For people living with the aftereffects of trauma, the hardest part is often not knowing why the pain keeps resurfacing. Someone can understand, intellectually, that a car accident happened years ago, or that childhood neglect is in the past, and still feel their chest tighten in traffic, go numb during conflict, or lose entire nights to restless sleep. The thinking brain says one thing. The body says another.

That gap is where trauma therapy becomes both challenging and deeply specific. Many forms of therapy help people make sense of their history, improve coping, and rebuild stability. Brainspotting is one of the approaches designed to work more directly with the nervous system, especially when distress feels lodged beneath words. It is often described simply as a therapy that uses eye position to help process trauma, but that shorthand misses what makes it clinically interesting. The method sits at the intersection of attention, body awareness, attachment, and neurobiology.

In practice, Brainspotting is less flashy than it sounds. A session may involve a client noticing where activation rises in the body, tracking an eye position that seems to hold that activation, and staying with the experience in a focused, supported way. It can look quiet from the outside. Internally, it can be remarkably powerful.

Why trauma is not just a memory problem

Trauma is often misunderstood as a bad memory that needs to be talked through until it loses intensity. Sometimes that works. Often it does not. Traumatic stress is not stored only as a narrative. It can show up as startle responses, shallow breathing, muscle bracing, panic, dissociation, irritability, digestive changes, shutdown, intrusive images, or a constant sense of threat. A person may remember very little and still have a body that behaves as if danger is current.

This is one reason trauma therapy has evolved beyond purely verbal models. The nervous system learns through experience, repetition, and survival responses. When an overwhelming event exceeds a person's ability to cope, the body may encode fragments of the experience in sensory and emotional form. Later, those fragments can reactivate in situations that only vaguely resemble the original threat. The person is not choosing the reaction. Their system is trying to protect them with outdated information.

Clinicians who work with trauma see this every week. A combat veteran may know he is sitting safely in a therapist's office and still scan the room for exits. A woman with a history of medical trauma may freeze during routine procedures even when every provider is kind and competent. A high-performing executive with no obvious trauma story may develop intense anxiety therapy needs after years of chronic stress, unpredictable caregiving, or emotional invalidation. The body keeps score, as the well-known phrase goes, though real treatment requires more than a slogan.

What Brainspotting actually is

Brainspotting was developed by David Grand in the early 2000s. The core idea is that where a person looks can influence what they access internally. Certain eye positions appear to correlate with emotionally charged material held in the brain and body. When a client finds one of these points, called a brainspot, focused attention on that spot may help deepen processing of unresolved distress.

That sounds simple, and in a way it is. But it is not a gimmick. The therapeutic power does not come from staring at a point on a wall as if it were a magic switch. It comes from the combination of attunement, sustained mindful attention, body-based tracking, and careful pacing while the nervous system processes material that may have remained unintegrated ***Trauma therapy*** for years.

A typical Brainspotting session often begins with a specific issue. It might be panic before presentations, a flashback after a recent assault, chronic shame linked to childhood criticism, or a depressive heaviness that worsens around family contact. The therapist helps the client identify what they notice in the body when they bring the issue to mind. That physical sensation, perhaps pressure in the throat, a knot in the stomach, heat behind the eyes, becomes a guide.

The therapist may then slowly move a pointer across the client's visual field while the client tracks internal activation. Sometimes the client reports a subtle shift at a particular eye position. The breath changes. Tears rise. The stomach clenches. A memory fragment appears. The therapist may hold the pointer there, or the client may choose to maintain that gaze. From there, the work becomes less about analysis and more about allowing the system to process, with the therapist staying closely attuned.

Brainspotting can be used with trauma, anxiety therapy, depression therapy, grief, performance blocks, attachment wounds, and certain forms of chronic stress. It is not limited to one diagnosis. It is better understood as a method of accessing and metabolizing emotionally loaded material.

The role of the body in emotional healing

One reason Brainspotting resonates with many clients is that it respects the fact that healing is not purely cognitive. People often arrive in therapy with excellent insight and poor relief. They know why they react the way they do, yet the reaction keeps happening. Insight matters, but it does not always reach the parts of the nervous system that learned to survive through fight, flight, freeze, collapse, or appease responses.

Brainspotting gives the body more say in the process. Rather than forcing a story, it asks, in effect, "What is your system showing us right now?" That shift can be especially helpful for people who struggle to name feelings, who

dissociate when pressed for details, or who have trauma that occurred before language was fully developed. Early relational trauma often leaves a person with powerful internal states and very few coherent memories. In those cases, body sensations, images, impulses, and emotional waves may carry more information than a tidy verbal account.

This is also why the therapeutic relationship matters so much. A client cannot process deeply if they feel judged, rushed, or subtly pushed toward catharsis. Good trauma therapy is not about cracking someone open. It is about creating enough safety and steadiness that the nervous system can approach what was once unbearable without becoming overwhelmed again.

What the science suggests, and where humility is necessary

The science around Brainspotting is still developing. That deserves honesty. It does not have the same volume of research as some older modalities, and anyone presenting it as fully settled science is overselling. At the same time, the principles it draws on are compatible with broader findings from trauma research, affective neuroscience, and somatic psychology.

