

A panic attack can feel like a trapdoor opening beneath your feet. Your heart surges, your chest tightens, thoughts sputter into worst-case scenes, and a part of your brain decides you are not safe. Even people who handle heavy responsibility, who speak smoothly at work or manage a household without blinking, can find themselves flattened by ten minutes of terror. When those attacks come out of the blue and you start reshaping your life to avoid them, panic disorder may be in the picture. The good news is that panic responds predictably to the right kind of anxiety therapy. The path is not glamorous, but it is clear. With structure and practice, people who once lived from attack to attack learn to ride out sensations and take back their days.

What panic disorder is, and what it is not

Panic is a false alarm. The symptoms imitate a survival surge - racing heart, quick breathing, adrenaline in the bloodstream - but the trigger is usually internal. You might be sitting in traffic, loading the dishwasher, or putting your teen to bed when a wave hits. Panic disorder means repeated unexpected attacks plus persistent worry about having another attack or its consequences. That persistent fear changes behavior, for example, avoiding exercise, elevators, bridges, driving on highways, or even leaving home alone.

A single panic attack does not require therapy. If you have one scare after too much caffeine or a tough meeting, the body settles. Panic disorder grows when the mind begins to fear the sensations themselves, interpreting a flutter as a heart problem, dizziness as a sign of fainting, or a thought as a promise of losing control. This fear of fear, not the initial spike, drives the cycle.



Why panic sticks around

I have sat with many clients who can pinpoint the day it started. One woman noticed her heart hammering after sprinting up the subway stairs, then spent the entire ride certain she would collapse. A college athlete felt lightheaded during a cold, then began checking his pulse before every practice. In both cases, nothing dangerous happened, but the brain filed the internal cues as threatening. Three forces keep panic [Freedom Counseling Group EMDR psychotherapist](#) going:

- Interoceptive conditioning. Your nervous system pairs normal bodily sensations with urgent danger messages. The body learns quickly, and it remembers.
- Avoidance. You stop drinking coffee, you skip hot showers, you abandon workouts, and you refuse long drives. Avoidance gives short-term relief and long-term power to fear.
- Misinterpretation. Sensations are taken as proof of catastrophe. A thought like, My heart is beating too hard, easily morphs into I am about to have a heart attack.

The fix is not to make sensations go away. The fix is to teach the brain a new association, one where internal changes can rise and fall without danger.

What happens in evidence-based anxiety therapy

There is no single brand of therapy that owns panic disorder. Many clinicians lean on cognitive behavioral therapy because the steps are teachable and measurable. Good therapy is practical. We do not spend months exploring what anxiety meant to your great-grandparents if your main fear is getting trapped on Route 50 in afternoon traffic. We build skills and we practice them in the situations that matter.

A typical course runs 10 to 20 weekly sessions, adjusted to severity and coexisting issues like depression, ADHD, or trauma. Early work focuses on clear diagnosis and medical review. Palpitations can signal thyroid issues, asthma can complicate breathing work, and certain medications act like accelerants. If something medical is at play, we coordinate with your physician. If trauma sits in the background, EMDR therapy or other trauma-focused work may be added at the right point, not as a detour but to remove a barrier to exposure.

The first minutes of an attack: a five-step micro-protocol

When a panic surge hits, the goal is not to wrestle it to the ground. The goal is to reduce the struggle, ride the wave, and shorten the echo.

- Plant your feet and label it: This is a panic surge, a false alarm. Naming prevents the brain from free-floating into catastrophe.
- Loosen the fight: Unclench your jaw and hands, drop your shoulders, and let a slow breath extend your exhale by one or two seconds. Do not try to take huge breaths.
- Orient with your senses: Gently look left, right, center. Find one steady visual anchor and one tactile anchor, like a thumb on your keys.
- Wait out the peak: Most peaks crest within 60 to 120 seconds. Glance at a watch if needed, not to check your heart, but to measure the wave.
- Resume a tiny action: Send a brief text, take three normal steps, or sip water. Small forward motion breaks the freeze.

With practice, this sequence becomes almost automatic. The move from frantic control to measured allowance is the hinge that turns the whole course of panic.

