

Surviving abuse is not just about making it out of danger. It is about what lingers afterward, the wired vigilance, the flashbacks in the produce aisle, the sudden floods of shame when nothing obvious has happened. Trauma reshapes memory and the body's alarm system. Talk therapy can help name what happened and build meaning, yet many survivors tell me that understanding alone does not loosen the grip of the past. This is where EMDR therapy, Eye Movement Desensitization and Reprocessing, can offer a different route. It is experiential, structured, and designed to help the brain complete a job it has been trying to finish for years.

I have worked with trauma survivors in private practice and community clinics since before EMDR was widely known. Some arrived after years of traditional counseling, others after one or two attempts at therapy that felt overwhelming. Across stories and settings, I have seen EMDR help people reclaim sleep, reduce triggers, and make space for relationships where fear once lived. It does not erase history. It changes the way history lives inside you.

## How trauma makes ordinary life hard

Abuse scrambles the systems that decide what is safe and what is dangerous. The amygdala, a watchful sentinel, starts sounding the alarm far too often. The hippocampus, which helps file memories in time, can struggle to store traumatic events as finished. The result can be a loop: images, sounds, and body sensations that feel current, not past. Survivors often describe intrusive memories, startle responses, nightmares, dissociation, or a kind of numbness that masquerades as calm until a small nudge breaks it.

That loop shows up in everyday choices. You might avoid crowded stores, keep the blinds closed at noon, or pick fights with a partner without wanting to, only to feel confused or ashamed after. Even when there is no noise from the outside, the inner noise can be loud. Many clients also meet criteria for anxiety disorders or depression, and some carry misdiagnoses that miss trauma's imprint. What looks like inattentiveness can be a brain protecting itself from overload. This is why careful assessment, sometimes including ADHD testing, can matter before we chart a treatment path.

## What EMDR therapy actually is

EMDR therapy is a structured approach that helps the brain reprocess traumatic memories so they become more integrated and less distressing. It uses bilateral stimulation, typically side to side eye movements, tones alternating between ears, or taps from hand buzzers. These inputs nudge the nervous system into a state where it can file what happened, rather than repeatedly relive it.

People sometimes imagine EMDR as hypnotic or as a quick fix. It is neither. A full EMDR course has phases: history taking and case conceptualization, resourcing and stabilization, identifying target memories, desensitization with bilateral stimulation, installing more adaptive beliefs, body scanning and closure, and reevaluation. Sessions usually run 60 to 90 minutes. Some clients attend weekly, others twice monthly. Many report marked symptom relief after 6 to 12 reprocessing sessions, though the whole arc can take longer, especially with complex or chronic abuse.

One more thing worth saying clearly. EMDR does not involve erasing memories or persuading you to reinterpret what happened in a rosier light. It allows your nervous system to digest the memory and place it in the past, where it belongs, so it stops hijacking the present.

## What a first course of EMDR looks like

The opening sessions focus on safety and mapping. Your therapist will ask about your history, current symptoms, and what you hope will change. Because abuse often fractures trust, a careful pace is essential. We do not rush the process, especially if dissociation or self harm risk is present. Stabilization is not a box to tick, it is a living set of skills that you learn and practice, like paced breathing, a safe place visualization, or orienting techniques that bring you back when your mind begins to drift or your body starts to buzz.



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Once we have anchors in place, we identify targets for reprocessing. For a survivor of childhood abuse, targets might include the moment you heard the footsteps in the hallway, the voice that said no one would believe you, or the smell in a room that triggers your stomach to clench. We also target the negative beliefs attached to those moments, such as I am powerless or I am to blame, and contrast them with the adaptive beliefs you want to hold, such as I survived and have choices now.

During reprocessing, you hold an image of the event, notice the negative belief and body sensations, then follow the bilateral stimulation. Sets last around 20 to 60 seconds. You report what arises, a memory fragment, a shift in tension, a change in emotion. The therapist helps you track the arc without over explaining or analyzing during the set. The mind moves. It links the original event to later experiences and sometimes to resources you did not realize you have. The distress typically drops in waves.

