

There is a particular kind of exhaustion that does not improve with a weekend off, better sleep, or a well-meaning reminder to “just relax.” It shows up as a body that never quite unclenches, a mind that scans for problems before your feet hit the floor, and relationships that feel harder than they should. Many people describe it in plain language: “I feel like I’m always bracing.” Clinically, that often reflects a nervous system stuck in survival mode.

Survival mode is not a character flaw. It is not weakness, laziness, or a lack of gratitude. It is what happens when the brain and body have adapted to threat so thoroughly that they struggle to recognize safety, even when life has changed. Trauma therapy can help loosen that grip. Not by erasing the past, and not by forcing someone to “move on,” but by helping the nervous system learn that the danger is over, or at least no longer everywhere.

That distinction matters. People often seek help because of anxiety, low mood, irritability, insomnia, panic, numbness, or burnout. Sometimes they come in asking for anxiety therapy or depression therapy, only to discover that the symptoms make more sense through a trauma lens. The presenting problem may look like overthinking, procrastination, or relationship conflict. Underneath, there may be a body that has spent years preparing for impact.

What survival mode really looks like

Popular language tends to reduce stress responses to fight, flight, or freeze. In practice, survival mode is usually more layered. One person becomes intensely productive, hyper-responsible, and unable to rest without guilt. Another shuts down, loses access to motivation, and feels detached from their own life. A third moves between both states, high alert one week, emotionally flat the next.

Trauma does not have to mean a single catastrophic [Anxiety therapy Dr. Katrina Kwan](#) event. Sometimes it does. Car accidents, assaults, sudden medical crises, military combat, and natural disasters can overwhelm the system in a clear, unmistakable way. But trauma can also develop through repeated experiences that wear away a sense of safety over time: growing up with unpredictable caregivers, chronic criticism, emotional neglect, bullying, coercive relationships, repeated medical procedures, racism, community violence, or years spent in environments where the body learned it was never fully safe.

When survival mode takes hold, it can affect nearly every area of life. Sleep becomes lighter. Concentration narrows. Startle responses get sharper. Digestive problems, headaches, muscle tension, and fatigue become common. Decision-making shifts too. A person may become quick to appease, quick to withdraw, or quick to assume the worst. Often they know their reactions do not fit the present moment, yet the body reacts first and the explanation arrives later.

That gap between “I know” and “I still feel it” is where trauma therapy becomes especially useful.

Why insight alone often is not enough

Many thoughtful, capable people understand exactly why they react the way they do. They can name the family dynamics, identify their triggers, and explain the pattern with impressive clarity. Yet insight does not always change the body’s response. Someone can know their partner is not their volatile parent and still feel dread when conflict starts. They can know they are safe in a meeting and still experience shaking hands, a tight jaw, and a blank mind when asked a direct question.

This is one reason trauma therapy differs from forms of treatment that focus mainly on conscious thought. Cognitive tools matter. They can reduce shame, improve perspective, and challenge distorted beliefs. But trauma is often stored not only as a narrative, but as a state. The body remembers through tension, reflex, speed, collapse, sensory fragments, and automatic defense.

A good trauma therapist pays attention to both the story and the state. They listen to what happened, but they also track breathing, pacing, eye focus, body shifts, dissociation, and what happens in the room when a difficult topic comes close. The goal is not simply to retell painful experiences. It is to help the nervous system process them without becoming overwhelmed.

That is where trauma therapy starts to feel different from ordinary coping advice. The work is less about “trying harder to calm down” and more about building the capacity to stay present while the body updates old threat patterns.

Trauma therapy is not one thing

The phrase trauma therapy covers a range of approaches. Some are talk-based, some are more somatic, and some blend both. The best fit depends on the person, the type of trauma, their current stability, and how their nervous system responds under stress.

For some people, structured anxiety therapy helps first. If panic attacks, obsessive worry, or severe avoidance are dominating daily life, those symptoms may need direct attention. For others, depression therapy is the front door because the most obvious issue is numbness, hopelessness, or exhaustion. Once the [Mental health service](#) work begins, trauma often reveals itself as part of the deeper pattern.

What matters most is not the trendiest method. It is whether the therapy helps the person feel safer, more regulated, and more able to live in the present. Effective trauma work is usually paced carefully. It does not rush

disclosure. It does not assume that catharsis equals healing. And it does not confuse emotional intensity with progress.

In practice, the process often moves through phases. First comes stabilization, helping the person build enough regulation and support that the work does not destabilize them. Then comes processing, where traumatic material is approached in a way the system can tolerate. After that, integration becomes central, weaving new responses into everyday life so change holds outside the therapy room.

