On Monday mornings I often meet someone who looks like they held it together with tape all weekend. They might say, I fall asleep fine, then I'm wide awake at 2 a.m. Or, I dread going to bed because my thoughts sprint the second I lie down. I think of a client, Maya, who was running a team at a startup while caring for her dad after heart surgery. She was taking short naps in her car, chugging coffee to keep the nausea away, and fighting a nightly wave of dread about not sleeping. The more she chased sleep, the more it ran.

Anxiety and sleep are close dance partners. Treating one almost always touches the other, but the steps are not intuitive. Anxiety therapy for sleep is less about learning to relax on command and more about retraining your brain's association with night, quiet, and your own heartbeat. It is structured where it matters and flexible where it counts, and it respects medical realities like apnea or restless legs that can quietly sabotage progress.

## How anxiety steals the night

Anxiety flips on the very systems that block sleep. The brain's threat circuitry, tuned by the amygdala and stress hormones like cortisol and norepinephrine, raises heart rate, tightens muscles, and sharpens attention. Those signals clash with the downshift needed for sleep. If your mind finishes the day with a fear rehearsal, your body will oblige with wakefulness.

Two patterns show up repeatedly:

- Pre-sleep worry. You finally stop moving and your brain pulls the file on everything unresolved, from conversations that went sideways to bills due next month. Predictably, your arousal climbs and your clock becomes the enemy.
- Conditioned arousal. After several rough nights, the bed itself becomes a cue for wakefulness. You feel sleepy on the couch, but as soon as you get under the covers your chest tightens. This is classical conditioning at work, not a character flaw.

There is also the fear of fear. People with panic disorder often fear what the night holds, because quiet makes bodily sensations more obvious. A small flutter in your chest Couples therapy at 1 a.m. Feels louder than the same sensation at noon. That amplification loop can train you to scan for danger exactly when you need to let go.

## Why poor sleep keeps anxiety stuck

Sleep protects emotional regulation. With short or fractured sleep, the brain's alarm system fires more readily and the prefrontal cortex, your wise moderator, has less sway. Studies regularly show that even a few nights of insufficient sleep increase irritability, catastrophic thinking, and pain sensitivity. People with generalized anxiety disorder report insomnia rates from roughly 50 to 75 percent, and for those with PTSD, nightmares and nocturnal awakenings are a core feature. The relationship is bidirectional: anxiety disrupts sleep, and poor sleep magnifies anxiety.

Performance anxiety about sleep itself is often the keystone. You do mental math at 2:18 a.m. About how destroyed you will be at the 9 a.m. Presentation. That pressure spikes adrenaline, and the goal of sleep turns into a test. When we remove the test and focus on workable behaviors, sleep often follows on its own timetable.

## Begin with a good assessment

Before adjusting bedtimes or chasing supplements, get the basics right. Anxiety therapy that helps sleep starts with a clean map:

- Screen for sleep apnea. Loud snoring, gasping, morning headaches, high blood pressure, and daytime sleepiness point toward obstructive sleep apnea, which fragments sleep and raises anxiety through repeated surges of adrenaline. A home sleep test or lab study clarifies this. Addressing apnea with CPAP or an oral appliance can transform "treatment resistant" insomnia.
- Check for restless legs or periodic limb movements. An urge to move the legs at night, relieved by movement, or bed partners observing kicks can keep the nervous system aroused.
- Review substances and timing. Nicotine, caffeine, alcohol, and THC have specific sleep effects. Caffeine has a half-life of about 5 to 6 hours, and alcohol shortens sleep latency but fragments the second half of the night. Cutting back by even 25 to 50 percent and moving use earlier in the day pays off.
- Consider medical contributors. Thyroid imbalance, chronic pain, reflux, perimenopause, and certain medications affect sleep. So do iron deficiency for restless legs and untreated allergies.
- Distinguish sleep debt from ADHD. I meet adults who seek ADHD testing after months of poor sleep. Chronic sleep restriction mimics inattention and impulsivity. A good evaluator will sort sleep deprivation from true ADHD through history, rating scales, and, when indicated, performance testing. When ADHD is present, consistent sleep routines improve attention and reduce medication side effects.