A point often missed: EMDR work is not simply revisiting the worst experience and powering through. It is staying in contact with just enough of the memory that your system can complete its processing, with a trained therapist regulating the pace. If you begin to feel overwhelmed, we slow down or return to resourcing.

## **A short case vignette**

I worked with a woman in her thirties who had a history of intimate partner violence. She described being fine at work yet unable to relax at home. She slept with the lights on and avoided the sound of keys, which triggered panic. After two sessions of stabilization, we targeted the night she hid in the bathroom while her partner pounded on the door. The scent of bleach in that room had become a lifelong trigger.

In early sets she saw the peeling paint and felt tightness in her chest. Then memories started linking, including a moment two years after the breakup when a roommate's dropped keys sent her spiraling. By the fourth session of reprocessing, the image of the bathroom felt like a picture from a file rather than a live feed. The smell of bleach no longer sent her heart racing. She switched to a dim night light and later slept in darkness for the first time in several years. She still had boundaries to rebuild and trust to renegotiate with herself and others, but the inner alarm softened.

No single case defines a method. The key is the pattern I have watched repeatedly, where the nervous system settles after memories are processed and people regain choices they thought were lost.

## **Safety, boundaries, and consent**

EMDR should never feel like being pushed off a cliff. Good therapists spend substantial time building the foundation before reprocessing. They also clarify consent. You can pause a set, change a target, or stop entirely. Safety planning is explicit when self harm, suicidal thoughts, or ongoing abuse are concerns. EMDR does not substitute for legal advocacy, medical evaluation, or secure housing when those are needed. It sits alongside them.

Medication is not required for EMDR, yet it can help some clients sleep or reduce hyperarousal enough to engage. If you are on a stable regimen, your therapist will want to coordinate with your prescriber, especially around dose changes during intensive phases of treatment.

## **Complex trauma and chronic abuse**

Survivors of long term abuse, especially starting in childhood, often carry a web of memories, dissociative strategies, and parts of self that learned different roles. The path here is typically longer. We may spend extended time strengthening the present day self and building communication among parts before tackling high intensity targets. Sometimes, we do early work with present triggers that make daily life unmanageable, then step back in time.

It is not unusual to interleave other approaches. Sensorimotor techniques can help you notice the body's micro signals before they swell. Elements of dialectical behavior therapy provide crisis survival skills. Parts work can support collaboration among dissociated self states. EMDR is not an island. It is a hub that organizes work many survivors have already started and allows it to deepen.

## **Where anxiety therapy fits**

Survivors often seek help for panic, generalized anxiety, or social anxiety that grew in the aftermath of abuse. Traditional anxiety therapy, including cognitive behavioral therapy and exposure methods, can reduce avoidance and catastrophic thinking. When anxiety is trauma driven, EMDR therapy can target the root events so the fear drops rather than being managed around the edges. In practice, I often blend both. We might use thought records to defuse spirals at work while we process the memory that keeps the alarm on high. Clients notice they need fewer coping strategies as the core material resolves.

## **The role of couples therapy**

Abuse, whether in childhood or past relationships, can cast a long shadow in current partnerships. Arguments escalate faster, intimacy becomes fraught, or certain routines, a partner grabbing your hand too quickly, trigger old fear. Couples therapy can be a vital support, not to fix trauma in the relationship, but to build shared understanding and stabilize the environment where healing **Counselor** happens.

I often involve partners in a few structured sessions. We go over the basics of trauma responses, what a trigger looks like in this particular relationship, and how to respond when one arises. During EMDR phases, a partner can learn cues that say, slow down, and rituals that say, we are safe, like a brief evening check in or a predictable exit plan for social events. When a partner understands that shut down is a protective reflex, not indifference, the couple can move from blame toward cooperation. EMDR therapy addresses the memory networks. Couples therapy strengthens the container around that work.

