

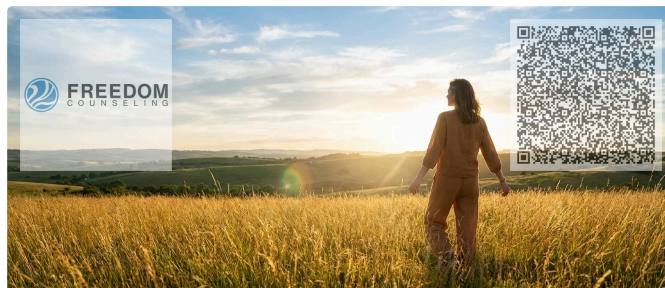
The first time I sat with a client for EMDR therapy, she looked at the light bar and asked if it was going to hypnotize her. She had spent years talking about the same memories without much relief. Six sessions later, she described that same memory as “distant, like a picture in a book.” Not erased, not rewritten, but transformed from a live wire into something she could hold without flinching. That is a common aim of EMDR therapy, to help your nervous system digest what felt impossible at the time so you can respond to the present rather than react to the past.

This guide explains how EMDR works, who tends to benefit, how it fits alongside other options like anxiety therapy or couples therapy, and what to expect if you choose to try it. You will also find practical advice for teens and families, and a few considerations about ADHD testing when trauma symptoms and attention issues overlap.

## What EMDR Therapy Is, and What It Is Not

EMDR stands for Eye Movement Desensitization and Reprocessing. The therapy was first developed by psychologist Francine Shapiro in the late 1980s and has since been refined through clinical research and training standards. At its core, EMDR relies on a simple observation: when your brain is overwhelmed by threat, certain memories store in a raw, sensory-heavy form. Smells are sharper, images stick, the body holds tension like a coiled spring. Later triggers yank you back into that state whether or not danger exists now.

EMDR therapy helps the brain reprocess that stuck material. The therapist guides you to focus on a memory while engaging in bilateral stimulation, usually side-to-side eye movements, taps, or tones. The back-and-forth action appears to support the brain’s information processing system, similar to the integration that happens during rapid eye movement sleep. People often report that disturbing images fade, body sensations change, and beliefs like “I am powerless” soften into “I did the best I could” or “I am safe now.”



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It is not hypnosis. You are awake, in control, and able to pause at any time. It is not a shortcut that ignores coping skills. Good EMDR starts with strong preparation, grounding tools, and a clear plan for what to target. And it is not only for shock trauma. Many clients use EMDR to address chronic stress, complicated grief, medical trauma, panic, attachment wounds, or performance anxiety.

## What Happens in an EMDR Session

While every therapist has a style, EMDR follows an eight-phase framework that respects pacing and safety. The first sessions focus on history, goals, and resources. Your therapist will ask about the events that still carry charge for you, then map how those memories relate to current triggers and the future you want. Together you will build stabilization skills, like a calm place visualization, breath practices you actually tolerate, and plans for managing activation between sessions.

When you both agree it is time to process a target memory, the therapist will help you identify the worst image, the negative belief you hold about yourself when you recall it, the emotion that comes up, and where you feel it in your body. You will also name a preferred belief you want to feel true, such as “I can handle it” or “I am safe now.” Distress is measured, not to box you in, but to give a baseline.

Then comes bilateral stimulation. You hold the image lightly in mind, notice what arises, and let your brain lead. The therapist checks in every few sets, prompts gentle curiosity, and keeps an eye on your window of tolerance. The content often moves faster than in talk therapy. A smell might pop up, a new memory may surface, an old belief may crumble. If things feel too strong, you return to resources and the present.

When distress reduces to a low level, the therapist helps install the preferred belief, then checks the body for residual activation. Sessions end with closure, meaning you leave grounded and oriented to the day ahead. At the start of the next session, you reevaluate progress, sometimes with fresh insights the brain consolidated between meetings.

Clients often ask how many sessions it takes. For a single incident trauma with good support and few complicating factors, many resolve the main distress in 6 to 12 sessions. Complex trauma, ongoing stressors, or multiple targets require longer treatment, sometimes months. That is not a failure. It reflects how patiently the nervous system unwinds when it has been on alert for years.

## Who Tends to Benefit Most

EMDR therapy has solid evidence for posttraumatic stress, including symptoms that follow assaults, accidents, medical emergencies, or natural disasters. It also helps [Psychotherapist](#) when trauma is layered, like childhood emotional neglect or living in a chronically unsafe environment, though the pacing is usually slower and the preparation phase more robust.



