

Anxiety rarely arrives as a single, tidy symptom. More often, it spreads. It shows up in the body as tight shoulders, stomach pain, insomnia, headaches, racing heartbeats. It slips into work as overchecking, avoidance, missed deadlines, difficulty speaking up, or a constant sense that one mistake will expose you. It strains relationships because irritability and reassurance-seeking are exhausting, for you and for the people around you. Over time, life can start to feel organized around managing fear rather than pursuing what matters.

That is usually the moment people begin to wonder whether anxiety therapy could help.

In clinical practice, the question is almost never whether anxiety is real enough to deserve treatment. The real question is whether it is interfering enough to justify support. Many people wait too long because they think they should be able to push through it, or because their lives still look functional from the outside. They go to work, answer emails, care for children, pay bills, keep appointments. Meanwhile, every ordinary task costs twice the energy it should. Functioning and suffering can coexist for a long time.

Therapy can help when anxiety has become the background music of your life, constant, draining, and hard to turn down. It can also help much earlier than that. You do not need to reach a breaking point to benefit.

What anxiety takes from you, often before you notice

Anxiety is not just worry. Worry is part of it, but chronic anxiety changes behavior. It narrows your world. People stop driving on highways, speaking in meetings, attending events, checking medical results, opening bank statements, applying for jobs, or having difficult conversations. They call it being careful, realistic, or busy. Sometimes it is. Sometimes it is anxiety making the rules.

One of the most important things therapy does is make those rules visible.

A client might say, "I'm just someone who likes to be prepared." After a few sessions, it becomes clear that preparation means rehearsing every social interaction, re-reading every message six times, and never taking a small risk unless success is nearly guaranteed. Another person might insist, "I don't have panic attacks, I just get overwhelmed." Then they describe tingling hands, chest pressure, dizziness, and a desperate need to escape crowded places. Many people have normalized symptoms that are costing them a great deal.

This matters because anxiety feeds on accommodation. The more your life bends around fear, the more fear appears to make sense. If avoiding the situation brings relief, even for ten minutes, your nervous system learns that avoidance works. Relief becomes the reward. The problem is that the world gets smaller each time.

The point where support becomes more than helpful

There is no single threshold, but a few patterns tend to signal that therapy is worth serious consideration:

- You spend a significant part of the day anticipating, preventing, or recovering from anxiety.
- Physical symptoms, including sleep disruption, stomach distress, muscle tension, or panic, are becoming routine.
- Your work, relationships, parenting, or school performance are being shaped by avoidance or overcontrol.
- Self-help strategies help briefly, but the anxiety returns with the same force.
- You can name what scares you, but you still cannot seem to change your response to it.

Those signs do not mean you are failing. They mean the problem has moved beyond simple stress management.

In my experience, many people seek therapy only after anxiety begins to threaten something concrete: a marriage, a promotion, fertility treatment, a new baby, a move, a health scare, a child struggling in school. Anxiety often intensifies when life asks more of you. That does not mean you are weak. It means your current coping system has hit its limit.

Why insight alone is not always enough

A common frustration sounds like this: "I know my fear is irrational, so why can't I stop?" It is a fair question. Insight helps, but anxiety is not sustained by logic alone. It is also held in the body, in conditioned responses, in old learning, and in nervous system patterns that can fire before conscious thought catches up.

Someone with driving anxiety may know statistically they are likely safe, yet their hands still sweat as soon as they reach the on-ramp. A person with health anxiety may understand that repeated checking increases distress, yet still feel compelled to monitor every sensation. A high-achieving professional may fully grasp that one imperfect presentation will not ruin a career, yet lose sleep for three nights before speaking.

This is where anxiety therapy becomes practical rather than abstract. Good treatment does not simply tell you to think differently. It helps you notice triggers, identify the patterns keeping the cycle alive, and build enough **Brainspotting Consultant** internal regulation to respond differently in real time.

Cognitive strategies are often useful, especially for catastrophic thinking, perfectionism, and black-and-white interpretations. Behavioral work matters because change requires lived experience, not just insight. Nervous system-based approaches can be essential when anxiety is tied to trauma, chronic activation, or experiences that left the body feeling unsafe even after the danger ended. Effective therapy often blends these layers rather than treating them as competing camps.

