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Stress Management and Peace Soldiering

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Preface

The National Defence Academy is the highest educational and research institution of the Austrian Armed Forces. Research includes holding international conferences, which requires intensive cooperation with other civil and military, educational and research institutions in Austria as well as abroad, in order to meet the demands of modern science which is based on interdisciplinary and international networks.

The present publication, an international comparison of stress and stress management of soldiers in international operations, represents an important result of such networks. For the first time the National Defence Academy was the venue of the Blue Helmet Forum Austria. The main conference theme was “Stress Management and Peace Soldiering”.

In a mission soldiers are often confronted with extremely stressful situations. As you know from your own experiences or from reports, tasks sometimes have to be fulfilled under enormous pressure, and are often accompanied by fear and uncertainties.

In order to reduce such factors as fear and uncertainty it is necessary to receive extensive training and preparation for the scenarios to be expected in a mission. It is therefore a challenge for the commanders to create very realistic scenarios without demanding too much from the soldiers.

The servicemen and servicewomen have to be made aware of the consequences of their actions. Particularly in the current information age it is important for them to

learn how to deal with their fears, their feelings and personal needs; in this context the psychosocial support offered by doctors, chaplains, psychologists and others plays a very important role.

Sensitivity on the part of the soldiers and their superiors in dealing with stress is a precondition for being successful in a mission. Therefore, it is essential that they all learn how to deal with stress and how to combat it, or manage it, respectively.

Aside from receiving excellent training, the soldiers must gain trust that their commanders do not only act as military leaders but that they do care for every individual soldier and his or her needs. A comprehensive stress management concept will contribute substantially to successful mission accomplishment. In this context the National Defence Academy offers relevant course contents within the framework of higher officer training, covering areas that were discussed in the course of this conference. We have to be aware, however, that also commanders might face stress situations in which they have to rely on expert help themselves. In the discussions commanders and experts shared their experiences dealing with stress and stress management.

The National Defence Academy is located in the 7th District of Vienna, and has a very long history. Let me point out only a few of the highlights: In 1852 the Austrian Emperor Franz Joseph laid the foundation for the “War School” of the Monarchy, where the education of General Staff Officers as well as higher officer training took place. It was, so to speak, the predecessor of our Academy. From 1852 until now these buildings have accommodated training facilities.

In 1955, ten years after the end of World War II, Austria regained its independence and sovereignty, and higher officer training could be resumed. In 1967, the former Staff Academy was renamed National Defence Academy. Today it is, as was mentioned before, the highest training and research institution of the AAF with the main tasks of:

- educating and training Senior Staff and General Staff Officers,
- training military leaders, and
- teaching as well as researching in the field of security policy.

The conference lectures compiled in this publication facilitate international comparisons and form a solid basis for further research and teaching efforts, not only at the National Defence Academy, Vienna but also at other military and civil education centres in Austria and abroad.

General Raimund Schittenhelm,
Commandant of the National Defence Academy

Foreword

On behalf of the Austrian Association of Peacekeepers I would like to mention a few words about the Blue Helmet Forum Austria 2010. The Association annually organises a Blue Helmet Forum in cooperation with the Austrian Ministry of Defence. It is our intention to provide an opportunity for experts, researchers and practitioners to address the complex issues of peace support operations. The topic of the Forum 2010 deals with the different aspects of stress and stress management in connection with international operations. I am very happy that we have the relevant academic expertise of the Institute for Human and Social Sciences of the Austrian National Defence Academy on hand.

