Landes krankenhaus

UNIVERSITÄTSmedizin. MAINZ

Klinik und Poliklinik für Kinder- und Jugendpsychiatrie und - psychotherapie

Jenseits des Denkens in Täter- und Opferprofilen

Prof. Dr. med. Dipl.-Psych. Michael Huss

Landes krankenhaus

UNIVERSITÄTSmedizin. MAINZ
Klinik und Poliklinik für Kinder- und Jugendpsychiatrie und - psychotherapie

J Youth Adolescence (2015) 44:637–657
DOI 10.1007/s10964-014-0135-6

EMPIRICAL RESEARCH

Empathy and Involvement in Bullying in Children and Adolescents: A Systematic Review

Tirza H. J. van Noorden · Gerbert J. T. Haselager · Antonius H. N. Cillessen · William M. Bukowski

Kognitive versus emotionale Empathie

- Mobbing war inbesondere mit kogntiver Empathie negativ assoziiert

Van Noorden et al. 2015

J Autism Dev Disord (2010) 40:63–73
DOI 10.1007/s10803-009-0832-2

ORIGINAL PAPER

Bullying Among Adolescents With Autism Spectrum Disorders: Prevalence and Perception

Eeske van Roekel · Ron H. J. Scholte · Robert Didden

ASD erhöht das Risiko, in die Opferrolle zu geraten!

Cave: Selbsturteil versus Fremdurteil

Van Roekel et al. 2010

Klare Verhältisse schaffen Orientierung!

Täter = schuldig

Opfer = unschuldig

Darf ich überhaupt an dieser Stelle anders denken?

Und was richte ich damit möglicherweise an?

ICD-10 Multiaxiale Klassifikation

(eingeführt in Deutschland von Rutter, Remschmidt & Schmidt 1977)

1. Achse	klinisch psychiatrisches Syndrom
2. Achse	umschriebene Entwicklungsrückstände
3. Achse	Intelligenzniveau
4. Achse	körperliche Symptomatik
5. Achse	psychosoziale Umstände
6. Achse	globale Beurteilung des psychosozialen Funktionsniveaus

Täter

Vermutlich keine spezifischen Täterprofile. Wichtiges Merkmal: Ungleichgewicht der Kräfteverhältnisse.

Maßgeblicher Faktor: Schulklima!

Nachgeordnete Faktoren auf Seiten der Mobber:
Bedürfnis, andere zu dominieren; Impulsivität; Gewaltbereitschaft

Opfer

Zwei Profile:

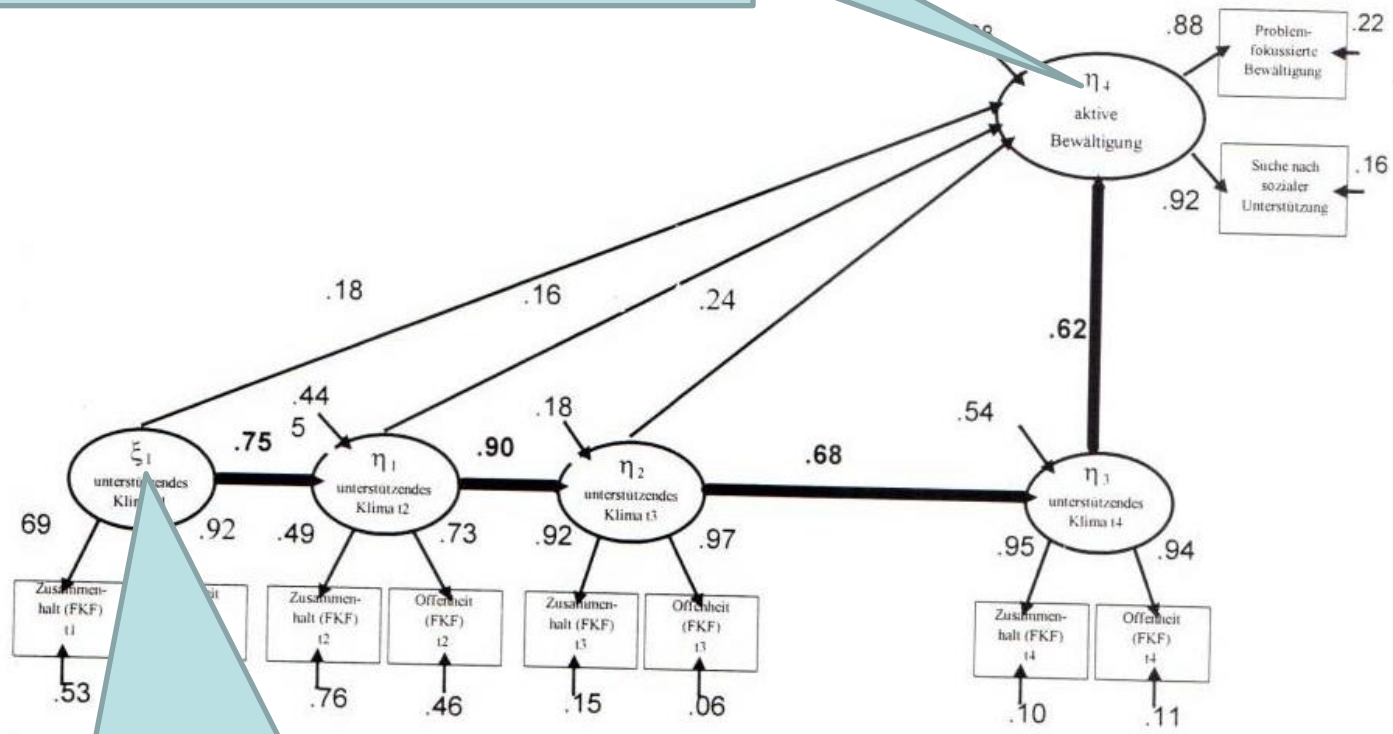
a) Passives Opfer (deutlich häufiger)

