

Anxiety has a way of narrowing life. It can turn a straightforward conversation into a rehearsal of worst-case scenarios, a normal workday into hours of muscle tension and mental noise, or bedtime into an exhausting standoff between a tired body and a vigilant mind. People often arrive in therapy able to explain their anxiety quite well, yet still unable to shift it. They know they are safe, but their nervous system does not seem to believe them.

That gap matters. Insight helps, but it does not always reach the parts of the brain and body where anxiety gets stored, repeated, and triggered. This is where Brainspotting can become especially useful. It offers a way to work beneath the level of ordinary talk, without discarding the value of a strong therapeutic relationship or thoughtful clinical judgment. For many people, it opens access to material that has been difficult to touch through conversation alone.

Brainspotting is often discussed alongside trauma therapy, and for good reason. Many anxiety symptoms are connected to unresolved shock, chronic stress, attachment injuries, or experiences that overwhelmed the nervous system in the past. At the same time, Brainspotting is not only for people with dramatic trauma histories. It can also be a meaningful approach for panic, social anxiety, health anxiety, performance anxiety, and the persistent physical unease that shows up even when life looks fine on paper.

What Brainspotting is actually doing

Brainspotting was developed by David Grand and is based on a simple but clinically rich observation: where a person looks can influence what they feel and process. In practice, a therapist helps the client notice an internal issue, such as tightness in the chest, dread before a meeting, or an image linked to a distressing memory. Then, through careful attunement, the therapist helps the client find an eye position, often called a brainspot, that appears connected to the activation in the nervous system.

That description can sound almost too simple until you see it in the room. A client may be speaking in a composed, thoughtful way, then pause when their gaze lands in a particular spot. Their breathing changes. Their jaw tightens. Their eyes water. Or they feel a sudden drop in the stomach, a flood of heat, a memory fragment, or a wave of calm after holding tension for years. Those shifts are not magic tricks. They reflect the body's way of signaling that something meaningful has been accessed.

The working idea behind Brainspotting is that the brain and body hold unprocessed experiences in ways that are not always available through language. By combining focused attention, the therapist's attunement, and the client's awareness of bodily sensations, the brain can continue processing what had previously been stuck. Anxiety often softens not because someone reasoned their way out of it, but because the underlying activation finally had room to move.

Why it can be so effective for anxiety therapy

Anxiety is not just a thought problem. It is often a full-body state. Shoulders brace. Breathing shallows. Sleep fragments. Digestion shifts. Attention locks onto danger. The person may even lose access to the calm, reflective parts of themselves when fear spikes. This is why some highly intelligent, motivated clients feel frustrated in therapy. They can identify patterns, but in the moment of activation they still feel hijacked.

Brainspotting can be powerful in anxiety therapy because it does not require the client to explain everything perfectly or stay entirely verbal while processing. In fact, less talking is sometimes what allows more change. The client can track what is happening inside, moment by moment, while the therapist helps maintain safety and pacing. That matters for people whose anxiety becomes worse when they overanalyze every sensation or try to force a breakthrough.

One common clinical pattern looks like this: a person says their panic started "out of nowhere" in adulthood, perhaps after a stressful year, a breakup, a difficult birth, or a job crisis. Once therapy slows down enough to work with the body, the panic no longer appears random. It may connect to old helplessness, years of chronic pressure, or an earlier experience in which the person felt trapped and unsupported. Brainspotting can help access those roots without requiring a perfectly organized narrative.

Another reason it can [Dr. Katrina Kwan Anxiety therapy](#) help is that anxiety often involves both obvious triggers and subtler ones. A crowded train may trigger panic, but so can success, rest, closeness, or silence if those states were historically associated with danger or vulnerability. Brainspotting gives therapists a way to follow the nervous system rather than only the surface story. That often reveals links the client never would have guessed.

The connection between anxiety and unresolved trauma

Not everyone with anxiety meets criteria for post-traumatic stress disorder, but the overlap between anxiety and unresolved trauma is substantial. Trauma is not limited to accidents, assaults, or disasters. It can also come from chronic emotional neglect, a volatile home, repeated criticism, bullying, medical procedures, sudden losses, or years of adapting to environments that never felt safe.