The Austrian Association of Peacekeepers is a veteran organisation of military and civilian peacekeepers and was founded as late as 1995. Austria first engaged in peacekeeping operations in the Congo in 1960. The veterans of this operation are now over 75 years old. Over the past 50 years more than 90,000 Austrians, amongst them also a large portion of reserve soldiers, have taken part in peacekeeping operations. When they return from service abroad, they go back to their civilian life and lose contact with their comrades. They are left alone with their individual impressions of the tour, no matter whether these have been good or bad. Unfortunately, some soldiers suffer from traumatic experiences. This was again confirmed, when we invited our members to contribute stories about their service for a book we published to commemorate 50 years of Austrian soldiers in peacekeeping. Most of the stories recorded funny situations or strange experiences because

of cultural misunderstandings, but some dealt with traumatic experiences still present in the minds of the veterans. The association provides a home for former peacekeepers and organises social events, where our members can communicate and talk about their service experiences. Social events are also an opportunity to include the wives, which has proved to be a very positive experience. Through our activities we provide possibilities for members to reflect on their service experience and share their memories with others. However, we also realise that some of them need professional help.

Research results show that those soldiers who served in peacekeeping missions are at an increased risk of post traumatic stress disorder, a finding that corresponds with our observations. When I was a young officer, psychological stress or post traumatic stress was not on the agenda. It was the responsibility of the commanders on all levels to take care of their soldiers and in turn the soldiers were expected to execute their orders. Psychological problems were neglected and, after all, there was the chaplain to whom one could turn. Meanwhile, we have learned that psychological problems are real and the question of how to deal with post traumatic stress disorder is high on the agenda of the Armed Forces. The Austrian Peacekeeping Association would also like to pay more attention to this problem. Therefore, I am very pleased that we, with the help of the National Defence Academy, were able to gather prominent scientists and practitioners for this year's Blue Helmet Forum. The Austrian Association of Peacekeepers can assist particularly by providing opportunities for the sharing of experience, between the old hands and the newly recruited personnel, in regard to specific mission conditions.

On that note, the Blue Helmet Forum Austria 2010 was a milestone in our endeavour for a better understanding and an increased ability to cope with post traumatic stress disorder.

General (ret.) Günther Greindl
President of the Association of Austrian
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If you are interested in this publication please let us know and we will send you it in pdf or as booklet.

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The personal expressions used in this work concern, as far as this is considered concerning the contents, women and men equally.

Introduction

This publication contains the large part of the presentations delivered at the BLUE HELMET FORUM AUSTRIA 2010, printed in the order of these presentations. It aims at illustrating the exceedingly wide field of “Stress Management and Peace Soldiering” as related to soldiers in international operations. The contributions deal with different parts of stress during the preparation, operation and reintegration after international operations. The publication offers different approaches from various fields of such care, from medicine to psychology, and from psychiatry to leadership. The contributions are both of a military as well as a civil nature and therefore give good guiding principles for networks and possibilities of cooperation in the field of psychosocial care. By this interdisciplinary approach to this subject area in particular, many new approaches are pointed out, and for the observer new possibilities are opened up in order to apply new and innovative methods in this tension field for the improvement of the support of soldiers as well as their families. With these contributions possibilities shall be indicated that will offer transnational variables, ideas and improvements also for the soldiers in future.

This Forum presented and discussed the possibilities of how to deal with stress in the context of successful command and control in military operations. Only think about the deployed soldiers who in extremely incriminating situations take actions – very often out of lack of knowl-

edge, fear or insecurity – that the population perceives as shocking.

In order to have the deployed soldiers overcome their insecurity and fear, comprehensive training and preparation for the expected operational scenario have to be conducted. In this regard, the commanders in particular are called on to conduct these training courses as close to reality and as demanding as possible, thereby not overstraining the participants. The soldiers have to be shown what the consequences of their actions may be and – especially in the information age – encouraged to deal with their fears, emotions, needs and also personal imperatives accordingly. In addition to the commanders, the psychosocial support offered (e.g. doctors, psychologists, pastors, peers, family welfare organisations) plays a decisive role.

Only by way of targeted preparation, but also with sensitivity on the part of troops and their commanders when dealing with stress, operations can be carried out successfully. All soldiers have to learn how to handle stress and strain as well as to master their possible countermeasures. As early as possible, every soldier has to undergo the best possible training, get a good picture of the operation, receive targeted preparation for the operation, be offered comprehensive care and also develop trust in their superiors and the care offered.