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People seeking anxiety therapy frequently use EMDR to reduce the root drivers of panic, social fear, phobias, or health anxiety. If past experiences taught your brain to overestimate threat, EMDR can reduce the stored alarms and complement cognitive tools. I have seen clients who could rationally identify a thought distortion but still felt hijacked by their bodies. After EMDR, the same situations brought a quieter physiological response, which made traditional **Mental health clinic** skills genuinely usable.

For grief, EMDR does not erase love or sadness. It lifts the trauma piece that often complicates mourning, like the image of a hospital room that intrudes in the middle of an otherwise loving memory. Athletes and performers sometimes use EMDR to clear the noise around high pressure moments and install focused, grounded beliefs.

Survivors of relational trauma often find EMDR helpful when combined with attachment work. It can soften triggers that derail connection, and that makes room for healthier patterns in couples therapy. Partners who understand the process tend to interpret each other's reactions more accurately. Some therapists offer conjoint EMDR sessions in very specific cases, but most often EMDR for one partner, paired with couples therapy for both, is the steadier route.

Teen therapy is another strong fit. Teens frequently prefer doing over talking, and EMDR gives tangible steps. With adolescents, therapists simplify language, keep targets concrete, and pace carefully. School incidents, sports injuries, bullying, family conflict, and medical procedures are common targets. Teens benefit when caregivers learn to support between sessions without prying for details, since excessive debriefing can pull them out of their own **Marriage or relationship counselor** experience.

## When Caution or Adaptation Makes Sense

EMDR should be adapted, and sometimes postponed, if certain conditions are present. Significant dissociation, active self harm, or current domestic violence raises the need for stabilization and safety planning before memory processing. A therapist trained to recognize dissociative parts will prioritize building internal communication and present time orientation.

Substance use that blunts awareness or creates frequent crises interferes with EMDR's momentum. Many therapists will either integrate harm reduction and sobriety supports first, or use EMDR to target the drivers of use only when the person can maintain enough stability to engage. Complex medical conditions require collaboration with healthcare providers. If you have a history of seizures, migraines triggered by visual input, or traumatic brain injury, discuss adaptations like tactile rather than visual stimulation and slower pacing. Pregnancy is not a blanket contraindication, but therapists often choose resourcing and future templates over deep trauma work if activation risks sleep or blood pressure.

Severe depression, psychosis, or mania call for specialized care and sometimes medication management alongside therapy. When the nervous system is extremely fragile, EMDR focuses first on building capacity, not diving into the heaviest material. The sequence matters less than steady progress.

## How EMDR Compares With Other Approaches

People ask if EMDR is better than cognitive behavioral therapy, prolonged exposure, or somatic modalities. Better is the wrong metric. The better question is which approach fits your nervous system, your goals, and your season of life.

CBT offers clear skills for reframing thoughts and changing behaviors. For many, it is a strong foundation. If your distress stems from unhelpful interpretations and avoidance, CBT can be highly effective. EMDR reaches into stored memories that keep reactivating the system regardless of what you think now. Some clients do CBT first, then EMDR to address stubborn triggers. Others use EMDR to reduce the physiological charge, then CBT to practice new patterns with less fear.

Prolonged exposure is excellent for teaching the brain that feared stimuli are survivable through gradual, systematic encounters. It requires time and practice between sessions. EMDR has exposure elements but is often shorter in the reprocessing moment and can feel less effortful, though the material can be intense. Somatic

therapies emphasize interoception and regulation. EMDR shares this attention to the body. Many therapists integrate across models, trading silos for tailored care.

In couples therapy, EMDR for one partner can ease reactivity that keeps both stuck. For example, a partner with combat trauma might startle at sudden noise, then withdraw for hours. EMDR can reduce the underlying alarm, while couples work helps both partners respond better when triggers happen. The combination tends to build relational safety.

## EMDR for Teens and Families

Teen therapy with EMDR looks different than adult work. Attention spans are shorter, social context is powerful, and privacy matters. I ask teens if they want a parent in the first part of intake or not, and we establish what gets shared. We pick targets that feel concrete, like the chemistry class panic attack or the car accident after prom. We prepare with real-life tools, not just imagined ones. A teen who skateboards might use balance and breath as a resource, while a gamer may prefer bilateral taps synced to a rhythm they like.

Parents can help by managing logistics and emotions without interrogating details. Ask how your teen wants you to support them before and after sessions. Accept that progress may look like fewer blowups or better sleep rather than long speeches about feelings. For school, consider a brief letter from the therapist that normalizes temporary fatigue or sensitivity on processing days. If ADHD symptoms are part of the picture, it becomes important to tease apart attentional struggles from trauma driven hypervigilance.

