

Too Loud, Too Bright, Too Much

Intensive · The Recovery Files

Sensory Overload, Neurodivergence & Substance Use Disorder

From Overwhelm to Regulation — The Recovery Files

Your progress 0 of 6 parts done · Overload · Too much, no filter · Crisis · Fight-flight-shutdown · Substance · Chemical filter · Sensory-Informed Recovery · Building the filter your brain never came with

In this workbook

- Part 1 · The Broken Filter: Understanding Sensory Processing in the Neurodivergent Brain
 - Check-in: External Sensory Sensitivity
 - Exercise: Sensory-SUD Mirror — Side by Side
 - Exercise: My Sensory Profile — Channel by Channel
- Part 2 · Chemical Filters: How Substances Became Your Nervous System's Missing Equipment
 - Check-in: Substance Use as Sensory Regulation
 - Exercise: Sensory-Substance Connection Map
- Part 3 · The Nervous System on Fire: Sympathetic Activation & the Overload Cascade
 - Check-in: Sensory Accumulation & Crash Patterns
 - Exercise: Overload Cascade Tracker
 - Exercise: Daily Sensory Load Tracker (7 Days)
- Part 4 · The Seeking Paradox: When the Brain Needs More and Less at the Same Time
 - Check-in: Internal Sensory & Emotional Processing
 - Exercise: Seeking vs. Avoiding — My Sensory Paradox
- Part 5 · Sensory-Informed Recovery: Redesigning Your Program for the Nervous System You Have
 - Check-in: Sensory Challenges in Recovery
 - Exercise: Recovery Environment Audit
 - Exercise: My Sensory Regulation Toolkit
 - Exercise: Body-Based Regulation Practices
 - Exercise: My Sensory-Informed Recovery Plan

Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 5 · READING

The Broken Filter: Understanding Sensory Processing in the Neurodivergent Brain

Imagine living inside a house with no walls. Every sound from every direction enters at equal volume. The light has no curtains. The temperature has no thermostat. The textures against your skin have no buffer.

This is not a metaphor for discomfort. This is a description of daily life for many neurodivergent people — and it is the sensory reality that drives a significant proportion of substance use.

The neurotypical brain comes equipped with an extraordinary sensory filtering system. It continuously monitors millions of signals per second and automatically sorts them into "relevant" and "irrelevant." The irrelevant data is suppressed before it reaches conscious awareness.

You do not notice the feeling of your socks. You do not hear the ventilation hum. You do not see every object in your peripheral vision. Your brain handles all of this below awareness, freeing your conscious mind to focus on what matters.

The neurodivergent brain frequently has a compromised version of this filtering system. The thalamus does not gate incoming information as effectively. The prefrontal cortex cannot easily suppress irrelevant sensory signals.

The result is a conscious experience that includes far more sensory data than the neurotypical brain would allow through. Everything is louder, brighter, more textured, more pungent, more intense, more present, more inescapable.

This is not a minor inconvenience. Sensory processing differences affect every domain of life: the ability to concentrate in noisy environments, function under fluorescent lights, tolerate crowded spaces, wear certain clothes, eat certain foods, sleep in uncontrolled rooms, participate in multi-channel social activities.

The neurodivergent person is not "being difficult" or "too sensitive." They are processing a quantifiably greater amount of sensory information with a nervous system that has fewer tools for managing the load.

For many, this reality was present from birth but not understood until much later — if ever. The child who could not tolerate the cafeteria was "dramatic." The teenager who left parties early was "antisocial." The adult who could not function in open offices was "not a team player."

At no point did anyone say: "Your nervous system is receiving more information than it can process, and you need support, accommodation, and strategies for managing a neurological difference that is not your fault."

Instead, the message was: "Everyone else can handle this. What is wrong with you?"

The answer, for millions of neurodivergent people, arrived in a bottle, a pill, a joint, or a needle. Not as recreation. Not as rebellion. As the first and only effective filter their nervous system had ever been given.

Reflection Questions

1. How does the description of a "broken filter" match your own sensory experience? Which senses are most affected?

2. When in your life did you first become aware that you were processing the world differently? What feedback did you receive?

3. Can you trace a direct connection between sensory overload experiences and your earliest substance use?

4. How has your sensory experience been understood (or misunderstood) by the people in your life?

5. On a scale of 1 to 10, how much of your daily cognitive energy is devoted to managing sensory input?

CHECK YOURSELF · CHECK-IN 1 OF 5

External Sensory Sensitivity

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I am frequently overwhelmed by sounds that other people do not seem to notice or find bothersome

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Bright lights, fluorescent lighting, or visual clutter cause me physical discomfort, headaches, or exhaustion

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Certain textures, clothing materials, or tags against my skin cause intense discomfort

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Strong smells — perfume, cleaning products, food — can make me nauseous or anxious

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I experience physical pain or intense distress from sensory input that others describe as "normal"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. Crowded, noisy, or chaotic environments make me feel physically ill, panicked, or unable to think clearly

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I can hear, smell, feel, or see things that others in the same environment genuinely do not perceive

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. My sensory sensitivities intensify when I am stressed, tired, or in early recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Sensory-SUD Mirror

Seeing How Sensory Overload & Substance Use Serve the Same Purpose

Why This Matters

Your substance use was not random, reckless, or recreational — it was regulatory. It was your nervous system's solution to a sensory problem that no one recognized, named, or addressed.

Auditory hypersensitivity

SENSORY EXPERIENCE

Auditory hypersensitivity — background noise becomes unbearable, conversations layer into a wall of undifferentiated sound

SUBSTANCE USE PARALLEL

Drinking or using to endure loud environments — needing alcohol to tolerate bars, parties, family gatherings

THE SHARED MECHANISM

Both reflect a nervous system that cannot dampen incoming sound to a tolerable level. The substance became the volume knob the brain never came with.