A comprehensive concept from the field of stress management helps an operation to be successful. The better and diverse the measures and the higher the trust of the soldiers in command and control are, the easier it is to work efficiently.

In this context, particularly the National Defence Academy offers various teaching contents within the framework of officer training as well as further and advanced training. In all courses for higher officer training, psychotraumatology, stress management, handling difficult and stressful situations, stress prevention, preparation for international operations as well as handling operational scenarios, prejudices and stereotypes in different settings are taught inter alia. Special attention is paid to operational relevance in order to offer a broad spectrum of possibilities of how to handle stress to commanders in particular and to sensitise them for their work and also for being able to start the care process. It is important to be aware that commanders as well are subject to stress during operations and, therefore, also utilise the resources mentioned above and have the available specialists integrated in order to ensure a successful operation.

In the following, experienced and high-ranking commanders shed light on aspects from the fields of command and control as well as stress and stress management in particular. In addition, specialists will comment on the possibilities of adequate care before, during and after an operation, dealing with various points of view.

With so many interesting articles, I am convinced that this publication will be an exciting and highly informative read.

Armies in war experienced the greatest losses by infectious diseases till the US Civil War (Bollett, 2004). From there on the majority of soldiers died of their physical wounds. Now a days probably more soldiers are hurt psychologically during deployment operations than bodily.

Three short case vignettes may highlight the consequences of battle- and peacekeeping stress:

Case vignette 1:

The oldest detailed report of war stress was provided by the Greek poet Homer in the Ilias: Achill, a famous Spartan warrior, participated in the siege of Troja about 1194 to 1184 BC. First Achill refused to fight, after the death of his friend Patrokles he got furious, could not stop fighting, broke rules and dishonoured the corpse of his enemy Hektor. No one could stop him till he was killed by Paris. Apparently Achill had developed a full blown post-traumatic stress disorder or PTSD (Homer).

Case vignette 2:

When the female soldier “Ann Bancroft” (name changed) returned from duty in Iraq in 2006 she wanted to enjoy the reunion with her baby-girl. Trying to embrace her kid and taking her on her arms her daughter started crying. After combat stress injuries Anns heart was broken as her girl did not realize her as mother. It took probably months to re-establish a secure attachment between daughter and mother.

This situation describes a new “military situation” of an early separation of a kid from her mother including the

potential of a secondary attachment trauma (Schwarzenbach 2008).

Case vignette 3:

At the beginning of February 2011 two Austrian police men were shot while trying to arrest an ex soldier. He had served on the Golan Heights and on the Balkans. These deployments were very stressful, changed his view of the world and may have spoiled his identity. He was tortured and grieved by reexperiences. His mother described him the following way after disarming: „This is not the man he has been before going to the Kosovo“. When he was on trial for financial trickery he panicked and ran amok. He started shooting the police men all of a sudden (Brandl et al 2011).

The last case emphasizes the distress peacekeeping for the United Nations (UN) as well as the European Union (EU) may cause in some individuals. Their feelings of being helpless in life threatening situations experienced by others which should be protected incoherent with the mandate may alter self-confidence and the belief in a peaceful world. In rare but repeatedly observed cases this change of belief may be so disastrous that weapons may be used against fellow human beings in civil situations and lead even to suicide.

This result may be a late side effect of battle and peacekeeping distress if the soldier has been wounded mentally, the disease has not been diagnosed and the social support has been inadequate after demobilization.

The United Nations were founded after the end of World War II in 1945 to build a new more peaceful world. The basis for this work has been the resolution of the Dec-

laration of Human Rights (UN-Document 217). It was proclaimed in the Palais de Chaillot in Paris in December the 10th 1948. After the first „UN-soldier“ was killed during deployment the necessity arose to use armoured troops for UN-missions. Starting with light weapons UN-troops have been armoured depending on their mandate since then. They may even have the order to force peace as for example in Somalia in 1992. Therefore depending on the robustness of the mandate and the intensity of conflict UN-peacekeeping has become more and more dangerous. As we had to learn many soldiers return home mentally wounded and traumatized. The rates of PTSD vary from 1 to 5 to 8 to even 20% in peacekeeping (Birenbaum, 1994; Litz et al, 1997; Michel, 2003; Passey, 1995). This percentage may rise to about 40% and more in the civilian population involved in wars as it has been observed for example in the long lasting conflict in Uganda in Africa (Njenga et al 2006).