Building a step-by-step plan for relief over weeks

People often arrive wanting a relaxation toolkit. Breathing, grounding, and mindfulness help, but the lasting change comes from exposure, that is, systematically meeting feared sensations and situations until the fear association weakens. The steps below are what I teach and adjust to fit a person's life.

We start with psychoeducation that earns trust. I show how carbon dioxide and oxygen levels shift during fast breathing and why the lightheadedness is not a sign of brain failure. We walk through a body map of symptoms, circle the ones you dread most, and link them to the worst imagined outcome. If the feared outcome is fainting, we examine how fainting actually works. Panic fainting is [Psychotherapist](#) rare, and the mechanism is different from stress fainting. That kind of detail matters because it removes the mystery that fuels fear.

Next comes interoceptive exposure, the heart of panic therapy. We deliberately create the bodily sensations that you fear. If you dread dizziness, we spin in a chair for 30 seconds. If a racing heart terrifies you, we jog in place or do a set of jumping jacks. If shortness of breath is the hook, we breathe through a narrow straw. You learn two things at once: the sensation can be created on purpose, and, more importantly, it passes without the disaster your mind predicts. This becomes a daily practice, ideally twice per day, with logs that track intensity and belief in the feared outcome before and after.

Situational exposure follows, tailored to your life. A client who avoided bridges drove the shortest bridge in town with a therapist on speakerphone, then repeated the route alone the next day. Another who feared grocery store lines started by standing at the back of a short line, then lengthened the line, then left her phone in her pocket rather than clutch it. The progression is gradual, not gentle. The target is discomfort without overwhelm. Sessions often include fieldwork. We take the elevator together, we sit in the warm car, we walk the outer loop of a mall. Leaving the therapy room saves weeks of theorizing.

Cognitive skills support the exposures. We do not try to silence thoughts. We practice accurate labeling and probability checks. For example, the thought I am going to pass out in the produce aisle becomes I am having the familiar surge of lightheadedness that I have ridden out before. We write alternative appraisals on index cards and practice them at increasing heart rates. The logic is not lofty; it is grounded in your data, collected over repetitions.

Breathing and acceptance fit in carefully. Slow exhale breathing moderates the carbon dioxide drop that hyperventilation causes, but it is easy to turn it into a safety ritual that you cannot be without. I frame it as a helpful skill, not a rescue. Acceptance exercises teach you to allow waves of nausea, heat, or tingling without checking your pulse or scanning for exits. That stance, open and unfrantic, breaks the inner chase.

Lifestyle work supports the plan rather than substituting for it. I want you well slept, lightly caffeinated, and physically active. Strength and cardio are both fine. If you have been avoiding exercise for years, we rebuild

confidence in your pulse climbing. Paradoxically, fitness often brings panic-like sensations, and tolerating them is exactly the training your brain needs.

Where EMDR therapy fits in

When panic began after a specific event - a car accident, a medical scare, a humiliating incident at work - trauma memory may be feeding the alarm. In those cases, EMDR therapy can ease the stuckness around that memory. I usually do not start with EMDR in week one. We first stabilize panic basics, then identify the target memory with precision. EMDR sessions work through images, beliefs, emotions, and body sensations [Family counselor](#) connected to that moment. As the memory loses its bite, exposures become less flooded. A man who white-knuckled through every highway merge after a crash felt a distinct shift after four EMDR sessions; the merge still raised his pulse, but he did not snap into terror.

EMDR is not required for panic disorder. Many clients recover with exposure-based anxiety therapy alone. I use it when clear trauma or complex grief is in the mix and when standard exposures hit a wall that feels less like fear learning and more like trauma re-experiencing.

Bringing partners into the process

Panic ripples through families. Well-meaning partners accidentally reinforce avoidance by driving everywhere, leaving events early, or constantly checking in. A few sessions of couples therapy can align support with treatment goals. We set ground rules like, I will go on the bridge, and you will not ask how I am doing every minute. We also build scripts for car rides and crowded places, replacing rescue phrases with calm, brief cues. Sometimes partners carry their own fear, worried that pushing will make things worse. Having them watch an exposure session or two can reset those beliefs.