In those cases, anxiety may function less like a disorder and more like a survival strategy that outlived its original purpose. Hypervigilance once helped the person anticipate mood shifts in a parent. Perfectionism once reduced criticism. Numbing once made the day bearable. Avoidance once prevented overwhelm. Later, those same strategies can become exhausting, rigid, and self-defeating.

This is one reason Brainspotting fits naturally within trauma therapy. It works with the reality that the nervous system may still be carrying unfinished survival responses long after the event has passed. A client may know, logically, that their supervisor is not their parent, or that a partner's delayed text is not abandonment. Yet their body reacts as if the old danger has returned. When treatment reaches those deeper layers, anxiety symptoms often become more understandable, and therefore more workable.

That does not mean every anxious person needs intense trauma processing right away. Good therapy is about timing. Some clients need stabilization first, along with sleep support, practical coping tools, and help building daily safety before doing deeper work. A skilled Brainspotting therapist knows the difference between productive activation and flooding. The goal is not to crack someone open. The goal is to create conditions for processing that the client can actually integrate.

What a Brainspotting session can feel like

A first session may look less dramatic than people expect. It often begins with ordinary conversation about what is happening, what the client wants help with, and whether this approach feels appropriate. The therapist may explain how Brainspotting works, ask about previous therapy experiences, and assess whether the person has enough internal and external support for this kind of work.

Once a target issue is chosen, the therapist may ask the client to notice where they feel it in the body and how intense it seems. Then the therapist helps the client locate an eye position connected to that issue. Some therapists use a pointer, while others track eye position more informally. The client holds attention there and notices what arises. That might include body sensations, emotions, thoughts, memories, images, or periods of stillness.

A session can feel surprisingly quiet. Sometimes there are long pauses. A client might tremble slightly, sigh, yawn, cry, or report subtle changes like warmth in the hands or less pressure in the throat. At other times, the work is more activated, with fear, grief, anger, or vivid memory fragments surfacing in waves. Neither experience is inherently better. What matters is whether the person is processing within a tolerable range and whether the therapist is staying attuned.

There is also a misconception that Brainspotting requires dramatic memory retrieval. It does not. Many clients process effectively with only a body sensation, an emotional state, or a current trigger. For someone with anxiety, the entry point might simply be, "I feel dread every Sunday evening," or, "My chest tightens before I speak in meetings." That is enough to begin.

The role of the therapist matters more than the technique alone

No intervention works well in careless hands. Brainspotting depends heavily on the quality of attunement between therapist and client. A strong clinician is not just looking for eye positions. They are watching for signs of overwhelm, dissociation, shame, avoidance, and shifts in affect. They know when to stay with a process, when to slow down, when to bring the client back to the room, and when not to push.

This is especially important in anxiety therapy because many anxious clients are already monitoring themselves intensely. If the therapist becomes overly mechanical, the client may start performing the therapy instead of experiencing it. They may search for the "right" reaction, worry that they are doing it wrong, or suppress what is actually happening because they think it is not meaningful enough. Skilled Brainspotting work reduces that pressure. It invites curiosity rather than performance.

I have seen clients do beautifully with Brainspotting after years of feeling stuck in highly verbal therapy, not because talk therapy failed them, but because they needed a different door into the same house. I have also seen cases where Brainspotting was introduced too early, before enough trust or regulation was established, and the client left sessions feeling raw and disorganized. Technique alone does not create good outcomes. Clinical timing does.

When Brainspotting may be a good fit

Brainspotting is not the only effective treatment for anxiety, but it can be an excellent fit in certain situations. It is particularly useful when anxiety feels deeply embodied, when insight has not translated into change, or when symptoms appear tied to unresolved trauma or chronic stress.

