

Emotional regulation is one of those clinical phrases that sounds neat on paper and messy in real life. Most people do not come into therapy saying, "I need help with affect modulation." They say they snap at their partner over nothing. They freeze when a supervisor asks a direct question. They wake at 3:00 a.m. With their chest tight and a mind that will not stop scanning for danger. They feel numb when they want to feel connected, flooded when they want to feel steady, and ashamed that they cannot simply "calm down."

For many of these people, insight alone does not reach the problem. They may understand where their reactions come from. They may know the history, recognize the triggers, and even have years of practice with journaling, breathing, or reframing thoughts. Yet their nervous system still reacts as if the threat is present now. That gap between intellectual understanding and bodily response is often where Brainspotting becomes relevant.

Brainspotting is a focused, brain-body approach used in trauma therapy and emotional processing. It is based on the observation that where a person looks can connect with how they feel, especially when an emotionally charged issue is activated. In practice, a therapist helps the client locate an eye position, or "brainspot," that appears linked to a strong internal experience. From there, the work becomes less about talking through the story and more about allowing the nervous system to process what has been held, avoided, or stuck.

This can sound abstract until you see it happen. A client who has spent months describing the same panic response may suddenly find themselves accessing sensations, emotions, or memories that had remained just out of reach. Another may notice that a long-standing feeling of dread begins to soften, not because they argued with it, but because their body finally had room to process it.

Why Brainspotting often reaches what talk therapy cannot

Traditional talk therapy can be profoundly helpful. It builds insight, strengthens self-awareness, repairs relational patterns, and gives language to experience. Still, trauma does not always organize itself in language. It can live in reflexes, muscle tension, digestive shifts, changes in breathing, a narrowed visual field, or a sense that one is not fully present in the room.

That is why someone can say, with complete sincerity, "I know I'm safe," while their pulse says otherwise.

Brainspotting works with this reality rather than trying to reason past it. The method assumes that the brain and body hold unprocessed material in ways that may not be fully available through conversation alone. By using focused eye positions, attuned presence, and sustained attention to internal experience, the therapist helps the client access and process deeper layers of activation.

In my experience, this matters most for people who feel trapped in repeating patterns that make no sense from the outside. A competent professional falls apart before every presentation. A parent who adores their child feels waves of rage that seem disproportionate and frightening. A person in a stable relationship becomes convinced they are about to be abandoned every time conflict appears. These are not failures of willpower. Often, they are nervous system responses shaped by earlier experience.

Brainspotting does not erase the past. It helps reduce the present-day charge the past still carries.

What a session actually feels like

People often expect something dramatic, as if Brainspotting will produce instant breakthroughs on cue. Sometimes sessions are powerful and emotionally intense. Just as often, they are quiet. The client notices a throat tightening, a pressure behind the eyes, a heaviness in the chest, a flicker of memory, or a phrase that keeps repeating internally. The therapist tracks these shifts carefully and helps the client stay within a workable range of activation.

A typical session begins with identifying a target issue. That might be a recent argument, recurring anxiety, a traumatic memory, a sense of worthlessness, or even a performance block. The client is invited to notice where they feel the issue in their body and how intense it is. The therapist then helps locate an eye position associated with the strongest activation or with a point that seems to hold the material most clearly.

Once the brainspot is found, the work slows down. That slowing is important. Many clients are used to outrunning discomfort, explaining it away, or bracing against it. Brainspotting asks for something different: sustained mindful attention with support. The therapist may speak very little. Silence is not emptiness here. It is often where the processing happens.

Some clients notice waves of emotion. Others report images, memories, or body movements. Sometimes there is trembling, yawning, heat, tears, or a sense of release. Sometimes the shift is subtle and only becomes clear later, when they face a familiar trigger and respond with slightly more choice and slightly less fear. That "slightly" matters. Durable change in trauma therapy often comes in increments before it becomes obvious.

Emotional regulation is not the same as emotional control

One of the most useful reframes in therapy is that regulation does not mean suppressing, managing, or behaving perfectly. Healthy regulation means being able to experience emotion without being hijacked by it. It means anger can be felt without becoming aggression, sadness can move without becoming collapse, and fear can signal caution without taking over the entire system.

Trauma disrupts this capacity. The nervous system learns to overreact, underreact, or swing rapidly between the two. This is why people can seem “fine” one hour and then become unreachable the next. Their system is not choosing theatrics. It is shifting into survival mode.

