

When people hear the word trauma, they often imagine a single catastrophic event, something obvious and dramatic that clearly changed a life. In practice, trauma is often quieter than that. It can be a car accident, a medical scare, a violent incident, or the loss of someone dear. It can also be years of criticism, emotional neglect, chronic instability, or living in a body that never quite feels safe. The nervous system does not grade suffering according to how visible it is from the outside. It responds to threat, overwhelm, and helplessness in ways that can linger long after the original event has passed.

That is where Brainspotting enters the conversation. It is a form of trauma therapy that many people find surprisingly gentle, especially when other approaches have felt too verbal, too fast, or too activating. It can also be powerful in a very practical sense. Some people notice a shift in symptoms such as panic, intrusive memories, body tension, or emotional flooding after a relatively small number of sessions. Others use it as part of a longer course of healing, particularly when trauma is layered, developmental, or tied to depression, anxiety, or dissociation.

Brainspotting is not magic, and it is not the right fit for every person in every season. But it deserves serious attention because it works with something many therapies only partially reach: the way trauma is held in the body and nervous system, not just in the story a person can tell about what happened.

What Brainspotting actually is

Brainspotting is a therapeutic method developed in the early 2000s by Dr. David Grand. At its core, it uses eye position to help identify and process unresolved trauma, emotional pain, or performance blocks. The basic idea is simple enough to describe, even if the lived experience is hard to reduce to a few sentences. Where you look can connect with how you feel. Certain eye positions appear to link with deeper neural and bodily activation. When a therapist helps a client find one of those spots, called a brainspot, the mind and body may begin to process material that was previously stuck.

That may sound unusual at first, but clinically it is less strange than it seems. Many people already know that emotions live in the body. They feel grief as pressure in the chest, fear as a knot in the stomach, shame as heat in the face, or dread as a surge in the throat and shoulders. Trauma therapy often succeeds when it respects that reality rather than forcing everything through language.

In a Brainspotting session, the therapist usually helps the client locate an area of visual focus that corresponds with emotional or physical activation. The client then stays with that spot while noticing what arises internally. Sometimes thoughts emerge. Sometimes memories come in fragments. Sometimes there are body sensations, tears, trembling, numbness, or a gradual feeling of release. The therapist tracks the client closely, not only listening to words but observing breathing, blinking, facial tension, posture, and signs of nervous system activation.

The process is often quieter than traditional talk therapy. There can be long stretches of silence. For some clients, that silence feels relieving, especially if they are tired of having to explain or justify their pain. For others, it can feel vulnerable at first. A skilled therapist knows how to pace the work so that the client is not pushed beyond what their nervous system can tolerate.

Why eye position matters

One of the easiest ways to misunderstand Brainspotting is to assume the eyes are doing the healing. They are not. Eye position is more like a doorway or access point. It helps locate material that the body and subcortical brain are already holding.

Most trauma responses are not stored as neat verbal narratives. They live in sensory fragments, startle responses, body memories, emotional reactions, and patterns of vigilance or shutdown. A person may know, intellectually, that they are safe in the present, yet still feel hijacked by fear in situations that resemble an old threat. This gap between knowledge and felt experience is familiar to anyone who has worked in trauma therapy. Insight helps, but insight alone does not always settle the nervous system.

Brainspotting aims to bridge that gap. By pairing focused attention with attunement and body awareness, it allows processing to happen beneath the level of ordinary conversation. People sometimes describe it as getting to the root faster. That can be true, though “faster” should be used carefully. In trauma work, speed is never the main goal. Effective therapy is measured less by dramatic emotional moments and more by lasting change, better sleep, reduced reactivity, increased capacity for connection, and a greater sense of internal steadiness.

How a session usually unfolds

A Brainspotting session often begins the same way good therapy begins, with orienting, grounding, and a clear sense of what the client wants help with. That target may be an intrusive memory, panic in social situations, chronic shame, grief that feels frozen, a body sensation that appears whenever conflict arises, or a performance issue linked to fear and pressure.

