

Dissociation often hides in plain sight. Clients sit across from me and describe feeling foggy, cut off from their bodies, or suddenly far away while a conversation continues around them. They lose blocks of time, find themselves on autopilot when driving home, or feel as if their life is happening to someone else. These symptoms can be subtle and still create a powerful undertow that drags on work, relationships, and health. Eye Movement Desensitization and Reprocessing, or EMDR therapy, can be profoundly helpful for dissociation, but it only works well when the therapist respects the nervous system's thresholds and builds a platform of grounding and integration first.

This is not about powering through trauma. It is about expanding what the body and mind can safely feel, so traumatic memories can be reprocessed without the client fragmenting. The work takes craft, a phased approach, and steady attention to consent and pacing.

## What dissociation looks like in the room

Dissociation is a protective response, not a defect. In moments of overwhelm, the nervous system shifts attention away from pain, either by numbing sensation, detaching from emotions, or splitting memory into disconnected pieces. In therapy sessions, this shows up in patterns I've learned to notice:

- A fixed gaze, slowed blinking, or a sudden change in voice tone.
- Vague answers to specific questions, time slides, or drifting off mid-sentence.
- Feeling "floaty," "behind glass," or "not in my body," often coupled with shallow breathing or cold hands.

Clients may also report identity confusion, inner voices with distinct tones, or parts of self that hold specific roles. Not every client with dissociation has a dissociative disorder. Many have trauma histories with episodic dissociation layered atop anxiety, depression, or ADHD. Sorting this out at the start is essential, which is where a careful intake and, when relevant, ADHD testing or medical consultation can clarify what belongs to attention regulation and what belongs to dissociation. Treating inattentiveness like dissociation, or the reverse, leads to the wrong tools at the wrong time.

## How EMDR therapy helps, and why preparation matters

EMDR engages the brain's natural information processing, using bilateral stimulation such as eye movements, taps, or tones to help the nervous system weave traumatic memories into a coherent narrative. When it works as intended, distress linked to old material drops from a high level to mild or neutral, and the client can remember without reliving.

For clients with dissociation, the standard eight-phase EMDR protocol remains the backbone, but it needs tailoring. In Phase 1 and Phase 2, we build safety, structure, and resources before we touch traumatic targets. Without this frontloading, bilateral stimulation can amplify detachment or trigger shutdown. The goal in preparation is to widen the window of tolerance, strengthen dual awareness, and establish a shared language for tracking dissociation in real time. Once those foundations are in place, reprocessing can proceed in shorter sets, with frequent pauses to reorient to the present.

## Grounding first, always

Grounding is not a menu of tricks. It is a set of practices the client actually uses, in moments that actually count. I look for strategies that link body, breath, and environment. For one client, slow diaphragmatic breathing never worked, but cold water over the wrists did. Another found that counting breaths while pressing both feet into the floor reset her enough to stay with a tough memory. We test these during sessions, and we map what works at home, in the car, or during conflict with a partner.

One practical rule helps: choose tools that can be done discreetly and without equipment. A textured stone in a pocket, paced breathing with a 4-inhale 6-exhale ratio, or shoulder squeezes under the table are small anchors with outsized value. If a client needs something more overt, like a full body shake or running cold water, we plan how and where to do it.

Here is a brief grounding sequence I use when I see the lights dim in a client's eyes. It takes under two minutes and often restores presence.

- Orient with eyes: name three items in the room and a color you notice in each.
- Name the date, time of day, and location out loud.
- Feel feet and seat: press heels into the floor, notice the chair support, breathe into the low ribs.
- Engage a sense: sip cold water or hold something textured and describe it.
- Invite a micro-movement: roll shoulders or gently tap alternating knees for ten counts.

We run this sequence before any bilateral stimulation and after each set, if needed. Over time, clients internalize the steps, using them between sessions.

## Parts work and EMDR can coexist

Clients with dissociation often describe parts, whether they use that language or not. A skeptical part that avoids therapy, a wounded child part that panics at night, or a protector that goes numb when someone gets too close.

Ignoring these dynamics makes EMDR choppy. I invite parts into the process using simple, respectful language. We ask who needs attention first, what would make this work feel safer, and what resources each part already uses. Sometimes a protector part will only allow reprocessing if we shorten sets and keep one hand on a weighted pillow. That compromise keeps therapy moving while honoring internal boundaries.

I do not force integration. Integration here means improved communication among parts and less time lost to disconnection, not erasing differences. The nervous system softens when it is seen, not overridden.

[Freedom Counseling Group Mental health clinic](#)

## A phased map that respects thresholds

The standard EMDR phases still apply, but with dissociation we elongate the front end and learn to dance with the brakes. I think in three broad arcs.

Stabilization and skills. We install resources, practice grounding, and develop a shared dissociation signal. We also identify safe places, nurturing figures, or protective resources using modified bilateral stimulation at low intensity. Clients track somatic cues like tingling or fuzziness that signal detachment.

