

Ask five therapists what EMDR therapy feels like from the inside and you will hear a version of the same paradox. It looks simple, yet it moves material that talk therapy has circled for years. Clients often say, I knew this memory was upsetting, but I didn't realize my body was still braced for it. That shift, from knowing to integrating, is where EMDR lives. To understand why it helps, you need a clear picture of how the brain stores threat and how those traces can be updated.

What “stuck” memory really means

When something overwhelms the nervous system, the brain's job is to keep you alive first, make meaning later. The amygdala flags danger, the hippocampus struggles to sequence time and **Couples therapy** place, and the prefrontal cortex, which usually helps you decide and narrate, goes partly offline. The result is a memory that does not file neatly with the others. It lacks timestamps and context, and it tends to reactivate as if the event were happening now, complete with heart rate spikes, muscle tension, and the same beliefs that helped you survive in the moment. Beliefs like I am not safe or It was my fault.

People often enter Anxiety therapy describing this cycle. They avoid a street or a tone of voice, or they overprepare for every possible mishap. They know the reaction is larger than the current situation, but their body is not persuaded by logic alone. EMDR therapy, short for Eye Movement Desensitization and Reprocessing, aims to unlock the filing cabinet and allow the brain to do what it does naturally when it is not under siege: digest experience, keep what is useful, and store the rest without constant alarms.

The memory systems involved, in plain language

Three brain regions get the most airtime in conversations about trauma. The amygdala signals threat. The hippocampus is a context librarian, linking episodes to time and place. The medial prefrontal cortex helps you appraise, inhibit, and narrate. In trauma, the amygdala shouts, the hippocampus misfiles, and the prefrontal cortex loses its grip. After therapy that truly resolves trauma, people often notice the opposite configuration. The amygdala calms, the hippocampus seems to remember, yes, that was ten years ago and I am at my kitchen table now, and the prefrontal cortex can reflect without hijack.

There are also network level effects. The default mode network, linked to self reference and mind wandering, interacts differently with the salience and executive networks after effective treatment. Clients describe it more simply: the memory feels like something that happened, not something happening. That felt sense maps to a brain that is referencing context, not just alarms.

Why eye movements and other bilateral stimulation matter

EMDR uses sets of bilateral stimulation, usually eye movements, taps, or tones that alternate left to right. The therapist asks you to bring up a snapshot of a target memory, notice associated thoughts and body sensations, and follow the bilateral cues. After each set, you report what shows up, without forcing it. The process repeats until the memory feels less charged, new associations emerge, and a more adaptive belief takes root.

Several mechanisms likely operate at once:

- Working memory taxation. Tracking a moving target with your eyes or alternating taps occupies limited working memory capacity. Holding the memory and doing a task at the same time reduces the vividness and emotional punch. This is similar to how a mental image fades if you do mental arithmetic while holding it.
- Orienting response and safety learning. Rhythmic, predictable bilateral input can engage an orienting response that toggles between alertness and safety. People often notice a spontaneous breath out or a drop in muscle tension after a few sets.
- REM sleep analogies. Eye movements in EMDR are not the same as REM sleep, yet there are sensible parallels. In REM, emotional material is processed with reduced noradrenergic tone, which may allow integration without full fight or flight. Some imaging studies suggest that bilateral stimulation nudges the brain toward a state that is more permissive of integration.
- Memory reconsolidation. When you recall a memory, it becomes malleable for a short window, then it restabilizes. If new, disconfirming information is present during that window, the memory can reconsolidate in an updated form. In EMDR, the disconfirmation might be, I can feel my feet and breathe while remembering, or, I survived and had help, or, The car behind me now is not the truck from then. The brain knits those cues into the trace.

It is fair to note, not every study agrees on which mechanism is primary, and some effects likely vary by person and by the nature of the memory. The clinical signal, however, is strong enough that multiple health authorities endorse EMDR for trauma related conditions.

A grounded model: how EMDR frames change

Francine Shapiro, EMDR's originator, proposed the Adaptive Information [Anxiety therapy](#) Processing model. It is a mouthful, but the idea is straightforward. The brain tends to integrate experiences into adaptive memory networks. Overwhelming events can block that integration, leaving isolated pockets of unprocessed material. EMDR reduces the blockage and reconnects the isolated pocket to the larger network. When that happens,

people do not forget. They gain access to other information that had been unavailable during the original state. A former Marine described it this way in my office: The memory used to be a tunnel with no exits. Now there are side streets. I can see my team's faces. I can remember the evacuation and the chaplain. It is still sad, but not a trap.

