

There is a particular kind of exhaustion that comes from living in a body that never fully relaxes. It can look like tight shoulders that do not soften even during a vacation, a jaw that aches from clenching, a stomach that flips at ordinary stress, or a nervous system that reacts as if danger is always one room away. Many people describe it in plain terms: "I know I'm safe, but I don't feel safe."

That gap matters. Safety is not only an idea. It is also a body state. You can understand with perfect clarity that a relationship has ended, that the emergency is over, that your childhood home is far behind you, and still find yourself startled by footsteps, panicked by silence, or numb during moments that should feel warm and easy. Trauma therapy works in that gap between knowledge and felt experience. It helps the mind and body update together.

For people who have lived through abuse, neglect, medical trauma, loss, chronic unpredictability, accidents, betrayal, or prolonged stress, the body often learns habits that were once protective. Hypervigilance, dissociation, emotional shutdown, insomnia, and sudden surges of fear are not signs of weakness. They are signs that the nervous system adapted under pressure. The problem is that adaptations built for survival can become painful when they remain switched on long after the threat has passed.

The aim of trauma therapy is not to erase the past. It is to help the body stop reliving it.

When the body keeps the score, day-to-day life gets smaller

People often imagine trauma as a memory problem, as if the main issue is remembering something upsetting. In practice, trauma is often a regulation problem. The body reacts first, then the mind scrambles to explain. A client may walk into a grocery store, hear a loud cart slam, and suddenly feel shaky, angry, or frozen. Another may sit through a harmless disagreement with a partner and feel the same dread they felt years ago with a volatile parent. A third may feel nothing at all, which can be just as distressing. Numbness is not peace. It is often a sign that the system has gone offline to cope.

This is why trauma can overlap with anxiety therapy and depression therapy in ways that are easy to miss. Someone may seek help for panic attacks, low mood, chronic irritability, sleep disruption, or loss of motivation, only to realize that the deeper issue is a nervous system stuck in survival mode. Standard coping tools can help, but if the body has learned to expect danger everywhere, insight alone may not reach the part that is bracing.

That is where trauma-focused treatment becomes more precise. Rather than asking, "Why can't I just calm down?" therapy starts asking better questions. What cues trigger your alarm system? What does your body do when you feel trapped, criticized, ignored, or overwhelmed? Where do you notice activation first, your throat, your chest, your stomach, your hands? What happens [Psychologist](#) right before you leave your body emotionally, go blank, or lash out? These details are not small. They are the map.

Safety is a body experience before it is a belief

A person can say "I'm okay" while their breathing is shallow, their heart rate is elevated, and every muscle in their back is primed for impact. The body does not decide safety by logic alone. It decides through cues, patterns, memory, and physiological state.

This is one reason trauma recovery often feels slower than [Psychotherapist](#) people expect. Many clients come in frustrated because they have read the books, understood their patterns, and even forgiven people who hurt them, but they still wake up tense or go numb during intimacy or feel dread before ordinary tasks. Insight is valuable, but feeling safe in your body again usually requires repeated corrective experiences. The nervous system has to learn, over time, that the present is not the past.

That learning happens in small moments. A client notices their feet on the floor when talking about something difficult and discovers they can stay present. Another recognizes the first sign of activation, maybe heat in the face or pressure in the chest, and slows before panic escalates. Another learns the difference between healthy discomfort and actual threat. These are not cosmetic changes. They alter daily life. You sleep differently. You choose differently. You become less governed by old alarms.

What trauma therapy is actually doing beneath the surface

Good trauma therapy is not about forcing disclosure or revisiting painful experiences before someone has enough support to stay grounded. It is about helping the nervous system gain flexibility. In clinical language, many therapists think in terms of regulation, integration, and tolerance for emotional and bodily experience.

A dysregulated system tends to swing between activation and collapse. Activation can look like racing thoughts, panic, anger, restlessness, compulsive productivity, or scanning for danger. Collapse can look like numbness, fatigue, dissociation, brain fog, hopelessness, or the inability to act. Trauma therapy helps widen the space in the middle, where a person can feel, think, and choose without being hijacked.

This often includes paying close attention to the body. Not in a vague wellness sense, but in a highly practical one. If your throat tightens every time you try to speak up, that matters. If your stomach drops when a text goes unanswered, that matters. If your body goes cold before your mind even realizes you feel unsafe, that matters. These responses are information.