b) Provozierendes Opfer (seltener)

„hands-on“ versus „hands-off“

Schutz und Geborgenheit

Aktive Bewältigungs-Strategien

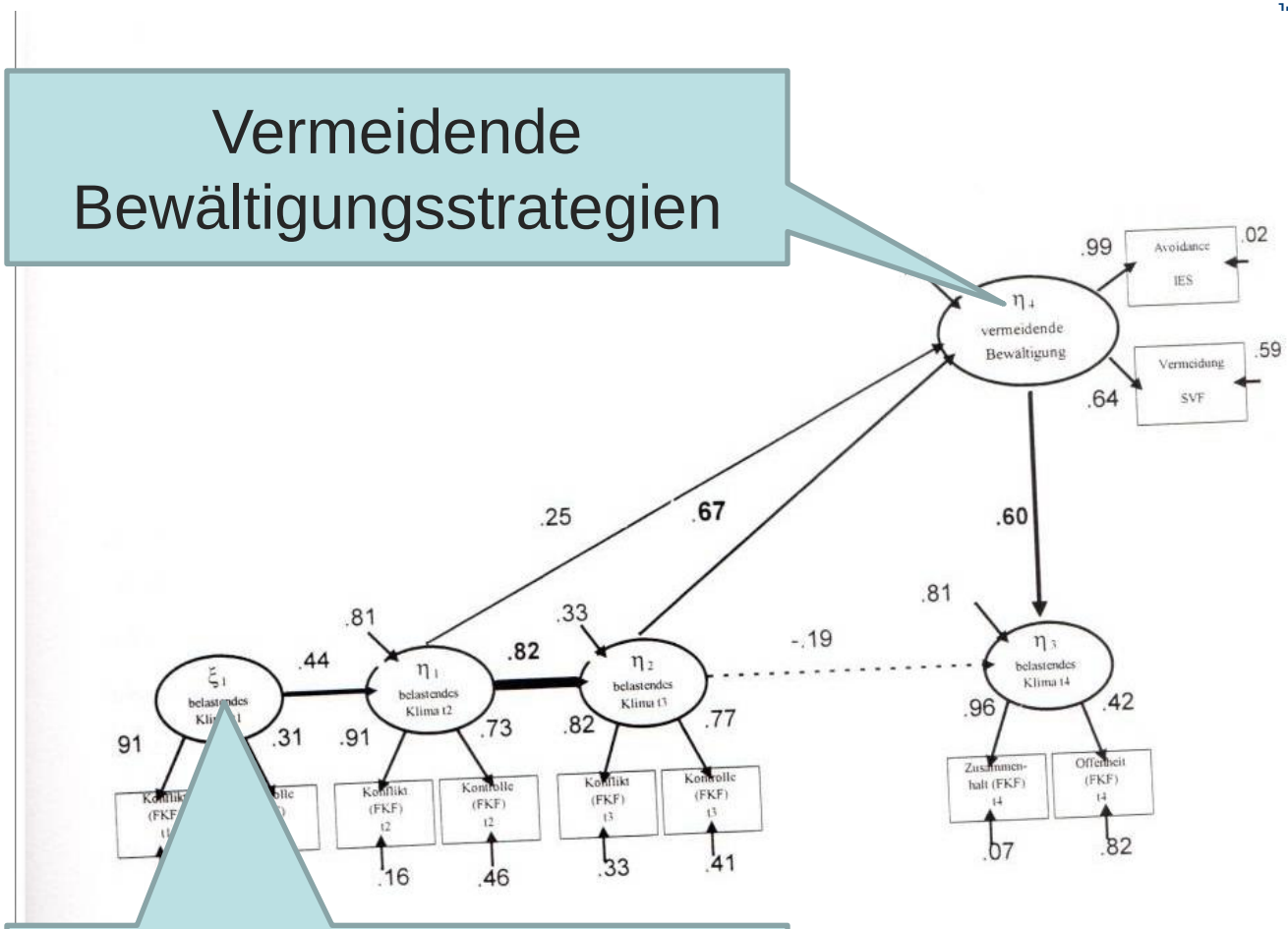


smodell über langzeitliche Effekte des
auf aktive Bewältigungsstrategien mit
nen

Unterstützendes Klima: Zusammenhalt + Offenheit

Huss et al. 1997

Vermeidende Bewältigungsstrategien



belastendes Klima: Konflikt + Kontrolle

nittliche Einflüsse belastender
s Bewältigungsverhalten

Huss et al. 1997

Auswirkungen auf das Gehirn

ELSEVIER

Contents lists available at ScienceDirect

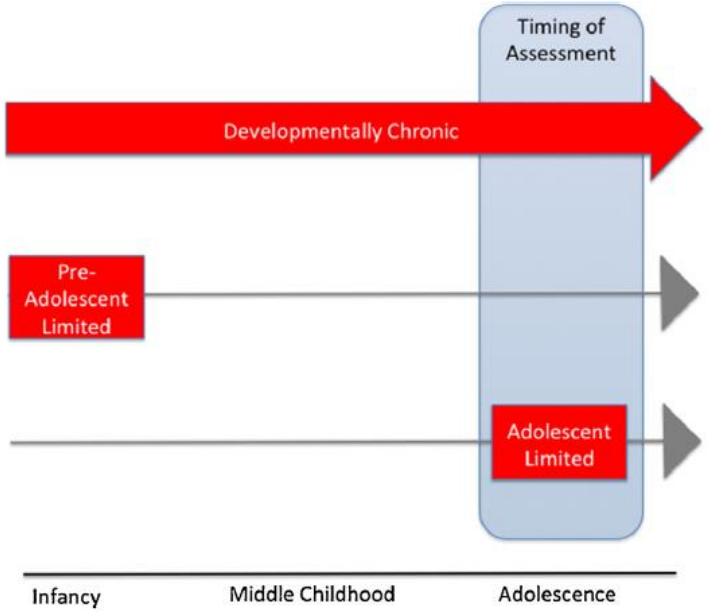
Neuroscience and Biobehavioral Reviews

