CPD REFLECTIVE PRACTICE WORKSHEET

Episode 30: Exploring Shared Language, Modulation and Regulation

Hosts: Tracy Stackhouse · Cory Dundon · Michelle Maunder

LISTENER NAME	DATE LISTENED
TOTAL LISTENING + REFLECTION TIME (MINS)	CPD HOURS CLAIMED

Episode Summary

What do we actually mean when we say a child has sensory issues? This episode is about language: the gap between the precision our clinical reasoning needs and the accessibility a parent, teacher or speech pathologist can use. The big reframe is that sensory modulation is part of the regulatory system, not always its driver, so calling something a sensory problem can send the whole treatment plan in the wrong direction. It grew out of Michelle's week at a multidisciplinary table, where a dietitian and a speech pathologist had pegged a child's difficulties as sensory, while she saw regulation as the root and had to build a shared language before the team could move forward. Using the SPIRIT model, Tracy maps the regulatory network from the ground up: neuroception as the foundation, sensory modulation as its functional matrix, autonomic and general arousal building state, and the A functions enhanced or constrained on top. There is a worked example of auditory sensitivity and the question that matters most: is the sound the problem, or is a protective autonomic state making the ear sensitive? Cory shares the simple high-or-low-energy, positive-or-negative grid he has settled on, and we land on meeting each person at their just right level of understanding.

Resources & Mentions

- The SPIRIT model, Tracy Stackhouse, used to take the word "sensory" apart.
- Polyvagal theory and neuroception, Stephen Porges, underpinning the regulatory network.
- Mind to Mind lecture series, Tracy Stackhouse, source of Cory's energy-and-valence grid.

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. Think of a child referred to you for sensory issues. What was actually driving the presentation, and where did the referral language and the clinical picture diverge?

2. Notice how you explain regulation to a parent versus a fellow OT. Are you consciously choosing the level of precision, or defaulting to one?

3. Consider a child with intermittent sound sensitivity. How would you tell whether the sound is the problem, or a protective autonomic state is making the ear sensitive?

4. When you sit with another discipline or an educator, how much do you learn their language and outcomes, versus expecting them to adopt yours?

5 Pick one piece of terminology you use often: arousal, modulation, regulation. How would you make it both precise and accessible for the next family you see?