When anxiety is really about something deeper

Not all anxiety starts with current stress. Sometimes it is rooted in older experiences that taught the brain and body to stay on guard. A childhood marked by unpredictability, criticism, emotional neglect, bullying, medical trauma, grief, or family conflict can leave a person highly attuned to threat. They may look competent and composed, yet feel internally braced all the time.

This is one reason trauma therapy can be so important for anxiety treatment. If your nervous system learned early that the world is unsafe, purely rational tools may not be enough. You can repeat reassuring thoughts all day and still feel danger in your chest, jaw, and gut.

Trauma does not have to mean a single catastrophic event. Repeated smaller experiences can shape the same pattern. Growing up with an explosive parent, being shamed for mistakes, having no reliable comfort when distressed, or living through chronic instability can all train a person to scan constantly for what might go wrong. Later, that pattern may look like generalized anxiety, social anxiety, panic, people-pleasing, or extreme self-criticism.

When anxiety has this kind of history underneath it, therapy often needs to do more than challenge thoughts. It needs to help the body learn that the present is not the past.

What therapy actually looks like when it is working

Progress in therapy is not always dramatic. More often, it is visible in ordinary moments. You send the email without rereading it seven times. You sleep through the night before a meeting. You go to the grocery store without leaving your cart. You feel a wave of panic and stay present instead of bolting. You stop asking your partner for reassurance every evening. You notice the anxious thought, but you do not obey it.

That kind of change usually comes from a few things happening at once.

First, therapy helps you map the cycle. Triggers, physical sensations, thoughts, urges, avoidance, and short-term relief all become easier to spot. This matters because vague distress is hard to change, while a visible pattern can be interrupted.

Second, therapy teaches regulation. Depending on the person, that might include breathing work, grounding, attention training, pacing, sleep repair, reducing nervous system overload, or learning how to tolerate uncertainty without immediately acting on it.

Third, therapy addresses the meaning attached to anxiety. Many anxious people do not just fear events. They fear what those events would say about them. A mistake means "I'm incompetent." Rejection means "I'm unlovable." Bodily sensations mean "I'm in danger." Therapy often works by loosening those deeply held conclusions.

Fourth, treatment becomes experiential. This may involve exposure-based work, role play, somatic processing, trauma therapy, or specific approaches such as Brainspotting when appropriate. Real change tends to happen when the mind and body have a new experience, not when they are merely persuaded.

Where Brainspotting can fit

Brainspotting is one of several approaches that can be useful when anxiety is linked to unresolved stress, trauma, or activation that does not fully respond to talk therapy alone. The method uses eye position and focused attention to help access and process material held below the level of ordinary verbal awareness. People often describe it as less about explaining and more about noticing what the body is carrying.

It is not magic, and it is not the right fit for everyone. Some clients love the depth and directness of it. Others prefer a more structured cognitive approach first, especially if they feel unsettled by less verbal methods. That is normal. Good therapy is not about brand loyalty to a technique. It is about matching the approach to the person.

When Brainspotting is helpful, it can reduce the intensity of reactions that feel stuck. Someone may still remember the original event, but the body no longer responds as if the danger is happening now. That difference matters. For people whose anxiety has a strong trauma component, this kind of shift can restore a sense of choice that had been missing.

Anxiety and depression often travel together

People are often surprised to learn how frequently anxiety therapy and depression therapy overlap. Chronic anxiety is exhausting. If your mind is constantly preparing for danger, disappointment, conflict, or failure, burnout is not far behind. Over time, the same person who once looked restless and vigilant can start to look flat, numb, hopeless, or unmotivated.

The reverse is also true. Depression can increase anxiety because low energy makes everyday demands feel more threatening. Tasks pile up, confidence drops, and avoidance grows. A person may say, "I don't know if I'm anxious or depressed." Clinically, that is not unusual.

The treatment plan often needs to account for both. If someone is too depleted to practice new skills, anxiety work may stall. If constant fear keeps them from engaging in life, depressive symptoms may deepen. Good therapy looks at the whole picture rather than forcing one label to do all the work.

This is also why medication discussions sometimes become relevant. Therapy can be highly effective on its own, but there **Psychologist** are cases where medication lowers the intensity enough for therapy to work better. That

decision is personal and should be made with a qualified prescriber, but it is worth considering when panic is severe, sleep is collapsing, or daily functioning has become difficult to maintain.