How does this specific parallel show up in YOUR life? Give a concrete example.

What healthy alternative could serve this same sensory regulation function?

Visual overload

SENSORY EXPERIENCE

Visual overload — fluorescent lights cause physical pain, visual clutter overwhelms processing

SUBSTANCE USE PARALLEL

Using to function in visually demanding environments — substances that reduce the brightness, the sharpness

THE SHARED MECHANISM

Both involve a visual processing system receiving more data than it can organize. The substance dimmed the lights the brain could not.

How does this specific parallel show up in YOUR life? Give a concrete example.

What healthy alternative could serve this same sensory regulation function?

Tactile defensiveness

SENSORY EXPERIENCE

Tactile defensiveness — clothing tags feel like razor blades, certain textures provoke intense discomfort

SUBSTANCE USE PARALLEL

Using to escape body-level distress — substances that numb the skin, relax the muscles

THE SHARED MECHANISM

Both address a body that is in constant low-grade conflict with its physical environment.

How does this specific parallel show up in YOUR life? Give a concrete example.

What healthy alternative could serve this same sensory regulation function?

Emotional intensity as sensory data

SENSORY EXPERIENCE

Emotional intensity as sensory data — emotions arriving as full-body physical experiences

SUBSTANCE USE PARALLEL

Using to numb emotional flooding — substances as the only available strategy for reducing physical intensity of emotions

THE SHARED MECHANISM

Both involve the nervous system treating emotional signals with the same intensity as a fire alarm.

How does this specific parallel show up in YOUR life? Give a concrete example.

What healthy alternative could serve this same sensory regulation function?

Sensory accumulation

SENSORY EXPERIENCE

Sensory accumulation — individual stimuli tolerable in isolation becoming overwhelming when they stack

SUBSTANCE USE PARALLEL

Using to prevent accumulation crash — substances deployed as preemptive strike against inevitable overload

THE SHARED MECHANISM

The substance was the only tool that could reduce the total load.

How does this specific parallel show up in YOUR life? Give a concrete example.

What healthy alternative could serve this same sensory regulation function?

YOUR EXERCISE**Exercise 2: My Sensory Profile**

Channel by channel

A mixing board, not one volume knob

Your senses are not one dial set to 'sensitive.' They are more like a mixing board with eight sliders. Some may be turned up too high, so ordinary input hurts. Others may be turned down too low, so you go looking for more. Many people have both. Rate each channel two ways: how often it is too much, and how often it is not enough.

Sound

Noise, voices, echoes, sudden sounds, background hum.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

Sight and light

Bright or flickering light, screens, clutter, busy patterns, movement around you.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

Touch

Clothing, tags, seams, light touch, being bumped, textures on your skin.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

Smell

Perfume, cleaning products, food, smoke, body odor.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

Taste and food texture

Strong flavors, mixed textures, mushy or crunchy foods.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

Movement and balance

Spinning, swinging, riding in cars, heights, being still for a long time.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

Body position and pressure

Deep pressure, tight hugs, heavy blankets, pushing and pulling, knowing where your body is.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

Inside-body signals

Hunger, thirst, heartbeat, needing the bathroom, feeling hot or cold, tiredness, pain.

How often is this channel too much for me?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

How often do I crave more of this input?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Never 10 = Constantly

What bothers me most in this channel:

What I seek, or what soothes me, in this channel:

What Makes It Worse

My senses get more intense when I am:

- ☐ Tired ☐ Hungry ☐ Stressed ☐ Around a lot of people ☐ Later in the day ☐ In early recovery or withdrawal ☐ Having a craving ☐ Anxious ☐ Sick or in pain ☐ Rushed

Other things that turn my sensitivity up:

Reading My Profile

1. Which two channels are most often too much for you?

2. Which channels do you seek more of? Did any channel score high on both?

3. What have people in your life called these reactions (dramatic, picky, antisocial)? What do you call them now?

4. Which channel do you think your using was most trying to manage?

PART 2 OF 5 · READING

Chemical Filters: How Substances Became Your Nervous System's Missing Equipment

The neurodivergent person who discovers that a substance reduces sensory overload is not having a recreational experience. They are having a medical one. The relief is not pleasure — it is the cessation of pain.

Understanding this distinction is essential for understanding why substance use in the sensory-overwhelmed population is so resistant to standard treatment.

Depressant substances — alcohol, benzodiazepines, opioids, cannabis — function as neurological volume knobs. They reduce the firing rate of neurons throughout the sensory processing system, effectively turning down the gain on every incoming channel simultaneously.

For the sensory-overwhelmed person, the first drink is not about feeling good. It is about finally feeling normal. The lights are no longer painful. The background noise recedes. The clothing becomes tolerable. The physical tension begins to release.

For the first time, possibly in the person's entire conscious life, the world is quiet enough to think, to breathe, to exist without the constant expenditure of energy required to manage an unmanageable input stream.

Stimulant substances serve a paradoxically similar function through a different mechanism. For many neurodivergent people, stimulants do not increase sensory overwhelm. They improve the brain's ability to filter, sort, and prioritize sensory data.

The stimulant enhances prefrontal cortex function, strengthening the filtering system that is weak in the neurodivergent brain. Under the influence of a stimulant, the neurodivergent person can attend to what matters and suppress what does not.

This is why stimulant ADHD medication, properly prescribed, actually reduces sensory overwhelm rather than increasing it. But when medication is unavailable, unaffordable, or unknown, the neurodivergent brain finds its own stimulant supply.

