

HSP Toolkit

For the Highly Sensitive Person. The DOES Model, Sensory Audits, and Recovery Rituals.

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Before You Start

- High sensitivity is a trait, not a disorder. Roughly 15-20% of people test as HSP.
- This toolkit assumes you have already scored on an HSP scale (Aron's 27-item self-test).
- The goal is not to become less sensitive. It is to build a life that fits your nervous system.
- Expect relief in week 1 from the sensory audit alone. The ripple effects take longer.

Dr. Elaine Aron identified Sensory Processing Sensitivity (SPS) in 1996. She named the trait High Sensitivity, and the people who carry it Highly Sensitive Persons (HSPs). The trait is real, heritable, and shows up in brain imaging studies. This toolkit translates Aron's DOES model into practical worksheets you can run this week.

15-20%

of people are HSP

DOES

Aron's 4-part Framework

90 min

Typical Recovery Window



Chapter 1: What HSP Is: The DOES Model

Elaine Aron's DOES model is the definitional framework. To be HSP, you meet all four components, not just one. Many people mistake introversion, anxiety, or trauma for HSP; the DOES model separates them.

D: Depth of Processing

You process sensory and emotional input more deeply. You notice subtleties others miss. You ruminate, in a productive way, on small observations. Decision-making is slower because you weigh more factors. This is the cognitive cornerstone of the trait.

O: Overstimulation

Because you process more, you reach overwhelm faster. Busy environments, long social interactions, violent media, and multi-tasking drain you measurably faster than they drain non-HSPs. This is not weakness; it is a cost of depth.

E: Emotional Responsiveness and Empathy

You feel emotions, yours and others, more intensely. Mirror neuron activation is elevated on fMRI in HSPs. You pick up on room energy, unspoken tension, and small shifts in tone. This is a social superpower and a liability.

S: Sensitivity to Subtleties

You notice details others miss: textures, smells, patterns, inconsistencies, tonal shifts. This trait is why many HSPs thrive in creative, therapeutic, or investigative work.

[KEY] If you fail any of the four, you are not HSP

Introversion alone is not HSP. Anxiety alone is not HSP. Trauma responses alone are not HSP. The DOES model is restrictive by design so the label stays useful.



Chapter 2: The Sensory Audit Worksheet

Your nervous system has a daily sensory budget. Most HSPs routinely blow past it without noticing. This audit gets it on paper. Fill it out for 7 days, then adjust.

Sensory Channel	Low Tolerance Triggers (personal)	Daily Exposure (0-3)
Sound	___	___
Light	___	___
Smell	___	___
Touch / texture	___	___
Visual clutter	___	___
Social interaction	___	___
Emotional content (news, media)	___	___
Multi-tasking	___	___

Scoring

- 0 = no exposure today
- 1 = light exposure, within your comfort range
- 2 = moderate exposure, starting to feel taxed
- 3 = heavy exposure, you are over budget

Add your daily totals. A score over 14/24 for 3+ consecutive days predicts a crash. Use that number as a leading

indicator, not a lagging one.

Example: A sample HSP's audit day

Sound (open office):	3
Light (fluorescents):	2
Smell:	0
Touch (scratchy wool sweater):	2
Visual clutter (cluttered desk):	2
Social (back-to-back meetings):	3
Emotional (news, doomscroll):	2
Multi-tasking:	3
TOTAL:	17 / 24 (over budget)



Chapter 3: The Overstimulation Emergency Plan

Overstimulation is not an emotion to power through. It is a physiological state. The emergency plan has three tiers. Practice all three while you are regulated, so they are available when you are not.