From there, the therapist may ask the client to notice what they are feeling in the body while thinking about the target issue. The therapist may use a pointer or simply guide the client’s gaze across the visual field, watching for subtle reflexes or changes in activation. A pause in the eyes, a slight widening, a swallow, a shift in breath, or a sudden rise in emotion can indicate that a significant spot has been found.

Once the brainspot is located, the client keeps attention there and notices what unfolds. Some therapists use bilateral music through headphones, a form of alternating sound that many clients find regulating. Others do not. The essential ingredient is not a gadget or a script. It is the quality of focused attention and the therapist's attunement.

A session can feel intense, but not always in an outwardly dramatic way. One person may cry and shake. Another may sit nearly still while experiencing a deep internal movement. Another may feel almost nothing at first, then notice later that they slept through the night for the first time in months. Progress does not always look cinematic. In real clinical work, the most important changes are often ordinary: fewer nightmares, less dread before work, less need to scan every room, more patience with children, more ability to rest.

Why people seek Brainspotting for trauma

Many clients come to Brainspotting after trying conventional talk therapy and feeling partially helped but not fully relieved. They may have learned to understand their past and identify patterns, yet still feel trapped in the same bodily reactions. That does not mean talk therapy failed. It often means a different layer of treatment is needed.

This is especially relevant for trauma therapy because trauma is not only an event that is remembered. It is also a state that continues. The body behaves as if danger is still present. The person startles easily, avoids reminders, overthinks every interaction, dissociates during stress, or swings between numbness and overwhelm. Brainspotting can be useful in these cases because it invites processing without demanding that the client retell everything in detail.

That matters more than many people realize. Recounting trauma can be helpful, but it can also become too much too soon. Some clients feel flooded when they talk through events chronologically. Some cannot access a coherent story because the trauma happened early in life or during states of intense fear. Others simply do not want to narrate painful experiences over and over. Brainspotting offers another route.

In practice, this can make the therapy feel more respectful to the nervous system. The client is not asked to perform healing. They are invited to notice, stay present, and let the processing emerge in a contained way.

Brainspotting and anxiety therapy

Although Brainspotting is often associated with trauma, it can also play a valuable role in anxiety therapy. Many forms of anxiety have a strong physiological component. The person is not only worried. They are activated. Their chest tightens, thoughts race, sleep erodes, and everyday stressors begin to feel unmanageable.

Sometimes anxiety is linked to a clearly identifiable trauma. Sometimes it has grown from years of pressure, perfectionism, criticism, or unstable attachment. In those cases, the anxious state may be less about current circumstances and more about an old nervous system blueprint that expects danger or rejection.

Brainspotting can help clients identify where that activation lives and process the underlying charge. For example, a person with social anxiety may discover that public speaking triggers not just ordinary nerves but a body memory of humiliation from childhood. A client with panic attacks may find that the panic is tethered to a past medical event or an experience of being trapped. Once those deeper layers are accessed and processed, symptoms often soften in ways that pure coping strategies could not fully achieve.

That said, Brainspotting should not be framed as a replacement for all other anxiety treatment. Some clients benefit most when it is combined with practical skills, sleep support, medication management, cognitive work, or lifestyle changes. If someone is drinking heavily, barely sleeping, and living in constant crisis, the first job may be stabilization. Good therapists know the difference between processing work and the preparatory work that makes processing possible.

Brainspotting and depression therapy

Depression is often discussed as if it were only about low mood, but clinically it is more complex. For some people, depression is grief turned inward. For others, it is a collapse after years of chronic stress or trauma. It can involve numbness, exhaustion, hopelessness, self-attack, and a sense of being cut off from vitality. In these cases, depression therapy sometimes needs to address more than negative thoughts. It needs to address the buried emotional and somatic material underneath the shutdown.

