

When Words Quietly Stop Working: *Psychosensory Regulation & Clinical Discernment in Trauma Therapy*

An online webinar over 2 evenings with
Christine Gibson MD DProf

Zoom Webinar
19 & 26 May 2026, Tuesdays
Times on both days:
6:00 pm – 9:00 pm, London UK
1:00 pm – 4:00 pm, New York, USA

CPD hours: 6



Location: Online streaming only
(all our webinar tickets now include complimentary access to a video recorded version for 1 year or 3 years, depending on the ticket type)

The Clinical Moment Every Therapist Recognises

There is a moment—familiar to anyone working with trauma—when language quietly loses traction.

A client's posture shifts. Their breathing changes. Their gaze becomes present yet subtly unreachable. The narrative continues, but something in the relational field signals that the body has taken the lead and the cognitive mind is no longer the primary player (as described in Allan Schore's work on affect regulation).

You know, intuitively, that this is not a moment for interpretation or insight.
It is a moment that calls for somatic engagement.

Yet even experienced clinicians often pause. What does this nervous system need *now*? Is this a moment to intervene—or to wait? Which form of somatic input would support safety rather than overwhelm?

These are not questions of confidence. They are questions of **clinical visibility**—the capacity to recognise, interpret, and respond to what the body is signalling in real time.

A Case Example: Sarah (*not her real name*)

Sarah describes a traumatic event with striking coherence—her words precise, her narrative steady. But her physiology tells a more vulnerable story. Her shoulders remain subtly elevated, her breath shallow, her voice tight and flattened. Though she appears present, something in her remains withdrawn.



When you gently reflect what you are noticing somatically, she responds with quiet confusion—as though unaware that her body has been communicating its own version of the experience.

She is present.

But her nervous system is not fully available.

You consider whether a psychosensory intervention might be supportive—something grounding, orienting, or tactile—but you pause. Will this help? Is she ready? Will this soothe, or inadvertently overwhelm?

The hesitation itself becomes diagnostic—an expression of **clinical attunement rather than uncertainty**. You sense that what is missing is not technique, but a neurobiological **orientation** for reading readiness, timing, and autonomic state.

This workshop is designed to offer precisely that.

The Hidden Challenge in “Bottom-Up” Work

Somatic and trauma-informed approaches are now central to contemporary practice. Yet as “bottom-up work” has become more mainstream, it has also become more ambiguous. The term is used to describe everything from gentle grounding to deep processing—as though these interventions share a single mechanism.

The nervous system does not experience them that way — a point well established in affective neuroscience and autonomic research (e.g. Porges).

A technique that settles one client may agitate another.

A touch-based practice that restores safety in one moment may overwhelm in another.

Directing attention inward can support regulation—or intensify distress—depending on state.

Many trainings teach techniques. Far fewer **cultivate the clinical discernment required to know when an intervention will regulate, when it will destabilise, and when it will simply do nothing at all.**

Without this discernment, clinicians may:

- repeatedly calm clients without facilitating change
- apply effective techniques at ineffective moments
- misread compliance as regulation
- inadvertently escalate dysregulation
- feel they are working harder while progress stalls

These are rarely technique failures.

They are more often timing mismatches, where autonomic state — rather than method — was the decisive variable, consistent with research on state-dependent learning and memory updating.

What This Training Offers

This two-evening workshop integrates experiential somatic learning with a clear, neurobiologically grounded orientation for clinical decision-making.

Participants will learn:

- how to recognise signals indicating readiness, overwhelm, shutdown, or dissociation



- how autonomic state shapes what helps, what destabilises, and what has little impact
- how to decide whether—and how—to intervene in a given moment
- how to recalibrate when nervous system state shifts mid-session
- **selected psychosensory approaches (touch, tapping, pendulation) used *illustratively* rather than *prescriptively***

This is not certification in any modality.

Techniques are used as vehicles for learning **timing, state recognition, and clinical judgment—not as ends in themselves.**

What is being developed is nervous-system literacy: the capacity to see what the body is telling you *before* you intervene.

Two Evenings, Two Core Capacities

Drawing on established research in affective neuroscience, autonomic regulation, and state-dependent learning — including the work of Porges and Schore — Christine Gibson integrates these perspectives into a clinically usable orientation for therapists. The emphasis is not on allegiance to a single model, but on developing discernment around readiness, timing, and nervous-system state as they arise in practice.

Each evening develops a distinct but interlocking clinical capacity: first learning to read autonomic state with precision, then learning how to intervene through psychosensory means as a clinician when—and only when—it is appropriate.

Evening One (19 May): Autonomic Timing & Interoceptive Capacity

Reading readiness, state, and nervous-system limits

Reading Autonomic State

Effective somatic work depends on recognising subtle cues that indicate where a client is in relation to their window of tolerance. You will learn to track:

- breath depth, rhythm, and pauses
- muscular tension or collapse
- gaze patterns and orientation
- vocal prosody, pacing, and resonance
- micro-movements signalling mobilisation or shutdown

These cues offer moment-to-moment guidance for whether to proceed, slow down, or pause.