Cannabis occupies a unique position in sensory self-medication. For many neurodivergent people, cannabis changes the qualitative nature of sensory processing rather than simply dampening it. Colors become more vivid but less threatening. Sounds become more detailed but less cacophonous.

The relationship between the person and their sensory environment shifts from adversarial to collaborative. Music becomes transcendently beautiful. Food becomes profoundly satisfying. The world that was attacking the nervous system moments ago becomes fascinating, engaging, and safe.

This qualitative shift is extraordinarily compelling because it does not just reduce pain — it transforms the experience of having a neurodivergent sensory system from a curse into something approaching a gift.

The problem, of course, is that every one of these chemical filters comes with costs that compound over time. Tolerance requires escalating doses. Dependence means that removing the substance exposes the person to sensory input that feels even more overwhelming than before.

Withdrawal is not merely psychological — it is a neurological re-exposure event in which the sensory system is flooded with unfiltered input at an intensity the person has not experienced in months or years.

This is why early recovery is so profoundly difficult for the sensory-overwhelmed person. They are not simply "getting sober." They are losing the only sensory filter they have ever possessed and being re-exposed to a world that their nervous system was never equipped to process at full intensity.

Without understanding this — without providing alternative sensory management strategies, environmental accommodations, and potentially appropriate medication — the treatment system is asking the neurodivergent person to live in the house with no walls again, but this time without even the inadequate curtain the substance provided.

Reflection Questions

1. Which category of substance provided you with the most significant sensory relief? Describe exactly what it felt like when the substance "turned down the volume."

2. Have you experienced the qualitative shift described with cannabis — where the sensory world transformed from hostile to beautiful?

3. In early recovery, have you experienced the "re-exposure" phenomenon — the sensation that everything is louder, brighter, sharper?

4. If your substance use was primarily a sensory management strategy, how does that reframe your understanding of your addiction?

5. What sensory management tools do you currently have available? Is your toolkit adequate?

CHECK YOURSELF · CHECK-IN 2 OF 5

Substance Use as Sensory Regulation

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I have used substances specifically to reduce the intensity of sensory input
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I have used substances to function in environments that would otherwise cause sensory distress
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. Different substances served different sensory functions — some turned things down, some up
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. My substance use increased when sensory demands in my life increased
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. Without substances, sensory overload is worse than before I started using
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I have used substances before recovery activities to manage the sensory demands
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. The relief substances provided from sensory pain was immediate and complete
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. Without addressing my sensory processing differences, my relapse risk remains high
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 3: Sensory-Substance Connection Map

What each substance did to your senses

A filter you were never given

The reading described substances as a filter your nervous system did not come with. Some turned the volume down. Some helped you sort and focus. Some changed how the world felt altogether. Mapping what each substance did to each sense shows exactly what recovery needs to replace.

Substance 1

Substance (or behavior):

Channels it turned down:

- ☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Channels it turned up or helped me feel:

- ☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Situations I used it to get through:

What the world felt like on it:

What it was like when it wore off:

How much of my use of this was about sensory relief?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Almost all

Substance 2

Substance (or behavior):

Channels it turned down:

☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Channels it turned up or helped me feel:

☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Situations I used it to get through:

What the world felt like on it:

What it was like when it wore off:

How much of my use of this was about sensory relief?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Almost all

Substance 3

Substance (or behavior):

Channels it turned down:

☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Channels it turned up or helped me feel:

☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Situations I used it to get through:

What the world felt like on it:

What it was like when it wore off:

How much of my use of this was about sensory relief?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Almost all

Substance 4

Substance (or behavior):

Channels it turned down:

☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Channels it turned up or helped me feel:

☐ Sound ☐ Sight and light ☐ Touch ☐ Smell ☐ Taste and food texture ☐ Movement and balance ☐
Body position and pressure ☐ Inside-body signals

Situations I used it to get through:

What the world felt like on it:

What it was like when it wore off:

How much of my use of this was about sensory relief?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Almost all

Re-Exposure in Recovery

Without the substance, many people find the world louder, brighter, and sharper than they remember. This is common in early recovery, and it is worth telling your treatment team about.

What has gotten louder, brighter, or harder to bear since I stopped:

How intense is it right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not noticeable 10 = Overwhelming

Where it hits hardest:

☐ Home ☐ Work ☐ Meetings ☐ Treatment ☐ Stores ☐ Car or transit ☐ Family events ☐ Bedtime

What the Map Shows

1. Which substance was doing the most sensory work for you?

2. Which channels are now left with no filter at all?

3. If your using was partly sensory self-treatment, what does your recovery plan need that it does not have yet?

PART 3 OF 5 · READING

The Nervous System on Fire: Sympathetic Activation & the Overload Cascade

Sensory overload is not merely unpleasant. It is neurologically dangerous — a state of nervous system emergency that, when sustained, produces cascading damage to physical health, emotional stability, cognitive function, and recovery capacity.

When sensory input exceeds the brain's filtering and processing capacity, the nervous system interprets the overload as threat. This is not a cognitive assessment — it is an automatic, subcortical response.

The amygdala registers the undifferentiated flood of unmanageable sensory data as evidence that the environment is dangerous. You know that the grocery store is not life-threatening. But your amygdala, drowning in unfiltered fluorescent light, competing conversations, muzak, beeping scanners, and bumping proximity of strangers, disagrees.

It activates the sympathetic nervous system — the fight-or-flight response — as if you were facing genuine physical danger.

Sympathetic activation produces immediate physiological changes: heart rate increases, breathing becomes shallow and rapid, muscles tense, blood pressure rises, cortisol and adrenaline flood the bloodstream, digestion halts, peripheral vision narrows, and the brain shifts from "executive processing" mode to "survival" mode.