Why some people benefit from intensive therapy

Weekly therapy is a solid format for many people. It creates continuity, allows time for practice between sessions, and can support steady growth. Still, there are situations where weekly work feels too slow. A person may be in acute distress, facing a deadline, recovering from a major rupture, or trying to address longstanding trauma patterns that keep derailing daily life.

That is where intensive therapy can make sense. Instead of meeting for 50 minutes once a week, the client and therapist work in longer sessions or over a concentrated block of days. This format can be especially useful when a person is motivated, wants momentum, and has the emotional bandwidth for deeper work. It reduces the stop-start feeling that sometimes happens in weekly therapy, where the first part of each session is spent reorienting to where things left off.

Intensives are not inherently better. They are simply different. For some people, they provide traction. For others, the slower pace of weekly therapy feels safer and more sustainable. The right structure depends on symptom severity, life demands, finances, support system, and how a person metabolizes emotional work. Faster is not always wiser. But for the right person, an intensive can create meaningful movement in a short period.

What keeps people from starting, even when they know they need help

Shame is a major barrier. High-functioning anxious people often believe they should be able to solve this on their own because they have solved other problems through effort. Anxiety does not respond well to brute force. Trying harder can even worsen it, especially when the trying takes the form of more checking, more controlling, more overthinking, and more self-monitoring.

Cost is another real obstacle. Therapy is an investment, and not everyone has easy access to care. In those cases, it can help to look at the actual price anxiety is already charging. Lost work hours, medical appointments driven by stress symptoms, strained relationships, sleep deprivation, and the emotional cost of living in a constant defensive posture all add up. That does not make therapy affordable for everyone, but it can clarify that doing nothing is not free.

There is also fear of opening the wrong door. Many people worry that if they start talking about anxiety, they will fall apart, uncover something unbearable, or become dependent on therapy. In competent treatment, pacing matters. Therapy should feel challenging at times, but not reckless. You do not need to disclose everything in the first hour. A good therapist helps you build enough safety and skill to do meaningful work without flooding you.

Choosing a therapist who can actually help

The relationship matters as much as the method. Technical skill is important, but so is fit. If you leave every session feeling unseen, rushed, judged, or vaguely misunderstood, progress will be harder.

A few practical questions can make the search more efficient:

- What experience do you have treating the type of anxiety I'm dealing with, such as panic, health anxiety, social anxiety, or trauma-related anxiety?
- How do you work when anxiety is strongly felt in the body, not just in thoughts?
- Do you offer approaches such as trauma therapy, Brainspotting, or intensive therapy when appropriate?
- How will we know whether therapy is helping over the first six to eight weeks?
- What do you do if a client understands their patterns intellectually but still feels stuck?

The answers do not need to sound polished. They should sound clear, grounded, and responsive to your actual concerns.

It is also reasonable to ask how a therapist handles setbacks. Anxiety treatment is rarely linear. People often improve, then hit an old trigger and feel discouraged. A skilled therapist expects that. Setbacks are data, not proof that treatment failed.

Signs that therapy is starting to restore control

Regaining control does not mean eliminating anxiety forever. It means anxiety is no longer running your schedule, interpreting every situation, and dictating **Anxiety therapy** your choices. It means you can feel activation without immediately organizing your life around it.

Often, the earliest signs are subtle. You pause before responding to a fear-driven urge. You recover faster after being triggered. You spend less time mentally rehearsing worst-case scenarios. Your body settles sooner. You stop treating every anxious thought as urgent information. These shifts can look small from the outside, but they represent meaningful change in the nervous system and in daily functioning.

For many people, the deeper change is identity-level. They stop seeing themselves as fragile, broken, or difficult. They begin to trust their own capacity to feel discomfort and stay present. That trust matters because anxiety thrives when you believe you cannot handle what might happen. Therapy helps replace that belief with evidence.

Control, in the healthiest sense, is not rigid control over thoughts or feelings. It is the ability to choose your next step even when anxiety shows up. You still have a racing heart before a hard conversation, but you have the conversation. You still feel dread before boarding the plane, but you board it. You still hear the old internal alarm, but you no longer confuse alarm with truth.

That is the practical promise of anxiety therapy. Not a perfectly calm life, because no such life exists, but a life that is no longer built around fear. For people **Counselor** who have spent months or years adapting themselves to anxiety, that shift can feel less like self-improvement and more like getting their life back.

Dr. Katrina Kwan, Licensed Psychologist

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Address: Online-only practice

Phone: +1 650-387-2578

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!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 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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