



Episode 13: The Journey of Becoming Relational Therapists

Hosts: Tracy Stackhouse · Cory Dundon · Michelle Maunder



LISTENER NAME

DATE LISTENED

TOTAL LISTENING + REFLECTION TIME (MINS)

CPD HOURS CLAIMED



Episode Summary

A reflective, case-free episode on the tension every therapist knows: you plan the activities, but you never plan how you will show up. Michelle names it honestly, Cory and Tracy run with it, and the conversation lands somewhere quietly profound, that the relationship is not the warm-up to the real work, it is the necessary condition for the nervous system to change at all. It also traces, for the first time, where the Spirit model came from.

After several episodes on following the child's lead, Michelle surfaces a tension she has been sitting with: she walks into every session with a list of what to work on, sensory discrimination, posture, the social-emotional piece, but never a plan for how she will show up. Therapeutic use of self is something she brings, but it is not at the top of the list. The three of us slow down and make this the whole episode, pausing the Spirit-model topics to talk about clinical reasoning and the journey of becoming a relational therapist, the dance between the doing and the being that nearly everyone in the field wrestles with.

Tracy reframes it through contemporary neuroscience: brains only really develop in the context of relationship, so the two necessary conditions for neuroplasticity are the presence of another and the opportunity for adaptation. Rapport, it turns out, is the shallow end. What we are really describing is attunement and mindsight, reading where a struggle is coming from before rushing to fix it. We get honest about how protocols feel mechanical until you own them and infuse them into the we-ness of a session, when to drop a protocol that does not fit, and why a connected, attuned version is neurologically richer than rote training.

Along the way Tracy tells the origin story of the Spirit model, its Sensory, Affective and Motor (SAM) core drawn from treating children alongside Stanley Greenspan in the DIR approach, and why OTs tend to underweight the affective A in the middle. It sets up the next episodes on the A and interpersonal neurobiology.



Resources & Mentions

- The Spirit model (Sensory, Affective, Motor / SAM; Tracy Stackhouse, Developmental FX), whose origins are discussed in this episode.
- Stanley Greenspan, the DIR model (developmental, individual-differences, relationship-based).
- Dan Siegel on the we space and mindsight (interpersonal neurobiology).
- Jean Ayres, Ayres Sensory Integration, the organization of sensation for use.
- Sheila Frick's Astronaut Training, as an example of a protocol that becomes embodied with experience.
- Brené Brown, on emotion being in the driver's seat.
- 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

Michelle names that she plans the activities but never plans how she shows up. Is that true for you too, and what would it mean to make therapeutic use of self part of your session plan?

2

We argue the relationship is not the warm-up to the real work, it is the necessary condition for change. Where in your practice do you treat connection as the precursor, and where as the work itself?

- 3** Rapport is the shallow end; attunement and mindsight mean reading where a struggle comes from before rushing to fix it. Recall a recent moment you moved to fix: what might noticing first have opened up?

- 4** Protocols feel mechanical until you own them and infuse them into the we-ness of a session. Which protocol do you still deliver by rote, and what would it take to make it your own?

- 5** Tracy notes OTs tend to underweight the affective A in the middle of the sensory-affective-motor core. Where might you be reaching for the sensory or motor when the affective is the real lever?
