has a history of anorexia nervosa, now has a tendency to eat whenever his stomach hurts. His providers say he doesn't notice his hunger cues so when his tummy hurts he is likely hungry. However, Carl notices his stomach hurting in different ways but can't figure out if the feeling is really hunger or whether the feeling indicates something else. He often complains of his stomach hurting but doesn't know whether the feeling means that he is hungry, full, sick, anxious, or upset.

Interoception and Self-Regulation

Interoceptive Awareness (IA) plays a role in:

Emotional Regulation, Attentional Regulation, Energy Regulation, Body State Regulation, and Sensory Regulation
Interoception, Behavior, and Urge to Act



VESTIBULAR

Overresponsive-low tolerance for activities that require mvmt	Under-responsive-don't register typical level of mvmt	Sensory-seeking-appears in constant motion	Discrimination-difficulty identifying characteristics of mvmt
-Avoids or is anxious when in a moving vehicle -Is car sick easily -Dislikes physical activity (at risk for obesity) -Afraid of heights -Difficulty climbing stairs -May avoid activities that make the feet leave the ground such as jumping or walking -Does not like head inverted	-May fall often and lack reflex to "catch" themselves. -Can tolerate very intense movement without side effect such spin without getting dizzy or riding a fast roller coaster without getting nauseous -Does not get pleasure from (risk for obesity) and drawn more to sedentary activities	-Has difficulty sitting still for long periods of time -Thrill seeker and dare devil -Constantly fidgeting -Craves movement -Always "on the go" -May rock/sway body -Enjoys being upside-down	-May frequently fall -Easily disoriented or confused when there is a change in direction -May engage in intense moving activity for prolonged periods of time until he passes out or becomes sick -Extreme difficulty with knowing the direction of movement when eyes are closed

ED example: Sara is significantly underweight but during group talks about a fear of gaining weight. She is anxious about not being able to workout in treatment. After group Sara began pacing in the halls. The staff knew she had a fascination with dogs so in an attempt to redirect her movement they handed her a book on dog breeds. Sara became engrossed in the book immediately; however, reading did not cause her to sit. She was now pacing the halls WHILE reading.

PROPRIOCEPTION

Overreponsive-sensitive to input to muscles and joints	Underresponsive-difficulty sensing muscles/joints and forming muscle memory for tasks	Sensory-seeking-craves input to muscles and joints	Discrimination-difficulty with judging position of body and how much force is needed for activities
-May find firm touch uncomfortable -dislikes activities that provide impact on muscles and joints (i.e. running, climbing, or jumping) -Dislikes heavy clothing or blankets	-Clumsy or tripping frequently -Difficulty with fine motor tasks -Lays on the ground or puts head on table to write or read -Difficulty copying from a board and is slow to complete work -Slow at completing daily tasks -Slumps in chair/has difficulty keeping upright position without support -Typically uncoordinated -Dances off beat	-Seeks out jumping, crashing, climbing, wrestling activities -Craves bear hugs and heavy work activities -Self abusive behaviors such as cutting, head-banging, hair pulling, pinching -Pull or twist clothing or stretch shirt over knees -Prefers crunchy or chewy foods -Often breaks items Sits on feet, cracks knuckles, toe walks, stamps feet, puff cheeks out, grinds teeth -May lean on people/objects	-Poor sense of body awareness -Klutzy or accident prone -Difficulty grading movements smoothly -Uses too much or too little force when using objects -Plays roughly with animals -Slams doors or cabinets -Difficulty with motor skills

ED example: Jacki is in treatment for her ed. She has a tendency to overexercise and staff is trying to limit her movement. You sometimes wonder if she is secretly doing sit ups during group bc she lays on the floor with a blanket over her. You've also noticed that staff often redirects her for sitting on her knees during meals and for always trying to move around the furniture.