Many effective approaches work with this body-based information directly. Some therapists use somatic methods. Some use EMDR. Some use Brainspotting, which focuses on eye position and attunement to access and process trauma held beneath ordinary verbal awareness. Some integrate cognitive work with body tracking. The exact model varies, but the principle is consistent: recovery is not only about talking differently, it is about experiencing yourself differently while you talk, remember, feel, and relate.

Why talking alone is sometimes not enough

Traditional talk therapy can be deeply helpful, especially when a person has never had a stable, thoughtful space to make sense of their experience. Naming what happened matters. Being believed matters. Understanding patterns matters. For many people, that is an essential foundation.

At the same time, trauma can live below language. People often say things like, "I know this sounds irrational," or "I can explain it, but my body still reacts." That is not resistance. It is the limit of purely cognitive work.

Take someone who grew up with unpredictable rage in the home. As an adult, they may choose kind partners, have a steady job, and understand that conflict is normal, yet still feel terror when someone raises their voice. No amount of intellectual reassurance fully reaches the alarm system in the moment. Their body needs an experience of surviving conflict without overwhelm. It needs repetition, pacing, and enough support to stay present while the old pattern loosens.

This is where trauma therapy often feels different from standard counseling. The therapist may track breath, posture, eye gaze, pacing, and shifts in arousal. They may slow the conversation down when the client starts speaking too quickly or becoming detached. They may help the client pendulate, touching into difficult material and then returning to something more neutral or resourcing. This pacing is not a detour. It is the work.

Brainspotting and the body's hidden access points

Brainspotting has gained attention because it offers a way to work with trauma that does not rely on forcing a linear narrative. In simple terms, a brainspot is an eye position linked to an emotional or somatic activation. By holding attention on that spot, while staying connected to bodily sensations and the therapist's attuned presence, a person may access material that sits deeper than ordinary conversation.

For some clients, Brainspotting feels surprisingly direct. A person might begin with a current issue, such as panic before public speaking, a collapse after criticism, or a persistent feeling of dread that does not match present circumstances. As they track body sensation and eye position, the reaction can unfold in a way that reveals layers of memory, emotion, and stored survival responses. The work often feels less like telling a story and more like allowing the nervous system to process what it has been carrying.

It is not magic, and it is not for every person at every stage. Timing matters. Stabilization matters. A client who is highly dissociative, sleep deprived, or actively in crisis may need groundwork first. The same is true for any intensive trauma method. But when used well, Brainspotting can be especially valuable for people who say, "I can't talk my way out of this," or "I don't even have words for what happens to me."

In practice, the best results come when the method serves the person, not the other way around. A good therapist is not attached to one technique at the expense of the client's capacity. They watch for signs of overwhelm, not just emotional intensity but subtle changes like a glazed look, sudden confusion, loss of orientation, or physical collapse. Processing should challenge the system enough to create change, but not so much that it reproduces helplessness.

How people start feeling safer, often in ways they do not expect

Most clients do not wake up one morning completely transformed. Change tends to arrive in quieter evidence. The body starts doing less defensive work. The world feels a little less sharp around the edges.

Here are a few common signs that trauma therapy is helping:

1. You notice your triggers earlier, before they take over the whole day.
2. Your body returns to baseline faster after stress.
3. You feel more choice in relationships, especially when setting limits.
4. Sleep, appetite, and concentration become steadier.
5. You can stay present during discomfort without immediately shutting down.

These shifts can sound modest on paper, but they are often life changing. The client who used to spend two days recovering from a tense meeting now recovers in twenty minutes. The person who once froze when their partner asked a serious question can answer without dissociating. The parent who was constantly on edge around noise finds that their body no longer reacts as if every slam or scream is a threat. Healing often shows up as regained range.

One woman I worked with in a consultation setting described it perfectly after several months of trauma therapy. She said, "I still get activated, but now it feels like weather, not destiny." That is a sophisticated marker of progress. She was no longer fused with the reaction. She could feel it, name it, and trust it would move.

Anxiety, depression, and trauma often travel together

People do not always arrive in treatment saying, "I have trauma." They are more likely to say, "I can't stop worrying," "I'm exhausted and flat," or "I'm functioning but barely." [Trauma therapy drkatrinakwan.com](https://www.drkatrinakwan.com) Anxiety therapy and depression therapy often intersect with trauma work because unresolved trauma can drive both anxious overactivation and depressive shutdown.

When the nervous system stays braced for danger, anxiety makes sense. The person is scanning, anticipating, and trying to prevent pain. When the system has been overwhelmed for too long, depression can also make sense. Energy drops. Hope narrows. Pleasure becomes hard to access. The body may protect itself by going dull.