This means that in the very moment when you need your prefrontal cortex working at full capacity to manage the sensory environment, the stress response has taken it offline. You lose access to the cognitive tools that might have helped you manage the overload.

When this activation is chronic — when the sensory environment is consistently overwhelming — the consequences extend far beyond momentary discomfort. Chronic sympathetic activation is associated with cardiovascular disease, inflammatory conditions, immune suppression, digestive disorders, chronic pain, insomnia, anxiety disorders, and depression.

For the person with a substance use history, chronic sympathetic activation creates a neurological state that is indistinguishable from craving. The racing heart, shallow breathing, muscle tension, cortisol surge, cognitive impairment — these are the same physiological signatures that accompany intense substance craving.

The neurodivergent person in sensory overload is not just uncomfortable. They are in a physiological state that their brain has learned to resolve with substances.

The craving is not random. It is not "triggered by a memory." It is triggered by a nervous system that is in the same state of emergency it was in every other time it used substances to survive.

This is why sensory-informed relapse prevention is not optional. If the nervous system continues to be driven into sympathetic overload by unmanaged sensory environments, it will continue to produce the physiological state that generates cravings.

No amount of cognitive therapy, meeting attendance, or step work will override a nervous system that is neurologically, physiologically screaming for relief.

The craving is the nervous system's distress signal. And the only long-term solution is to reduce the distress — not to merely resist the signal.

Reflection Questions

1. Can you identify specific environments where your body enters fight-or-flight mode not because of emotional danger but because of sensory overload?

2. Have you noticed that your cravings intensify in sensory-overwhelming environments?

3. Do you experience chronic physical symptoms that might be connected to sustained sensory-driven sympathetic activation?

4. How does understanding that craving and sensory overload produce the same physiological state change how you think about relapse prevention?

5. If your nervous system is "on fire" in environments your treatment team considers safe, what conversation do you need to have with them?

CHECK YOURSELF · CHECK-IN 3 OF 5

Sensory Accumulation & Crash Patterns

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I can tolerate individual sensory inputs but fall apart when multiple inputs stack
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I have a predictable "crash point" when accumulated sensory load exceeds my capacity
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. After sustained sensory demands, I need extended recovery time — often hours or days
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. My crash episodes involve losing the ability to speak, think clearly, or perform basic tasks
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I have experienced dissociation or numbness during intense sensory overload
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. My sensory tolerance decreases as the day progresses
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I cancel plans or leave events early because I am managing sensory capacity like a diminishing resource
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. The crashes have become more frequent and severe over time
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 4: Overload Cascade Tracker

Catching the climb before the crash

A cup filling drop by drop

Overload usually builds. Each sound, light, and demand adds a little to the cup. At some point it spills over into fight-or-flight: racing heart, tight muscles, foggy thinking. That body state feels a lot like a craving, and for many people it is where cravings come from. Tracking a few episodes helps you learn what fills your cup and where you can step out earlier.

During overload

Get to the quietest place you can, as soon as you can. A craving during overload is a signal that your nervous system needs relief, not proof that you need to use. If you feel unsafe or have thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline), or call 911.

Overload Episode 1

Where and when:

What stacked up:

☐ Noise ☐ Many voices at once ☐ Bright or flickering light ☐ Crowds ☐ Being touched or bumped ☐ Strong smells ☐ Too hot or cold ☐ Uncomfortable clothes ☐ Hunger ☐ Poor sleep ☐ Conflict ☐ Rushing

The first signs in my body:

Overload at its peak:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Completely overloaded

Craving at its peak:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Intense

What happened:

☐ Left ☐ Shut down ☐ Snapped at someone ☐ Cried ☐ Froze ☐ Pushed through ☐ Used or nearly used ☐ Called someone ☐ Used a coping tool

How long it took to recover, and what helped:

Where I could have stepped out earlier:

Overload Episode 2

Where and when:

What stacked up:

☐ Noise ☐ Many voices at once ☐ Bright or flickering light ☐ Crowds ☐ Being touched or bumped ☐ Strong smells ☐ Too hot or cold ☐ Uncomfortable clothes ☐ Hunger ☐ Poor sleep ☐ Conflict ☐ Rushing

The first signs in my body:

Overload at its peak:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Completely overloaded

Craving at its peak:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Intense

What happened:

☐ Left ☐ Shut down ☐ Snapped at someone ☐ Cried ☐ Froze ☐ Pushed through ☐ Used or nearly used ☐ Called someone ☐ Used a coping tool

How long it took to recover, and what helped:

Where I could have stepped out earlier:

Overload Episode 3

Where and when:

What stacked up:

☐ Noise ☐ Many voices at once ☐ Bright or flickering light ☐ Crowds ☐ Being touched or bumped ☐ Strong smells ☐ Too hot or cold ☐ Uncomfortable clothes ☐ Hunger ☐ Poor sleep ☐ Conflict ☐ Rushing

The first signs in my body:

Overload at its peak:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Completely overloaded

Craving at its peak:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Intense

What happened:

☐ Left ☐ Shut down ☐ Snapped at someone ☐ Cried ☐ Froze ☐ Pushed through ☐ Used or nearly used ☐ Called someone ☐ Used a coping tool

How long it took to recover, and what helped:

Where I could have stepped out earlier:

My Warning Ladder

At 3 out of 10, I notice...

At 6 out of 10, I notice...

At 8 out of 10, I notice...

My exit point: when I reach this number, I leave or take a break, no matter what.