What an EMDR session actually feels like

Movies often turn therapy into a single cathartic moment. Real work is more structured. EMDR includes eight phases, though in practice they flow. Briefly, you and your therapist agree on a target memory, clarify the image that represents it, identify the negative belief and the desired adaptive belief, notice emotions and body sensations, and establish a baseline distress rating. Then the bilateral sets begin, usually 20 to 40 seconds at a time. After each set, you report whatever came up, even if it seems unrelated. The therapist does not interpret. They guide the process back to the target or follow naturally emerging links until the distress drops. You then strengthen the adaptive belief, scan the body for residue, and finish with stabilization.

For people who like a compact overview, it helps to group the phases into five clusters.



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- History and preparation. Gather background, assess safety, teach stabilization skills, build resources.
- Targeting. Select a specific memory, define image, negative belief, desired belief, and baseline ratings.
- Desensitization. Run bilateral sets until the memory's distress falls and new associations appear.
- Installation and body scan. Strengthen the adaptive belief and clear somatic echoes.
- Closure and review. Return fully to present, reinforce skills, and plan next targets.

Most sessions are quiet. Tears, yes, and sometimes anger, yet the emotional temperature is more regulated than people expect. A client reprocessing a car crash noticed the smell of gasoline, then a sudden memory of a passerby's blue scarf, then the sound of her father's laugh from years before. Three sets later she said, I can remember the ambulance without panicking. By the next week, she drove past the intersection with a tense jaw, and then the tension lifted as she noticed birds on the wire that she had never seen. Small observations often mark big shifts.

Why this is not just for single incident trauma

EMDR was tested early on with single incident traumas, like accidents or assaults. Many adults and teens arrive with more layered histories. Repeated invalidation, chaotic caregiving, medical procedures in childhood, deaths that were never fully mourned, all can lodge in the nervous system. When we work with complex trauma, the pacing and preparation change. We might spend several sessions resourcing before we touch early memories. We might target present triggers first, then link backward. Teen therapy requires even more attention to scaffolding, since adolescents are still consolidating identity and may swing rapidly between states. The work still honors the same principle: help the brain update memories that are stuck in survival mode.

The methods extend beyond classic PTSD. Panic disorder often involves a fear of fear, an internal cue that sets off a spiral. EMDR can target the first episode, or the most recent intense one, and the bodily sensations that precede it. People with specific phobias sometimes benefit from a briefer protocol focused on the worst moment. For grief, you do not erase love or loss. You loosen the knots of trauma around the death, such as a last image from the ICU, so that the rest of the relationship can be remembered without a chokehold. In Anxiety therapy broadly, EMDR pairs well with skills that help you stay in the window of tolerance, such as paced breathing, grounding, or cognitive strategies.

Clarifying the role with ADHD and testing

EMDR is not a primary treatment for ADHD. Difficulties with attention, working memory, and impulse control have neurodevelopmental roots. That said, trauma and ADHD symptoms can tangle. A teen who startles easily, drifts in class, and loses track of assignments might be wrestling with trauma related hypervigilance just as much as distractibility. Accurate ADHD testing helps sort causes and set expectations. If the testing supports a diagnosis of ADHD, you plan supports for attention while deciding whether trauma work is also warranted. When both conditions exist, EMDR may reduce anxiety, shame, and certain avoidance patterns, which can make executive function strategies more effective. The reverse is also true. When ADHD symptoms are stabilized, clients can engage EMDR with better focus and stamina.

How couples therapy intersects with trauma reprocessing

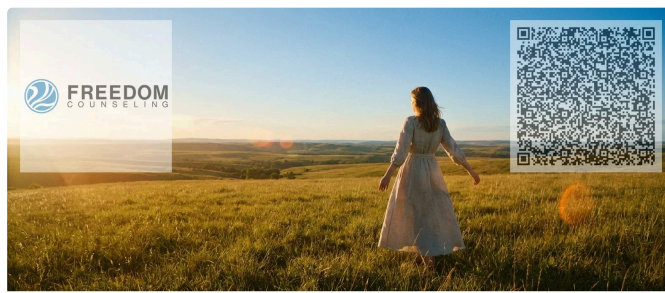
I often meet couples who say, We fight about nothing, then it turns into everything. On closer look, a glance, a sigh, a late reply, or a raised voice has become a trauma cue for one or both partners. EMDR therapy itself is usually conducted individually, to protect each person's process. Yet couples therapy can integrate trauma informed tools before and after EMDR.

