

EMDR And The Military In Action

A monthly newsletter to keep you informed.

This is a monthly e-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Desensitization (EMDR) who work with military, veterans, and their families. The purpose of **EMDR And The Military In Action** is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

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Citations of the Month- Anxiety Disorders

Fernandez, I., & Faretta, E. (2007, February). [Eye movement desensitization and reprocessing in the treatment of panic disorder with agoraphobia](#). *Clinical Case Studies*, 6(1), 44-63. doi:10.1177/1534650105277220.



This article describes a comprehensive treatment of a case of panic disorder with agoraphobia. A thorough history taking revealed that experiential contributors had a pivotal role in the development of the condition. Therefore, eye movement desensitization and reprocessing (EMDR) was used to address early traumatic events as well as the present stimuli that caused disturbance and had maintained symptomatology for the past 12 years. Although the client's symptoms were resolved after 15 sessions, EMDR was also effective in addressing future behaviors and resolving anticipatory anxiety. During EMDR processing, the client demonstrated emotional and cognitive changes consistent with trauma resolution, insight, and personal growth. The client gradually enacted functional new behaviors spontaneously as treatment unfolded. The therapeutic process and the targets are described in detail.

Leeds, A. (2012). [EMDR treatment of panic disorder and agoraphobia: Two model treatment plans](#). *Journal of EMDR Practice and Research*, 6(3), 110-119. doi:10.1891/1933-3196.6.3.110.

This article, condensed from Chapter 14 of *A Guide to the Standard EMDR Protocols for Clinicians, Supervisors, and Consultants* (Leeds, 2009), examines applying eye movement desensitization and reprocessing (EMDR) to treating

individuals with panic disorder (PD) and PD with agoraphobia (PDA). The literature on effective treatments for PD and PDA is reviewed focusing on cognitive and behavioral therapies, pharmacotherapy, and EMDR. Case reports and controlled studies of EMDR treatment of PD and PDA are examined for lessons to guide EMDR clinicians. Two model EMDR treatment plans are presented: one for cases of simple PD without agoraphobia or other co-occurring disorders and the other for cases of PDA or PD with co-occurring anxiety or Axis II disorders. A more extensive literature discussion, detailed treatment guidelines, and client education resources can be found in the original chapter.

Gauvreau, P., & Bouchard, S. (2008). [Preliminary evidence for the efficacy of EMDR in treating generalized anxiety disorder](#). *Journal of EMDR Practice and Research*, 2(1), 26-40. doi:10.1891/1933-3196.2.1.26.

This preliminary study sought to evaluate the potential effectiveness of eye movement desensitization and reprocessing (EMDR) as a treatment modality for generalized anxiety disorder (GAD). Using a single case design with multiple baselines across four subjects, the effectiveness of 15 EMDR sessions was evaluated. Results indicate that subsequent to targeting the experiential contributors to GAD and the current and anticipated situations that caused excessive worry, the scores of anxiety and of excessive worry dropped to levels below diagnostic threshold and in two cases to full remission of GAD symptoms. At both post-treatment and at 2 months follow-up, all four participants no longer presented with GAD diagnosis. In addition, time-series analyses (ARMA) indicate statistically significant improvement on both daily measures of worry and anxiety over the course of the EMDR treatment.

EMDR In The News

Thompson, M. (2013, Nov 5). [Anxiety Disorders on the Rise in the Ranks](#). TIME.

Special Notes

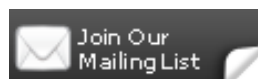
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