TACTILE

Overreponsive	Underresponsive	Sensory-seeking	Discrimination
-Bothered by tags, elastic, stiff textures, seams -May prefer baggy clothes -Hygiene difficulty (i.e. showering, combing hair -Startled by light touch -Limited food preferences -Dislikes hands/face being dirty -Overreacts to minor injuries -Avoids standing close to others -Distressed with touching certain textures (i.e. slimy food while cooking) -May prefer food to be a specific temperature	-May prefer to be without clothes or barefoot -Disregards messy hands/face or whether clothes are on straight -Seems unaware of light touch -May stuff too much food in mouth -Drools or doesn't wipe runny nose -Difficulty with fine-motor tasks -May not notice when injured	-Seeks out & engages in messy activities for a prolonged period of time -Constantly touching objects or people -Craves intense flavors -Picks apart food	-Seems out of touch with hands -Difficulty using hand tools (i.e. eats or brushes teeth with hands) -Needs vision to identify body parts or objects (even food) -Prefers standing to sitting to ensure visual control of surroundings

ED Example: Bailey has a fear of gaining weight and is very hesitant to eat foods high in carbohydrates. You are working with her on expanding her grain choices and would like her to try a sandwich for lunch. Bailey knows about the facility rule of not toasting bread after breakfast, but will only agree to eat the sandwich if her bread is toasted just right- which is almost burnt.

VISUAL

Overreponsive	Underresponsive	Sensory-seeking	Discrimination
-Certain stimuli can cause significant discomfort or be disorienting -May see very fine details others miss -When outside may become irritable -Can have poor eye contact -Often covers or closes eyes -May look down often -Can appear easily distracted -Insists on wearing sunglasses, even inside -May become overwhelmed driving (or riding in) a car -Can appear anxious or excited with too much visual stimuli -May not like many items on a plate or surface	-May ignore novel stimuli-such as obstacles in pathway -May not turn away from intense light -Responds slowly to approaching objects -May have sloppy or unorganized handwriting -Can be poor at reading nonverbal body language and facial cues -Difficulty with recognizing or responding to hand gestures -May not notice if face or hair is messy when looking in mirror -Often misses the details	-Can seek intense visual stimuli and fast visual scenes for an extended period of time -Attracted to shiny, bright, flashing, or flickering objects -May enjoy watching visual stimuli such as a twirling fan -Can become addicted to videogames	-Difficulty located objects such as items in the fridge -Struggles to distinguish differences in faces, words, letters, images, etc -Poor visual spatial and/or figure ground awareness -Difficulty lining up numbers and words -Struggles with reading signs while driving -Difficulty judging distance, especially while moving -May bump into things often -Over/undershoots when placing items on a surface -May prefer eating food from separate bowls -May dislike foods touching

ED example: You wonder if Peter is depressed. He is very thin and slow at doing most tasks. His head is always down and he doesn't look at people. He rarely leaves the house and complains he gets lost if he drives. He keeps very little food at home and while at the grocery store he refuses to use a cart. He will only buy what he can put in a basket, which is not much and is always the same.

SMELL/TASTE

Overresponsive	Under-responsive	Sensory-seeking	Discrimination
-Finds many foods and smells offensive -Easily nauseated or gags with certain smells or tastes -Notices smells others don't -Sensitive to perfumes, body odors, cleaning products etc. -May have difficulty eating in a cafeteria or restaurant because of the smells -Picky eater -Restricted diet -highly sensitive to changes in taste and may refuse to eat different brands or versions of the same food	-Difficulty noticing when eating/smelling something rotten or spoiled -May over spice foods or put on too much perfume -May not know when to shower because of being oblivious to own body odor -May not smell smoke if something is burning/on fire -Can be uninterested in food yet enjoy new foods and flavors -Able to eat very spicy or strong flavored foods without adverse reactions	-Seeks out strong odors -May sniff food, people, objects -May use too much perfume -Can display pica -May lick or taste in-edible objects -May eat while doing activities requiring attention as this may assist with self-organizing -May overeat and is at risk for obesity -Often prefers spicy/strong flavored foods -Likes food really hot or cold	-Difficulty distinguishing intensity and differences in tastes and smells -Choose or reject food based on how it looks or smells (refuses to eat anything brown or refuses to eat foods that are touching) -Difficulty noting when or which foods have gone bad -May have difficulty distinguish between two similar foods such as a lemon and a lime