Working with teens

Teen therapy for panic includes the same principles, but the delivery changes. Teens often frame panic through school contexts, gyms, buses, and social dynamics. They also may hide symptoms to avoid attention. I involve parents early to reduce conflict around attendance and technology. We agree on a small set of supports at school, like permission to step out for two minutes during a surge without a formal nurse visit. Exposures might happen in the cafeteria or at the stadium track after hours. The wins are visible: a full school day without leaving early, a bus ride with music off, a speech delivered with shaky legs and steady voice. Teens do well with concrete goals and quick feedback.

The ADHD question

I routinely screen for ADHD, and sometimes recommend formal ADHD testing, because attentional patterns influence panic work. ADHD can produce restlessness, racing thoughts, and impulsive escapes that look like anxiety. It also affects follow-through on exposure homework. When ADHD is present, we simplify the plan, use shorter, more [Counselor](#) frequent exposures, and add environmental cues. Treating ADHD does not treat panic directly, but it removes friction from the work. In a few cases, stimulant medications can increase bodily sensations, which we then fold into interoceptive practice rather than avoid.

Medication as a tool, not the driver

Medication can help, especially for people who feel too flooded to engage. SSRIs have the strongest evidence for reducing panic frequency and anticipatory anxiety over weeks. Starting low and moving slowly reduces early activation. Benzodiazepines can quickly cut a surge, but they train the brain to rely on a pill to exit panic, and they complicate exposure learning. I often phrase it this way: if you want to rewire fear, you need to experience fear without rescue and learn that you are safe. Beta blockers can blunt peripheral symptoms like tremor in performance situations, but they do little for unexpected panic.

The best outcomes come from a smart blend: medication to bring the floor up a bit, exposures to retrain the system, and skills to maintain the change. Coordination between therapist, prescriber, and client avoids mixed messages.

Measuring progress with real numbers

Panic therapy can feel like a tug of war with your own body. Data helps. We track:

- Weekly counts of panic attacks and their average peak intensity on a 0 to 10 scale.
- Minutes from surge onset to return to baseline.
- Belief ratings in specific feared outcomes, like fainting or going crazy.
- A list of avoided situations at baseline, with checkmarks as they reenter your life.

These numbers do not tell your whole story, but they show trends. A client who went from four attacks per week to one short surge, and who drove 20 miles on the interstate without a detour, sees in writing the proof that their system is changing.

A field note from practice

Several years ago, a software project manager came in after leaving a team meeting three times in two weeks. He had started taking the stairs to avoid the glass elevator and stopped drinking coffee. On paper, he fit panic disorder cleanly. We started with breathing practice so he could ride a wave without tightening his chest, then moved quickly to interoceptive exposure. He hated dizziness, so we spun. He feared a racing heart, so we did 60 seconds of burpees in session. By week three, he practiced in the elevator lobby, first touching the door, then riding one floor, then three. He kept an index card in his pocket that read, False alarm, crest and fall, do the next thing. At week eight, he presented to 40 colleagues. He reported one surge mid-slide, used the five-step micro-protocol, and finished the deck. That was not a magical cure; it was the product of dozens of planned discomforts.

When panic intersects with health conditions

Not every racing heart is panic. New chest pain, severe shortness of breath, or fainting requires medical evaluation. Once serious conditions are ruled out or treated, we make room for the sensations that remain. People with asthma, GERD, POTS, or thyroid disorders often need coordinated plans. For example, someone with POTS might work with a cardiologist on fluids and compression while using exposures to reduce the fear response to standing and heart rate shifts. Precision prevents you from either neglecting a medical issue or over-medicalizing benign sensations.

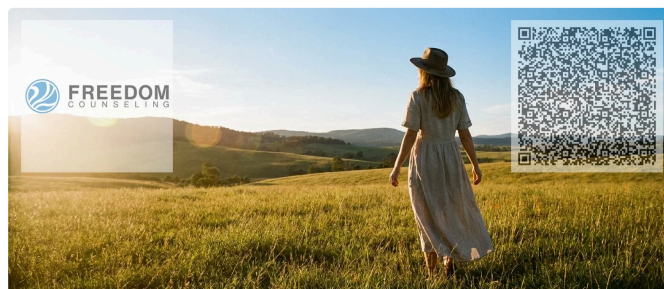
Caffeine, nicotine, and cannabis also matter. Splitting a daily coffee into two smaller cups can shave off a jittery edge that you might wrongly blame on panic. Nicotine can temporarily calm and then rebound with more anxiety. Cannabis, especially high THC products, can provoke panic in people with that vulnerability. The aim is not purity, it is predictability.