## Trauma, Attention, and When ADHD Testing Helps

Trauma can mimic ADHD. A constantly scanning nervous system loses track of instructions, gets fidgety, and starts tasks without finishing because threat feels more pressing than completion. Conversely, many people have both ADHD and trauma. If attention or impulsivity issues were present long before trauma, show up across settings, and persist during calm periods, ADHD is more likely. If symptoms spike mainly in triggering situations, trauma may be the core driver.

When in doubt, ADHD testing can clarify. A thorough assessment looks at developmental history, school records, rating scales, interviews, and sometimes cognitive tests. It should also screen for trauma, sleep issues, learning differences, and anxiety. The goal is not a label for its own sake. It is to choose the right tools. If ADHD is primary, medication and skills training can improve focus, and EMDR can still reduce trauma residue. If trauma is central, EMDR may reduce distractibility by quieting the alarm. Either way, guessing helps no one. Clear data supports better treatment.

## Myths, Fears, and What It Actually Feels Like

People sometimes worry that EMDR will make them relive trauma. The word relive is too strong. You will recall, you will notice, but you will also stay in dual awareness. One foot in the past memory, one foot in the present room. You can open your eyes wider, switch to taps, take a sip of water, or pause. Many clients describe a sense of gentle unraveling, like knots loosening. Others feel tired after sessions. A few feel stirred up for a day or two. Good preparation includes plans for those windows, such as lighter evenings or a short walk to reset.



Another myth is that EMDR erases memories. It does not. Your story remains yours. What changes is the nervous system's grip. A client once told me she felt like a memory went from Technicolor and surround sound to quiet black and white. That is the point. The past stops hijacking the present.

## A Quick Readiness Check

- You can identify one or two specific memories or patterns you want to address.
- You have, or are willing to build, basic coping tools like grounding, breath work, or support calls.
- Your life has enough stability for emotional work, including sleep, safety, and a manageable schedule.
- You can commit to regular sessions for a stretch, even if brief, rather than sporadic drop ins.
- You are open to noticing body sensations and emotions, not just analyzing thoughts.

If you read that list and feel shaky on a couple items, that does not rule you out. It just signals that the early phases of EMDR will focus on foundations and pacing.

## Choosing an EMDR Therapist You Can Trust

Credentials matter, but fit matters more. Look for training recognized by reputable organizations, such as completion of an EMDRIA approved basic training. Many skilled therapists pursue consultation and certification beyond that. Ask how they handle dissociation, complex trauma, or panic, depending on your needs. Inquire about their typical pacing, how they prepare clients, and what aftercare looks like.

Notice your felt sense in the first meeting. Do you feel understood, not rushed, and confident you can say stop at any point. Skilled EMDR therapists explain the process without jargon, adjust bilateral stimulation to your comfort, and collaborate on targets. If you are in couples therapy, ask how your EMDR work will coordinate with the relational goals. If you are seeking anxiety therapy with an emphasis on skills, ask how they blend cognitive strategies with reprocessing.

Session length varies. Standard appointments run 50 to 60 minutes, sometimes 75 or 90 for deeper sets. Fees differ by region and training. Some therapists offer intensives, half day or full day blocks that compress work into fewer calendar days. Those can be powerful for single incident trauma or when travel is involved, but they are not ideal for everyone. If your nervous system benefits from slow steps and practice between sessions, weekly work might fit better.

## How to Prepare, and How to Take Care Afterward

Before you start, think through your daily supports and who, if anyone, you want in your corner. Clear a little buffer around sessions, especially the first few processing appointments. Eat something light beforehand. Create a simple plan for the evening so you are not running straight from therapy to a high stakes meeting.

After sessions, many people do best with predictable routines. Here are practical supports that clients actually use:

- A short walk, even 10 minutes, to let your body integrate movement after sitting.
- Enough water and a light snack to steady blood sugar.
- Simple journaling, a few lines about what you noticed, not a full narrative.
- Sleep hygiene that favors consistency over perfection, like a regular bedtime and low light.
- A pause on alcohol or new supplements for a day or two if they tend to blur signals.

If you feel stirred up, use the resources you practiced. If you feel oddly neutral, that can be normal too. The brain does a lot between sessions. Disturbing dreams can pop up in the first few days, usually thematically related. Bring them to your therapist. They often signal that material is moving and can be integrated in the next session.