What changes when treatment is working

The biggest shifts are often subtle at first. People expect a dramatic breakthrough. More often, improvement shows up in ordinary moments.

A person who used to bolt awake at 3 a.m. Starts sleeping through the night a few times a week. Someone who froze during conflict notices they can now say, "I need a minute," instead of disappearing emotionally. A parent who lived in constant irritability catches the surge in their body before they snap at their child. A professional who could never stop overpreparing speaks in a meeting without rehearsing every sentence.

These changes may sound small, but they are not. They reflect a nervous system becoming more flexible. The body is no longer treating every stressor as an emergency.

Clients often describe a few common shifts when trauma therapy is helping:

- they recover faster after being triggered
- they feel more present in their own body
- they can tell the difference between past danger and current stress
- they set clearer boundaries with less guilt
- they experience more choice in how they respond

Notice the theme. Healing is not the absence of all triggers. It is the return of options.

Brainspotting and the body's role in healing

One approach that many people find helpful is Brainspotting. It is less widely known than some other trauma treatments, but it has earned a strong reputation among clinicians who work with trauma, performance blocks, dissociation, and chronic stress responses.

Brainspotting is based on the idea that where you look can affect how you process what you feel. In a session, the therapist helps identify an eye position, a "brainspot," linked to emotional activation or bodily sensation. Holding attention there, while staying attuned to internal experience, can allow material that is stored below conscious awareness to surface and process.

For people who have spent years trying to explain themselves into relief, this can be a relief in a different direction. Less talking, more noticing. Less pressure to produce a polished story, more room for the body to show what it has been carrying.

That does not mean Brainspotting is magical or universally better. It is one tool among many. Some clients respond deeply to it. Others prefer therapies that are more verbal or more structured. In skilled hands, though, Brainspotting can be especially useful when trauma feels hard to access in words, when symptoms are intense but diffuse, or when a person becomes overwhelmed by traditional recounting.

A practical example helps. Consider someone who had years of emotional unpredictability growing up. As an adult, they panic when they receive a vague text from their boss saying, "Can we talk?" Rationally, they know it may mean nothing serious. Physically, their chest tightens, their appetite disappears, and they cannot focus for hours. In a Brainspotting session, they may track the body sensations tied to that alarm without having to narrate every childhood memory in sequence. Over time, the intensity can reduce. The nervous system begins to decouple present-day cues from old danger states.

That kind of shift can feel almost surprising. Not because the memory disappears, but because the body stops reacting as if the past is recurring right now.

The fear many people bring into the therapy room

A common worry is that trauma therapy will make everything worse. This fear is understandable. Some people have already had experiences, in therapy or elsewhere, of opening painful material too quickly and then feeling flooded for days. Others worry that if they let themselves feel what happened, they will fall apart and not come back.

A competent trauma therapist takes that concern seriously. The work should not feel like emotional demolition. Good therapy involves titration, approaching difficult material in manageable doses. It also involves pendulation, moving between activation and regulation so the system learns it can experience distress without getting trapped in it.

This pacing is not avoidance. It is what makes processing possible.

There is also the opposite fear, that if therapy does not feel dramatic, it is not working. This is where clinical judgment matters. Some sessions are intense. Some are quiet. Some of the most important work happens when a

person notices, perhaps for the first time, that their shoulders dropped on their own. Or that they made eye contact during a difficult memory. Or that they felt anger without immediately turning it into self-blame. Those moments can be deeply corrective.

When anxiety and depression are rooted in trauma

Not every case of anxiety or [Trauma therapy](#) depression comes from trauma. Biology, life stress, grief, isolation, medical issues, and many other factors play a role. Still, trauma is frequently part of the picture, especially when symptoms are persistent, resistant to standard treatment, or paired with strong physical reactivity.

This is why trauma-informed anxiety therapy can be different from symptom-focused treatment alone. If a person learned early that mistakes led to humiliation or punishment, their anxiety may not just be “worry.” It may be an embodied expectation of danger attached to being visible, imperfect, or needy. Likewise, depression therapy can look different when low mood is tied to collapse after years of hypervigilance. In some cases, what appears to be depression is a nervous system that has run out of energy for constant defense.

Therapy becomes more effective when the treatment matches the underlying mechanism. If the body is stuck in threat, telling someone to think more positively is rarely enough. If numbness developed as protection, pushing for emotional expression too fast can backfire. Trauma therapy adds precision. It asks not only, “What are your symptoms?” but also, “What are these symptoms trying to protect you from?”