Brainspotting may be helpful here, particularly when [Psychotherapist drkatrinakwan.com](https://www.drkatrinakwan.com) depression is intertwined with trauma, loss, or attachment wounds. Clients sometimes report that they do not feel "sad" in a simple sense. They feel absent from themselves. During Brainspotting, they may begin to access layers that had been frozen for years: anger they were never allowed to feel, grief that had no witness, fear that had long since turned into numbness.

This does not mean Brainspotting cures every form of depression. Severe depression can require a broad and careful treatment plan, including psychiatric evaluation, support for safety, and very structured care. But as part of depression therapy, Brainspotting can reach places that stay untouched when therapy remains only intellectual.

The trade-off is that accessing those deeper places can temporarily stir strong feelings. A client who has relied on numbness to get through life may need a slower pace and stronger grounding support. Done well, that is not a flaw in the method. It is simply good clinical judgment.

What Brainspotting feels like from the client side

People often ask whether Brainspotting feels similar to hypnosis. Usually, it does not. Clients are typically awake, aware, and able to speak at any point. They are not under **Mental health service** anyone's control. If anything, many experience the process as a heightened form of internal noticing.

What they notice varies. One person might feel warmth moving through the arms and chest. Another might remember an old scene with unusual clarity. Another may not recall much consciously, yet leave feeling lighter, less braced, or less reactive. It is not uncommon to feel tired afterward. The nervous system has done real work. Some people feel calm and clear. Others feel tender for a day or two.

A point worth emphasizing is that big emotional release is not the only sign of progress. There is a persistent myth in trauma therapy that healing must look dramatic to be real. Often it looks subtle. A client who used to freeze during conflict now stays present for ten more seconds. Someone who feared sleep starts falling asleep without the television on. A parent who used to snap from overload notices the surge and takes a breath before responding. Those are meaningful changes.

Who tends to benefit most

Brainspotting can be useful for a wide range of concerns, but it tends to be especially relevant when symptoms have a clear body-based quality or when talk therapy has reached a plateau. In clinical settings, people often seek it for concerns such as the following:

- single-incident trauma, such as accidents, assault, or medical events
- complex trauma and attachment wounds
- anxiety, panic, and chronic hypervigilance
- depression with a trauma or grief component
- performance blocks in athletes, artists, and high-pressure professionals

That list only sketches the landscape. The more important question is not whether a diagnosis appears on a menu, but whether the person can benefit from a therapy that works through body awareness, focused attention, and relational attunement.

When caution matters

Brainspotting is often described as gentle, and it can be. But gentle does not mean trivial. Trauma processing can open powerful material. **Psychologist** A good therapist will assess readiness, pace, and support before going deep.

Certain situations call for extra care. If someone is actively suicidal, in a dangerous living environment, psychotic, using substances heavily, or barely functioning day to day, treatment may need to focus first on safety and stabilization. Likewise, clients with significant dissociation may absolutely do Brainspotting, but the therapist needs strong training and a slower approach. Pushing for catharsis is a mistake. The goal is integration, not overwhelm.

A useful way to think about this is that therapy has a window of tolerance. If the client is too activated, they flood. If they are too shut down, they disconnect. Brainspotting tends to work best when the therapist can help the client remain within a workable middle zone, stretched but not shattered.

This is one reason therapist fit matters so much. The technique itself is not enough. Experience, pacing, humility, and attunement matter at least as much as the method.

How it compares with EMDR and traditional talk therapy

Brainspotting is often compared with EMDR because both can be used in trauma therapy and both involve eye position or bilateral elements. They are related in spirit, but they do not [Psychotherapist](#) feel identical in the room.

EMDR is generally more structured. It often follows a clearer protocol and may involve sets of bilateral stimulation with more active guidance from the therapist. Brainspotting tends to be more open-ended and less directive. Once the relevant spot is located, there is often more space for the client's internal process to unfold organically.