## What Progress Looks Like

Progress rarely happens in a straight line. It looks like noticing that the smell of diesel no longer locks your shoulders, that you realize you drove past the accident site without a spike, that an argument with your partner stays on topic rather than detouring into shutdown. Sometimes progress is realizing a belief changed. A client once said, "I went **affordable couples therapy** to call myself stupid and the word just did not fit." That kind of shift is a hallmark of effective reprocessing.

In couples therapy, progress might be a shorter repair cycle after a fight. In anxiety therapy, it could be taking the elevator rather than the stairs, or emailing the professor without spiraling. In teen therapy, it might show up as attending school on days that used to trigger avoidance, or getting back on the field after an injury. The details differ. The through line is more choice and less automaticity.

## If You Have Tried EMDR Before and It Did Not Help

Not all EMDR experiences are equal. If you tried once and felt worse, a few variables might explain it. Maybe the preparation phase was too light, or targets were too global, like "my childhood," rather than specific stepping stones. Perhaps bilateral stimulation type or speed did not match your system. Sometimes the life context was too chaotic for trauma work. Other times, the therapist was talented but not the right fit for you.

You can try again with adjustments. Seek someone who will spend time on stabilization, especially if you dissociate or get flooded. Agree on a hand signal to pause. Start with easier targets to build confidence. Integrate skills between sessions. For some, a different modality is better, and that is fine. The goal is relief, not allegiance to a brand.

## A Thoughtful Next Step

If EMDR therapy resonates, schedule a consultation and ask your most practical questions. How do they decide when to start processing. What do they do if you get overwhelmed. How do they collaborate if you are also in couples therapy or working with a psychiatrist. If ADHD testing is on your mind, ask how they differentiate trauma related attention problems from a neurodevelopmental pattern and whether they can refer you for a thorough assessment.

If you are unsure whether your concern fits EMDR, describe your real life moments. I listen less for diagnoses and more for patterns like startle, avoidance, intrusive images, spirals of shame, or a body that seems to act without your consent. Those tend to respond well. A good therapist will also tell you when EMDR is not the best match and point you to options that are.

Therapy is not punishment. It is a set of conversations and experiences that change how your brain and body respond to the world. EMDR is one of the tools that, used well, can unstick the past and return your attention to the present where your life is actually happening. If that is what you want, it is worth a serious look.

## Freedom Counseling Group

**Name:** Freedom Counseling Group

**Address:** 2070 Peabody Road, Suite 710, Vacaville, CA 95687

**Phone:** (707) 975-6429

**Website:** <https://www.freedomcounseling.group/>

**Email:** [contact@freedomcounseling.group](mailto:contact@freedomcounseling.group)

### Hours:

Sunday: Closed

Monday: 8:00 AM – 6:00 PM

Tuesday: 8:00 AM – 6:00 PM

Wednesday: 8:00 AM – 6:00 PM

Thursday: 8:00 AM – 6:00 PM

Friday: 1:00 PM – 8:00 PM

Saturday: Closed

**Open-location code / plus code:** 82MH+CJ Vacaville, California, USA

**Coordinates:** 38.3335888, -121.9709253

### Map/listing URL:

<https://www.google.com/maps/place/Freedom+Counseling+Group/@38.3335888,-121.9709253,678m/data=!3m2!1e3!4b1!4m6!3m5!1s0x80853d08b873a121.9709253!16s%2Fg%2F11l861mmks>

### Embed iframe:

### Socials:

Facebook: <https://m.facebook.com/p/Freedom-Counseling-Group-100063439887314/>

Instagram: <https://www.instagram.com/freedomcounselinggroup/>

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YouTube: <https://www.youtube.com/@FreedomCounselingG>

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Freedom Counseling Group provides psychotherapy and counseling services from its main Vacaville office at 2070 Peabody Road, Suite 710.

The practice serves individuals, teens, couples, and families through in-person counseling in Vacaville, Roseville, and Gold River, with telehealth options also listed.

Listed specialties include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD treatment,

addiction support, phobia treatment, couples therapy, teen therapy, and immigration mental health evaluations.

The team is led by Kevin Anderson, PsyD, LMFT, CCTP, an EMDRIA Approved EMDR Consultant listed by the official site.

Freedom Counseling Group is locally positioned for clients in Vacaville, Solano County, Travis Air Force Base, Roseville, Gold River, and the Greater Sacramento Area.

The official site describes online therapy and virtual couples counseling for clients in California, Texas, and Florida, with some pages also referencing Idaho telehealth availability that should be confirmed directly.