YOUR EXERCISE

Exercise 9: Daily Sensory Load Tracker

Seven days of listening to your nervous system

Patterns you can only see over a week

One bad day can feel random. Seven days usually shows a pattern: the time of day your load peaks, the drains that show up again and again, and how closely your cravings follow your sensory load. Fill this in each evening. It takes about two minutes.

7-Day Log

☐ Day 1 ☐ Day 2 ☐ Day 3 ☐ Day 4 ☐ Day 5 ☐ Day 6 ☐ Day 7

Day 1

Sensory load this morning:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

Sensory load at its peak:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

Sensory load this evening:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

Strongest craving today:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = None 10 = Intense

Sleep last night:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Terrible 10 = Great

Biggest drains today:

☐ Noise ☐ Light ☐ Crowds ☐ Touch ☐ Smells ☐ Clothes ☐ Hunger ☐ Poor sleep ☐ Screens ☐ Conflict
☐ Rushing

Tools I used:

☐ Earplugs or headphones ☐ Tinted glasses ☐ Fidget ☐ Breathing ☐ Heavy work ☐ Deep pressure ☐
Walk ☐ Quiet break ☐ Left early ☐ None today

My hardest sensory moment today, and what I did:

What I will adjust tomorrow:

Week Review

1. What time of day was your sensory load usually highest?

2. Did your cravings rise and fall with your sensory load? On which days?

3. Which drain showed up most often? Which tool helped most?

4. How did sleep affect the next day?

PART 4 OF 5 · READING

The Seeking Paradox: When the Brain Needs More and Less at the Same Time

One of the most confusing aspects of neurodivergent sensory processing is that sensory overload and sensory seeking can coexist in the same person, simultaneously.

You can be overwhelmed by fluorescent lights while craving the deep pressure of a weighted blanket. You can be unable to tolerate ambient noise while desperately needing loud music through headphones. You can be repulsed by light touch while finding intense physical exercise essential for functioning.

This is not contradictory behavior. It is the signature of a sensory system that is not simply "too sensitive" but dysregulated — a system that processes some channels too intensely while other channels are underresponsive.

Sensory seeking — the active pursuit of intense sensory input — is the brain's attempt to regulate a system that is not self-regulating effectively. When certain sensory channels are underresponsive, the brain increases the input until the signal registers.

This is why many neurodivergent people crave loud music, spicy food, intense exercise, extreme temperatures, deep pressure, rapid movement, or other high-intensity sensory experiences. The seeking is not recklessness or thrill-chasing. It is the nervous system attempting to achieve a baseline level of sensory registration that the neurotypical brain achieves without effort.

This seeking paradox has direct implications for substance use. Many neurodivergent people use different substances for different sensory functions — a stimulant to wake up an underresponsive channel and a depressant to dampen an overresponsive one, sometimes in the same day.

The morning coffee is not about energy — it is about bringing the proprioceptive system online. The evening alcohol is not about relaxation — it is about dampening the auditory and visual systems that have been screaming all day.

Each substance is performing a specific, channel-targeted sensory regulation function.

In recovery, this means the person is not losing one substance — they are losing an entire sensory regulation system. They are losing the morning calibration, the midday recalibration, the evening shutdown, and every micro-adjustment in between.

The replacement strategy cannot be a single tool. It must be a comprehensive, channel-specific sensory regulation plan that addresses the same range of needs the substances were meeting.

The seeking paradox also explains a recovery phenomenon that bewilders many treatment teams: the person who is simultaneously avoidant and thrill-seeking, who cancels social events due to overwhelm but then engages in risky behavior, who complains that meetings are too stimulating but also reports profound boredom.

They are not contradicting themselves. They are living in a nervous system that is simultaneously too much and not enough, and they are trying to regulate a system that was never self-regulating in the first place.

Understanding the seeking paradox transforms treatment. It means recovery must provide not just calming strategies but also activation strategies. It means the person needs access to both quiet and intensity. It means their recovery plan must include permission and tools for healthy sensory seeking — intense exercise, deep pressure, cold exposure, rhythmic movement, engaging music, textured objects — alongside the protective strategies for overload.

A recovery plan that only addresses one half of the paradox will fail, because the unaddressed half will generate the same cravings the substances were resolving.

Reflection Questions

1. Do you experience the seeking paradox — being overwhelmed by some sensory input while simultaneously craving other forms of intense input?

2. Can you map which substances served which sensory function? Which turned things down, which turned things up?

3. What healthy sensory-seeking activities do you currently engage in? Are they adequate replacements?

4. How has the loss of your substance-based sensory regulation system affected your daily functioning in recovery?

5. If you explained the seeking paradox to your treatment team, what would you want them to understand?

CHECK YOURSELF · CHECK-IN 4 OF 5

Internal Sensory & Emotional Processing

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. My emotions arrive as intense physical experiences — a full-body flood rather than a manageable signal
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I have difficulty identifying internal body signals like hunger, thirst, pain, and fatigue
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I experience a racing heart, tight chest, or churning stomach that seem to have no identifiable cause
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Small frustrations produce a disproportionate physical stress response
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I feel constantly "wired" or "on edge" as if my nervous system never returns to calm
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I experience emotional intensity that others describe as "too much" or "overreacting"
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. My internal state changes rapidly and unpredictably within a single hour
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I struggle to distinguish between anxiety, excitement, hunger, and illness
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 5: Seeking vs. Avoiding

My sensory paradox

Too much and not enough at the same time

You can hate background noise and crave loud music. You can flinch at light touch and need a heavy blanket to sleep. That is not a contradiction. Some channels are turned up too high and others too low. Many people used one substance to turn things up and another to turn things down. Recovery needs tools for both.