Target selection and graded reprocessing. We start with less complex targets to build confidence. If a memory links to total shutdown, we might first process a related but milder event. Sets are shorter. I keep one eye on the SUD scale of 0 to 10 and another on nonverbal signs. If SUD rises past a 6 and the client thins out, we slow, reorient, or shift to resource installation. The goal is steady, not heroic.

Consolidation and integration. Here, we test gains in daily life. The client notices they remained present during a difficult conversation or slept through the night after a nightmare. We may add future [teen counselor](#) template work, mentally rehearsing new responses with light bilateral stimulation, so the nervous system learns pathways it can actually follow in the wild.

## A brief vignette

A client in her thirties came in with panic at night, gaps in memory around early adolescence, and a history of shutting down during arguments. During intake, she scored high on dissociation measures, with frequent depersonalization. Standard EMDR would have pushed too hard, too early.

For six sessions, we focused on grounding and building a parts-aware frame. She found that scented lotion helped her land, as did pressing both feet into the floor while naming objects in the room. We also used bilateral taps at a slow pace to install a sense of an older, protective aunt as a resource image. Only then did we pick a target: a verbal fight in college that felt adjacent to the earlier trauma. Sets were 12 to 16 passes, with frequent check-ins. When she felt "drifty," we paused and did the grounding sequence. Over nine further sessions, panic episodes fell from nightly to a few times a month. She reported fewer blank spots and stayed engaged during conflicts with her partner. We did not erase her history. We did help her body learn that it could ride waves without going under.

## The role of Anxiety therapy within EMDR work

Anxiety rides shotgun with dissociation more often than not. Hypervigilance and avoidance keep people safe in the short term but make the world feel smaller over time. Anxiety therapy offers two levers that dovetail with EMDR: skills for arousal regulation and cognitive frames that reduce shame. Clients learn that anxiety is a signal, not a verdict. I weave paced breathing, interoception training, and micro-exposures into EMDR prep. For example, if leaving the house spikes anxiety, we might imagine stepping onto the porch while tapping lightly, then test a 3-minute actual exposure between sessions. This creates real-life rehearsal while we are still addressing deeper trauma with EMDR.

## Couples therapy can speed integration, carefully

Partners are often the first to witness dissociation. They also, unintentionally, trigger it. With consent, brief couples therapy sessions can teach a shared language for signs and signals. We set agreements: if the dissociation signal shows up, slow the conversation, lower voices, offer grounding prompts, or take a 10-minute break. I coach the partner to avoid interrogating or pursuing when the client goes quiet. Curiosity and calm tones work better than demands to stay present. For some couples, five to eight focused sessions shift home dynamics enough that individual EMDR gains hold.

One boundary is essential. [Psychotherapist](#) Keep trauma content in individual sessions. Couples work targets the dance between two nervous systems, not the core trauma material.

## Working with teens

Teen therapy requires more scaffolding and family involvement. Teens often report "zoning out" at school, mood swings, or risky behaviors that serve as ad hoc grounding. EMDR can help, but only after we create predictable routines and reduce acute destabilizers like sleep deprivation or constant device use at night. I involve caregivers early. We co-create house rules that support regulation: consistent sleep, movement after school, and quiet space for downshifting. Shorter sessions, more movement breaks, and concrete metaphors keep teens engaged. A favorite is the traffic light system for activation: green for present, yellow for edgy or spacey, red for shut down. Teens learn to name their color and use matching skills, which builds self-advocacy at school and home.

ADHD testing sometimes clarifies why a teen struggles to attend. If ADHD is present, stimulant or non-stimulant medication may reduce background noise enough to make EMDR feasible. If the primary driver is trauma, skills plus EMDR become first-line. Often it is both, and a blended plan works best.

## Safety, consent, and the therapist's stance

Pushing clients through dissociative walls can retraumatize. In my office, reprocessing is always opt-in, every set, every time. We discuss what stop looks like. I expect variability. Some weeks a client can handle a SUD of 6, other weeks 3 is too much. Illness, sleep loss, or a fresh stressor narrow the window of tolerance. The stance is collaborative, not prescriptive.

I also watch for medical contributors to dissociation-like symptoms. Blood sugar swings, thyroid disorders, or medication side effects can create fogginess. A referral to a physician for labs is sometimes the most trauma-informed step we can take.

## When not to proceed

There are moments where EMDR reprocessing should wait. Active substance dependence that regularly produces blackouts, ongoing severe domestic violence, or no stable housing can make the work unsafe. If a client lacks any reliable grounding and repeatedly leaves sessions more fragmented, we slow down. The priority is stabilization, resource building, and environmental safety. EMDR is not the only route to healing. It is one powerful method among many.

## What a well-paced session actually looks like

A typical 55-minute EMDR session for a client with dissociation might include 20 minutes of check-in and regulation, 20 minutes of low to moderate intensity reprocessing, and 10 to 15 minutes of reorientation and planning. I keep bilateral stimulation slower than usual and use tactile taps rather than rapid eye movements if detachment looms. We score SUD and validity of cognition (VoC) briefly, not as a test, but to mark shifts.

