Interoception and Sensory Processing Issues: What You Need to Know
By Amanda Morin

At a Glance

- Interoception is a lesser-known sense that helps you understand and feel what’s going on inside your body.
- Kids who struggle with the interoceptive sense may have trouble knowing when they feel hungry, full, hot, cold or thirsty.
- Having trouble with this sense can also make self-regulation a challenge.

What Interoception Is
Receptors in your muscles and joints tell you where your body parts are. That’s the basis for your proprioceptive sense, which makes you aware of where your body is in space. When you take a step, for example, you know your foot is off the ground without having to think about it. Kids with poor proprioception have trouble with this.

Interoception is a similar concept. Just as there are receptors in your muscles and joints, there are also receptors inside your organs, including your skin. These receptors send information about the inside of your body to your brain. This helps regulate our vital functions like body temperature, hunger, thirst, digestion and heart rate.

Interoception helps you understand and feel what’s going on inside your body. For instance, you know if your heart is beating fast or if you need to breathe more deeply. You’re able to tell if you need to use the bathroom. You know if you’re hungry, full, hot, cold, thirsty, nauseated, itchy or ticklish.
For kids with sensory processing issues, the brain may have trouble making sense of that information. They may not be able to tell when they’re feeling pain or when their bladder is full. An itch may feel like pain or pain may feel ticklish.

Kids who struggle with the interoceptive sense can also have trouble “feeling” their emotions. They may not be as tuned in to the body cues that help interpret emotion. Without being able to feel and interpret those body sensations, it’s harder to clearly identify the emotion.

For instance, a child may not “feel” fear because he doesn’t recognize that his muscles are tense, his breathing is shallow and his heart is racing.

**Interoception and Self-Regulation**

Having trouble with this sense can also make self-regulation a challenge. When you’re able to tell that you’re thirsty, you know to take a drink. When you can feel that your bladder is full, you know to use the bathroom. When you feel a sense of frustration, you know to explain what’s troubling you.

For some kids, this system doesn’t work well and they can’t regulate certain responses. Some kids may experience bedwetting. Or they may not know why they’re feeling off and can have meltdowns. Kids who struggle with these things may not be able to identify the real source of their discomfort.

**Reacting to Interoceptive Input with Sensory Processing Issues**

Kids who are sensory seekers may crave interoceptive input. They may move quickly because breathing fast feels right to them. They may not eat or drink as much as other kids, because being hungry and thirsty feels comfortable to them.

But kids with sensory processing issues can react in other ways, too. Some kids may:

- **Find interoceptive input irritating.** Kids who are hypersensitive to sensory input may overreact to interoceptive sensations. For instance, they may eat more than other kids to avoid feeling hunger pangs. They may also use the bathroom more often than necessary because they don’t like the way a full bladder feels.
- **Respond inappropriately to interoceptive input.** Kids who are under-responsive to sensory input may not feel or respond to sensations when they should. They may take longer than other kids to learn to use the toilet or have more frequent accidents. They may not eat as often as others because they may not feel hunger or thirst.

**How to Help Your Child**

Trouble with interoception isn’t as well-known as other sensory processing issues. Experts are still learning what techniques can help kids who struggle with it. Some experts think that mindfulness activities like meditation can help kids be more aware of interoceptive sensations in their bodies.

Heavy work and a sensory diet may be helpful as well. But helping your child really begins with knowing about treatment options and what to do if you’re concerned your child may have sensory processing issues.

Reprinted from: www.understood.org
Autistic in a Pandemic: Stories from Around the World

Dublin, Ireland

Raul Portales, 43

My case has two sides, one as an autistic individual and the other as the father of two autistic girls. The girls are doing quite okay since we swapped the school routine for a very similar one at home and managed to get a tutor to come to our home three days a week. The predictable routine helps everyone. It is hard for us to get outside, but we are well equipped to exercise at home with an indoor swing and a trampoline.

We do miss some things. My older daughter has a very limited diet. Among the few things she eats are McDonald’s nuggets and chips, so we used to go to McDonald’s every week. Yesterday she said, “I want eat McDonald’s.” That sort of sentence is very rare for her, and it’s the sort of thing we reward. Except that we cannot, and she doesn’t understand why. She kept asking; she was on the verge of tears — and this was heartbreaking for me.

As a software engineer, I get to work from home, and my employer has been very supportive. The company has offered its employees flexible hours and time off if they need it, as well as access to caregivers. What I find fascinating is how all the social rules have been rewritten suddenly. I see neurotypical people struggling to adapt, yet I find it quite easy. I have long been adapting to rules that do not make much sense to me, but the new ones have a reason behind them, so it is easier for me to understand why they exist. A lot of my coworkers are missing the chit-chat and the small social interactions at the office, and I miss them too, but I got used to the new normal quite easily. I do not need the interaction as much as neurotypical people do.

SAM ELLIS, 15

Before the coronavirus pandemic, I was preparing for exams, which have all been cancelled. Since the closing of schools, I’ve had all routine ripped away from me, and I’m struggling to make a fixed routine for myself. On the other hand, having a sudden abundance of free time has allowed me to develop new skills and hobbies. Before the pandemic, I didn’t get much spare time to write stories and poems, which I really enjoy as it relaxes me and allows me to get my ideas out. But in the past two weeks, I’ve got loads done! I’ve also had time to develop my drawing skills. Not having to worry about exams is a godsend, too. The stress being lifted from me has done wonders for my mental health.