journal homepage: www.elsevier.com/locate/neubiorev

Review article

Stress and the adolescent brain
Amygdala-prefrontal cortex circuitry and ventral striatum as developmental targets

Nim Tottenham[a,*], Adriana Galván[b]



Neuroscience and Biobehavioral Reviews
70 (2016) 217–227

Researchers Seek New Ways to Counter the Harmful Toll of Stress on the Brain

M. J. Friedrich

of Yale University Medical School, New Haven, Conn, and her colleagues have

epinephrine—can flood the brain, causing different effects in various brain

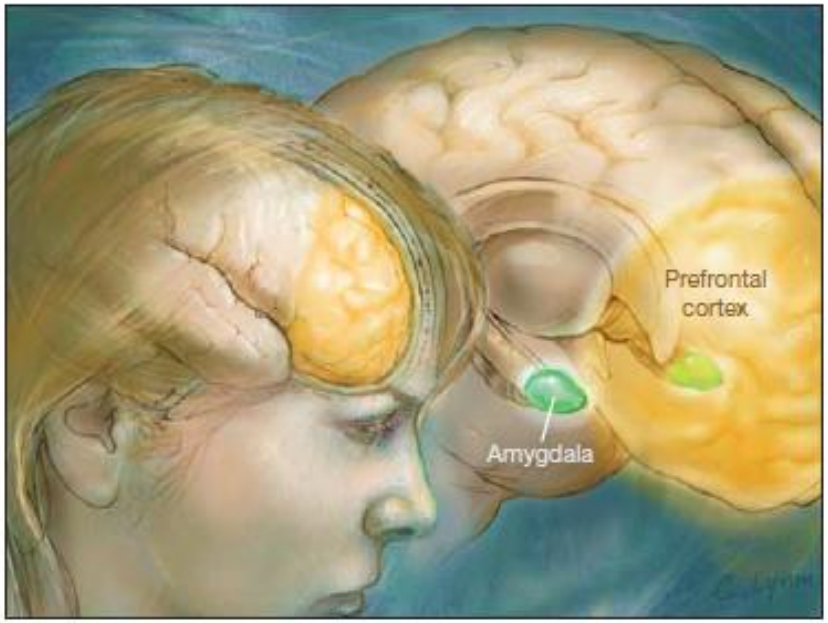
rotransmission, said Popoli.

