

Trauma lives in the body as much as in memory. People often describe feeling high alert for no clear reason, startled by ordinary sounds, or flooded with images and sensations that arrive without permission. Traditional talk therapy can help, yet some memories stay raw even when we understand them well. Eye Movement Desensitization and Reprocessing, or EMDR therapy, offers another route. It is structured, experiential, and often faster than clients expect for specific kinds of trauma.

I have used EMDR with adults and teens for single-incident accidents, prolonged childhood neglect, medical trauma, grief, and the ripple effects of relational injuries. It does not erase what happened. It helps the nervous system digest it, so the past stops hijacking the present. The work can feel odd at first. Then, as new associations emerge and the body unwinds, people often say a simple thing in session: I can think about it without going there.

What EMDR Actually Is

EMDR therapy is a comprehensive psychotherapy that targets memories that did not fully process at the time of the event. It was developed in the late 1980s by Francine Shapiro and has since been refined through clinical research and practice. The therapist guides the client to briefly bring up aspects of a distressing memory while engaging bilateral stimulation. That can be side-to-side eye movements, alternating tones in the ears, or tactile taps. The client does not have to recount events in fine detail for EMDR to work, which many find relieving.

EMDR is not hypnosis and it is not exposure in the classic sense. Clients stay aware and in control. The structure gives just enough contact with the memory to let the brain do what it naturally wants to do when conditions are safe, integrate.

The Model Behind It: Why Trauma Sticks

EMDR rests on an Adaptive Information Processing model. In plain terms, our brains usually file experiences into a coherent story with meaning and context. During overwhelming stress, that filing process can jam. Sights, sounds, beliefs, and body sensations from the moment of threat end up stored in a raw, state-dependent way. Triggers **EMDR psychotherapist Freedom Counseling Group** in daily life activate that neural network and the body reacts as if the danger is current.

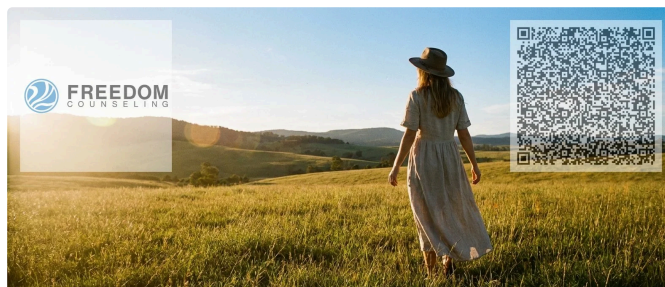
This is why a perfume can prompt a panic spike, or why a teenage driver who survived a crash tightens at the squeal of brakes several blocks away. Insight alone does not unlock those networks. The brain needs an experience that links the stuck material to present-day information and resources. EMDR creates that experience within a structured, contained format.

What a Good EMDR Session Feels Like

A typical EMDR course begins with careful history taking, agreement on targets, and resourcing skills. The therapist teaches grounding and helps the client build an internal sense of safety. Only when stabilization is reliable do we move to processing.

During processing, the client brings up an image that represents the memory, a negative belief that goes with it, and where the emotion lands in the body. The therapist then activates bilateral stimulation for short sets, perhaps 20 to 40 seconds, and asks the client to notice whatever emerges. New thoughts, memories, or body shifts often appear. We follow those threads. The brain does the associating. The therapist keeps the lane clear, monitors arousal, and keeps the client within a tolerable window.

Over the course of sets, distress typically decreases. Clients may notice different images take center stage, or that the same memory now feels farther away. A belief like I am powerless gives way to I survived or I know what to do. When the disturbance score drops to zero or close, we strengthen the preferred belief and check the body for residual tension. If a zing of energy remains in the chest, for example, it likely links to an earlier related event. We process that too.





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The tone of a session is brisk and attentive. There is talking, but not analysis. We prioritize what arises in real time. The work is both strange and very practical.

Does It Work Only With Eye Movements

No. Research supports several forms of bilateral stimulation including eye movements, alternating tones, and tactile pulses. Some clients prefer tapping on the knees. Others like a light bar or hand-held pulsers. For telehealth, many therapists use on-screen visual cues or teach self-tapping. The common thread is rhythmic left-right activation while holding a slice of the target in mind.