Brainspotting can support emotional regulation because it helps process the stored charge beneath these reactions. When the underlying activation decreases, clients often report several practical changes. They recover faster after conflict. Their window of tolerance widens. They can stay present during hard conversations without dissociating or exploding. They notice bodily cues earlier, which gives them a chance to respond before the reaction peaks.

A client once described this change with unusual precision. Before treatment, she said anxiety felt like going from zero to ninety in ten seconds. After several sessions, she still felt anxiety, but it rose more slowly, like a dimmer switch instead of a light switch. That difference gave her room to use the skills she already knew. Brainspotting did not replace coping tools. It made them usable.

Where Brainspotting fits in trauma therapy

Brainspotting is not the only effective treatment for trauma, nor should it be treated as a cure-all. It sits alongside other well-established approaches, including EMDR, somatic therapies, parts work, cognitive therapies, and psychodynamic treatment. The best choice depends on the person, the type of trauma, the current level of stability, and the therapist’s training and judgment.

What makes Brainspotting distinctive is its emphasis on deep processing through focused attention, body awareness, and relational attunement. It is often especially useful when clients feel over-verbalized, stuck in intellectual analysis, or disconnected from their own bodies. It can also be effective when there is a clear issue to target, such as a panic response, a traumatic memory, an athletic or performance block, or a repeated relational trigger.

That said, good trauma therapy is never only about accessing pain. It is also about pacing, safety, and integration. A skilled therapist will not push for intensity simply because a method can reach depth. Some clients need extensive resourcing before trauma processing begins. Others do better with shorter, more contained targets rather than opening a broad field of unresolved material.

This is where experience matters. The technique itself is not enough. The clinician has to know when to proceed, when to slow down, and when the body is signaling “not yet.”

Anxiety therapy and the body’s alarm system

In anxiety therapy, Brainspotting can be particularly helpful when anxiety feels less like a thought problem and more like a whole-body event. People with chronic anxiety often receive the message that they need to think differently, challenge distortions, or stop overreacting. Sometimes that helps. Sometimes it barely touches the core experience because the body is already in alarm before conscious thought catches up.

A person may enter a crowded room and feel dizzy, nauseated, or dissociated before they have time to form a coherent interpretation. Another may hear a tone of voice that resembles an earlier experience of criticism and instantly feel small, shaky, or defensive. These responses are fast, embodied, and often rooted in implicit memory.

Brainspotting can help by giving the nervous system a route to process the underlying alarm. This does not mean anxiety disappears forever. It means the threshold for activation may change, the recovery time may shorten, and the person may no longer feel as if they are at the mercy of every trigger.

For clients with panic, social anxiety, performance anxiety, or trauma-linked generalized anxiety, this can be a significant shift. One executive I worked with had no trouble preparing for board meetings. His panic hit during the first thirty seconds of speaking, when all eyes turned toward him. He had practiced breathing, visualization, and cognitive strategies without much benefit. Brainspotting did not magically make him love **marriage counselor** public speaking, but it reduced the surge of threat enough that his preparation could finally carry him.

Depression therapy beyond thoughts alone

Depression therapy is often framed around mood, thought patterns, behavior, and life stressors, all of which matter. But many depressed clients also carry unresolved trauma, grief, or chronic nervous system shutdown. Their depression is not always experienced as sadness. It may show up as heaviness, numbness, deadened motivation, emotional flatness, or a sense of being cut off from themselves.

When the system has learned that mobilizing is dangerous, shutdown can become an adaptation. On the surface, it looks like low energy or lack of engagement. Underneath, it can reflect a body that has moved from chronic activation into collapse.

Brainspotting can be useful in these cases because it does not force emotional expression or demand a quick verbal explanation. It allows the person to stay with subtle internal states that may not yet have words. That can be especially important for clients who say, “I don’t know what I feel,” and mean it.

Processing through shutdown states requires patience. It is slower work. Sometimes the first gains are **Anxiety therapy** modest but meaningful: better sleep, a little more emotional range, fewer periods of blankness, less dread in the morning, slightly easier initiation of daily tasks. Those changes may sound small, but in depression treatment they often signal real movement in the nervous system.

Intensive therapy and why format matters

Not every client is best served by weekly sessions alone. For some, especially those coming from out of town, juggling demanding schedules, or wanting deeper momentum, intensive therapy can be a strong option. This may involve several extended sessions over one or more days, with careful planning, pacing, and follow-up.

Brainspotting can fit well within an intensive therapy model because it allows for sustained focus. Instead of spending the first twenty minutes reacclimating each week, clients can remain closer to the work and move through multiple layers of a target issue. This is often useful for trauma processing, entrenched anxiety patterns, or a specific block that has resisted change.