Watch for risky seeking

When a channel is starved, it is easy to seek input in ways that hurt you or put you at risk. If you mark anything in the risky list, bring it to your counselor. If you feel unsafe or have thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline), or call 911.

Sorting My Channels

Sound

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

Sight and light

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

Touch

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

Smell

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

Taste and food texture

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

Movement and balance

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

Body position and pressure

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

Inside-body signals

☐ I avoid it ☐ I seek it ☐ Both ☐ Neither

What I Avoid

What I avoid, and how I avoid it:

What avoiding has cost me (plans, jobs, meetings, relationships):

What I Seek

The input I crave most:

Ways I have sought it that were risky or harmful:

☐ Very loud music ☐ Fast or reckless driving ☐ Fights or arguments ☐ Extreme exercise ☐
☐ Gambling ☐ Energy drinks ☐ All-night gaming ☐ Risky sex ☐ Very hot showers ☐ Overeating

Safer ways to get the same input that I will try:

☐ Hard workouts ☐ Weighted blanket ☐ Music on headphones ☐ Strong mints or sour candy ☐ Rocking or swinging ☐ Dancing ☐ Carrying something heavy ☐ Firm hugs ☐ Cool water on hands and face ☐ Crunchy food ☐ Chewing gum ☐ Fidget tools

My own ideas:

Up and Down Through the Day

What I used to turn myself up (and when in the day):

What I used to turn myself down (and when in the day):

What I can use now for each:

Reflection

1. Does your recovery plan right now have more tools for calming down or for waking up? What is missing?

2. Have you been told you are "contradicting yourself" about what you can handle? How would you explain it now?

3. Which one safer seeking tool will you try this week?

PART 5 OF 5 · READING

Sensory-Informed Recovery: Redesigning Your Program for the Nervous System You Have

Traditional recovery models were not designed with sensory processing differences in mind. They assume a nervous system that can tolerate meeting rooms, group therapy, social interaction, emotional processing, and the physical discomfort of early withdrawal without additional sensory support.

For the neurodivergent person with sensory processing challenges, these assumptions can be actively dangerous — creating a recovery environment that is itself a source of the overload that drives substance use.

Sensory-informed recovery begins with a radical acknowledgment: the person's sensory experience is real, it is neurological, and it is not a character defect to be corrected but a neurological difference to be accommodated.

This is not about making recovery "easier" or "more comfortable." It is about making recovery possible.

A person whose nervous system is in constant sensory crisis does not have the cognitive resources available for the actual work of recovery. They are spending everything they have just surviving the room.

****The Five Elements of Sensory-Informed Recovery:****

****1. Environmental Assessment and Modification****

What are the sensory characteristics of your recovery environments? Lighting type and intensity. Acoustic properties. Seating comfort. Temperature. Proximity to others. Visual clutter. Olfactory environment.

Many modifications are simple: choosing a seat near the door, wearing noise-reducing earbuds, using tinted glasses for fluorescent lights, bringing a fidget tool, requesting that a window be opened. These are not accommodations for weakness — they are equipment for a nervous system that operates differently.

****2. Personal Sensory Regulation Toolkit****

A collection of tools, strategies, and practices that replace the regulatory functions substances previously served. This toolkit must be channel-specific: auditory regulation, visual regulation, tactile regulation, proprioceptive regulation, and interoceptive regulation.

The toolkit must be portable, practical, and socially acceptable enough to use in recovery environments without drawing unwanted attention.

****3. Schedule Architecture****

Designing your recovery routine around your nervous system's capacity rather than forcing your nervous system to comply with a standard schedule. This means identifying your highest-capacity times of day and scheduling the most demanding recovery activities during those windows.

Building mandatory sensory breaks between high-demand activities. Setting a daily sensory budget and not exceeding it. Recognizing that canceling a meeting because your sensory capacity is depleted is not "blowing off recovery" — it is protecting your ability to attend the next one.

****4. Communication with Your Treatment Team****

Most clinicians are not trained in sensory processing differences, but most are willing to learn when a patient educates them. Your treatment team needs to understand that your sensory experience is different, that this difference affects your recovery capacity, and that what looks like avoidance or non-compliance may actually be sensory self-protection.

****5. Self-Compassion****

You have been managing a nervous system that processes the world at higher volume, greater intensity, and with fewer filters than the people around you — for your entire life. That is not weakness. That is extraordinary resilience.

The fact that you found a chemical solution to a neurological problem is not a moral failing — it is evidence of a brain that was doing its best with what was available. Recovery is the process of providing your nervous system with better tools. And you deserve those tools.

Reflection Questions

1. Which of the five elements of sensory-informed recovery feels most urgent for your situation right now?

2. What environmental modifications to your primary recovery setting would make the greatest difference?

3. What tools would you include in your personal sensory regulation toolkit? Which sensory channels need the most support?

4. Have you discussed your sensory processing differences with your treatment team? What barriers prevent that conversation?

5. Write a self-compassion statement that acknowledges what your nervous system has endured and what it deserves going forward.

CHECK YOURSELF · CHECK-IN 5 OF 5

Sensory Challenges in Recovery

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. Recovery environments (meeting rooms, treatment centers) cause me significant sensory distress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I find it difficult to concentrate during meetings because I am managing sensory input

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I avoid recovery activities not because I am unmotivated but because the sensory cost is too high

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Early recovery has intensified my sensory sensitivities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have not told my treatment team about my sensory challenges because I fear they would not understand

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I need sensory accommodations but do not know how to ask for them or believe I deserve them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. The sensory demands of "standard recovery" exceed my nervous system's capacity

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I fear my sensory needs make me incompatible with traditional recovery approaches

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 6: Recovery Environment Audit

Making the rooms of recovery livable

Equipment, not special treatment

If you spend a meeting just surviving the room, there is little left for the meeting itself. Most fixes are small: a different seat, earplugs, a break. They are not a sign of weakness. They are equipment for the nervous system you have. Rate each place and pick changes you can make or ask for.