## Teens and family systems

Teen therapy brings different layers. Adolescents who have experienced abuse, including bullying or dating violence, may present with irritability, school refusal, or risk taking. EMDR with teens works, yet it must be paced with care. Attention spans vary. Parental involvement can help, though boundaries around privacy are crucial. With teenagers, I use shorter sets, more overt grounding practices, and concrete language. When families are involved, psychoeducation can reduce conflict at home. A parent who knows how to respond when a teen dissociates will not mistake it for defiance. School coordination also matters. A 504 plan that allows a brief reset after panic can keep a teen in class.

When attention problems loom, I recommend thorough evaluation. Trauma can mimic ADHD, and ADHD can coexist with trauma. ADHD testing clarifies what supports are needed. If outcomes do not improve after robust trauma treatment, or if lifelong attention challenges are apparent, stimulant or non stimulant medication and executive function coaching may be appropriate. A careful differential diagnosis keeps us from assigning the wrong story to the symptoms.



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## Myths and realities

EMDR can stir skepticism. Here are a few common misconceptions I hear in consults, along with what clinical experience and research suggest.

- Myth: EMDR is simply moving your eyes while talking about hard things, so it is a gimmick. Reality: The bilateral stimulation is one piece of a larger, protocol driven therapy. The combination of structured recall, adaptive information processing, and dual attention often produces shifts that conventional talk alone does not.
- Myth: You have to relive the entire trauma in detail. Reality: You hold a slice of the memory while maintaining a foothold in the present. You do not need to recount every detail for EMDR to work.
- Myth: Once you start EMDR, symptoms get worse before they get better, so it is not safe for people who are already fragile. Reality: Careful preparation limits destabilization. Some clients experience temporary increases in dreams or emotion, which is managed with grounding and pacing. Abrupt flooding is a sign to slow down, not a requirement of the method.
- Myth: EMDR is only for single incident traumas like car accidents, not for childhood abuse. Reality: EMDR is effective for complex trauma when delivered by a clinician trained to work with dissociation and attachment injuries. The timeline is longer and the map is more intricate.
- Myth: If you can think positively, you do not need EMDR. Reality: Positive thinking does not reach the procedural memory and somatic imprints where trauma often lives. EMDR helps those layers integrate with your rational understanding.

## Deciding if EMDR is the right fit

Some survivors are ready to process memories within a few sessions. Others need months of stabilization and practice with present day safety before facing the past. There is no prize for finishing fast. Here are practical markers I look for before recommending reprocessing work.

- You can name your early warning signs for overwhelm and reliably use at least two grounding skills.
- You have adequate external safety, no ongoing abuse, and basic structure in place for sleep, food, and shelter.
- Dissociation, if present, is recognized and manageable within the therapy room.
- You have a therapist trained in EMDR, with additional training in complex trauma if your history includes chronic abuse.
- You are willing to pause or slow down when needed, and your therapist respects those boundaries.

## What to expect between sessions

Between EMDR sessions, clients often notice more dreams, brief waves of emotion, or body shifts like a sudden lightness where tension used to sit. Keeping a simple log helps track these changes without turning them into homework. If distress spikes, use the grounding skills you practiced and reach out to your therapist as arranged. Many clinicians offer brief check ins during intensive phases. Avoid major life decisions while mid process when possible. Your perspective may be shifting, and giving it a little time reduces regret.

Partners and close friends can support by being predictable and non explanatory. Less is more. A simple script can help: Do you want company, a glass of water, or space? The goal is co regulation, not advice.

## EMDR and telehealth

Since 2020, many therapists offer EMDR via video. Bilateral stimulation can be delivered with on screen visuals, audio tones, or self taps. I have seen good outcomes with remote work, especially for clients who feel safer at home. Telehealth is not ideal for everyone. If your home is chaotic or unsafe, in person options may be better. Technology also adds variables. Have a backup plan for dropped calls and a private space where you will not be overheard.