Chronic stress can influence and disrupt glutamate neurotransmission at several sites within the system, said Gerard Sanacora, MD, PhD, of Yale University Medical School. His group has focused

year or two, said Sanacora.

DRUG AND BEHAVIORAL THERAPIES

Drugs that target different aspects of glutamate neurotransmission have also been shown to have antidepressant-



Neurochemicals released during stress can compromise the prefontal cortex (PFC), the brain's control center, while strengthening neural networks in more primitive areas of the brain, such as the amygdala. As a result, stress can take the PFC off-line and allow expression of impulsive behavior that is usually kept under control.

hts reserved.

REVIEW FOCUS ON STRESS
nature neuroscience

Stress weakens prefrontal networks: molecular insults to higher cognition

Amy F T Arnsten

A variety of cognitive disorders are worsened by stress exposure and involve dysfunction of the newly evolved prefrontal cortex (PFC). Exposure to acute, uncontrollable stress increases catecholamine release in PFC, reducing neuronal firing and impairing cognitive abilities. High levels of noradrenergic α1-adrenoceptor and dopaminergic D1 receptor stimulation activate feedforward calcium–protein kinase C and cyclic AMP–protein kinase A signaling, which open potassium channels to weaken synaptic efficacy in spines. In contrast, high levels of catecholamines strengthen the primary sensory cortices, amygdala and striatum, rapidly flipping the brain from reflective to reflexive control of behavior. These mechanisms are exaggerated by chronic stress exposure, where architectural changes lead to persistent loss of PFC function. Understanding these mechanisms has led to the successful translation of prazosin and guanfacine for treating stress-related disorders. Dysregulation of stress signaling pathways by genetic insults likely contributes to PFC deficits in schizophrenia, while age-related insults initiate interacting vicious cycles that increase vulnerability to Alzheimer's degeneration.

Arnsten (2015). Nature Neuroscience 18(10) 1376 - 1385

REVIEW

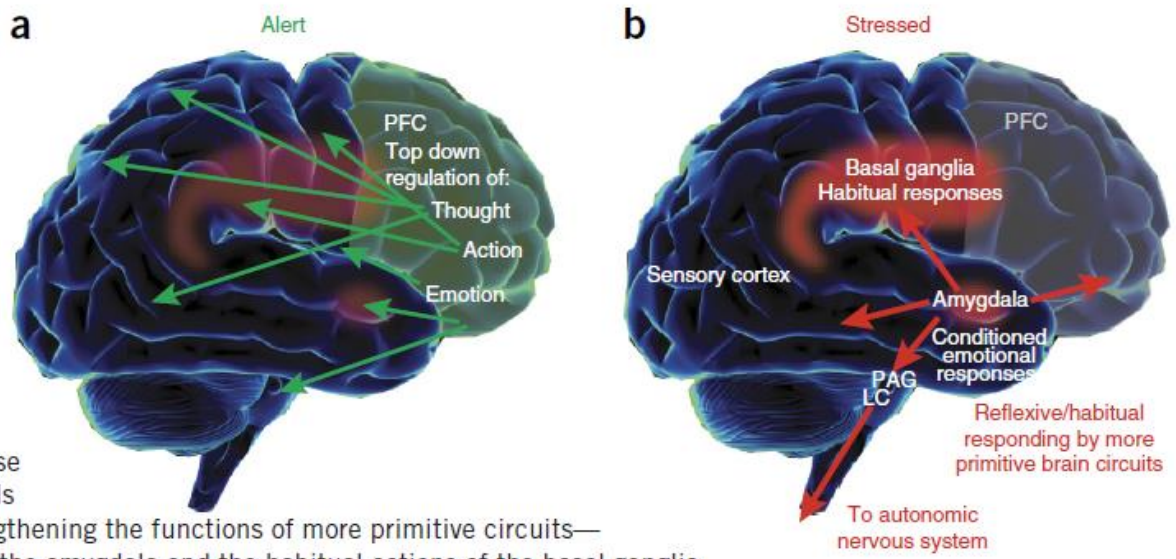


Figure 1 Changes in brain systems controlling behavior under conditions of alert safety versus uncontrollable stress. (**a**) Under conditions when a subject feels alert, safe and interested, phasic release of catecholamines strengthens the higher cognitive functioning of the PFC, thus allowing top-down regulation of thought, action and emotion. In primates, the PFC is topographically organized, with the dorsal and lateral surfaces mediating attention, thought and action while the ventral and medial aspects mediate emotion. The anatomical projections of these areas reflect these specializations. (**b**) During stress exposure, high levels of catecholamines take the PFC 'off-line' while strengthening the functions of more primitive circuits—for example, the conditioned emotional responses of the amygdala and the habitual actions of the basal ganglia. The amygdala activates brainstem stress systems, which in turn activate the sympathetic nervous system.