ED example:

- 1. Heidi becomes very distressed and anxious during snack. She refuses to finish her apple and peanut butter because the pb smells different and the apple is not a Gala.
- 2. Jacob tends to overeat. He is also picky and refuses to eat foods that are yellow, unless he adds spice to it.
- 3. Carrie is in treatment for bulimia. She says she is not engaging in purging behaviors. However, staff consistently finds her throwing up during restaurant outings.

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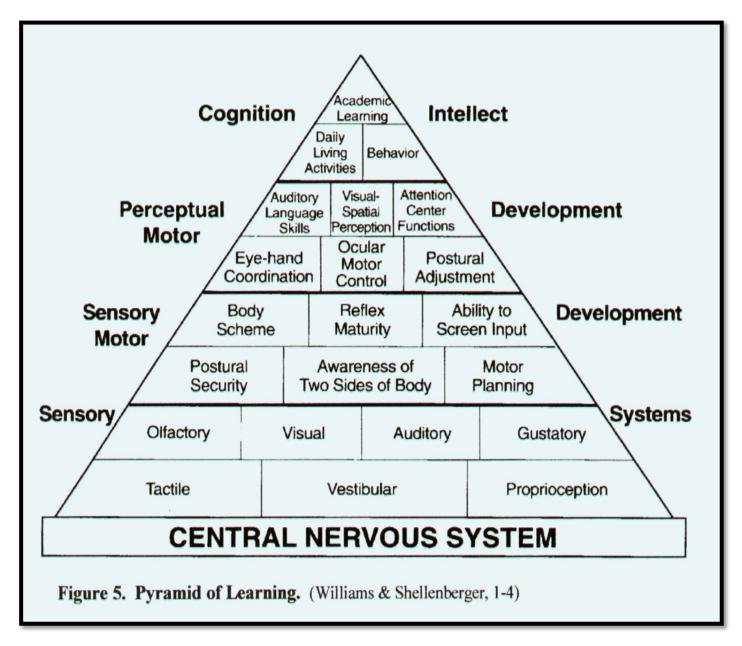
AUDITORY

Overreponsive	Underresponsive	Sensory-seeking	Discrimination
-Avoids loud activities or crowds -Difficulty carrying out tasks/directions in noisy environment - Becomes disoriented, stutters, or unable to communicate when in a noisy place or hears certain sounds -Difficulty talking in group settings or in a restaurant -Bothered by noises others do not seem to notice (fan, lights, refrigerator, chewing) -Covers ears when hearing certain noises	-May not notice sounds -More attentive or focused when hearing really loud beats or noises -Ignores ordinary sounds or voices -Not bothered by loud crowds, music, or activities -May not respond to alarms (i.e. not waking up to alarm in the morning) -Difficulty detecting when spoken to and may not respond to directions unless repeated several times -Can talk in a loud booming voice -May appear oblivious	-Craves and seeks out very intense and loud music or sound -May enjoy loud and noisy environments -May speak in a booming voice	-Difficulty detecting subtle differences in sounds -Will often ask you to repeat words -Sings way out of tune; difficulty maintaining beat or rhyming -Difficulty with speech rhythm in conversations -Difficulty localizing sound especially in a noisy background -Extreme difficulty following conversation in social settings -Deficits in expressive language and listening skills -May not notice changes in voice volume (i.e. when someone is sarcastic or becomes angry) -Difficulty remembering what is said or read

ED example:

- 1. Frank appeared distant as he refused to eat when at the diner with friends. He often feels overly agitated when around others during meals; he prefers eating alone.
- 2. Karen is in treatment for an eating disorder. During meal prep she sometimes covers her ears and bolts out of the kitchen. This seems to happen most when someone is using the blender or when the dishwasher is running.

IMPACT OF SENSORY PROCESSING ON SKILLS



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