The Vacaville service page notes support for adults, teens, couples, first responders, and military personnel seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, and autism-related concerns.

Prospective clients can call (707) 975-6429, email [contact@freedomcounseling.group](mailto:contact@freedomcounseling.group), or visit <https://www.freedomcounseling.group/> to ask about a free consultation and therapist fit.

The public map listing for Freedom Counseling Group can help clients verify the Peabody Road office before planning an in-person appointment.

## **Popular Questions About Freedom Counseling Group**

### **What is Freedom Counseling Group?**

Freedom Counseling Group is a mental health group practice serving the Greater Sacramento Area, with offices in Vacaville, Roseville, and Gold River, California.

### **Where is Freedom Counseling Group located?**

The main Vacaville location is listed at 2070 Peabody Road, Suite 710, Vacaville, CA 95687. Additional listed locations include Roseville and Gold River.

### **Does Freedom Counseling Group offer EMDR therapy?**

Yes. EMDR therapy is one of the practice's listed specialties, and the official site describes EMDR as a central part of its treatment approach for trauma, anxiety, PTSD, and related concerns.

### **What services does Freedom Counseling Group provide?**

Listed services include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD therapy, addiction counseling, phobia treatment, couples therapy, teen therapy, immigration evaluations, EMDR consultation, workshops, and online therapy.

### **Does Freedom Counseling Group work with couples?**

Yes. The official site lists couples therapy and marriage counseling, including Emotionally Focused Couples Therapy for clients working on communication, connection, and relationship repair.

### **Does Freedom Counseling Group offer online therapy?**

Yes. The official site lists online therapy and says telehealth is available in California, Texas, and Florida. Some official pages also mention Idaho, so clients should confirm current state availability directly.

### **Who does Freedom Counseling Group work with?**

The practice describes work with individuals, teens, couples, families, first responders, military personnel, and clients seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, autism support, and relationship concerns.

### **What are Freedom Counseling Group's listed hours?**

The matching public listing shows Monday through Thursday from 8:00 AM to 6:00 PM, Friday from 1:00 PM to 8:00 PM, and Saturday and Sunday closed. Appointment availability should be confirmed directly because the official site also lists broader office hours.

### **Is Freedom Counseling Group an emergency mental health provider?**

The connected client portal states that it is not to be used for emergency situations and advises calling 911 if someone is in immediate danger or experiencing a medical emergency.

### **How can I contact Freedom Counseling Group?**

Call (707) 975-6429, email [contact@freedomcounseling.group](mailto:contact@freedomcounseling.group), visit <https://www.freedomcounseling.group/>, or use the listed social profiles: <https://m.facebook.com/p/Freedom-Counseling-Group-100063439887314/>, <https://www.instagram.com/freedomcounselinggroup/>, <https://www.linkedin.com/company/freedomcounselinggroup/>, <https://www.tiktok.com/@freedomcounselinggroup>, <https://x.com/freedomcounsel>, and <https://www.youtube.com/@FreedomCounselingG>.

### **Landmarks Near Vacaville, CA**

Freedom Counseling Group is located on Peabody Road in Vacaville, with additional locations listed in Roseville and Gold River. Clients near these landmarks can call (707) 975-6429 or visit <https://www.freedomcounseling.group/> to ask about EMDR therapy, couples therapy, teen therapy, immigration evaluations, online therapy, and consultation options.

- [2070 Peabody Road, Suite 710](#) — The listed Vacaville office address for Freedom Counseling Group; clients can use the map listing to verify the office before visiting.
- [Peabody Road](#) — The local corridor connected with the practice's Vacaville office location.
- [Vacaville](#) — The primary city connected with the public listing and main office location.
- [Nut Tree](#) — A well-known Vacaville shopping and local landmark near I-80.
- [Vacaville Premium Outlets](#) — A major regional shopping landmark for clients traveling through central Vacaville.
- [Downtown Vacaville](#) — A central local district and useful reference point for clients in the city.
- [Andrews Park](#) — A recognizable downtown park and community landmark in Vacaville.
- [Travis Air Force Base](#) — A major nearby military landmark; the official Vacaville page notes relevance for military families and service-related concerns.
- [Solano County](#) — The county context for Vacaville and nearby communities served by the practice.
- [Fairfield](#) — A nearby Solano County city; clients can contact the practice to ask about in-person or online therapy options.
- [Dixon](#) — A nearby community east of Vacaville and a practical local reference for Solano County clients.
- [Greater Sacramento Area](#) — A broader regional service-area reference used by the official site for its in-person and online counseling services.