When Interventions Help—and When They Don't

Through clinical vignettes and guided analysis, participants will explore:

- **why touch-based regulation supports some arousal states and not others**
- why tapping requires dual awareness to be effective
- how to recognise “false calm” or compliant shutdown
- when directing attention inward deepens distress rather than resolving it

A Practical Clinical Orientation for Somatic Timing

Participants will develop a clear structure for determining when to:



- **Regulate** — reducing activation to restore safety
- **Resource** — strengthening capacity before addressing distress
- **Pause** — using therapeutic presence when intervention risks overwhelm

This orientation is immediately usable in clinical sessions and supports confident navigation of high-stakes somatic moments.

Evening Two (26 May): Experiential Psychosensory Reference Points in Practice

This session uses several psychosensory and somatic approaches as experiential reference points for understanding how the nervous system responds in real time.

Touch-Based Psychosensory Regulation

Gentle, rhythmic touch *can* engage delta-wave activity in some nervous system states and support down-regulation of threat. You will explore:

- why touch regulates certain states and overwhelms others
- **how to offer self-applied and in-session touch safely**
- **when touch-based work is contraindicated**
- how to work with ambivalence, uncertainty, or mixed responses

Bilateral Tapping Approaches

Tapping combines sensory input with cognitive orientation, supporting regulation while maintaining awareness. You will explore:

- how tapping sequences function neurobiologically
- how tapping can support trauma work without pushing clients into over-arousal
- when tapping is supportive—and when restraint is indicated

Breath, Pendulation & Autonomic Tracking

Breath is often the first physiological signal clinicians notice—but its clinical meaning depends entirely on autonomic state. You will explore:

- how breath patterns reflect ventral, sympathetic, or shutdown states
- when directing attention to breath supports regulation—and when it intensifies arousal
- how the *principle* of pendulation supports safe oscillation between resource and distress

The emphasis is on recognising when breath-based attention is supportive, and when therapeutic presence without intervention is the safer choice.

This evening is experiential and reflective, designed to help clinicians *feel* and observe the nervous system shifts that shape trauma work.

What You Will Be Able To Do After This Training **Somatic Skill Integration**

- Apply psychosensory approaches safely and selectively
- Demonstrate self-regulation strategies when appropriate
- Integrate touch, tapping, and pendulation with precision

Neurobiological Understanding



- Explain the mechanisms underlying psychosensory regulation
- Understand state-dependent learning and trauma physiology

Clinical Discernment

- Identify autonomic markers of readiness or overwhelm
- Distinguish genuine regulation from compliant shutdown
- Select interventions based on autonomic state rather than habit
- Adjust fluidly as nervous system state shifts

Therapeutic Presence

- Work effectively when cognitive approaches lose traction
- Support embodied resilience without overwhelming clients
- Maintain attunement and **attuned precision** during somatic work

Who This Training Is For

This workshop is designed for psychotherapists, psychologists, counsellors, and mental-health professionals who:

- recognise the limits of cognitive approaches in trauma work
- want embodied tools grounded in neuroscience
- seek clearer frameworks for somatic timing and judgment
- value experiential learning as part of clinical development

No prior training in psychosensory interventions is required.

Why This Training Matters Now

Trauma therapy has rightly embraced the body.
But familiarity with somatic language does not automatically confer somatic clarity.

Many clinicians know that bottom-up work is needed, yet remain uncertain how to recognise the moment, whether to intervene, and how to time responses safely.

This workshop addresses that gap directly.
It offers not just somatic reference points, but the **clinical discernment** that makes them effective.

When words quietly stop working, attuned precision matters.

A Final Note

This training does not certify participants in any specific modality. Certification requires extended training through modality-specific organisations.

What this workshop offers instead is:

- practical psychosensory reference points
- a neurobiological understanding of why they work



- the clinical judgment to know *when* they should be used

If you are seeking technique-only mastery, other trainings may meet that need.

If you are seeking a deeper grasp of nervous-system literacy, timing, and clinical discernment, this training is designed for you.

About the speaker

Christine Gibson, MD, DProf is a **globally respected trauma clinician and educator**, known for her precision, restraint, and ethical clarity in complex therapeutic work. She specialises in the clinical moments where timing matters more than technique, and where well-intended intervention can quietly do harm if applied without sufficient discernment.

With training spanning family medicine, mental health, and medical education, Christine brings an integrative, neurobiologically informed perspective to trauma practice. She holds a Doctorate in Transdisciplinary Studies, a Master's in Medical Education, and is a Clinical Associate Professor in Family Medicine and Psychiatry.

Christine is a two-time TEDx speaker and sought-after international teacher. She is also the co-founder of several trauma-informed initiatives, including **Safer Spaces Training**, **The Belong Foundation**, and the **Global Familymed Foundation**. Her teaching is valued for its emphasis on precision, restraint, and ethical presence in somatic and trauma-informed care.

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