Meeting room

Sensory load in this place:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Overwhelming

What is hard here:

☐ Fluorescent lights ☐ Echo or noise ☐ Crowded seating ☐ Coffee or smoke smells ☐ Hard chairs ☐ Too hot or cold ☐ People talking over each other ☐ Expected hugs or handshakes ☐ Visual clutter ☐ No easy way to step out

Changes I can make:

☐ Sit near the door ☐ Earplugs or noise-reducing earbuds ☐ Tinted glasses or a hat ☐ Bring a fidget ☐ Step out for a break ☐ Arrive early or late to skip the crowd ☐ Use an online option ☐ Choose a smaller group ☐ Ask for a window or dimmer lights ☐ Wear comfortable clothes ☐ Wave instead of hug

One thing I could ask for here, and who I would ask:

Treatment or counseling office

Sensory load in this place:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Overwhelming

What is hard here:

☐ Fluorescent lights ☐ Echo or noise ☐ Crowded seating ☐ Coffee or smoke smells ☐ Hard chairs ☐ Too hot or cold ☐ People talking over each other ☐ Expected hugs or handshakes ☐ Visual clutter ☐ No easy way to step out

Changes I can make:

☐ Sit near the door ☐ Earplugs or noise-reducing earbuds ☐ Tinted glasses or a hat ☐ Bring a fidget ☐ Step out for a break ☐ Arrive early or late to skip the crowd ☐ Use an online option ☐ Choose a smaller group ☐ Ask for a window or dimmer lights ☐ Wear comfortable clothes ☐ Wave instead of

hug

One thing I could ask for here, and who I would ask:

Home

Sensory load in this place:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Overwhelming

What is hard here:

☐ Fluorescent lights ☐ Echo or noise ☐ Crowded seating ☐ Coffee or smoke smells ☐ Hard chairs ☐ Too hot or cold ☐ People talking over each other ☐ Expected hugs or handshakes ☐ Visual clutter ☐ No easy way to step out

Changes I can make:

☐ Sit near the door ☐ Earplugs or noise-reducing earbuds ☐ Tinted glasses or a hat ☐ Bring a fidget ☐ Step out for a break ☐ Arrive early or late to skip the crowd ☐ Use an online option ☐ Choose a smaller group ☐ Ask for a window or dimmer lights ☐ Wear comfortable clothes ☐ Wave instead of hug

One thing I could ask for here, and who I would ask:

Work or school

Sensory load in this place:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Overwhelming

What is hard here:

☐ Fluorescent lights ☐ Echo or noise ☐ Crowded seating ☐ Coffee or smoke smells ☐ Hard chairs ☐ Too hot or cold ☐ People talking over each other ☐ Expected hugs or handshakes ☐ Visual clutter ☐ No easy way to step out

Changes I can make:

☐ Sit near the door ☐ Earplugs or noise-reducing earbuds ☐ Tinted glasses or a hat ☐ Bring a fidget ☐ Step out for a break ☐ Arrive early or late to skip the crowd ☐ Use an online option ☐ Choose a smaller group ☐ Ask for a window or dimmer lights ☐ Wear comfortable clothes ☐ Wave instead of

hug

One thing I could ask for here, and who I would ask:

Sober social events

Sensory load in this place:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Easy 10 = Overwhelming

What is hard here:

☐ Fluorescent lights ☐ Echo or noise ☐ Crowded seating ☐ Coffee or smoke smells ☐ Hard chairs ☐ Too hot or cold ☐ People talking over each other ☐ Expected hugs or handshakes ☐ Visual clutter ☐ No easy way to step out

Changes I can make:

☐ Sit near the door ☐ Earplugs or noise-reducing earbuds ☐ Tinted glasses or a hat ☐ Bring a fidget ☐ Step out for a break ☐ Arrive early or late to skip the crowd ☐ Use an online option ☐ Choose a smaller group ☐ Ask for a window or dimmer lights ☐ Wear comfortable clothes ☐ Wave instead of hug

One thing I could ask for here, and who I would ask:

What I Found

1. Which recovery place has the highest sensory load? Has that kept you from going?

2. Which change would make the biggest difference, and what stops you from making it?

3. Is there a meeting, group, or format that would be easier on your senses? How could you find it?

YOUR EXERCISE

Exercise 7: My Sensory Regulation Toolkit

Tools that do the job the substance used to do

One tool is not enough

A substance worked on every channel at once. No single tool can do that, so a toolkit needs a few options for each sense, some to calm you down and some to wake you up. The best tools are small enough to carry and ordinary enough to use in a meeting without drawing attention.