Arnsten (2015). Nature Neuroscience 18(10) 1376 - 1385

JAMA Psychiatry | Original Investigation

Association of *DSM-IV* Posttraumatic Stress Disorder With Traumatic Experience Type and History in the World Health Organization World Mental Health Surveys

Howard Liu, SM; Maria V. Petukhova, PhD; Nancy A. Sampson, BA; Sergio Aguilar-Gaxiola, MD, PhD; Jordi Alonso, MD, DrPH; Laura Helena Andrade, MD, PhD; Evelyn J. Bromet, PhD; Giovanni de Girolamo, MD; Josep Maria Haro, MD, PhD; Hristo Hinkov, MD, PhD; Norito Kawakami, MD, DMSc; Karestan C. Koenen, PhD; Viviane Kovess-Masfety, MSc, MD, PhD; Sing Lee, PhD; Maria Elena Medina-Mora, DrPl Fernando Navarro-Mateu, MD, PhD; Siobhan O'Neill, PsychSc, PhD; Marina Piazza, ScD, MPH; José Posada-Villa, MD; Kate M. Scott, PhD; Victoria Shahly, PhD; Dan J. Stein, FRCPC, PhD; Margreet ten Have, PhD; Yolanda Torres, MPH, DraHC; Oye Gureje, MD, PhD, FRCPsych; Alan M. Zaslavsky, PhD; Ronald C. Kessler, PhD; for the World Health Organization World Mental Health Survey Collaborators

IMPORTANCE Previous research has documented significant variation in the prevalence of posttraumatic stress disorder (PTSD) depending on the type of traumatic experience (TE) and

Author Audio Inter

Supplemental cont

Liu et al. .(2017). JAMA Psychiatry. doi:10.1001/jamapsychiatry

Studienergebnisse bezogen auf 29 verschiedene Formen der (schweren) Traumatisierung:

- 70,3% haben mindestens eine Traumatisierung erlebt
- Häufig mit anderen Traumatisierungen vergesellschaftet (4,5 Ereingisse / traumatisiertem Teilnehmer)
- Insbesondere die von Menschen induzierten Traumatisierungen (Misshandlung, sexuelle Gewalt, Entführung) waren mit PTSD assoziiert

Liu et al. .(2017). JAMA Psychiatry. doi:10.1001/jamapsychiatry

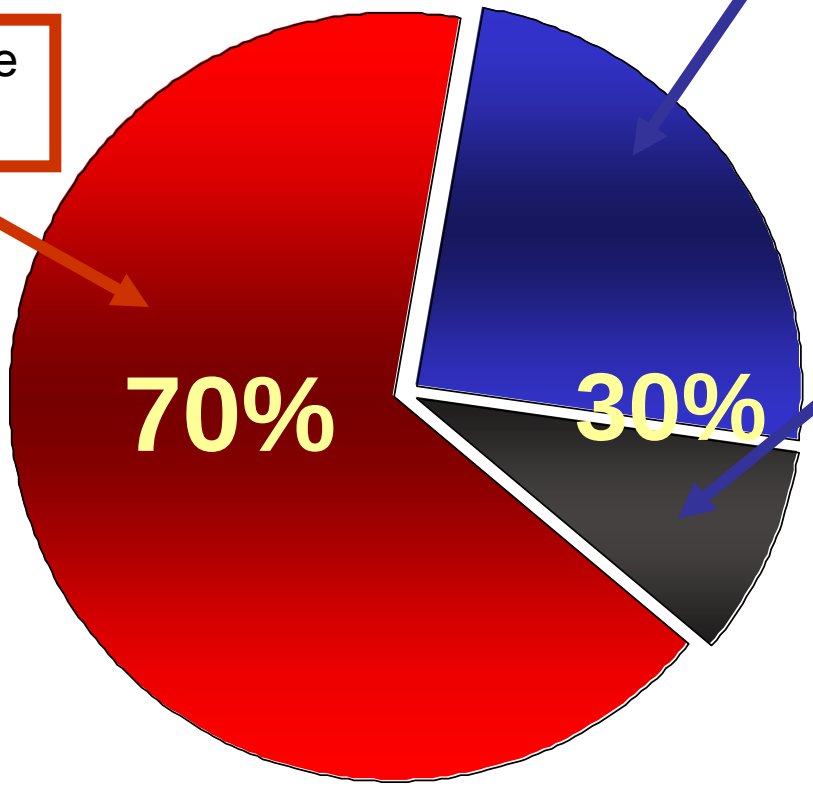
Mobbing und Depression/Suizidalität

Neuere epidemiologische Ergebnisse

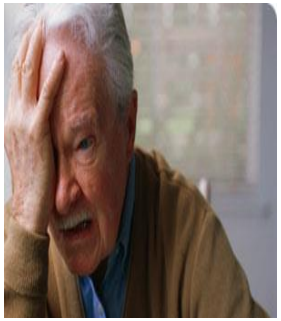
(gem. Prof. Hegerl – pers. Kommunikation)