This does not mean every case of anxiety or depression is trauma-based. That would be too simplistic. Biology, current stress, grief, hormones, sleep, social isolation, and many other factors can shape symptoms. But trauma is common enough, and often hidden enough, that it deserves careful assessment. Especially when symptoms seem chronic, treatment resistant, or disproportionate to present circumstances.

A trauma-informed therapist will not flatten everything into one explanation. They will stay curious. If panic attacks began after a car accident, that matters. If depression deepened after years of emotional invalidation, that matters. If someone developed perfectionism in a chaotic household and now burns out at work, that matters. The point is not to label everything as trauma. The point is to understand what the body learned and whether those lessons are still running the show.

The role of intensive therapy when weekly sessions are not enough

For some people, weekly therapy is the right pace. It gives time to process, practice, and integrate. For others, especially those traveling from out of town, carrying layered trauma, or wanting focused momentum, intensive therapy can be a better fit.

An intensive therapy format usually means longer sessions over one or several days, rather than a single hour per week. That structure can be useful because it allows enough time to settle in, access meaningful material, and work through it without stopping just as things become clear. Anyone who has done weekly therapy knows the frustration of spending forty minutes arriving, ten minutes touching the real issue, and then needing to stop.

Intensives are not automatically superior. They require careful screening. The person needs enough stability, support, and aftercare. The therapist needs a clear plan for pacing and follow-up. But for the right client, the format can be efficient and deeply effective.

A thoughtful intensive therapy plan usually includes:

1. Preparation, including goals, triggers, medical and psychiatric history, and support needs.
2. Enough stabilization tools so the client can regulate before and after deeper processing.
3. A clear structure for the session time, with flexibility if the nervous system needs a slower pace.
4. Integration after the intensive, often through follow-up sessions, rest, and practical support.
5. Honest discussion of limits, including when an intensive is not appropriate.

The people who benefit most are often those who already have some capacity to reflect and regulate, but feel stuck in repetitive patterns. They are not looking for a dramatic breakthrough so much as a more sustained shift. The longer format can help the body stay with the process long enough to complete something it has interrupted for years.

Therapy cannot be rushed, but it also does not have to be endless

One of the more damaging myths about trauma recovery is that it either happens quickly if you find the "right" method, or it drags on forever with little change. Real life is more nuanced. Some symptoms improve within a few months. More complex relational trauma can take longer. Setbacks happen. New layers emerge when life changes. Progress is rarely linear.

Still, many people stay in treatment longer than necessary without a clear sense of what is changing. Good therapy should not feel like wandering. It should have direction, even when the path bends. You should be able to say, over time, "Here is how my body reacts differently now. Here is what I can do that I could not do six months ago."

That may mean fewer panic spirals, more tolerance for closeness, less dissociation, improved sleep, reduced self-attack, or the ability to recover from conflict without losing the entire week. The markers should be concrete. Safety becomes visible in ordinary life.

A therapist's job is not to impress you with language. It is to help you build enough internal safety that you can inhabit your own experience without being flooded or absent. Sometimes that happens through very subtle work. A pause. A breath. A moment of noticing that your shoulders just dropped for the first time in twenty years.

What it feels like when the body starts trusting the present

People often expect healing to feel dramatic, but more often it feels quietly unfamiliar. You walk into a room and do not scan for exits. You hear a tone of disappointment from someone you love and do not instantly assume abandonment. You sleep through the night after a difficult conversation. You feel hunger, pleasure, grief, anger, tenderness, all without going numb or panicked. The body starts allowing more life.

There can also be grief in this stage. When safety returns, people sometimes realize how long they have been surviving rather than living. They notice how much energy went into staying guarded, pleasing others, avoiding conflict, overworking, or disappearing inside themselves. That recognition can sting. It is also part of recovery. Mourning what was lost often makes room for a more grounded future.

Feeling safe in your body again does not mean you never get triggered. It means triggers no longer define your whole **Psychologist** identity. You can move from alarm back to steadiness. You can tell the difference between a painful reminder and a present danger. You can stay home in yourself.

That is the heart of trauma therapy. Not perfection. Not perpetual calm. A return to inhabiting your own life with more ease, more choice, and more trust in what your body is telling you. When treatment is well matched, whether through weekly sessions, Brainspotting, anxiety therapy, depression therapy, or a carefully designed intensive therapy process, the body can relearn what safety feels like. And once that begins, the world often opens in places that had been closed for years.

Dr. Katrina Kwan, Licensed Psychologist

Name: Dr. Katrina Kwan, Licensed Psychologist

Address: Online-only practice

Phone: [+1 650-387-2578](tel:+16503872578)

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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