A few ideas are particularly relevant. First, the brain is not a single unit processing distress in one clean pathway. Emotional responses involve networks that include the amygdala, hippocampus, prefrontal regions, brainstem structures, and autonomic nervous system activity. Second, attention changes experience. Where and how a person directs attention can amplify, regulate, or reorganize what they **Psychologist** feel. Third, memory reconsolidation research suggests that when emotionally charged material is reactivated in the right conditions, it may become more open to change.

Brainspotting appears to use these principles in a practical way. The fixed gaze may intensify access to emotionally relevant neural networks. The therapist's attunement helps maintain regulation. The client's ongoing awareness of body sensation anchors the process in present-moment experience rather than abstract retelling. Over time, the charge around a memory, trigger, or belief *mental health service near me* may lessen. The event is not erased, but the body no longer reacts as if it is still happening.

There is also a plausible connection to the orienting response, the built-in way human beings scan and respond to their environment. Eye position is not trivial in nervous system functioning. Trauma clinicians have long observed that visual tracking, spatial orientation, and environmental scanning are tied to arousal states. Brainspotting uses that reality intentionally.

Still, not every mechanism has been mapped with precision, and not every client responds the same way. Good clinicians can hold two truths at once: the method can be effective, and the evidence base is still maturing.

How Brainspotting differs from talk therapy, EMDR, and other approaches

People often ask whether Brainspotting is just another version of EMDR. They share some surface similarities. Both are used in trauma therapy, both can involve the eyes, and both aim to process distress that remains stuck. In actual practice, they feel different.

EMDR tends to be more structured. It usually follows a defined protocol, uses bilateral stimulation, and often moves in sets with periodic check-ins. Brainspotting is typically less scripted and more relationally fluid. Instead of guiding the client through repeated sets, the therapist may stay with a single eye position for an extended period while the client tracks what unfolds. Many practitioners describe Brainspotting as deeper in some cases, gentler in others, and especially useful when the client needs less structure and more space to follow the body's lead.

Traditional talk therapy differs in another way. It often emphasizes meaning-making, patterns, relationships, and conscious thought. That can be invaluable. For many clients, especially those dealing with anxiety therapy or depression therapy concerns rooted in current life stress, strong psychodynamic or cognitive work makes a major difference. But when trauma is driving symptoms, insight alone may leave the most activated layers untouched.

That does not mean Brainspotting should replace everything else. The best clinical work is rarely doctrinaire. A seasoned therapist may use Brainspotting within a broader treatment plan that includes stabilization skills, sleep work, cognitive reframing, boundary-setting, medication consultation, or couples therapy. Modalities are tools, not identities.

Who tends to benefit most

In my experience, Brainspotting is especially helpful for clients who say some version of, "I understand it, but I still feel it." They have often done years of good work and still encounter abrupt surges of panic, shame, dread, or shutdown. Sometimes they have plateaued in conventional therapy. Sometimes they are high-functioning on the surface and exhausted underneath.

It can be useful for several groups:

- people with single-incident trauma, such as accidents, assaults, or medical events
- people with developmental or attachment trauma, including chronic misattunement, emotional neglect, or unstable caregiving
- people seeking anxiety therapy for triggers that feel bodily and immediate rather than purely thought-based

- people in depression therapy whose numbness, heaviness, or hopelessness appears tied to unresolved loss or trauma
- performers, athletes, and professionals who hit blocks under pressure and notice a strong somatic response

That said, fit matters. Some clients love the depth and directness. Others find it unfamiliar or too inward at first. People with severe dissociation may need a long runway of stabilization before deeper processing is appropriate. Clients in active crisis, unstable housing, substance withdrawal, or ongoing abuse often need concrete safety and support before intensive processing work begins. No trauma method should be used in a vacuum.

What a session can feel like

A Brainspotting session is rarely dramatic in the cinematic sense. There may be tears, trembling, heat, memory fragments, sudden fatigue, or a wave of calm. There may also be long periods of quiet. Silence in this work is not empty. It is often where processing happens.

One client I once heard described by a colleague came in for panic that appeared every time she drove over bridges. She had no obvious bridge-related trauma, and she could joke about the problem in session, which made others assume it was "just anxiety." During Brainspotting, she noticed intense pressure in her chest and an image of being trapped. The eye position that amplified the sensation eventually led to a memory of being locked in a closet as a child during a caretaker's rage. The bridge was not the real issue. Confinement and helplessness were. Once that material was processed over time, the bridge panic reduced sharply.

That kind of linkage is common. Triggers are often symbolic, sensory, or relational rather than literal. The body recognizes a pattern before the mind understands it.

Clients also ask whether they need to remember everything for the therapy to work. Usually, no. Full narrative memory is not required. Sometimes healing comes through shifts in body activation, affect tolerance, and felt safety rather than recovered detail. Ethical clinicians stay cautious around memory, avoid leading questions, and do not treat every image or sensation as a factual record. The goal is not to manufacture certainty. The goal is to reduce suffering and increase integration.