Sound

Calming tools I will use:

- ☐ Earplugs ☐ Noise-reducing headphones ☐ White noise ☐ Calm playlist ☐ Quiet room

Alerting tools I will use:

- ☐ Upbeat music ☐ Humming or singing ☐ Podcast ☐ Drumming on a table

My own ideas for this channel:

Sight and light

Calming tools I will use:

- ☐ Tinted glasses ☐ Hat with a brim ☐ Dim lamp ☐ Eyes closed for a minute ☐ Screen dimmed

Alerting tools I will use:

- ☐ Bright daylight ☐ Looking at something colorful ☐ A walk outside

My own ideas for this channel:

Touch

Calming tools I will use:

- ☐ Soft clothes, no tags ☐ Smooth stone in pocket ☐ Fidget toy ☐ Warm shower ☐ Soft blanket

Alerting tools I will use:

- ☐ Textured fidget ☐ Cool water on hands ☐ Brushing arms firmly ☐ Stress ball

My own ideas for this channel:

Movement and pressure

Calming tools I will use:

- ☐ Weighted blanket ☐ Firm hug ☐ Rocking chair ☐ Slow walk ☐ Pressing palms together

Alerting tools I will use:

- ☐ Wall push-ups ☐ Jumping jacks ☐ Carrying groceries ☐ Fast walk ☐ Stretching

My own ideas for this channel:

Inside-body signals

Calming tools I will use:

- ☐ Long slow breaths ☐ Warm tea ☐ Hand on chest ☐ Snack on a schedule

Alerting tools I will use:

- ☐ Cold drink ☐ Crunchy snack ☐ Sour candy or mints ☐ Gum

My own ideas for this channel:

My Pocket Kit

What I will keep in my bag, car, or pocket:

What I will keep by my bed and at home:

What I need to buy or ask someone for:

Testing My Tools

Tools I tried this week, and where:

Overall, how much did they help?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = A lot

What I will keep, drop, or swap:

YOUR EXERCISE

Exercise 8: Body-Based Regulation Practices

Calming the nervous system from the body up

Talk to the body in its own language

When overload hits, the thinking part of your brain goes offline. That is why 'just think it through' often fails in the moment. The body can be reached more directly, through breath, pressure, and movement. Try each practice when you are fairly calm first, so it is familiar when you need it.

Go gently

Stop any practice that causes pain, dizziness, or panic. If you have heart, breathing, or joint problems, or are pregnant, check with your doctor first. These practices support treatment; they do not replace medical care.

Long-Exhale Breathing

Breathe in through your nose for a count of 4. Breathe out slowly through your mouth for a count of 6 to 8, like blowing through a straw. Repeat 5 to 10 times. The long breath out tells your body it can slow down.

How stressed or overloaded I felt before:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

How I felt after:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

What I noticed:

I will use this:

☐ Before a meeting ☐ After work ☐ When a craving hits ☐ At bedtime ☐ In a busy store ☐ After an argument ☐ First thing in the morning

Heavy Work

Push against a wall with both hands for 10 seconds, then rest. Repeat 5 times. Carrying groceries, pulling weeds, or moving furniture works too. Pushing and pulling gives your body strong, organizing input.

How stressed or overloaded I felt before:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

How I felt after:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

What I noticed:

I will use this:

☐ Before a meeting ☐ After work ☐ When a craving hits ☐ At bedtime ☐ In a busy store ☐ After an argument ☐ First thing in the morning

Deep Pressure

Wrap yourself tightly in a blanket, use a weighted blanket or lap pad, or cross your arms and squeeze your shoulders firmly. Hold for a minute or more.

How stressed or overloaded I felt before:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

How I felt after:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

What I noticed:

I will use this:

☐ Before a meeting ☐ After work ☐ When a craving hits ☐ At bedtime ☐ In a busy store ☐ After an argument ☐ First thing in the morning

Rhythmic Movement

Walk at a steady pace, rock in a chair, sway side to side, or bounce your knee on purpose. Steady rhythm is calming for many nervous systems.

How stressed or overloaded I felt before:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

How I felt after:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

What I noticed:

I will use this:

☐ Before a meeting ☐ After work ☐ When a craving hits ☐ At bedtime ☐ In a busy store ☐ After an argument ☐ First thing in the morning

One-Sense Grounding

Pick just one sense that feels safe right now. Name five things you notice with only that sense, slowly. Choosing one sense keeps grounding from adding to the overload.

How stressed or overloaded I felt before:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

How I felt after:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

What I noticed:

I will use this:

☐ Before a meeting ☐ After work ☐ When a craving hits ☐ At bedtime ☐ In a busy store ☐ After an argument ☐ First thing in the morning

Inside-Body Check

Stop and ask: Am I hungry? Thirsty? Tired? Too hot or cold? Do I need the bathroom? Am I in pain? Take care of what you find before deciding you are craving.

How stressed or overloaded I felt before:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

How I felt after:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Calm 10 = Overloaded

What I noticed:

I will use this:

- ☐ Before a meeting ☐ After work ☐ When a craving hits ☐ At bedtime ☐ In a busy store ☐ After an argument ☐ First thing in the morning

My Daily Body Routine

Morning practice:

Midday reset:

Evening wind-down:

My go-to practice when a craving hits:

YOUR EXERCISE

Exercise 10: My Sensory-Informed Recovery Plan

A recovery built for the nervous system you have

Putting it all together

This plan pulls together your profile, your triggers, your environments, and your tools into one page you can share with your treatment team. Keep it short and practical. It is meant to be used, not admired.

My Nervous System

My most sensitive channels:

What I seek, and my safer ways to get it:

My overload warning signs and my exit point:

My Environments

Changes for meetings and treatment:

Changes at home:

Changes at work or school:

My Tools

My pocket kit:

My daily body routine:

My Schedule

My best time of day for the hardest recovery tasks:

Sensory breaks I will build in between demanding activities:

My rule for skipping something when I am overloaded, and how I will make it up:

When Overload and Cravings Hit Together

You do not have to ride it out alone

If you feel unsafe or have thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline), or call 911.

Step 1, get out or get quieter:

Step 2, calm my body:

Step 3, reach out (who and how):

My Treatment Team

What my counselor, sponsor, or doctor needs to know about my sensory needs:

Accommodations I will ask for:

When and with whom I will have this conversation:

Commitment

A self-compassion statement about what my nervous system has been through and what it deserves now:

I will review this plan with ____ on ____ (date):