Chronische Depression
early onset

Episodische
Depression

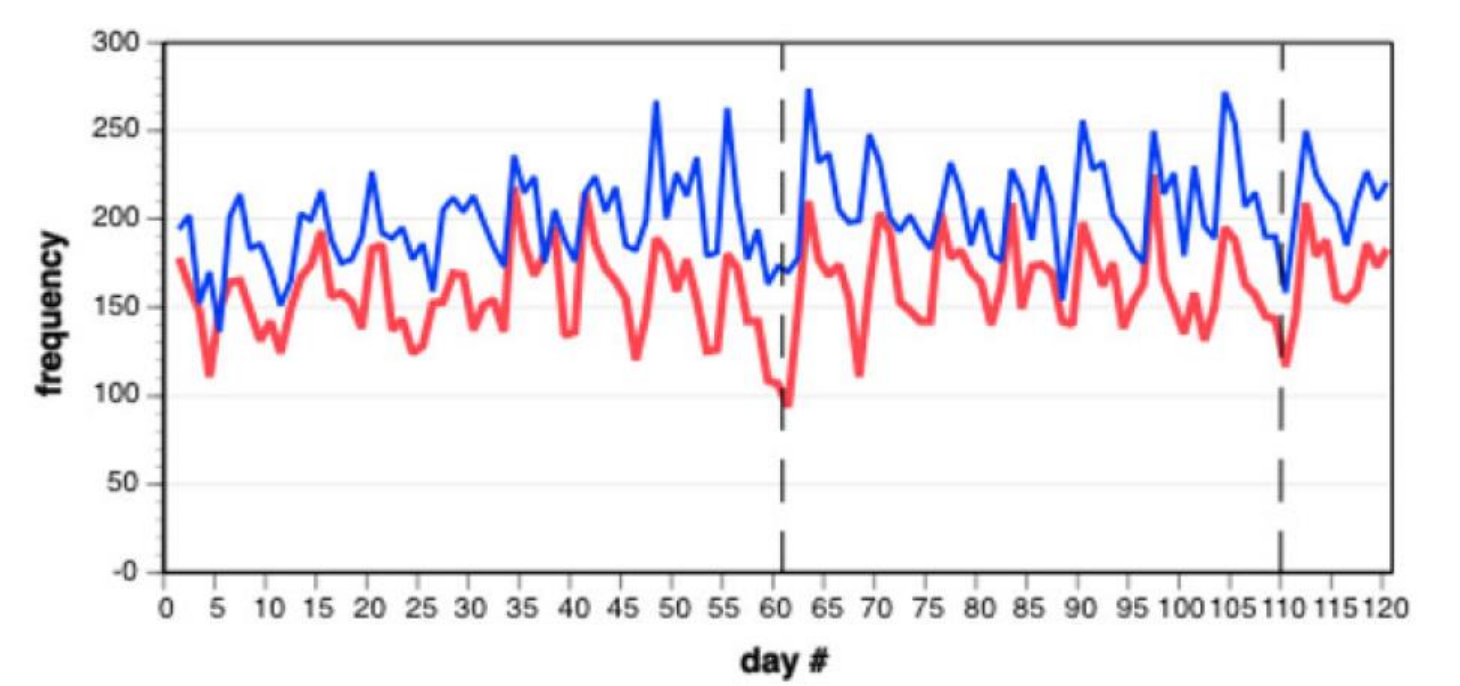


Chronische Depression
Late onset



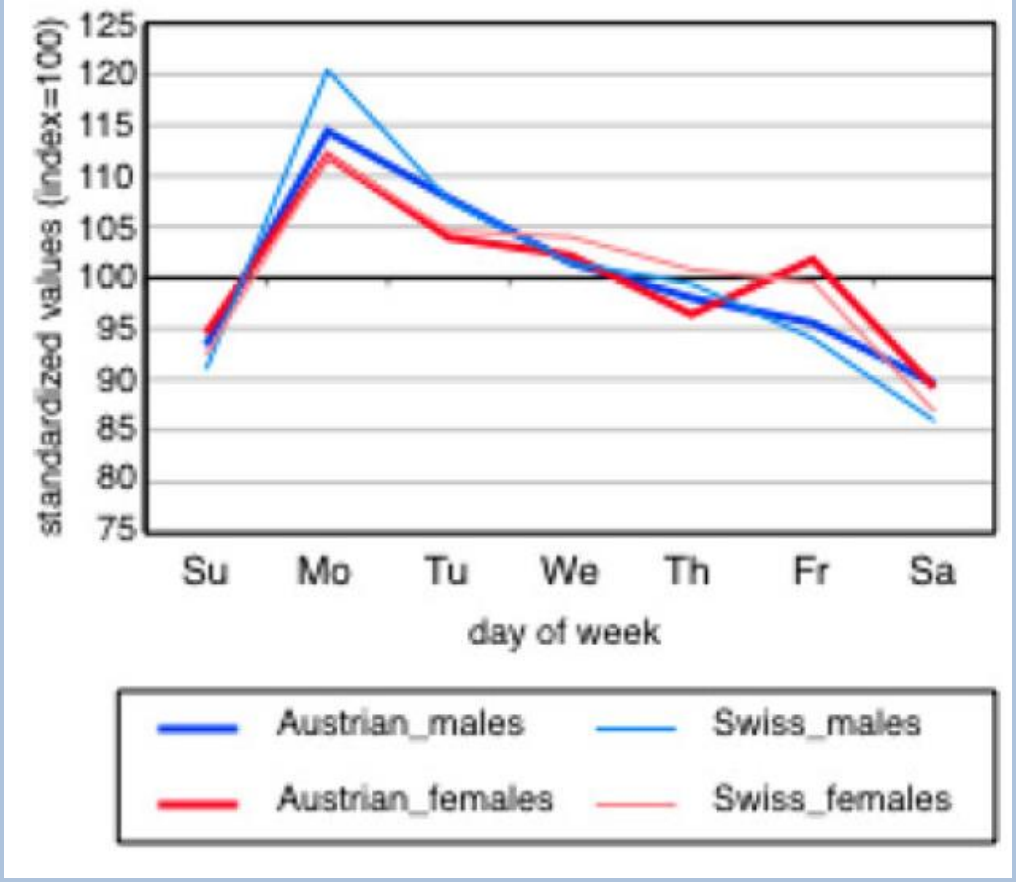