In the short term run soldiers may suffer from deployment stress in general, battle fatigue, acute mono-symptomatic or complex stress reactions, in the long term run they may develop mental diseases such as PTSD, depression; adjustment, somati-zation and personality disorders, alcohol abuse and drug addiction. These deseases may become chronic if not diagnosed and treated adequately. As we had to realize a soldiers disease may have biopsychosocial consequences spreading in his military and familial context. Secondary traumatisation may develop in wives, parents and chil-dren (Dirkzwager et al 2005, De-keel R et al 2008). And the children of soldiers may have a greater risk to develop psychosomatic symptoms and illness (Palmer 2008). It was also observed that soldiers tend to lie when they are investigated immediatly after their re-

turn. When investigated 3 – 8 months later, their PTSD rate increased from 5 – 6 % to 21 – 42% (Kanter, USA 2007). These cases with „late-onset“ stress the importance for a long lasting care of soldiers which has been implemented so far by the Dutch and Swedish Army after peacekeeping. Other soldiers may even benefit from their experiences of peacekeeping and military battles and show posttraumatic growth, which may also be observed in a minority of victims of civilian traumas after highly stressful life events such as terrorism, natural disaster, assault, life threatening disease and mass casualty (Linley 2004).

When I was deployed to the Golan Heights with the Austrian UN-battalion in 1980 as a Captain MD a concept for PTSD and other stress-related diseases still had to be developed. My predeployment training did not include any education for the diagnosis and treatment of peacekeeping stress. Although I had to treat several soldiers with „hyperarousal“ especially during my detachment to the mountain platoon it was the priest of the battalion who travelled from one position to another of the Austrian contingent to help cope our soldiers with their distressing problems.

Fifteen years later when I started my education in psychotherapy, PTSD still was not a major issue. Since then I have been trained in this field and meetings with disarmed and active Austrian and foreign soldiers showed me that there is a growing demand for a better mental service for soldiers and their families worldwide especially after robust deployments. Withdrawal, numbing and depression, general and emotional irritability and hyperarousal as well as reexperiencing life-threatening scenes and their consequences are symptoms that create

the absolute necessity for an improved support of the soldier himself as well as of his spouse and his children during and after deployment (McFarlane 2009).

As soldiers have to risk their lives to fulfil their duty also under an UN- or EU-command to implement peace there should not only be a simple „Good-Bye“ at the end of the service but also a good social support and a sufficient medical and psychological service if they have been wounded either physically or mentally or both. As we know from investigations of civilian traumas, those who experience prolonged and repeated periods of distress such as severe injury, miscarriage, reanimation and intensive care unit treatment, cancer as well as suffering from a life threatening diseases, are at greater risk to develop stress-related mental diseases including PTSD and depression etc (Waddington 2003). Multiple life-threatening events pre- and postdeployment may interfere with the functioning in the military as well as the distress in the family of the soldier or the veteran. This highlights the necessity for a longer lasting support beyond deployment, especially social support (Brewin 2000). This is not only important in the case of battles but also for peacekeepers as they have at least the order to function as a buffer between various armed parties including „partisans“ and terrorists in modern conflicts, which is a new stressor for soldiers. After deployment soldiers need an individual amount of time to switch to and to reintegrate into civilian life. This observation is supported by recent investigations of healthy soldiers of the Dutch Army who had been deployed for only 4 months to Afghanistan. The intensity of observed threat correlated with the activation of brain areas which regulate emotions including fear and reactivity to danger (Van Wingen 2011). If this „cooling down period“ is not pro-

vided, the arousal of the central nervous system, which is beneficial in battle and peacekeeping, may cause various unexplainable health symptoms (Pall 2007) as well as psychosomatic diseases, social problems and secondary traumatization in the long term run in the civilian home front. Then the family has to deal with the ongoing stress (Bifulco 2000; Figley 1993).