A persistent question in the literature has been whether eye movements add unique benefits beyond exposure. Multiple studies suggest they do. The leading hypotheses point to working memory taxation, which makes the memory less vivid and emotional during recall, and an orienting response that relaxes the nervous system. The pattern of eye movements resembles what happens during REM sleep, another reason the brain may more easily integrate during EMDR.

What The Evidence Says

EMDR has strong support for post-traumatic stress symptoms. Meta-analyses and randomized trials over the past two decades show EMDR can reduce intrusive memories, avoidance, and hyperarousal in fewer sessions than many talk therapies for single-incident trauma. The World Health Organization, the U.S. Department of Veterans Affairs and Department of Defense, and the International Society for Traumatic Stress Studies include EMDR as a recommended treatment for PTSD.

Outcomes vary. For a single accident or assault, six to twelve sessions is a common range when the client has good stability and supportive relationships. For complex trauma rooted in chronic neglect, domestic violence, or childhood abuse, the work is longer and more phased. Years of burden does not unwind in weeks, yet clients still tend to notice discrete changes early, for example fewer nightmares or less startle.

Evidence also supports EMDR applications beyond formal PTSD. Panic, specific phobias, complicated grief, performance anxiety, and chronic pain have studies with promising results. The strength of evidence differs across conditions. When I consider EMDR for non PTSD symptoms, I explain the rationale, share the data quality, and link the plan to the client's goals rather than offering a one size fits all answer.

Single Incident Versus Complex Trauma

A teenager who flipped a car on ice, walked away with bruises, and now avoids driving has a fairly contained target. We can process the crash, the sights of the guardrail, the screech of the tires, and the belief I am not safe behind the wheel. The brain learns that it was unsafe then, and that now is different. The teen begins to drive with normal caution rather than gripping the steering wheel with white knuckles.

Contrast that with a client who grew up in a chaotic home with a parent whose moods swung from warm to explosive. There is no single event, but hundreds of moments that taught the body to brace. We still use EMDR, yet the pacing changes. Resourcing takes longer. The targets might start with recent triggers where the client felt small and voiceless with a supervisor, then bridge back to early scenes where that powerlessness began. The new beliefs we install are often about worth and appropriate boundaries. Progress shows up in how the client navigates relationships between sessions, not just in the room.

Safety and Preparation Are Not Optional

People sometimes think EMDR means jumping straight into the worst memory. That would be reckless. Stabilization is phase one. We build a toolkit. Some of it is simple and effective: paced breathing, orienting to the room, and a safe place visualization that actually works for the client. Some clients need more robust containment skills such as compartment imagery, a calm figure, or sensorimotor techniques for grounding through movement.

I also screen for dissociation, recent head injuries, unmanaged psychosis, and medical conditions that could complicate strong emotional activation. Medication is not a barrier in itself. Substance use needs attention so we are not processing in the shadow of withdrawal or intoxication. With teens, I assess family support and build clear agreements about privacy and safety.

Here are scenarios where EMDR may not be the first choice right away:

- Current suicidal intent or self harm that the client cannot contract for safety around
- Active domestic violence or stalking that makes between session stability impossible
- Uncontrolled seizures or a medical condition the physician advises to stabilize before trauma work
- Severe dissociative symptoms without a grounding skill set and a strong therapeutic alliance

The [PTSD therapy](#) common thread is capacity. If the nervous system cannot hold activation without tipping into crisis, we slow down and build that capacity first.

What You Might Notice After Sessions

Most clients feel tired, clear, and a little tender. Dreams can be vivid. Related memories may pop up days later as if pieces are finding each other. Some people feel relief within hours. Others report a delayed easing, like a knot that loosens overnight. A small percentage feel activated for a couple of days. When that happens, we adjust set length, install more resources, or shift targets.

I ask clients to plan gentle activities after early processing sessions. A short walk, a simple meal, and contact with someone steady helps the brain consolidate. It is wise to avoid major life decisions right after intense sessions. Track sleep, appetite, and basic routines. These plain measures are the unsung heroes of trauma recovery.

How EMDR Intersects With Anxiety Therapy

Anxiety therapy often focuses on avoidance patterns, catastrophic thinking, and bodily cues that spiral into panic. EMDR can complement this work by targeting the memory nodes that fuel the anxiety. A client with a fear of elevators might do well with traditional exposure. If her fear traces back to being trapped in a broken lift for an hour at age nine, EMDR can defuse the emotional charge at its source. The combination is practical. We process the memory, then use behavioral practice to reclaim the behavior in the present.