A careful assessment prevents dead ends. If apnea is missed, no amount of relaxation training will fix repeated oxygen dips. If a stimulant is dosed too late, your plan should start with your prescriber, not your pillow.

## What actually works: blending CBT-I with anxiety therapy

The backbone of evidence for insomnia is Cognitive Behavioral Therapy for Insomnia, or CBT-I. Anxiety therapy enriches this approach by adding targeted work on worry, threat sensitivity, and avoidance. Done well, the plan is clear, firm, and compassionate.

Stimulus control. You rebuild the association between bed and sleep by using the bed for sleep and sex only, not for scrolling, spreadsheets, or tense conversations. If you are awake and frustrated after roughly 15 to 20 minutes, you get up and do a quiet, low-light activity elsewhere until drowsy returns. This is not punishment, it is brain training.

Sleep restriction, better named sleep consolidation. Instead of spending eight hours in bed to get five hours of broken sleep, you match time in bed to your average sleep time, then expand as your sleep efficiency improves. Sleep efficiency is the percentage of time in bed that you actually sleep. A Freedom Counseling Group EMDR psychotherapist typical starting goal is 80 to 85 percent. For Maya, that meant a midnight to 6 a.m. Window for two weeks, then adding 15 minutes every few nights as her efficiency held. It feels counterintuitive, but tighter windows rebuild sleep drive and reduce clock-watching.

Cognitive work that addresses the “what if.” We challenge beliefs like If I sleep less than seven hours, I cannot function, with live experiments. Many people find that five and a half to six and a half hours, occasionally, is uncomfortable but survivable. The goal is to turn sleep from a fragile commodity into something resilient.

Exposure to nighttime cues. If your anxiety spikes with a racing heart in the dark, we practice. Interoceptive exposure has you deliberately create similar sensations in the daytime, such as brief jogging in place or holding your breath for a few seconds, then noticing that the sensation crests and falls. Over time the body learns that arousal is not an emergency. We also rehearse lying in a dim room with a fan on, training attention to be with sensations without catastrophe.

Mindfulness and acceptance strategies. Paradoxically, the more you try to force sleep, the less it arrives. Mindfulness skills shift the goal from sleeping to resting. You practice noticing thoughts like I will blow the meeting tomorrow and feelings of frustration, without adding struggle. People often borrow a phrase like, My mind is offering me the catastrophe story again, and return to breath or body feeling. This is not giving up on sleep. It is unhooking from the fight that keeps it away.

Nightmare rescripting and trauma work. For those with trauma, bad dreams and middle-of-the-night jolts are not random. They are learned threat responses. Image rehearsal therapy teaches you to rewrite the nightmare in detail, changing endings and practicing the new script while awake. EMDR therapy can help desensitize the memory networks that keep the body on alert. I have worked with veterans who, after a course of EMDR therapy focused on specific traumatic scenes, reported a gradual drop in nightmare intensity and a return to sleep within minutes after waking, rather than hours.

Worry scheduling and boundary rituals. Set a 15 to 20 minute “worry appointment” earlier in the day. You jot down concerns, brainstorm next steps, and close the notebook. At night when worry starts, you note it and remind yourself you have time scheduled tomorrow. Pair this with a simple boundary ritual that signals the end of problem-solving for the day, such as powering devices off, putting your to-do list in a drawer, and dimming the lights.

Breathing and body work. Slow diaphragmatic breathing, progressive muscle relaxation, or guided imagery can help, especially while you are consolidating sleep. None of these should be used as a pass or fail sleep test. They are practices that nudge the system toward calm.


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Medication decisions live alongside therapy. Sedative-hypnotics and certain antidepressants can be useful as bridges, especially for acute crises, but they carry trade-offs, including daytime grogginess, memory effects, or tolerance. Work with a prescriber who understands sleep physiology. If you live with bipolar disorder, for example, aggressive sleep restriction can trigger hypomania. A tailored plan can avoid those hazards.

## Practical tools that help this week

Clients often ask for one thing they can change tonight. You do not need a perfect routine. You need a consistent signal and a body that is ready to hear *Psychotherapist* it. Here is a compact sequence that fits in 20 to 30 minutes and covers the big levers.