Since I have been in contact with several traumatized soldiers I hope that the conference as well as this book will contribute to a better management of military stress in the field and afterwards.

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Authors



Lieutenant General Sikander Afzal was commissioned in The Pakistan Army in April 1972, in an Armoured Corps Regiment. During his long meritorious service in the Army the General Officer had been employed on various command, staff and instructional assignments.

After serving in the unit, he was posted to Headquarters Armoured Division as General Staff Officer Grade 3. From there he proceeded to attend foreign language Course (German) in NUML and Company/Battalion Command Course in Germany. In 1984 he was selected for Staff Course in Command and Staff College Quetta, followed by Technical Staff Course in 1985 from College of Electrical and Mechanical Engineering. He has held the appointment of Brigade Major of an Infantry Brigade.

He was promoted to the rank of Lieutenant Colonel in 1990. In 1991, he was posted as Battalion Commander in Pakistan Military Academy.

In 1993 he was posted as Commanding Officer of an Armoured Regiment. He served in Somalia as part of UNI-SOM-2, commanding his regiment from 94-95. In 1995 he was posted as Colonel Staff of an Armoured Division. He was promoted to the rank of Brigadier in 1996 and commanded an Armoured Brigade for 2 years. In 1999, he was posted as Directing Staff at National Defence College. He also commanded an Infantry Brigade for 2 years. He was

promoted to the rank of Major General in 2002, commanded two Infantry Divisions and thereafter was posted as Director General (Analysis) in Directorate General Inter Services Intelligence. His last assignment was as Commander Corps from May 2006 to Nov 2009.

In December 2009 he took over the command of United Nations forces in Liberia.

The General Officer is a graduate of National Defence College and holds Masters Degree in Defence and Strategic Studies.

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His main field of activities was the promotion of the mentally ill people's human rights through the establishment of community based, family centred mental health services in a post-war Kosovo. For achievements in this field he was given the Max Hayman Award for 2005 by the American Orthopsychiatry Association.

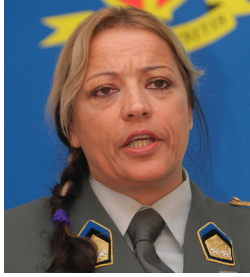
Dr. Agani is also the founder of the non-governmental professional association Institute for Mental Health and Recovery of Kosovo.



Dr. Alain Beaudoin

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He currently works with the Critical Incident Stress Management Unit of the United Nations Department of Safety and Security, where he serves as regional counselor for West Africa and the Great Lakes. Dr. Beadoir has gained hands-on experience in a number of mission assignments. He lives in Haiti.



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International exercises: Poland, 2005
Evacuation operations: Cairo, 2011
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from 1994 to 1996

At the National Defence Academy: on the necessary cooperation of military physicians, military chaplains and military psychologists in ensuring the care of Austrian soldiers in international operations

Various publications within the publication series of the National Defence Academy



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LTC (GS) Peter Hofer is an infantryman by trade and a 1993 graduate of Theresan Military Academy. He served in various positions in an infantry battalion from platoon to command level. From 2003 to 2006 he attended the Austrian Command and General Staff Course and upon accomplishment was assigned to the Joint Forces Command. Currently he is commanding the Infantry Battalion 18. His operational experience comprises several homebound operations as well as operational tours to Kosovo as a company commander and Tchad as CJ9 in the FHQ and National Contingent Commander.