Before EMDR, partners can learn to notice each other's signs of flooding and to co regulate, for example, by using a brief time out with a specific return plan. During a course of EMDR, you can schedule time in couples sessions to debrief what shifts are happening without rehashing the content of targets. After EMDR reduces the charge, couples often find communication coaching lands better. Some clinicians also use dyadic resourcing, where partners practice evoking calm, competence, or connection states together. There are edge cases to handle carefully. If there is ongoing violence, intimidation, or coercive control, joint work comes later, if at all. Safety comes first.

Evidence without overstatement

EMDR has been studied for more than three decades. Dozens of randomized trials and multiple meta analyses support its effectiveness for trauma related conditions. It is recommended by organizations such as the World Health Organization and the U.S. Department of Veterans Affairs and Department of Defense. That said, the exact mechanisms remain an active area of research. Not every study finds eye movements superior to other bilateral forms, and not every person responds at the same speed.

In practice, the most reliable sign that you are on a useful track is your own experience. Does the target memory feel less present? Do you encounter natural, not forced, reappraisals like, I did everything I could, or, I can ask for help now? Are your avoidance behaviors shrinking? Are bystanders in the memory coming into focus instead of the worst half second on replay? These are indicators that the trace is updating.



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Risks, limits, and how we mitigate them

No therapy is risk free. Some people feel worse before they feel better. Sleep can be disrupted for a few nights as the brain continues to process. Strong emotions surface, which is both the point and a strain. For those with a history of dissociation, the work must be paced and titrated carefully. Complex trauma can hide landmines that appear when you least expect them.

We screen for psychosis, unstable substance use, active self harm, current domestic violence, and unmanaged medical conditions that might be aggravated by arousal shifts. We also look at current life load. If you are moving, changing jobs, and parenting a newborn, we may build stabilization and delay deep reprocessing. EMDR is powerful, and power requires timing.

Here is a short readiness checklist that I use to guide planning with clients.

- You can reliably ground and return to the present using two or three specific skills.
- You have a basic sleep routine and a plan for the days after sessions.
- You can identify one person to contact for support if you hit a rough patch.
- You are not in an environment with ongoing threat that mirrors the target work.
- You and your therapist agree on priorities, pacing, and how to pause.

When these boxes are checked, the likelihood of smooth reprocessing rises. When they are not, we go slower, or we pause.

A closer look at reconsolidation in practice

In EMDR, you activate a memory and then allow in new information. That is the heart of reconsolidation. The new information does not have to be verbal. A client who survived a medical emergency might track eye movements [Psychotherapist](#) while recalling the sound of the monitor, and then focus on the feeling of their back against the chair, the presence of a trusted nurse, the calendar date, and the knowledge that their current symptoms are benign. Those elements contradict the original network's core prediction, which is often, catastrophe is imminent and I am alone. Repeated contradiction without overwhelm is what rewrites the code.

There is a common misstep. People think they can white knuckle their way through by thinking positive thoughts. That approach tends to backfire. The nervous system hears the denial and tightens its grip. In session, we are not arguing with the memory. We are letting it change in the presence of safety, context, and updated skill.

Working with the body, not around it

Trauma is a full body event. It lives in the interoceptive map as much as in narrative memory. During EMDR, we watch for jaw clenching, collapsed posture, and subtle breath [Psychotherapist](#) holding. When a body cue pops, we do not force it away. We include it in the target. A client might say, My chest is tight. Rather than distracting, we acknowledge and ask them to notice the tightness while following bilateral cues. Often the sensation moves, diffuses, or connects to a specific memory, like the smell of antiseptic or a grade school classroom where a teacher yelled. The nervous system resolves what it can when you stop fighting the signals and start guiding them.

This is where resourcing matters. Before and between tough sets, we practice installing a calm place, a protector figure, or a sense of mastery from a time you handled something well. These are not fantasies. They are memories or constructed experiences that the nervous system recognizes. They provide ballast.

Telehealth, kids, and practicalities

EMDR adapts well to telehealth when basic conditions are met. Eye movements can be done with a cursor, a light bar on the client's end, or therapist demonstrated finger tracking on video. Taps and tones can be delivered through apps. You need a stable connection, privacy, and a clear plan for what to do if the call drops during a difficult moment. I tell clients to text a single word, Pause, if they lose audio, and to use a prearranged self hold until reconnection.