A few patterns often point toward a good fit:

- You understand your anxiety intellectually, but your body still reacts as if danger is present.
- Triggers seem stronger than the current situation can explain.
- You feel "stuck" in talk therapy, especially if you keep telling the story without feeling real relief.
- Panic, dread, shame, or freeze responses show up quickly and are hard to reason with in the moment.
- Performance anxiety, relational anxiety, or old emotional injuries seem to live in your nervous system, not just your thoughts.

None of these signs guarantee that Brainspotting is the best next step, but they do suggest it is worth discussing with a trained therapist.

Brainspotting, depression therapy, and the overlap with anxiety

Anxiety rarely travels alone. Many clients dealing with chronic anxiety also struggle with depression, burnout, irritability, low motivation, or a persistent sense of defeat. When the nervous system has been on guard for a long time, collapse can follow. A person may not look agitated from the outside. They may look flat, tired, and detached. Underneath, there is often a history of sustained internal strain.

This is where Brainspotting can also intersect with depression therapy. Not all depression is trauma-based, and not every depressed client benefits from processing work at the same stage. Still, when depression is linked to unresolved grief, shame, chronic threat, or the exhaustion of years spent over-functioning, Brainspotting can help access the material that ordinary conversation keeps circling but not resolving.

A common example is the client who says, "I don't even feel anxious anymore, I just feel numb." On closer examination, the numbness may be a protective layer over fear, anger, or sorrow that never had room to be processed. As that material begins to move, anxiety can briefly become more visible before the person feels better overall. That is not a setback. It is often a sign that the system is becoming less defended and more honest.

Counselor

How it compares with other forms of therapy

People often ask whether Brainspotting is better than cognitive behavioral therapy, EMDR, somatic therapies, medication, or mindfulness-based approaches. The more useful question is usually, better for whom, under what conditions, and at what stage of treatment?

CBT can be very effective for anxiety, especially when distorted thinking, avoidance patterns, and specific behavioral loops are [Psychotherapist](#) central to the problem. It offers clear tools and structure. Brainspotting tends to be less structured and more experiential. For clients who are highly intellectualized or who become more anxious when asked to challenge every thought, Brainspotting may reach the issue more directly.

EMDR and Brainspotting are often mentioned together because both can support trauma processing. Some clients prefer one over the other. EMDR includes a more defined protocol, while Brainspotting is often experienced as more open-ended and attunement-based. There are clients who thrive with the precision of EMDR and others who find Brainspotting gentler, deeper, or easier to stay with.

Medication can also be part of wise anxiety treatment. There is no badge of honor in suffering without support. For some people, medication lowers the intensity enough that therapy becomes possible. For others, medication helps only partially, and body-based processing fills an important gap. This does not have to be an either-or decision.

The place of intensive therapy

Some clients explore Brainspotting within weekly sessions. Others seek it through intensive therapy, where treatment is delivered over longer blocks of time across a day or several days. Intensive therapy can be especially helpful when someone has a specific issue they want to focus on, limited weekly availability, or a strong sense that they are ready for concentrated work.

That said, more hours do not automatically mean better results. Intensive therapy works best when the client has enough stability, a clear treatment plan, and support for integration afterward. Anxiety treatment can stir up material that needs time to settle. A well-designed intensive includes pacing, grounding, and a thoughtful transition back into ordinary life.

Here are a few questions worth asking before starting Brainspotting, especially in an intensive format:

- How do you assess whether a client is ready for this kind of work?
- What do you do if someone becomes overwhelmed or dissociative during a session?
- How do you integrate Brainspotting with other anxiety therapy approaches?
- What should I expect after sessions, including fatigue, emotional shifts, or delayed processing?
- How do you plan follow-up care if we do concentrated or intensive therapy?

These questions tell you a great deal about a therapist's judgment. You are listening not just for confidence, but for nuance.

What people often notice after sessions

The aftermath of Brainspotting varies. Some people leave feeling lighter, clearer, and unusually calm. Others feel tired, tender, or emotionally stirred for a day or two. Occasionally, symptoms shift in indirect ways first. Sleep improves before panic decreases. A person becomes less reactive with their partner before they notice less anxiety at work. Or a client suddenly realizes they are no longer dreading a routine event that used to tie their stomach in knots.