- Dim light and drop screens to eye-level night mode one hour before bed. Light is a circadian bully. Lowering light reduces melatonin suppression without gadgets.

- A warm shower or bath 60 to 90 minutes before bed. The warm-to-cool drop helps you fall asleep faster by promoting heat loss through hands and feet.

- Five minutes to close your loops. Write the three tasks to carry over to tomorrow and one sentence about the toughest worry. Bookend it with, I will return to this at 4 p.m.
- Two minutes of gentle stretching, then sit and breathe slowly for three to five minutes. Aim for a 4 second inhale, 6 second exhale. If thoughts pop up, treat them as background noise.
- In bed, anchor attention in sensation instead of problem-solving. Count exhales to 20 and restart if you lose track. If frustration spikes, leave the bed and return when drowsy starts to build again.

This is not magic. It is scaffolding that allows the deeper work to take hold.

## When your partner's sleep is part of the picture

Many adults do not sleep alone, and bed partners bring their own rhythms, needs, and noises. I have seen couples in distress over snoring, mismatched bedtimes, and whether a phone in bed is a sin or a comfort. Couples therapy can help by making sleep a shared solvable problem rather than a referendum on intimacy.

We clarify expectations and experiment with formats: separate wind-downs with a joint check-in, staggered bedtimes, or even a trial of separate rooms for part of the night while someone addresses apnea or pain flares. When couples treat sleep as a health behavior instead of a sign of closeness, resentment drops, and ironically, closeness tends to rise. Sleep divorce is an unfortunate phrase. Call it a sleep remodel instead.

Anxiety within the relationship also shows up at night. Lying next to someone you are angry with does not invite rest. Naming conflicts earlier in the evening and giving each other permission to pause tense talks after 9 p.m. Protects both sleep and communication. Good couples therapy sets those boundaries without minimizing real issues.

## Teens who cannot turn off

Adolescents get labeled lazy for morning struggles when biology is doing most of the pushing. The circadian phase in teens naturally shifts later, and early school start times put them at war with their body clocks. Add social pressure, academic load, and a phone lighting up at midnight, and you have a sleep-anxiety fuel mix.

Teen therapy for sleep focuses on rhythm, agency, and anxiety management they can own. I helped a high school junior, Jay, who was up until 2 a.m. Playing catch-up and then lying awake scolding himself. We started with a tech curfew he set himself, not one his parents policed. He picked 10:30 p.m., used the phone's built-in downtime feature, and charged it in the kitchen. We added a short after-school nap with an alarm, limited to 20 minutes, so he had fewer 7 p.m. Crashes. His therapist taught brief thought labeling, so instead of believing, I am the only one who cannot do this, he could notice the thought, schedule the problem for tomorrow's study block, and return to his breath.

If ADHD is on the table, a formal ADHD testing process can sort out whether procrastination and late-night marathons are driven by attention differences, anxiety, or both. In teens with confirmed ADHD, aligning stimulant dosing with their sleep schedule and adding structure to evenings can prevent the midnight second wind that wrecks the week.

## Special cases that need careful handling

No two sleep-anxiety stories are identical, but a few patterns warrant specific tools.

Trauma and recurrent nightmares. For survivors of assault, combat, or medical trauma, the night can feel unguarded. Image rehearsal and EMDR therapy both have evidence for reducing nightmare frequency and distress. The arc is usually weeks to a few months, not days. Expect a gentle approach that stabilizes first, then processes memories once you have enough daytime regulation skills.

Nocturnal panic. Waking from deep sleep with a racing heart and a wave of dread is a known variant of panic. The brain can misinterpret benign cues like a change in breathing depth. We treat it with the same exposure and

cognitive strategies used for daytime panic, with the twist that you also practice going back to sleep without checking your pulse or turning on *Family counselor* all the lights. A bedside card with two sentences helps: My body is doing a panic cycle, and it will crest and fall. I can ride it. Most cycles peak within 10 minutes.