With children and teens, the work is more external. We use shorter sets, more tangible anchors, and parent coaching. A thirteen year old who fainted during a blood draw may practice tapping while holding a stress ball,

then imagine the clinic with a specific playlist in mind. Parents learn to praise approach behaviors, like sitting in the waiting room for two minutes longer than last time, rather than pushing for complete desensitization in one go. Teen therapy is also about consent and agency. We do not force targets. We invite them.

How EMDR and Anxiety therapy complement each other

EMDR is not a replacement for all Anxiety therapy. It excels at reducing the emotional charge around specific memories and triggers. Cognitive and behavioral strategies teach you how to handle worry's habits day to day. In practice, the combination works well. For example, with social anxiety rooted in humiliating experiences, EMDR helps update those episodes, and exposure exercises build new learning in real time. Similarly, if panic attacks began after one terrifying incident, EMDR can soften that seed memory, while interoceptive exposure dismantles the fear of bodily sensations. If intrusive thoughts look more like OCD, we tread carefully. EMDR is not the first line there. Exposure and response prevention comes first. Later, if there are trauma nodes, we target those without conflating them with compulsions.

A composite case, with the details that matter

A woman in her thirties came in after a highway collision. She could drive on side streets but froze near on ramps. Sleep was light and easily broken. She had tried breathing exercises and logic, which helped until a large truck appeared in her rearview mirror, then her hands went cold. During history taking, we discovered two additional pieces. In middle school, she had been in the back seat during a minor crash, and her mother had yelled at her for crying. Years later, an emergency room visit for a different issue had involved a long wait with sirens from the bay audible every few minutes.

We spent two sessions on preparation. She practiced a calm place visualization anchored to the smell of coffee in her kitchen and the texture of a wool blanket. She also rehearsed a stop signal to use mid set if she felt too activated. Targets were selected in order. We started with the recent highway image, specifically the second right before impact. Early sets brought up sounds, then a flash of her mother's face, then the ER waiting room. Her SUD, the distress rating, dropped from 9 to 3 over about 40 minutes. We installed, I can notice and respond, a belief she liked because it was active and not fake confident. The next week, she drove to a familiar ramp and sat at the top for five minutes with music on low. Later, we processed the middle school crash memory, including the shame of being scolded for fear. That session ended with a body scan that found a lump in her throat. Two sets later, she said, I feel ten years old, and then, I did not do anything wrong. By the end of treatment, she still preferred the right lane, but her hands stayed warm even when a truck passed.

This kind of arc is common. Not quick miracles, not months of talking in circles. A planned sequence, attentiveness to body and belief, and enough flexibility to follow what the brain offers when it is ready to update.

How to vet a provider and prepare yourself

Training and fit matter. Ask about the therapist's EMDR certification or formal training, their experience with your kinds of targets, and how they handle dissociation or complex trauma. If you are seeking help for a teen, ask how they involve caregivers while protecting the adolescent's autonomy. If couples therapy is part of your broader plan, ask whether your individual and couples therapists will coordinate.

Before starting, set expectations. It can take a few sessions before reprocessing begins. Sleep may be odd for a night or two after intense work. Keep a brief log, not a novel, of triggers and shifts so you can track progress without getting stuck in analysis. Build small recovery rituals post session, like a short walk, a protein snack, and a text to a trusted person. These details sound simple, but they help your nervous system consolidate without unnecessary friction.

The larger point

Trauma therapy is not about erasing the past. It is about restoring flexibility. When memories no longer force your present into a narrow corridor, you get choices back. You can drive a highway, sit at a family table without scanning for landmines, or tell your partner I am getting triggered and need five minutes without it turning into a spiral. EMDR therapy is one strong path to that kind of change because it works with the way the brain encodes threat and safety.

Good therapy also respects complexity. If you have ADHD, you deserve clear assessment and supports while you tackle anxiety or trauma. If your relationship gets pulled into the undertow, couples work can create a safer dock so you can do deeper dives in individual sessions. If you are a teen or the parent of one, you need pacing that honors developmental realities, not adult timelines.

The brain is built to learn. When you give it the right conditions, it does. EMDR's structured, deceptively simple approach leverages that fact. The science keeps refining the how and the why. The clinical picture remains consistent. People remember more, feel less hijacked, and live with wider margins. That is what reprocessing looks like when it works.

Freedom Counseling Group

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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:

<https://www.google.com/maps/place/Freedom+Counseling+Group/@38.3335888,-121.9709253,678m/data=!3m2!1e3!4b1!4m6!3m5!1s0x80853d08b873121.9709253!16s%2Fg%2F11861mmks>

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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.