Jens T. Kowalski, holds a degree in Clinical Psychology (1990. University of Kiel) and got his M.D. in 1996 from the University of Essen. He is senior psychologist of the German Naval Medical Institute in Kiel, Germany and head of the section of human factors and naval psychology. As section head he is responsible for the Crisis Intervention Team (KIT) of the German Navy. He is a specialized psychotherapist in psychotraumatology and teaches medical psychology at the The Institute of Medical Psychology and Medical Sociology, Kiel University. He is trained and licensed in EMDR, hypnotherapy and a certified instructor of the ICISF (Critical Incident Stress Management). With the Institute of Therapy Research North (IFT), Kiel, he implemented a curriculum on psychotraumatology for psychotherapists, meeting the requirements for accreditation of the German Society for Psychotraumatology (DeGPT). Within this curriculum he is accredited supervisor and trainer. He is commissioner of the Psychotherapeutenkammer Schleswig-Holstein for Psychotherapy and Crisis Intervention and was delegate for the Bundespsychotherapeutenkammer in several national committees dealing with psychotherapy and crisis intervention. As an officier of the reserve he served as troupe psychologist in Croatia, Bosnia and Kosovo. Leading the Naval Crisis Intervention Team (KIT) he was send to Djibouti, Cypress and other naval missions.



Professor Dragica Kozaric – Kovacic, M.D., Ph.D., is the Head of the Department of Psychiatry of the Referral Center of the Ministry of Health and Social Welfare for Stress-related Disorders at the “Dubrava” University Hospital.

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Dr. Doris Lancaster, Psy.D. received her doctorate at the School of Professional Psychology (1991), Wright State University, Ohio, USA. Currently she is a U.S. Army civilian assigned to the 2nd Brigade, 4th Infantry Division (2/4ID), Ft Carson, Colorado.

The 2/4ID has over 6,000 soldiers. Her role is to ensure the psychological needs of these soldiers are appropriately addressed. She has overseen the re-deployment of these soldiers from Iraq back to the United States in September 2009. She set up the psychology clinic in August 2009 preparing for the 2/4ID soldiers' return and has continued to follow the 2/4ID soldiers. Currently the 2/4ID soldiers are training preparing to deploy to Afghanistan in summer 2011. In the first six months the 2/4ID soldiers returned, she had over 800 encounter appointments with these soldiers, assessing, diagnosing and treating the full range of psychiatric problems including depression, anxiety, post-traumatic stress, family problems, bereavement and substance abuse. She was recently recognized by Major General Perkins, 4th Infantry Commander, for her dedication to the mission.



Ruvie Rogel, Ph.D., is the Deputy CEO - in charge of business development, training and international affairs – at the Community Stress Prevention Center in Kiryat Shmona, Israel. He is also Visiting Professor at Wright State University, Ohio, USA, School of Global Medicine (Public Health).

His education is mainly from the University of Leicester, UK – he holds a Ph.D. in Educational Management and Leadership. The research theme is “A Municipal Education System under Prolonged Uncertainty – A Dialogue between Professionals and Politicians”, 2000-2009.

He also did his MsC. at the University of Leicester, UK in human resources management and training, 1996-1999.

At Elc”a and Tel Aviv University he was involved in a special program for youth institutions management, 1992-1993.

Other educational institutions include:

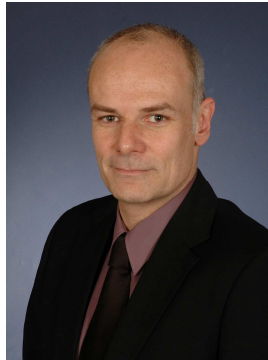
Jerusalem Hebrew University- School of Education- research assistant, 1990.

Jerusalem Hebrew University- Communication Institute (MA), 1984.

Tel Aviv University- BA in Psychology, 1980-1983.

Some important publications are: Lahad, M & Rogel, R (2003) The need for ER protocol in the treatment of public manifesting ASR symptoms following disaster, CSPC Vol 5 pp 1-19 and The Australasian Journal of Disaster and Trauma Studies ISSN: 1174-4707 Volume : 2004-2.

Lahad, M, Shacham Y & Rogel, R (2005) A Working Manual for professionals involved in the Disengagement process, CSPC.