Perinatal anxiety. Late pregnancy and early parenthood are sleep disrupters by design. Anxiety therapy here respects safety and hormonal shifts. The goal is not perfect sleep but workable rest. Brief, repeated micro-rests, shared nighttime duties where possible, and cognitive strategies to counter health anxiety about the baby are more effective than trying to enforce a pre-baby routine.

Chronic pain. Pain and anxiety both heighten threat detection. Here, pacing during the day, targeted physical therapy, and cognitive strategies for pain catastrophizing pair with gentle sleep consolidation. We avoid rigid bedtimes that ignore pain flares and instead use windows.

## Measure what matters and expect a slope, not a line

People often improve before their beliefs catch up. Data helps bridge that gap. A simple sleep diary is enough. Track bedtime, lights out, number of awakenings, wake time, and perceived sleep quality. Every week, calculate sleep efficiency: total sleep time divided by time in bed, multiplied by 100. If you average 5.5 hours of sleep in a 7 hour window, efficiency is about 79 percent. That guides whether to hold steady, tighten, or expand your window.

I tell clients to look for these early wins within two to three weeks:

- Falling asleep within 15 to 30 minutes most nights.
- Fewer long middle-of-the-night wakes.
- Less catastrophic thinking about next-day functioning.
- A mild afternoon dip that resolves without long naps.

Perfection is not the metric. A rough night once a week is normal even for people without insomnia. When you stop labeling those nights as failures, they tend to be shorter.

## When it is time to seek professional help

Some red flags mean you should not go it alone. Reach out if any of these apply:

- Loud snoring with witnessed pauses, or waking short of breath.
- Persistent nightmares or flashbacks tied to trauma.
- Anxiety or low mood that interferes with work, school, or caregiving for more than two weeks.
- Regular use of alcohol, THC, or sedatives to sleep, with mounting tolerance.
- Thoughts of self-harm related to exhaustion or hopelessness.

A therapist trained in anxiety therapy and CBT-I can coordinate with your primary care doctor or a sleep specialist. If your relationship is a major context for nighttime distress, couples therapy brings both of you into the solution. If attention symptoms are central, thorough ADHD testing may prevent years of treating the wrong problem.

## The long game: relapse prevention, travel, and life’s curveballs

Even after sleep improves, life will throw sleep off. You get sick, fly across time zones, or face a deadline that compresses the day. The goal is not a fragile routine that shatters under stress, but a handful of moves to protect sleep when you can and recover it when you cannot.

Travel responds to light timing and anchor habits. For eastbound trips, morning light at the destination and an earlier bedtime the week before help. For westbound, late afternoon light helps you stretch. Keep caffeine moderate and front-loaded, and lean on brief naps the first day without letting them erase sleep drive.

Deadlines are sprints, not lifestyles. It is fine to borrow from sleep occasionally, as long as you pay it back with an earlier night or a low-stakes weekend morning. If you notice the old vigilance sneaking in, return to stimulus control and a tighter window for a week.

Illness and pain require grace. Hold a soft version of the rules. If you are up with a cough, do not police every minute. Once you recover, rebuild the association with two to three nights of your usual structure.

A maintenance session with your therapist every few months can keep the gains durable. People often discover new layers of anxiety to work with once they are no longer exhausted. With better sleep, they take on hard conversations, make career moves, or reconsider medical choices. Rest is not just the absence of fatigue. It is the presence of capacity.

## A final story about enough

Two months after starting, Maya was not a different person. She still had meetings and a recovering parent. But she was sleeping 6.5 to 7 hours most nights in a 7.5 hour window, with one predictable 10 minute wake. She stopped checking the clock. She handled a red-eye flight by planning her light exposure and accepting a choppy

night instead of chasing a perfect one. Her anxiety did not vanish, it lost its grip. What changed was not just technique. It was her relationship with the night.

That is the arc I trust. Anxiety therapy for sleep is not a set of hacks. It is a way of teaching your brain that the dark does not need your vigilance every hour. Add targeted tools like CBT-I, mindful attention, exposure to the sensations you fear, and, when relevant, EMDR therapy for traumatic memories. Involve your partner through couples therapy when the bed has become a battleground. Clarify attention patterns with ADHD testing when focus and sleep collide. Support teens with strategies that respect their biology. Then keep practicing until rest is not a goal you chase, but a home you return to.