Performance anxiety responds well too. Musicians, athletes, and public speakers can process embarrassing moments that became sticky along with anticipatory dread. The result is not cockiness. It is the freedom to access skill under pressure.

EMDR With Teens

Teen therapy **Psychotherapist** calls for special attention to autonomy and collaboration. Teens spot inauthenticity fast. When I propose EMDR, I explain how the sets work and invite the teen to choose the form of bilateral stimulation. I also clarify that they control the content. They can signal stop at any time. Many teens prefer tactile taps or brief sets, and they often appreciate not having to narrate every detail.

Typical teen targets include accidents, bullying, medical procedures, family conflict, or losses. I keep parents in the loop on themes and progress while protecting the teen's privacy on content. Between sessions, routines matter. Sleep irregularities, heavy caffeine, and erratic schedules can cloud progress. We keep it real and flexible, not preachy.

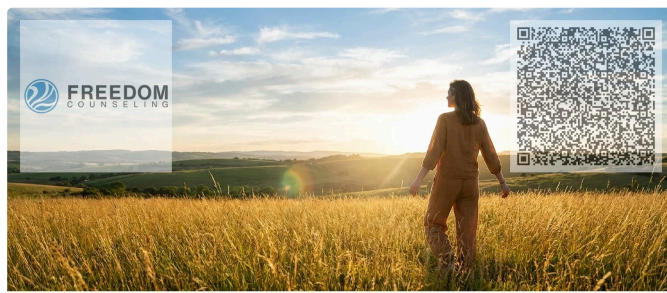
Sorting Trauma From Attention Symptoms

Trauma and attention difficulties can look similar. Distractibility, restlessness, trouble with working memory, and inconsistent performance appear in both. Before we label ADHD, it is wise to map the timeline and context. ADHD testing can help clarify whether **Couples therapy** attention symptoms show up across settings from early childhood or whether they spiked after a specific event. Sometimes clients have both ADHD and trauma related symptoms. Treatment planning changes if core inattention and impulsivity are present, because we may need medication support or stronger structure to make EMDR sessions effective.

If trauma is central, EMDR may reduce the cognitive load that masquerades as inattention. One college student I worked with felt hopeless about focus after a campus assault. As we processed the event and linked moments, her startle dropped, sleep improved, and she could sit through lectures again. We still used study strategies, but she finally had the bandwidth for them to stick.

When Trauma Affects Couples

Trauma never stays in one lane. It touches how partners read each other, how quickly conflict escalates, and how safe the relationship feels. In couples therapy, I often see EMDR as a parallel track rather than the main road. If one partner's unprocessed trauma drives shutdown or angry bursts, individual EMDR can reduce reactivity so couples work can land. Some therapists use conjoint EMDR elements where a partner is present as a resource figure during specific phases. This requires careful screening and strong relational safety.



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For couples affected by betrayal or medical trauma, EMDR can help each person process their own memories while the relationship rebuilds through transparent routines and shared meaning. The goal is not to erase the past. It is to remove the reflexive surges that derail good intentions.

Myths Worth Clearing Up

EMDR is not a quick fix that skips hard feelings. The process brings up emotion, then helps your system metabolize it. It is also not only for combat or catastrophic events. I have used EMDR for humiliations that haunted a person for decades and for compound grief that had stalled someone's life. Another myth is that EMDR replaces all other therapies. It is a tool set inside a larger practice. Good clinicians blend stabilization, relational attunement, and cognitive integration with EMDR's structured processing.

Telehealth EMDR Is Real

Video sessions can deliver effective EMDR when carefully prepared. We plan privacy, backup connections, and a way to regulate the intensity at home. Some clients use headphones for alternating tones. Others use onscreen light bars or self tapping. The therapist watches closely for micro signs of overwhelm and adjusts. I ask clients to create a physical aftercare plan the same day, since they will not have the transition time of a commute to settle.

What Change Looks Like

I think of outcomes less as fireworks and more as hinge moments. A parent who always exploded when their teen missed curfew notices they can speak calmly while still holding the line. A nurse who could not walk into the ICU after a code finds she can return to the unit without trembling. The memory is still there, yet it sits in a different place on the shelf.