That question often reduces shame immediately. Behaviors that once looked irrational begin to make sense as adaptations. Perfectionism, avoidance, people-pleasing, emotional detachment, anger, overworking, and control can all be survival strategies. Costly ones, yes, but understandable.

Why some people benefit from intensive therapy

Weekly therapy is effective for many people, but it is not the only format. Intensive therapy has become a valuable option for those who want concentrated treatment over a shorter period. This might involve several hours a day over a few days, or a carefully planned sequence of extended sessions.

Intensive therapy can be helpful when someone has limited scheduling flexibility, is traveling for specialized care, or feels that weekly sessions keep interrupting deeper momentum. It can also work well when a person has enough stability and support to tolerate a more focused period of processing.

That said, more is not automatically better. Intensive work asks more of the nervous system. It requires good screening, thoughtful preparation, and a plan for integration afterward. Without those pieces, the experience can become too much, too fast. In the right circumstances, however, intensive therapy can accelerate progress that might otherwise take months to build. It allows enough sustained time for the nervous system to settle into the work rather than starting and stopping every seven days.

A seasoned therapist will weigh several factors before recommending it:

- current safety and stability in daily life
- ability to regulate between sessions
- complexity of trauma history
- availability of support after treatment
- goals for the work and timeline

This is where customization matters. Treatment should fit the person, not the other way around.

What the first stretch of healing often feels like

People sometimes imagine that healing begins with relief. More often, it begins with awareness. You notice how often you brace. You realize that what you called “being independent” is partly a refusal to need anyone. You see that your body has been clenching for years. This phase can feel discouraging if you mistake awareness for getting worse.

It is not worse. It is contact.

Once the system starts feeling safe enough to notice, patterns become visible. A comment from a partner stings more than it should. A delayed reply sends you spiraling. You go numb after family visits. You lose your voice in rooms where authority is present. None of this means therapy is creating problems. It means the protective fog is thinning.

Then comes a more hopeful stage. Triggers still happen, but they stop hijacking entire days. The body gives earlier signals. You recognize, “This is old.” You can orient to the room, feel your feet, slow your breath, and choose the next step with more intention. Sometimes the change surprises other people first. A spouse notices you stay in the conversation. A friend says you seem softer. A coworker comments that you are less reactive under pressure.

Eventually, survival mode stops being your default setting. Stress still exists. Life still hurts sometimes. But the system no longer treats every challenge like a threat to your existence.

What to look for in a trauma therapist

Credentials matter, but the felt experience of therapy matters too. A trauma therapist should be able to create enough safety that you do not feel pushed, shamed, or handled. They should also be able to explain their process clearly. If they use Brainspotting, somatic techniques, or another modality, they should help you understand what it is for and how they pace it.

Look for someone who can tolerate complexity. Trauma rarely unfolds in a straight line. People may feel attached and wary, motivated and avoidant, hopeful and skeptical, sometimes all within the same session. A good therapist does not pathologize those contradictions. They understand them as part of the work.

It is also worth paying attention to whether the therapist seems more interested in your symptoms or your system. Symptom reduction is important. But sustainable healing comes from understanding how your mind, body, relationships, and history interact. That takes curiosity, patience, and attunement.

If you have a history of dissociation, self-harm, addiction, or severe instability, the need for careful assessment is even greater. These situations do not rule out trauma therapy. They simply make the fit and pacing more important.

Moving from endurance to participation

Many people in survival mode can function impressively. They hold jobs, care for families, meet deadlines, and keep going long after their bodies have asked for rest. From the outside, they may seem fine. Inside, life feels like endurance. Joy is muted. Rest feels unsafe. Relationships are navigated rather than inhabited.

Trauma therapy can change that. Not overnight, and not in a perfectly linear arc. But it can help a person move from constant management of symptoms toward real participation in their own life.

That may mean feeling pleasure without scanning for the catch. It may mean noticing your child's laugh instead of your own tension. It may mean speaking honestly in a relationship without expecting abandonment. It may mean walking into a room and not instinctively locating every exit first. These are not glamorous milestones, but they are profound ones.

The deepest value of trauma therapy is not that it turns you into someone untouched by pain. It is that it helps you become less governed by what once happened. The past may remain part of your story, but it stops dictating your nervous system's every move.

For someone who has lived in survival mode for years, that shift can feel almost unfamiliar at first. Quiet can feel [Psychologist](#) strange. Ease can feel undeserved. Choice can feel risky. Yet with time, practice, and skilled support, those states become more accessible.

Healing is not forgetting. It is learning, in a very real and embodied way, that you no longer have to organize your entire life around getting through the next threat. You can begin to inhabit the present with more steadiness, more range, and more room to live.

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!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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