

SA27.3. ATTENTION DEFICIT DISORDER IN ADOLESCENCE

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Attention Disorder is a common impairment among children and adolescent (7%-10%), and continues through adulthood in about 70% of the patients, thus it affects 4-7% of the population. This population is not yet well recognized, even by caregivers, that according to various reports the percentage of those treated is low and includes only about 10% of those afflicted with the disorder. Clinical signs among adults are quite similar to those among children, while in addition typical emotional and functional characteristics emerge, resulting from the persistent nature of the characteristics of the disorder and the development of ineffective compensation mechanisms. The main characteristics of the disorder among adults are the very broad functional range (from almost normal functioning to very pathological functioning), tendency to procrastinate, diversion, multi-tasking, and severe emotional exhaustion. Similarly, they tend to make rash decisions, and the frustration level is low. In terms of the correlation between attention impairment and hyperactivity, they tend to present a more severe impairment in concentration, while hyperactive characteristics subside. In this lecture, epidemiological and clinical characteristics of adults who suffer from attention disorder, various diagnostic and treatment methods will be presented. Characteristics of the emotional world of adults who suffer from attention disorder and the ramifications of these characteristics on treatment will be discussed.

Keywords: attention disorder, adults, diagnosis, treatment.

SA28. Psychiatric Disorders in work or education settings, and in the military

Chairpersons: **Prof. Roberto Mester, Attorney Oren Asman**

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SA28.1. BULLYING AT THE WORKPLACE

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Bullying at the workplace is a social phenomenon that is drawing ever-increasing attention particularly in industrialized countries. In Israel, whose economy is based to a large extent on industry and on high technologies, the issue of bullying at the workplace is frequently dealt with in Labor Courts. There is also a growing awareness of bullying in military settings. Israeli psychiatrists are often called on to evaluate cases in which bullying is cited as the cause of psychological injury amongst civilian workers and military personnel. The psychiatrist expert is asked questions whose appropriate answers should be provided not only on the basis of solid medical knowledge and thorough scrutiny of relevant documentation, but also relying on empathy, sound ethical values and an adequate sense of proportion. The presentation deals with the issue of bullying, using clinical samples to illustrate difficult or controversial themes.

Keywords: Bullying at workplace, bullying in the military, psychiatric expert opinion.

SA28.2. MENTAL DISTRESS AND PSYCHOPATHOLOGY AS A RESULT OF MILITARY SERVICE

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Military service in Israel is a unique experience for most youngsters drafted, after being found suitable for service. The shift from civilian life to life in a total institution is not easy. Soldiers sometimes experience various forms of mental distress and psychopathology during military service, which causes untimely discharge. The Israeli Disability Law (Compensation and Rehabilitation) of 1959 states that a disabled soldier is entitled to compensation if the following two conditions were simultaneously present: a) disability appeared **during military service**; and b) disability is a **consequence of military service**. The phrase "as a consequence of his service" has provoked recurrent discussions and verdicts by the Israeli Supreme Court and other Israeli Courts. The whole gamut of incidents in this connection was a possible reason for claims to the Ministry of Defense, starting from combat injury/wound and post-traumatic stress disorder and up to an

outbreak of a constitutional disease, such as "inherent in a person's mind" that can break out as an actual mental disorder or stay in a latent phase until death. In the psychiatric arena, major psychoses are the most problematic disorders. The issue of psychotic disorders that emerge during or soon after military service is difficult, complicated and confusing, raising multiple questions regarding the etiology and cause of the appearance of the psychiatric disorder, and the extent of Military and Ministry of Defense responsibility for it in various fields: legal responsibility, treatment, and rehabilitation. The most severe psychotic disorder is schizophrenia. The presentation will focus on the links between military service and the outbreak of post-traumatic stress disorder and psychotic illness according to various models, while mentioning current legal situation.

Keywords: military service, mental distress, psychopathology, post-traumatic stress disorder, schizophrenia.

SA28.3. MENTAL DISORDERS AMONG CHILDREN/ADOLESCENTS FOLLOWING BULLYING AT SCHOOL

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In 2008 there was a 14% increase in juvenile crime according to Israeli Police data. Within less than a decade Israeli youth became more dangerous and violent: In a period of ten years there was an increase on 14-15% in juvenile criminal offenses. About 90% of pupils aged 12-18 reported that they experienced sexual attacks at various levels – The study was performed among 1036 pupils from one of the high schools in a central city in Israel. 82% of the boys and 76% of the girls reported that they had experienced physical violence. Abuse describes aggressive behavior that was meant to harm another either physically or emotionally. There is a distinction between direct bullying and indirect bullying. Direct bullying generally involves physical strength, and indirect bullying involves threats, manipulations, isolation, intimidation, spreading rumors, etc. In 2005 professional sources reported that passive victims of bullying could become anxious, less sure of themselves, and react to provocations by crying, withdrawing, - behaviors that represent lack of reaction. Alternatively if they are anxious and aggressive, they will return a fight. It is known that pupils harmed by bullying (direct or indirect) develop behaviors that others do not have, such as fear, avoidance, skipping school, avoiding activities outside of school, carrying weapons, involvement in quarrels, changes in concentration and learning abilities and dropping out of school. Most important, it cannot be determined whether these behaviors are necessarily derived from the bullying, as they too give rise to bullying, or there may be a different combination. When dealing with pupils, bullying may affect the aggressor, or the victim. The observer of the incident often develops personal characteristics that can be observed throughout the course of life. **The aggressor** : one may anticipate a 25% rate of criminal problems by age 30, and a more than average level of drug and health problems. **The victim** may develop impaired self image, that may manifests itself in learning difficulties. Emotional problems resembling attention deficit disorder, or pseudo bipolar disorder may develop and there is also a higher rate of suicide **The observer** can show impaired self image, sense of partnership with the "good" (I am also a hero) or the "bad" (I am participating in something bad). The lecture will present a summary of the existing knowledge on this important topic, together with examples and lessons that can be learned.