Wöchentliche Zirkularität bei Suiziden

(V. Ajdacic-Gross et al. 2014)



Wöchentliche Zirkularität bei Suiziden

(V. Ajdacic-Gross et al. 2014)



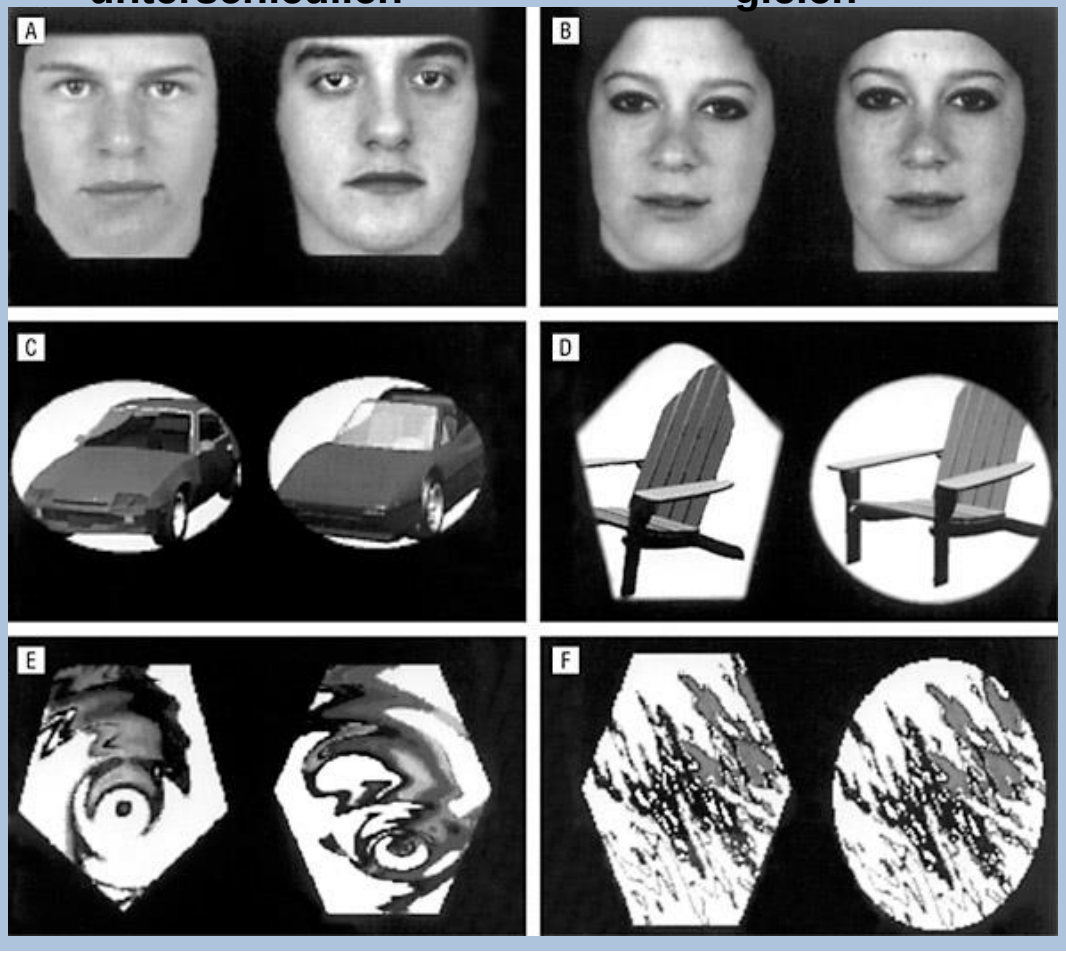
Lernen von Extremen?