Alexander Douglas Varn, Dipl.-Psych. received his diploma in Psychology from the University of Mannheim, Germany in February 2003. The completion of the diploma in Psychology equates to the Bachelor of Science and Master of Science degrees in Psychology in the U.S.A. Additional subject: Forensic document examination.

Thesis: Approaches to offender profiling with a detailed examination of possible statistical approaches.

Prediploma in Psychology from the University of Mannheim, Germany, November, 1997.

Studies in Business Administration with an Intercultural Qualification, University of Mannheim, Germany, 1994 and 1995.

His additional qualifications are: Training in forensic document examination, Institute for Handwriting Analysis, University of Mannheim, Germany, 1998 and 1999.

Traumatic Incident Reduction Workshop, San Antonio, Texas/USA, 2000.

Training in hostage negotiation, Justice Department, Saxony/Germany, 2004.

Training in suicide prevention, Justice Department, Saxony/Germany, 2007 and 2009.

Diving instructor and course director (Moniteur ***), International Committee of Marine Conservation, Member of CMAS, Germany.

Some of his work experiences are: Military Psychologist with the Joint Medical Forces Command, German Armed Forces, Koblenz, Germany, October 2009 – to date.

Prison Psychologist in the Justice Department, State Prison of Saxony, Torgau, Germany, September 2003 – September 2009.

EC Resource Teacher at James Martin Middle School, Charlotte, NC, February 2003 – July 2003.



Professor Dr. Brenda K. Wiederhold, Ph.D., MBA, BCIA is President of the Virtual Reality Medical Institute (VRMI), an SME incorporated in Brussels, Belgium. She is a licensed clinical psychologist in the USA, Switzerland, and Belgium and earned a doctorate in Clinical Health Psychology as well as international certification in both biofeedback and neurofeedback. She works as a Visiting Professor at the Catholic University in Milan, Italy and as Executive Vice-President of Virtual Reality Medical Center (VRMC) in the USA. She is also a Clinical Instructor at the University of California, San Diego, Department of Psychiatry.

Dr. Wiederhold is recognized as a world leader in the treatment of anxiety, panic, phobias, and posttraumatic

stress disorder with VR exposure and cognitive-behavioral therapy, objectively measuring results with physiological monitoring of the heart rate, heart rate variability, skin conductance, skin temperature, respiration, and brain activity.

Dr. Wiederhold is the founder of the international CyberTherapy Conference, now in its 15th year, Editor-in-Chief of the MedLine-indexed CyberPsychology & Behavior Journal, and publisher and Editor-in-Chief of the Journal of CyberTherapy & Rehabilitation and CyberTherapy & Rehabilitation Magazine. She is Secretary General of the International Association of CyberPsychology, Training & Rehabilitation (iACToR).

She has given invited lectures on the topic of advanced technologies and healthcare in 24 countries throughout Europe and Asia and has published more than 150 articles and twelve books on the subject.



Peter Zimmermann, M.D. is the head of the Forschungs- und Behandlungszentrum für Psychotraumatologie der Bundeswehr [Centre for Research and Treatment of Psychotraumatology of the German Armed Forces] in Berlin.

Dr. Zimmermann received his education in different organisations.

Specialised physician of psychiatry and psychotherapy (2002).

Degree by correspondence course in Management of Health and Social Facilities” (2002), advanced training in quality management 2003 – 2005.

Recognition as group analyst and membership in the DAGG (2003).

Education in trauma therapy and membership in EDMIRA (2001).

Education in Psychodynamic Imaginative Trauma Therapy according to Reddemann (2005).

Member of the Psychotherapie-Weiterbundesverband Berlin (Berlin model) as advanced trainer and supervisor.

Recognition as Balint group trainer (Berlin Medical Council, 2003).

Further training: Ärztliches Qualitätsmanagement [Quality Management for Physicians], 2007.

Recognition as special psychotraumatologist of the German Society for Psychotraumatology (2007).

He has also a lot of experience in international operations: Bosnia, Afghanistan and Kosovo.

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