Still, longer does not automatically mean better. Intensives are not appropriate for everyone. Clients need enough internal stability, external support, and physical capacity to tolerate deeper work. A well-designed intensive includes preparation and integration, not just processing hours stacked back to back.

When intensives are thoughtfully structured, they can accomplish in a concentrated format what might otherwise take months to touch. The emphasis should remain on quality and containment, not on speed for its own sake.

What Brainspotting can help with, and where caution is needed

Brainspotting has a broad range of applications, but breadth should not be confused with universality. It can support work with trauma, attachment wounds, anxiety, depression, grief, performance blocks, medical trauma, and certain forms of chronic stress. It may also complement treatment for people who have trouble naming emotions or who feel chronically disconnected from their bodies.

At the same time, there are situations that require extra care. Active psychosis, severe instability, acute substance use crises, or highly fragmented trauma presentations may call for a different pace, more extensive stabilization, or another treatment frame. Even among appropriate clients, readiness varies.

A few practical signs often suggest that Brainspotting may be a good fit:

- You understand your patterns intellectually but still feel hijacked in your body.
- Triggers produce intense reactions that seem faster than conscious thought.
- Talking about the issue helps somewhat, but the same emotional charge keeps returning.
- You want a therapy approach that includes body awareness without requiring dramatic disclosure.
- You have enough support and stability to process difficult material with guidance.

These are not rigid criteria. They are clinical clues, best considered in conversation with a trained therapist.

The role of the therapist matters more than the method alone

Methods matter, but the therapist's presence matters more than many clients realize. Brainspotting relies heavily on attunement. The therapist is not just locating an eye position and waiting for magic. They are tracking breathing, posture, facial shifts, voice changes, pauses, agitation, collapse, and moments when the client seems close to either breakthrough or overwhelm.

A technically correct intervention delivered without relational safety can feel sterile or invasive. A highly attuned therapist can help a client stay engaged with difficult material without becoming lost in it. This is particularly important for people with developmental trauma, where the wound is not only what happened, but what happened in the absence of reliable support.

Clients often ask how to know whether a therapist is **Psychologist** competent in this approach. The answer is partly about training and partly about fit. Credentials matter, but so do pacing, clarity, humility, and responsiveness. A therapist should be able to explain what they are doing, why they are doing it, and how they will help if the work becomes too intense.

Questions worth asking before beginning include:

- How do you decide whether Brainspotting is appropriate for a client?
- What do you do if someone becomes overwhelmed or dissociative in session?
- How do you prepare clients for trauma processing and support integration afterward?
- Have you used this approach with anxiety, depression, or complex trauma presentations like mine?
- Do you offer standard sessions, intensive therapy, or both?

These questions do more than gather information. They tell you how the therapist thinks.

What change often looks like over time

The outcomes people hope for are usually straightforward. They want fewer panic spirals, less shame, better sleep, more stable relationships, fewer shutdowns, and a greater sense of control over their inner life. Brainspotting can support those outcomes, but the path is rarely linear.

Some clients feel relief quickly, especially when the target issue is specific and current. Others move in a slower pattern, where one layer resolves and reveals another beneath it. Sometimes there is a temporary increase in dreams, fatigue, or emotional sensitivity after a session. That does not always mean something is wrong. It can be part of integration, provided the client remains within a manageable range and has guidance.

The most meaningful changes are often practical. A person notices they no longer rehearse every possible disaster before making a phone call. They can hear constructive feedback without spiraling into self-hatred. They cry during a hard conversation and stay present instead of dissociating. They stop apologizing for every need. They feel sadness without drowning in it. They can rest.

Those shifts may not look dramatic from the outside. Inside a life, they are enormous.

A measured view of what Brainspotting offers

Brainspotting is not a performance of healing, and it is not a shortcut around the complexity of trauma. It is a focused therapeutic tool that can help people process the emotional and physiological residue of painful experience, often in ways that feel more direct than language alone.

For emotional regulation, its value lies in helping the nervous system complete what it has been carrying. For trauma resolution, its promise is not forgetting, but becoming less captive to what happened. For anxiety therapy and depression therapy, it can reach layers that are held in the body as much as in thought. For some clients, intensive therapy formats can deepen and accelerate that work when done responsibly.

The key is fit, timing, and skilled care. When those elements align, Brainspotting can help transform reactions that once felt automatic into experiences that are more observable, more tolerable, and more changeable. That is often where real therapeutic progress begins, not in the absence of emotion, but in the return of choice.

Dr. Katrina Kwan, Licensed Psychologist

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Address: Online-only practice

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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!1102.41164!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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