What is it like to be an autistic person where I live? Well, for one thing, the streets are much quieter, so going out for a bit of a walk isn’t so daunting anymore, although there are more people than usual on the streets. Being allowed to avoid getting too close to people is also something I didn’t know I’d appreciate until now! I do miss the familiarity of seeing my friends each day, however. I’m taking each day as it comes, making small plans here and there. Some days, I get into a slump. Other days, I get loads of stuff done. But most days, I usually sit somewhere in the middle. It’s important to remember to do what makes us happy, to find calm in this storm. Allowing time to rest and enjoy various activities is vital, especially with the stress of the ever-changing situation.

Reprinted from: www.spectrumnews.org
A major part of autism that is still not as well understood is how it affects girls as they become adolescents. The complexities of being a teenage girl with the pressures of school, being one of the "cool" kids, dating and planning for adulthood can all be too much for a teenage girl with ASD.

Murphy Lynne, a young woman on the autism spectrum gives us a poignant glimpse into what that must be like. Starting with a short description of her early childhood, Murphy goes on to describe how agonizing going to the lunchroom is, her difficulties in middle school and her triumphs too. She made friends, Emma and Sarah, but had to contend with extreme social anxiety and being the "quiet one" in her classes. She found a way to cope by joining a cheerleading squad where she relished the exercises and the structure though the social aspects were still difficult for her. She stayed with it for several years before quitting.

In addition, she describes her battle with an eating disorder and other mental health issues that make her experience as a teenager even more difficult. A continuing theme throughout her book is that of being “invisible” and not having her needs met which is important for teachers to keep in mind.

This book is primarily geared toward teachers; at the beginning of each chapter there is a shaded box with suggestions for teachers that includes acknowledging the student right away with a friendly greeting and showing respect at each and every turn. As the book progresses, one can see how the author is determined to work her way through this difficult time in her life and the book carries the reader all the way to her high school graduation and her plans for how she wants to live her life. One can see how likeable Murphy Lynne is and admire her sheer determination to get past all of that painful stuff she went through in order to enter into a brighter future. We should all be like that!
The Interoception System

The interoception system is the internal sensory system of the body. The receptors for this system are located in the organs, muscles, and skin. Interoception is responsible for the sensations of hunger, thirst, temperature changes, bathroom needs, and any other internal body sensation.

Sensitivity Symptoms

- Difficulty with toileting (bed wetting and accidents).
- Unable to track hydration or food intake (never feel thirsty or hungry. Or may always feel thirsty or hungry).
- Difficulty in recognizing and communicating internal body states or sensations (feeling hot/cold, pain etc).
- Difficulty regulating emotions and feelings (not feeling they are angry before they verbally or physically lash out).
- Distracted by internal sensory input such as hearing their heartbeat.
- Unable to tell how loud their voice is in an environment. May use sound to cover up unwanted sensory stimuli.

Activity Suggestions

- Mindfulness activities
- Yoga
- Heavy work activities
- Alerting activities
- Repetitive and rhythmic vestibular input
- Visual prompts and cues to identify and communicate emotions
- Social stories

www.growinghandsonkids.com
Is Teletherapy Right for You? It Was for Our Family!

By Nancy LaCross, Autism Resource Specialist

It all started in March 2020. When the pandemic hit, the Governor issued a stay-at-home order, and what started out as a novelty became the new norm. Being a mom to an adult son with autism, I knew the change was going to affect Eric, but I am forever grateful for the benefits teletherapy continues to bring to him.

What is teletherapy? It is therapy that is conducted over a secure video connection, provided by a licensed and certified therapist. There is no travel needed for this type of therapy and during the pandemic, it may be something for families to consider. All that is needed is a video connection and a comfortable space to “virtually” meet.

Anxiety is certainly an emotion that my son, Eric, and our family deal with every day of our lives. In mid-March, my son’s anxiety levels were extremely high, as were mine. Covid-19 had altered our lives completely. Our “normal” schedule was gone. Community outings halted, and all in-person staffing for Eric ceased. We had to create a new daily routine for our family. Little by little we created a new “normal,” but still Eric’s anxiety levels were elevated. We talked about our concerns with Eric’s psychologist, Vijaya Tangella (or VJ, as we call her), from the Tammy Lynn Center. VJ has been a central part of our medical team, supporting us for over 15 years with behavioral consultative services. VJ wondered if we might consider teletherapy/counseling for Eric. I was apprehensive, because in the past we tried in-person talk therapy/counseling and it was never beneficial to Eric. VJ mentioned she had a co-worker, named Erin Garrett, whom she felt would be a good fit for Eric. I was very reluctant, but for Eric’s sake I agreed to try.

In preparation for our very first telehealth therapy session in April, I explained to Eric that we were going to virtually meet with VJ’s friend, Erin. I reassured him that Erin was a sweet lady and she wanted to get to know us. Eric and I talked about all the places that we could set-up his iPad for our virtual meeting with Erin. He could choose to meet either at his desk, the kitchen table, dining room, porch, or even on his bed. Eric loves to be given choices and he immediately replied that he wanted us both to sit on his bed for the meeting.

Since April, we have been meeting Erin for teletherapy sessions on his iPad twice a week. Though we are not entertaining family or friends in our home during Covid-19, we all look forward to sharing time with Erin during these virtual sessions. We have seen tremendous growth in Eric’s development, especially in the areas of self-regulation, willingness to take on a challenge, and ability to use an “I statement” to share his feelings. Teletherapy has proven to be a wonderful experience for Eric and our family. Our trust in Erin grew much more rapidly because our relationship started in a safe and comfortable place, my son’s bedroom.

Teletherapy may not be a good fit for everyone but it certainly has been a wonderful addition to Eric’s care and for our family. It has exceeded all my expectations.

Reprinted from: www.autismsociety-nc.org
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Happy Spring!