This is one reason I encourage people not to measure progress only by whether they felt dramatic relief in the room. The deeper question is whether life is changing. Are you recovering faster after stress? Avoiding less? Sleeping better? Feeling more choice in situations that used to trigger automatic fear? Those are often the markers that matter most.

There can also be periods when treatment feels messy. Old feelings may surface. A person who has lived in a tightly controlled way may feel disoriented as that control loosens. Good therapy makes room for that

complexity. Relief is not always linear, especially when anxiety has been protecting the person from deeper pain for a long time.

Limits, cautions, and realistic expectations

Brainspotting is not a miracle method, and it should not be sold that way. Some clients respond quickly, while others need time before they can fully engage it. People with severe dissociation, active substance instability, acute crisis states, or chaotic life circumstances may need a strong foundation before using a processing approach. In some cases, the best first step is stabilizing the basics: sleep, safety, routine, medication consultation, medical evaluation, and practical supports.

There is also the matter of fit. Some clients simply prefer a more structured or more verbal therapy style. That preference should be respected. Treatment is not successful because it sounds innovative. It is successful because it helps the person in front of you function better, suffer less, and live with more freedom.

Progress can be substantial, but it usually unfolds through a series of changes rather than a single dramatic breakthrough. A panic attack that used to last an hour may pass in fifteen minutes. The meeting that once caused three days of dread may cause only mild tension. The person who avoided conflict may finally **Psychologist** speak directly without shaking for hours afterward. Those are not small gains. They are signs that the nervous system is learning safety in a deeper way.

What relief can start to look like

When Brainspotting helps, the result is often less flashy than people expect and more meaningful. Relief may look like driving without scanning for exits. Sleeping through the night more often than not. Going to a family gathering without rehearsing every possible awkward moment. Feeling sadness without spiraling into alarm. Saying no without days of guilt. Showing up for your own life with more presence and less internal static.

That kind of change does not erase every anxious reaction. Human beings are built to feel fear. The real shift is that anxiety stops running the whole system. It becomes information instead of a prison. For someone who has spent years bracing, that can feel profound.

Brainspotting offers one path toward that outcome, especially for people whose anxiety is woven into trauma, chronic stress, and embodied patterns that words alone have not touched. In skilled hands, it gives the nervous system a chance to finish what it could not finish before. For many clients, that is where the deepest relief begins.

Dr. Katrina Kwan, Licensed Psychologist

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Address: Online-only practice

Phone: +1 650-387-2578

Website: <https://www.drkatrinakwan.com/>

Hours:

Sunday: Closed

Monday: 9:00 AM–6:30 PM

Tuesday: 9:00 AM–4:30 PM

Wednesday: 9:00 AM–4:30 PM

Thursday: 9:00 AM–4:00 PM

Friday: Closed

Saturday: Closed

Latitude/Longitude: 36.6993761, -102.41164

Map/listing URL:

<https://www.google.com/maps/place/Dr.+Katrina+Kwan,+Licensed+Psychologist/@36.6993761,-102.4116399,2840486m/data=!3m2!1e3!4b1!4m6!3m5!102.41164!16s%2Fg%2F11vx46gbs5>

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Dr. Katrina Kwan, Licensed Psychologist offers online therapy for adults in Florida, Utah, and Washington State.

Her services include Brainspotting, trauma therapy, anxiety therapy, depression therapy, intensive therapy, somatic therapy approaches, nervous system regulation support, and accelerated resourcing.

The practice may be a fit for adults seeking therapy for trauma, anxiety, depression, overwhelm, nervous system dysregulation, or neurological recovery concerns.

Because sessions are offered online, clients can ask about therapy from home without needing to travel to a physical office.

The website describes a body-mind approach that integrates Brainspotting, somatic work, parts work, and related therapeutic methods.

Dr. Kwan's website lists state licensure in Florida, Utah, and Washington, so prospective clients should confirm current eligibility and fit before scheduling.