## Measuring progress and adjusting course

Progress in EMDR is noticed both subjectively and in concrete terms. We track the **EMDR-trained psychotherapist** Subjective Units of Distress, SUDs, for a target memory across *Psychotherapist* sessions. We also watch daily life: Are you sleeping through the night twice a week instead of none? Can you walk the same hallway without bracing? Did you set a boundary and stay steady in your body doing it?

If progress stalls, we reassess. Common reasons include unclear targets, insufficient stabilization, untended grief or moral injury, or life stressors that keep the nervous system on high alert. Sometimes we need to treat a present day stressor first, like a pending court date or an ongoing custody conflict, before old memories will quiet.

## Integrating EMDR with a broader care plan

Most survivors do best with layered care. EMDR therapy can be the spine, with other supports flexed around it.

- Physiological regulation: Sleep hygiene, structured movement you actually enjoy, and attention to nutrition. Short, regular exercise bouts, even 10 minutes, lower baseline arousal.
- Medical care: Check for sleep apnea, thyroid issues, and medication side effects that mimic anxiety. Coordinate with prescribers if psychiatric medication is involved.
- Anxiety therapy skills: Thought challenging, interoceptive exposure for panic, and acceptance based strategies remain useful tools, especially early on.
- Social scaffolding: Couples therapy or family sessions to align expectations and reduce inadvertent triggering at home. A small peer support group for survivors can help, but choose one with clear boundaries.
- Work or school accommodations: Temporary flexibility with deadlines or sensory breaks may be reasonable while you heal.

## How to choose a therapist

Training matters. Look for clinicians trained by recognized EMDR organizations, and if your history includes chronic abuse or dissociation, ask about advanced coursework in complex trauma. Ask how they handle safety planning, whether they work with parts of self, and how they integrate EMDR with other modalities. A good fit also feels human. You should be able to say, this is moving too fast, and have that respected.

Therapists vary in pacing. Some offer intensive EMDR, several hours in a day, which can be effective for circumscribed trauma when your life can accommodate the emotional bandwidth and downtime after. For complex trauma, weekly work with space to stabilize between sessions often suits better.

Cost and access are practical realities. Community mental health clinics and some nonprofit agencies offer EMDR at reduced fees. Telehealth widens the net in states with provider shortages. If finances are tight, ask about sliding scale slots or group psychoeducation options while you wait for individual work to open.

## What healing can look like

Survivors sometimes fear that if the pain softens, the truth of what happened will be minimized. In practice, processing abuse allows a clearer view, not a softer one. Several clients have told me that after EMDR, they could read old journal entries without shaking and finally feel compassion for the version of themselves who survived. With that compassion, choices broaden. You might return to the hobby you stopped when you had to be vigilant every evening. You might date differently, ask for what you want, or leave a relationship that no longer fits.

The body often follows. Shoulders drop. Breathing settles. Soundscapes like crowded restaurants or traffic become tolerable. People report fewer nightmares and a reduced startle. It is not all linear. Anniversaries still sting. New stress can wake old echoes. Yet with reprocessed memories, the echoes recede faster, and the ground under your feet feels steadier.

## A final word on timing and self trust

If you have survived abuse, you have already done hard things. Starting EMDR therapy is another act of self leadership. You do not have to get every step right. You do need permission to go at your pace, to step back for a few weeks if life throws a curve, and to ask for the kind of help that aligns with your values. Progress is measured in ordinary moments, the morning you notice you made coffee without scanning the doorway, the evening you

laughed and did not check the locks twice. That is what **Psychotherapist** recovery often looks like from the inside, small freedoms that add up.

If you are considering EMDR, gather information, meet with a trained clinician, and listen to your body's response in the room. Anxiety is normal before new work, yet a reliable sign you are in the right place is a sense of hope mixed with caution. For many survivors of abuse, that mix marks the start of a path worth walking.

## 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%2F11I861mmks>

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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.