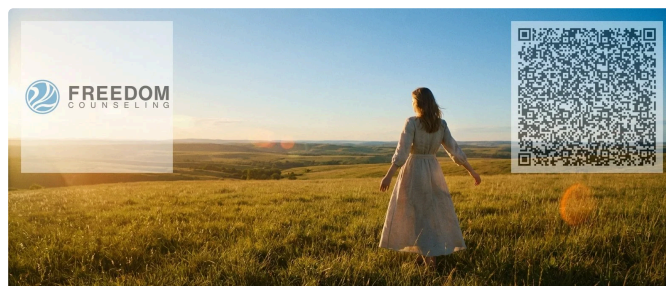
Clients often ask how many sessions it will take. The honest range is wide. Some see marked change around session 8 to 12 after a robust preparation phase. Complex trauma with longstanding dissociation may require months of weekly work, with periods focused on life stabilization. We reassess every four to six weeks, aligning goals with realities like time, money, and energy.

## Homework that builds integration

Self-care homework should be specific and bite-sized. A 3-minute grounding practice morning and night does more than a 30-minute practice that never happens. I often suggest a sensory kit: a textured item, a scent, gum, and a short card with the grounding sequence. Clients track dissociative episodes in a simple log, noting triggers, early cues, and what worked. Over four weeks, patterns emerge. For example, one client learned that heavy emails at 4 p.m. reliably triggered detachment. We moved those emails to mid-morning, added a walk before, and her late-day fog dropped by half.

## Using measurement, without turning therapy into a spreadsheet

Numbers help when they stay in service of felt change. Brief scales for [Mental health clinic](#) dissociation and anxiety give us trendlines. Session ratings of presence, from 0 to 10, keep us attuned to thresholds. More decisive than any metric is what happens outside the office. Can the client feel their body reliably? Do they lose less time? Can they ask their partner for a pause during conflict? These are integration markers.



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## Telehealth realities

EMDR by video can work well for dissociation, if we plan for it. I ask clients to have water, a textured object, and a safe, private space. We test camera angles for bilateral movements or set up self-tapping. We create a backup plan for dropped connections, such as switching to phone and shifting to grounding-only work. Telehealth reduces travel stress and, for some, increases a sense of control that itself reduces dissociation. The trade-off is fewer environmental cues for the therapist and more responsibility on the client to prepare the space.

## Common pitfalls and how to avoid them

Rushing past Phase 2. Skipping resource installation because it feels slow often backfires. The client detaches mid-target and loses trust in the process. Better to spend four to six sessions building a sturdy base.

Using one-size-fits-all grounding. If a client hates breathwork, do not push breathwork. Find body-based, sensory, or cognitive anchors that fit their nervous system.

Over-relying on cognitive insight. Many dissociative clients are brilliant analysts. Insight can be a detour. We keep returning to body sensations and present-time orientation so the work lands where dissociation lives.

Confusing ADHD for dissociation or vice versa. ADHD testing can clarify. If attention improves with stimulant medication and dissociative symptoms do not, we recalibrate the treatment plan.

## A readiness checklist clients find useful

- I have at least two grounding techniques that work 7 out of 10 times.
- I can name a stop signal and trust my therapist will honor it.
- My living situation is stable enough that I can recover after sessions.
- I can identify early cues of dissociation in my body.
- I have at least one supportive person who understands my plan.

If a client can honestly check three to five of these items, we are usually ready to begin graded reprocessing. If not, we continue strengthening the base. There is no prize for speed. There is lasting relief for steady work done at the right pace.

## Where other therapies fit

EMDR stands alongside, not above, other effective treatments. Sensorimotor psychotherapy, dialectical behavior therapy, and parts-informed approaches like Internal Family Systems contribute tools that slot neatly into EMDR preparation and integration. Anxiety therapy adds arousal management and cognitive frames that prevent shame spirals. Couples therapy provides relational scaffolding so gains hold at home. For teens, school-based supports and family routines matter as much as any intervention in the office. Integration is an ecosystem, not a single protocol.

## What success looks like

Clients often describe three kinds of change. First, memory feels like memory, not time travel. They can recall without drowning. Second, their body becomes a place to live, not avoid. Hunger and fullness return, sexual cues make sense, and they can feel both feet. Third, time stabilizes. They lose fewer hours and, when they do slip, they come back faster. Relationships benefit. A partner learns to pause rather than pursue. A teenager asks for a breather rather than slamming a door. Workdays end with a sense of being used up but present, not hollowed out.

None of this erases the past. It does redistribute power back to the person who lived it. EMDR therapy, carefully paced and grounded, is often the hinge that allows that shift. When we treat dissociation as wisdom carried too long, not a flaw to crush, integration becomes possible.

## Freedom Counseling Group

**Name:** Freedom Counseling Group

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

**Phone:** [\(707\) 975-6429](tel:(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%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](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.