To contact Dr. Katrina Kwan, call +1 650-387-2578 or visit <https://www.drkatrinakwan.com/>.

The public map listing identifies the online practice profile and hours, but no public walk-in street address was verified from the accessible listing data.

Clients should use the website and phone number to confirm appointment availability, online session requirements, and whether the practice is appropriate for their needs.

Popular Questions About Dr. Katrina Kwan, Licensed Psychologist

What does Dr. Katrina Kwan offer?

Dr. Katrina Kwan offers online therapy for adults, with services that include Brainspotting, trauma therapy, anxiety therapy, depression therapy, intensive therapy, somatic approaches, nervous system regulation support, and accelerated resourcing.

Where does Dr. Katrina Kwan provide online therapy?

The official website lists online therapy in Florida, Utah, and Washington State. Prospective clients should confirm current licensing, eligibility, and availability before scheduling.

Does Dr. Katrina Kwan have a public office address?

A public walk-in street address was not visible in the accessible official website or listing data reviewed. The practice is presented as online therapy, so clients should confirm visit details directly before relying on any map

location.

Who does Dr. Katrina Kwan work with?

The website describes adult-focused mental health treatment for concerns such as trauma, anxiety, depression, overwhelm, nervous system dysregulation, and neurological conditions including stroke and traumatic brain injury recovery.

What are Dr. Katrina Kwan's listed hours?

The public listing shows Monday 9:00 AM–6:30 PM, Tuesday 9:00 AM–4:30 PM, Wednesday 9:00 AM–4:30 PM, Thursday 9:00 AM–4:00 PM, and Friday through Sunday closed. Hours may change, so confirm before scheduling.

What is Brainspotting therapy?

Brainspotting is listed as one of Dr. Kwan's therapy services. Clients interested in this approach should ask how it may apply to their goals, symptoms, and therapy history during consultation.

Does Dr. Katrina Kwan offer intensive therapy?

Yes. The official website describes intensive therapy options along with ongoing online therapy. Clients should confirm session format, timing, fees, and clinical fit directly with the practice.

Is this a crisis or emergency service?

No. Website and listing information should not be used as a substitute for emergency care. In an emergency or immediate safety concern, call 911 or go to the nearest emergency room.

How can I contact Dr. Katrina Kwan?

Call +1 650-387-2578 or visit <https://www.drkatrinakwan.com/>. Social profiles include [Facebook](#), [LinkedIn](#), [TikTok](#), [X/Twitter](#), and [YouTube](#).

Landmarks Near Dr. Katrina Kwan's Online Therapy Service Areas

[Seattle, WA](#) — Washington clients near Seattle can contact the practice to ask about online therapy availability.

[Spokane, WA](#) — Spokane-area clients can use the online format to ask about therapy access without traveling to a physical office.

[Tacoma, WA](#) — Tacoma is a practical Washington reference point for clients exploring online therapy in the state.

[Olympia, WA](#) — Clients near Washington's capital can contact Dr. Kwan to confirm online session availability.

[Salt Lake City, UT](#) — Utah clients near Salt Lake City can ask about online therapy services listed by the practice.

[Provo, UT](#) — Provo-area adults can use the website to request information about online therapy options.

[Ogden, UT](#) — Clients in northern Utah can confirm whether Dr. Kwan's online therapy services are a fit for their needs.

[Park City, UT](#) — Park City is a useful Utah-area reference for clients considering online care from home or while managing a busy schedule.

[Orlando, FL](#) — Florida clients near Orlando can contact the practice to confirm online therapy availability and scheduling.

[Tampa, FL](#) — Tampa-area adults can use the online format to ask about therapy services without a local commute.

[Miami, FL](#) — Miami clients can visit the website to learn about online therapy options listed for Florida.

[Jacksonville, FL](#) — Jacksonville is a practical Florida reference point for adults exploring online therapy with Dr. Katrina Kwan.

[Tallahassee, FL](#) — Clients near Florida's capital can call or use the website to confirm whether online care is available for their situation.

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