Telehealth, groups, and real-world practice

Therapy does not have to be in person to be effective. Many elements, including interoceptive exposure, translate well to telehealth. I often coach clients through exercises on video, then have them carry the phone while practicing in a parking lot or supermarket. Group therapy adds momentum when people see others tackle similar fears with a mix of mistakes and wins. Groups also reduce shame, which is sticky and unhelpful. None of this replaces the specificity of your own plan. It simply broadens the runway.

A compact preparation checklist

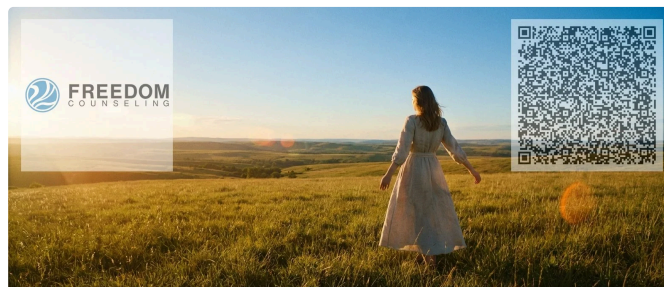
If you are about to start therapy for panic, a little preparation makes the first sessions more efficient.



Freedom Counseling Group
82MH+CJ Vacaville, California, USA

- Keep a two week log of attacks, triggers, and what you did during and after.
- List five situations you avoid and rank their difficulty from 1 to 10.
- Bring a brief medical history, including medications and any recent testing.
- Decide on two daily 10 minute windows you can reserve for practice.

Those notes let your therapist cut to the part that changes your life, not just collect backstory.



Freedom Counseling Group
82MH+CJ Vacaville, California, USA

Preventing relapse

Relapse in panic usually means a few bad days, not a return to square one. Life stress, illness, travel, or lack of sleep can nudge your system back toward alarm. Plan for that now, while things are better. Keep a small exposure

menu you can return to. Schedule quarterly booster sessions. If a big stressor is coming - a move, a new job, a pregnancy - tune up the skills you used the last time. People who expect occasional spikes handle them as hiccups, not omens.

Where to start, if you feel stuck

If you are choosing a therapist, ask about their experience with panic, not anxiety in general. Ask whether they use interoceptive and situational exposure. If they never leave the office or if they promise relaxation will end panic, keep looking. Search terms like anxiety therapy for panic disorder or CBT for panic bring you to clinicians who do this work often. If trauma is prominent in your story, look for someone trained in EMDR therapy who also knows exposure well. If family dynamics are tangled into avoidance, a therapist comfortable with couples therapy can prevent unintentional sabotage.

If you are a parent of a teen who is missing school because of panic, look for a practice that offers teen therapy with school coordination. If focus problems, time blindness, and task switching make practice inconsistent, discuss whether ADHD testing is appropriate. Matching the plan to the person often matters more than the brand of therapy.

A final word on courage and repetition

I wish there were a shortcut. There is not. There is repetition guided by a map that has worked for thousands of people. You learn that your heart can pound without breaking, that dizziness can wash through without a fall, that thoughts can snarl without dictating your next step. You practice this in elevators, parking lots, grocery lines, meeting rooms, and bedrooms at 3 a.m. The first week is the hardest. Week two often brings the first clean win. By week six, most people carry themselves differently. The system does not forget how to panic, but it learns faster how to settle. That, in the end, is what relief looks like - not an absence of sensation, but the steady knowledge that you can feel a wave and keep going.

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

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%2F11l861mmks>

Embed iframe:

Socials:

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


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

LinkedIn: <https://www.linkedin.com/company/freedomcounselinggroup/>

TikTok: <https://www.tiktok.com/@freedomcounselinggroup>

X: <https://x.com/freedomcounsel>

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

 Explore this content with AI:

 ChatGPT  Perplexity  Claude  Google AI Mode  Grok

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.