Keywords: juvenile aggression, abuse, bullying, effects of bullying

SA28.4. SUICIDE AS A "WORK RELATED DAMAGE" ACCORDING TO THE ISRAELI NATIONAL INSURANCE ACT

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The Israeli National Insurance Act serves as a minimal financial security net that encourages people to go out to work. It determines that an insurant suffering from "work related damage" has a right to receive a disability stipend, and that the beneficiaries of an insurant who died because of "work related damage" are also entitled to a stipend. Israeli courts have heard several claims against the National Insurance Institute, in which they were petitioned to consider suicides or attempted suicides as a "work related damage". In said claims, the court interpreted the law in light of its social goal, defining circumstances in which suicide may be seen as "work related damage". In one case, suicide was seen as connected to a work accident that had occurred many years prior to the suicide itself; in other cases, when it was established that suicide occurred within a period of time in proximity to a specific event at work, the suicide was considered a "work

accident"; and in some cases – the claim was rejected. These court rulings were based on the assumption that a traumatic work incident that either caused a suicide or the onset of a mental illness or its development, may be a possible link between work and suicide. The courts have also set various conditions that have to be met, prior to declaring the existence of such a link. The presentation reviews the clinical, philosophical, value-laden and legal basis of said court rulings, presents the basic guidelines that emerge from the rulings, and critically analyzes them.

Keywords: Suicide, work accident, disability, National Insurance Act

Posters

PA1 Post-Traumatic Stress Disorder – PTSD

PA1.1 NEURAL PREDICTION OF HUMAN VULNERABILITY TO REAL-LIFE STRESSFUL EXPERIENCES

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Whether the variations in people's reactions to real-life stressful experiences depend on tendencies that predate the traumatic events or on responses to the events, is still unknown. This longitudinal imaging study addresses this issue by examining a-priori healthy combat paramedics before they entered active military service and after their subsequent exposure to stressful experiences. We found that a greater increase in stress symptoms over time could be predicted by higher amygdala reactivity before the stressful events, and also corresponded to greater plasticity in the hippocampus. This increased hippocampal plasticity was related to its diminished functional coupling with the ventromedial prefrontal cortex, again predicted by higher amygdala activation before the occurrence of stressful events. Thus, vulnerability to stressful experiences may depend on a balanced interplay between the amygdala's predisposing reactivity and hippocampal posterior inter-regional adaptability. Accurate characterization of such neural profiles that mediate the response to real-life stressful experiences may guide individually tailored early interventions and possibly reduce the likelihood of long-term psychopathology following traumatic events

Keywords: Real-Life Stressful Experiences, Individual differences, Amygdala, Hippocampus

PA1.2 THE EFFECTS OF MUSIC AND MUSCLE RELAXATION THERAPIES ON SLEEP QUALITY AND EMOTIONAL MEASURES IN PTSD PATIENTS

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Background: Disturbed sleep is a common complaint among Post Traumatic Stress Disorder (PTSD) patients. The aim of the present study was to examine the effects of music and muscle relaxation therapies as treatment for insomnia in PTSD patients. **Methods:** Thirteen PTSD patients, participated in the study (mean age=45.7, SD=11.4; 8 males and 5 women). The study comprised one 7-day, running-in, no-treatment period, followed by two 7-day experimental periods. The treatments were either Music Therapy or Muscle Relaxation Therapy at bedtime. These treatments were randomly assigned. During each of these periods, subjects' sleep was continuously monitored with a wristactigraph and subjects filled out a wide spectrum of questionnaires. **Results:** Analysis revealed a significant reduction in depression level (BDI) following music and muscle relaxation therapies compared with baseline [$F(1,11) = 14.8, p < 0.003$; $F(1,11) = 11.2, p < 0.007$, respectively]. Examining objective sleep measures a significant difference was found following music therapy in the four dependant variables recorded by the actigraph (i.e., sleep latency, mean wake episode, mean activity, and sleep efficiency) [$F(1,11) = 7.82, p < 0.017$; $F(1,11) = 11.31, p < 0.006$; $F(1,11) = 14.93, p < 0.003$; $F(1,11) = 9.95, p < 0.009$, respectively]. Moreover, following music therapy, a highly significant negative correlation between the improvement in objective sleep efficiency and the reduction in depression scale was found ($r = -.83, p < 0.0001$) **Conclusions:** The findings imply the beneficial effect of Music Therapy compared to Muscle Relaxation Therapy as treatment for insomnia in PTSD patients.

Key words: PTSD, Insomnia, Music therapy, Muscle relaxation therapy, Depression