Störung des Sozialverhaltens als Einflussfaktor

Einflussfaktor Autismus

Funktionelles MRT (I)

	unterschiedlich	gleich
Gesichter	A	B
Objekte	C	D
Muster	E	F



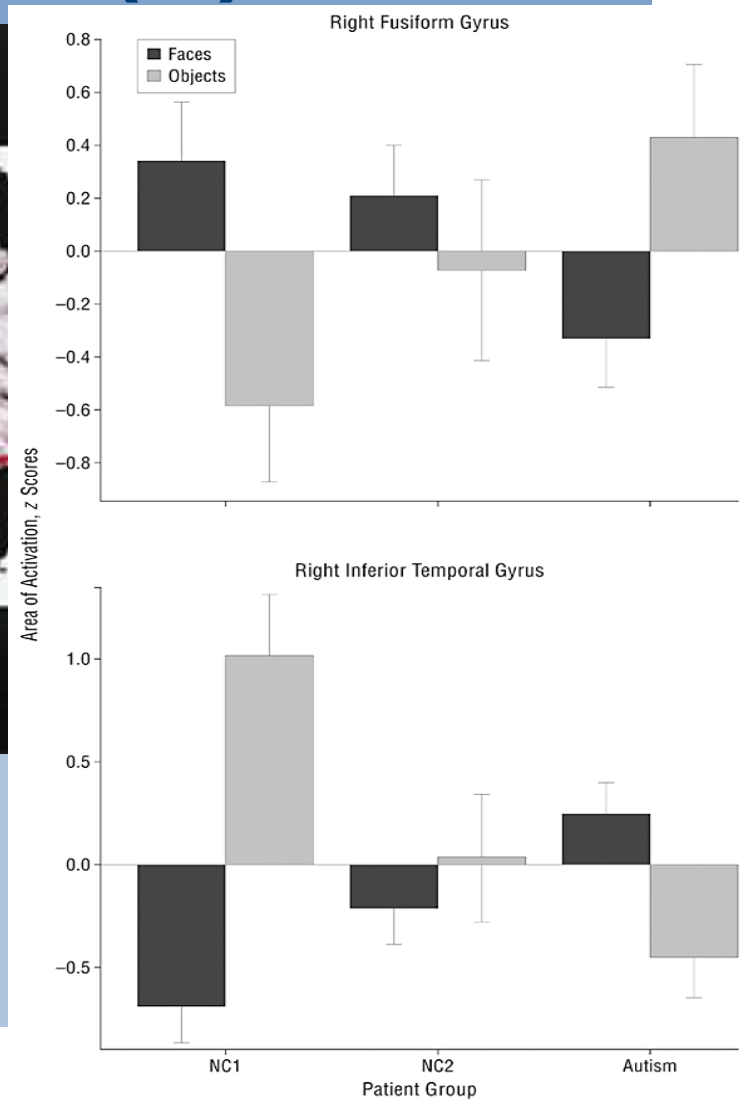
Schultz, R. T. et al. Arch Gen Psychiatry 2000;57:331-340.

Funktionelles MRT (IV)

Objekte

Gesichter

Schultz, R. T. et al. Arch Gen Psychiatry 2000; 57:331-340.



Körperbild

Wa(h)re Schönheit ?!

Körperliche oder seelische ‚Achillesfersen‘

Effektive Maßnahmen:

- Richtiges Maß an Einfluss durch Erwachsene
- Konstruktives Schulklima (cave: Hierarchie)
- Jeder nach seinen Möglichkeiten
  ‚Ruhm durch Kompetenz‘
- Zusammenarbeit mit Elternhaus
- Integration natürlich entwickeln, nicht forcieren
- Aggression und Minoritäteneffekte
- Alternativen anbieten