## 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

**Hours:**
Sunday: Closed
Monday: 8:00 AM – 6:00 PM
Tuesday: 8:00 AM – 6:00 PM
Wednesday: 8:00 AM – 6:00 PM
Thursday: 8:00 AM – 6:00 PM
Friday: 1:00 PM – 8:00 PM
Saturday: Closed

**Open-location code / plus code:** 82MH+CJ Vacaville, California, USA

**Coordinates:** 38.3335888, -121.9709253

**Map/listing URL:**
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Freedom Counseling Group provides psychotherapy and counseling services from its main Vacaville office at 2070 Peabody Road, Suite 710.

The practice serves individuals, teens, couples, and families through in-person counseling in Vacaville, Roseville, and Gold River, with telehealth options also listed.

Listed specialties include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD treatment, addiction support, phobia treatment, couples therapy, teen therapy, and immigration mental health evaluations.

The team is led by Kevin Anderson, PsyD, LMFT, CCTP, an EMDRIA Approved EMDR Consultant listed by the official site.

Freedom Counseling Group is locally positioned for clients in Vacaville, Solano County, Travis Air Force Base, Roseville, Gold River, and the Greater Sacramento Area.

The official site describes online therapy and virtual couples counseling for clients in California, Texas, and Florida, with some pages also referencing Idaho telehealth availability that should be confirmed directly.

The Vacaville service page notes support for adults, teens, couples, first responders, and military personnel seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, and autism-related concerns.

Prospective clients can call (707) 975-6429, email contact@freedomcounseling.group, or visit https://www.freedomcounseling.group/ to ask about a free consultation and therapist fit.

The public map listing for Freedom Counseling Group can help clients verify the Peabody Road office before planning an in-person appointment.

## Popular Questions About Freedom Counseling Group

### What is Freedom Counseling Group?

Freedom Counseling Group is a mental health group practice serving the Greater Sacramento Area, with offices in Vacaville, Roseville, and Gold River, California.

### Where is Freedom Counseling Group located?

The main Vacaville location is listed at 2070 Peabody Road, Suite 710, Vacaville, CA 95687. Additional listed locations include Roseville and Gold River.

### Does Freedom Counseling Group offer EMDR therapy?

Yes. EMDR therapy is one of the practice's listed specialties, and the official site describes EMDR as a central part of its treatment approach for trauma, anxiety, PTSD, and related concerns.

### What services does Freedom Counseling Group provide?

Listed services include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD therapy, addiction counseling, phobia treatment, couples therapy, teen therapy, immigration evaluations, EMDR consultation, workshops, and online therapy.

### Does Freedom Counseling Group work with couples?

Yes. The official site lists couples therapy and marriage counseling, including Emotionally Focused Couples Therapy for clients working on communication, connection, and relationship repair.

### Does Freedom Counseling Group offer online therapy?

Yes. The official site lists online therapy and says telehealth is available in California, Texas, and Florida. Some official pages also mention Idaho, so clients should confirm current state availability directly.

### Who does Freedom Counseling Group work with?

The practice describes work with individuals, teens, couples, families, first responders, military personnel, and clients seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, autism support, and relationship

concerns.

### What are Freedom Counseling Group's listed hours?

The matching public listing shows Monday through Thursday from 8:00 AM to 6:00 PM, Friday from 1:00 PM to 8:00 PM, and Saturday and Sunday closed. Appointment availability should be confirmed directly because the official site also lists broader office hours.

### Is Freedom Counseling Group an emergency mental health provider?

The connected client portal states that it is not to be used for emergency situations and advises calling 911 if someone is in immediate danger or experiencing a medical emergency.

### How can I contact Freedom Counseling Group?

Call (707) 975-6429, email contact@freedomcounseling.group, visit https://www.freedomcounseling.group/, or use the listed social profiles: https://m.facebook.com/p/Freedom-Counseling-Group-100063439887314/, https://www.instagram.com/freedomcounselinggroup/, https://www.linkedin.com/company/freedomcounselinggroup/, https://www.tiktok.com/@freedomcounselinggroup, https://x.com/freedomcounse, 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.