One client described it perfectly. Before EMDR, thinking of the event felt like standing on the edge of a cliff with wind in my face. After EMDR, I am standing on solid ground looking at a photo on the wall. I still care about it. It just is not a cliff anymore.

Integrating EMDR With Everyday Skills

Skills keep gains in place. Once the charge drops on core targets, we reinforce habits that match the new beliefs. If you now believe I can protect myself, we practice boundary scripts in therapy and in life. If driving is safe again, you spend time behind the wheel with gradual increases. If social anxiety no longer rides shotgun, you test that in small gatherings before a large event. This blend of memory reconsolidation and behavioral follow through is where confidence grows.

Costs, Access, and Fit

Insurance coverage for EMDR depends on your plan. Many insurers do not reimburse by modality, they reimburse for therapy sessions in general. Ask whether the therapist is in network, what the session length is, and how the provider codes the service. Some therapists offer extended sessions of 75 to 90 minutes for processing, which can accelerate gains yet may cost more per visit. For clients traveling long distances, occasional half day intensives can make sense.

Trauma expertise matters more than the letters EMDR on a website. Look for training through reputable organizations, supervised practice, and a thoughtful approach to preparation and pacing. A warm, steady therapeutic relationship is still the engine.

If you want to vet a potential EMDR therapist, here are questions that help:

- How do you decide when someone is ready for processing
- What does stabilization look like in your practice
- How do you handle dissociation or strong emotional activation mid session
- How do you integrate EMDR with other therapies I am doing, like anxiety therapy or couples therapy
- What outcomes have your clients seen with issues similar to mine

The answers should be concrete. Vague reassurances are a yellow flag.

A Brief Case Example With Details Changed

A firefighter in his thirties came in after a medical call where the patient died despite rapid intervention. He had worked many difficult scenes. This one stuck. He heard the monitor tone in his sleep and snapped at family. He stopped running, something he loved. We spent three sessions on stabilization and mapped targets: the moment he knew they would not get a pulse back, the look on a colleague's face, and the drive home.

Processing began with a snapshot of the monitor and the belief I failed him. During sets, other scenes surfaced, including a successful save years earlier that felt almost cruel to remember. The belief started to shift from I failed him to I did everything I could. As the distress dropped, we installed I can carry this and still live my life. We paired that belief with images of his kids at breakfast. After six processing sessions, his sleep improved and the tone faded. He resumed running, not to avoid distress but because the road felt open again.

The details are different for every client. The pattern is common. When the past moves to its proper place, the present is less crowded.

Where EMDR Fits Among Other Options

Good trauma treatment is about fit, timing, and the person in front of you. Prolonged Exposure, Cognitive Processing Therapy, EMDR, and trauma focused CBT each have strengths. EMDR can be a front runner when:

- The client does not want to recount the trauma in detail
- Intrusive images or body sensations dominate
- There is a clear memory node linked to present triggers
- The client wants a structured approach that is experiential yet not homework heavy

If a client loves working with thought records and wants explicit cognitive drills, CPT might suit better. If avoidance drives the problem and imaginal work feels tolerable, PE is strong. These are not rivals. They are well built tools. Many clinicians combine elements ethically while staying faithful to each method's core.

Final Thoughts From Practice

Trauma therapy is not about toughness. It is about choice. EMDR gives the brain what it needed back then, safety and completion. That shifts how the body responds now. The process is guided and active, and clients lead it more than they expect. You do not have to dissect every detail to heal. You do need enough contact with what hurts, the right support in the room, and room in your life outside of therapy to let the change take hold.

If you are seeking help after trauma, ask about EMDR therapy alongside other options. If your relationship is struggling under the weight of old injuries, consider whether parallel individual work plus couples therapy can ease the load. If anxiety has become your default state, look for therapists who can target both the habits of worry and the memory roots that feed it. If attention problems muddy the picture, consider ADHD testing so you do not fight the wrong battle.

Healing often shows up in ordinary scenes. A quiet dinner without scanning the exits. A drive on the route you have avoided. A full night's sleep. Those are not small. They are the shape of life returning. EMDR can help you get there.

Freedom Counseling Group

Name: Freedom Counseling Group

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

Email: 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:

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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, 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, 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.