Traditional talk therapy, by contrast, relies more heavily on reflection, narrative, interpretation, and relationship. It can be deeply healing, especially for attachment wounds, depression, and life patterns. But some clients eventually discover that understanding their history is not the same thing as resolving their body's alarm response.

Here is the practical truth: these approaches do not have to compete. Many strong therapists integrate them. A person may use talk therapy to build insight and trust, Brainspotting to process somatic trauma, and other interventions for daily coping and stabilization. Good therapy is not a contest between schools. It is a thoughtful match between a person's needs and the tools most likely to help.

The role of intensive therapy

Some clients encounter Brainspotting in weekly sessions. Others seek it through intensive therapy, where treatment is delivered in longer blocks over one or several days. Intensive therapy can be especially helpful when someone wants concentrated trauma work without stretching the process over many months.

There are clear advantages. Longer sessions allow time to settle in, access deeper material, and process without feeling rushed by a 50-minute clock. Clients who travel for specialized care, have demanding schedules, or feel stalled in weekly therapy often appreciate this format. In cases of long-standing trauma, a multi-hour session can create enough continuity for meaningful breakthroughs.

At the same time, intensive therapy is not automatically better. It asks more of the nervous system. It requires careful preparation, clear aftercare, and enough support afterward so that the person is not left raw and alone. In my experience, intensives work best when the client has a decent baseline of stability and the therapist is realistic about pacing. More hours do not equal more healing if the person is flooded beyond what they can integrate.

What to look for in a Brainspotting therapist

Training and clinical judgment matter. Brainspotting is not something to seek casually from a clinician who took a brief workshop and uses it without a broader trauma framework. Clients are better served by someone who understands dissociation, attachment, stabilization, and nervous system regulation, not only the mechanics of finding a brainspot.

When evaluating a therapist, a few questions are worth asking:

- what formal Brainspotting training have you completed?
- how do you decide whether a client is ready for processing work?
- how do you handle dissociation, flooding, or shutdown during sessions?
- do you integrate Brainspotting with other forms of trauma therapy?
- what should I expect between sessions, especially if strong material comes up?

The answers matter less as marketing and more as a window into how the therapist thinks. A capable clinician should be able to explain their process plainly, without grand promises.

Common misconceptions

One misconception is that Brainspotting is only for severe trauma. In reality, it can also help with less obvious but still painful patterns, including persistent anxiety, shame, grief, and blocks around performance or self-expression.

Another misconception is that if a person cannot remember their trauma clearly, Brainspotting will not work. Often the opposite is true. Because it does not rely entirely on coherent verbal memory, it may help people process what they can feel but cannot fully narrate.

A third misconception is that it must produce immediate dramatic results. Sometimes it does create a sharp shift. More often, the changes unfold in layers. People sleep better, feel less triggered, or recover faster from emotional activation. Those quieter changes are not minor. They are often the signs that the nervous system is actually reorganizing.

The real promise of this work

The deepest promise of Brainspotting is not that it erases pain. It is that it may help pain move. Trauma becomes so disruptive partly because it gets stuck. The body keeps carrying what was never fully processed. The mind circles the same fears. Relationships absorb the shockwaves. Daily life narrows around avoidance, vigilance, or numbness.

When therapy helps that stuckness shift, life widens again. A person has more choice. They can feel without drowning, remember without reliving, rest without scanning, connect without bracing. That is a substantial change, even if it happens incrementally.

For people exploring trauma therapy, anxiety therapy, or depression therapy, Brainspotting offers a meaningful option, especially when symptoms live as much in the body as in the mind. It is gentle in the sense that it does not force a performance of healing. It is powerful in the sense that it can reach material words alone often do not touch.

The right therapy is always personal. Some people will find Brainspotting transformative. Others will prefer a different path or use it as one part of a larger treatment plan. But for those who feel that something in them remains activated, frozen, or unreachable despite insight and effort, it can open a door that has been closed for a long time.

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

Latitude/Longitude: 36.6993761, -102.41164

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<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](tel:+16503872578) 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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