Brainspotting in intensive therapy settings

Intensive therapy has become more common, especially for clients who want concentrated treatment rather than the standard fifty-minute weekly model. Brainspotting can fit well in this format when the client is appropriate for deeper work and the therapist structures it carefully.

An intensive might involve several hours in a day or multiple sessions across a short period. That extra time allows the nervous system to settle in, process, pause, and continue without the abrupt stop that can come just as meaningful work is opening. For trauma therapy, that continuity can be useful. A client may spend the first hour arriving and regulating, the second contacting core material, and the third integrating it. In weekly therapy, those phases might be split across sessions, which is not wrong, but can feel slower.

There are trade-offs. Intensive therapy is not automatically better. It can be tiring, emotionally demanding, and expensive. It also requires strong preparation and aftercare. A client with limited support, poor sleep, or high daily instability may do better with slower pacing. When intensive work is a fit, though, it can accelerate progress that had stalled for months.

A responsible therapist will talk through practical questions before recommending this route:

- How stable is the client between sessions?
- What grounding skills actually work for them?
- Are there medical, psychiatric, or substance-related factors that affect pacing?
- What support is available after the intensive ends?
- Is the goal symptom relief, trauma processing, a performance block, or a combination?

These questions matter more than enthusiasm for any single modality.

Anxiety, depression, and the hidden trauma layer

Not all anxiety is trauma-based, and not all depression comes from unresolved trauma. But in clinical practice, there is often overlap. A person may seek anxiety therapy because they cannot stop worrying, only to discover that their nervous system is organized around chronic threat. Another may enter depression therapy for low motivation and emptiness, then realize those states began as protective shutdown long ago.

Brainspotting can be useful in these cases because it does not force a false divide between mental and physical symptoms. Anxiety might be experienced as racing thoughts, but it is also a pounding heart, tight jaw, tunnel vision, and urgency in the gut. Depression can involve bleak beliefs, but it may also show up as leaden limbs, collapsed posture, and emotional blunting. Working directly with those embodied states can reveal what the system has been carrying.

At the same time, clinical judgment is essential. Some depressed clients need immediate support with sleep, medication evaluation, nutrition, movement, and basic daily structure before deep processing makes sense. Some anxious clients are so flooded that the first stage of treatment should focus on stabilization, not memory work. Brainspotting is powerful, but timing matters.

What good treatment looks like, beyond the method

People looking for Brainspotting sometimes focus so much on the modality that they overlook the therapist. In reality, the therapist matters at least as much as the technique. A well-trained, grounded clinician who knows when not to push will usually help more than someone who has a certificate and little judgment.

Good treatment tends to include careful assessment, informed consent, pacing, and a willingness to adjust when needed. If a client becomes overwhelmed, a competent therapist can shift from processing into regulation without framing that as failure. If a client intellectualizes everything, the therapist can gently redirect toward felt experience without shaming them. If the work touches attachment wounds, the therapist recognizes that the relationship itself may become part of the healing.

There is also a practical side to emotional healing that is easy to romanticize and harder to live. Therapy can reduce symptoms, but it may also bring temporary fatigue, vivid dreams, irritability, or a need for more rest. Clients do better when they expect this and plan accordingly. Hydration, sleep, lighter schedules after deeper sessions, and limited exposure to major stressors on processing days are not glamorous advice, but they often matter.

Common misconceptions

One misconception is that Brainspotting is mystical. It is not. It can feel unusual, especially to people accustomed to highly verbal therapy, but unusual does not mean unscientific. The method relies on focused attention, body awareness, and nervous system processing, all of which are grounded in established psychological and biological realities.

Another misconception is that if a session is intense, it must be working better. That is simply not true. Some of the most productive sessions are subtle. A client may notice that the old trigger now feels distant, or that their shoulders drop for the first time in years, or that they can think about a painful event without the usual spiral. Those are meaningful clinical outcomes.

A third misconception is that one powerful session resolves everything. Occasionally people experience dramatic shifts, but trauma healing is usually layered. A single brainspot may open one Brainspotting Consultant network of distress while deeper themes remain. Progress tends to come through repeated, well-paced work rather than a single breakthrough.

The larger promise of emotional healing

When Brainspotting helps, the change is often less about dramatic insight and more about restored freedom. The client still knows what happened, but the past loosens its grip on the present. A noise is just a noise. A disagreement is just a disagreement. The body no longer mobilizes for old danger every time life rhymes with it.

That is the real promise of trauma therapy at its best. Not forgetting, not pretending, not forcing positivity. Integration. The event becomes part of the person's story without dominating their nervous system. They gain more choice, more range, and more access to the parts of themselves that trauma had narrowed.

Brainspotting is one pathway into that work. It is not the only one, and it is not right for everyone. But for many people, especially those whose suffering lives beneath language, it offers a precise and deeply respectful way to help the mind and body finally catch up with the fact that the danger has passed.

Dr. Katrina Kwan, Licensed Psychologist

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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

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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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