



Episode 05: Sensory Modulation: Part 1

Hosts: Tracy Stackhouse · Cory Dundon · Michelle Maunder

LISTENER NAME

DATE LISTENED

TOTAL LISTENING + REFLECTION TIME (MINS)

CPD HOURS CLAIMED



Episode Summary

We pick up the thread we left at the end of last episode and dive into sensory modulation, with the upfront caveat that it is a huge, genuinely confusing topic that takes years to settle. We start where most of us start, the volume dial of turning inputs up and down, and the engine-idle metaphor from the Alert Program. Then Tracy complicates it productively: the brain is not one dial but many, dialling up a voice while dialling down hunger, clothing, and the fact that it is dialling at all. That deeper question of what state we should be in is what modulation actually governs. From there we connect modulation to state, arousal and neuroception. Tracy walks the full cascade, from the sensory evaluation of safe versus threat, through reflex arcs, autonomic activation, emotion and the social brain, up to the prefrontal cortex, and explains why the old linear under- and over-responsive continuum is giving way to a double-valence model in the newer sensory integration texts. We finish on the clinical heart of it: the L-shaped arousal graph Michelle and Tracy use to map state and the window of tolerance, and why treatment means bumping those edges adaptively to widen the window. Part 2 will take this into intervention planning.



Resources & Mentions

- The Alert Program, How Does Your Engine Run? (Mary Sue Williams and Sherry Shellenberger), the source of the engine-speed metaphor.
- Stephen Porges, polyvagal theory and the concept of neuroception.
- Dan Siegel and Pat Ogden, on the window of tolerance, which traces back to the Yerkes-Dodson law.
- The STEPPSI model of sensory modulation intervention (Stackhouse and Wilbarger), including the arousal and state graph first drawn by Julie Wilbarger in 1991.
- Sensory Integration: Theory and Practice, newer editions, on the move away from the linear under- and over-responsive continuum.
- Check out DFX's Learning Journeys to build your clinical reasoning skills: <https://dfxlearningjourneys.thinkific.com/>



Reflection Prompts

Take a few quiet minutes to consider each prompt and write freely. Add or remove a prompt block to suit the episode.

- 1 Dialling inputs up and down is a fair starting point, but the brain runs many dials at once. How does thinking of modulation as “what state should I be in?” rather than “louder or quieter?” change how you read a child?

- 2 Before anything else, the nervous system asks “am I safe?” For a child you find hard to regulate, how confident are you that safety, rather than the sensory input itself, is the real starting point?

- 3 The newer double-valence model explains why the same child can react to a light touch as a threat one day and not the next. Where have you seen that day-to-day inconsistency, and how would this model reframe it?

- 4 Tracy maps state on an L-shaped arousal graph and a window of tolerance. For a child you’re working with, where do their edges sit, and what bumps them out of the window?

- 5 Treatment means bumping those edges adaptively to widen the window over time. For one child, what would adaptively stretching their window, rather than just keeping them calm, actually look like?