Tier 1: Reduce input immediately (2 minutes)

1. Close your eyes or look at one low-contrast point
2. Insert earplugs or foam tips, even if nobody notices
3. Cover hands; weight or pressure is soothing to HSP nervous systems
4. Breathe out longer than in: 4 in, 8 out, for 6 cycles

Tier 2: Retreat (10-30 minutes)

1. Exit to a low-stimulation space: car, bathroom, walk around the block
2. No phone; the phone is more stimulation
3. Hydrate. Overstimulation dehydrates via elevated cortisol
4. Lie down if possible; vertical posture keeps cortisol elevated

Tier 3: Full reset (2-4 hours)

1. Cancel or reschedule the next non-essential commitment
2. Dim lights at home, put on non-verbal music (or silence)

3. A warm shower or bath is a high-leverage intervention
4. Early sleep; do not try to push through the evening

[KEY] Permission is the whole technique

Most HSPs know these interventions. They do not use them because they feel guilty. The intervention is giving yourself permission before you crash, not after.



Chapter 4: Daily Recovery Ritual Templates

A daily recovery ritual is not self-indulgence. It is nervous-system maintenance. Pick one template and run it for 14 days before changing it.

Template A: The 20-minute morning buffer

- Wake 20 minutes before anyone else in the house
- No phone, no news, no speaking
- Warm drink, window light, one slow breath per minute
- Name one thing you are looking forward to today

Template B: The mid-day micro-reset (10 min)

- Leave your desk at the same clock time each day
- Walk outside or to a quiet space; no phone
- 5 minutes of stillness, 5 minutes of gentle movement
- Return with a one-sentence intention for the afternoon

Template C: The evening downshift (45 min)

- Dim all lights 90 minutes before bed
- No emotionally loaded content (news, arguments, intense drama)

- Warm shower 45 minutes before lights out
- Journal one page, unstructured, by hand

Chapter 5: Advocating for Your Needs (Scripts)

Most HSPs struggle to ask for what they need because they have been told their needs are too much. These scripts borrow no apology. Rehearse before you need them.

To a partner

"I need 30 minutes of quiet after work before I can be social. This is not about you. If I take it, I am better company for the rest of the evening."

To a manager about office environment

"I work best in lower-stimulation environments. Can I book a focus room for deep work blocks, or take those blocks from home on [day]?"

To a friend about plans

"I would love to see you, and a 6-person dinner is too much for me right now. Can we do a walk or a 1-on-1 coffee instead?"

To a parent

"I am going to need to leave the family event by 8pm. That is my limit, not a rejection. I will be a better guest if I stick to it."

To yourself

"My needs are information, not weakness. Meeting them is maintenance, not indulgence."

[TIP] Script the hard part once

The conversation does not get easier with repetition of the full sentence. It gets easier when you have memorized the 15 hardest words. Rehearse the first sentence until it is automatic.

Chapter 6: The Sensory-Friendly Environment Checklist

Your home is the single biggest lever. Run this checklist room by room. Most HSPs can take 30% off their baseline stimulation load in a weekend.

Room-by-room sensory checklist

- Bedroom: blackout curtains, no screens, sound-absorbing rug or curtains
- Bedroom: non-itchy bedding, weighted blanket option available
- Lighting: warm bulbs (under 2700K) in evening spaces, dimmers where possible
- Kitchen: reduce overhead fluorescents; under-cabinet warm lighting preferred
- Living room: one visually calm wall, one de-cluttered surface
- Bathroom: unscented toiletries or low-scent consistent products
- Workspace: noise-canceling headphones, monitor brightness 30-50%
- Workspace: low-visual-distraction zone, one decluttered desk surface
- Entryway: place for keys, bag, shoes so arrivals are not a scramble
- Laundry: wash detergent and fabric softener reviewed for scent and allergens
- Media: one feed reduction per week until doomscroll is under 15 min/day
- People: identify 1-2 'safe-company' people you can recover near

[TIP] The 90-minute recovery rule

After a high-stimulation event, assume a 90-minute recovery window. Do not schedule anything in that window. Putting it on your calendar makes it real.

Important Disclaimer

This guide is educational. HSP is not a diagnosis. Persistent overwhelm, panic attacks, or significant life impairment warrant evaluation with a licensed mental health professional to rule out anxiety disorders, autism spectrum condition, or other overlapping conditions.

Thank you.

If this helped, we have more.

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