Methods: We present a case report of a 34-year-old woman with no previous contact with Mental Health Services. She got pregnant unexpectedly in the context of a long stable relationship. At the beginning she was feeling uncertain about carrying on with the pregnancy but finally decided to keep it. She states she felt well throughout the pregnancy. The night after giving birth her baby suffered from a cardiorespiratory arrest, which was noticed by the nursing team but not by the mother. The baby recovered with no medical sequelae but the patient started feeling depressed and presenting anergy, apathy, irritability, flashbacks, and intrusive memories of her sick baby and insomnia, checking every hour during the night that her child was still breathing. Later she developed separation anxiety from her baby, not being able to leave her in the kindergartner nor to leave her alone with other family members (including the father). Guilty feelings were persistantly observed during the therapy sessions.

Results: Psychotherapeutic and pharmacological treatment was started with moderate improvement. Since breastfeeding was a rewarding experience and enforced the mother-daughter bond it was taken in consideration for the therapeutic plan.

Conclusions: The postpartum period is of special vulnerability and early treatment of symptoms in mothers is of great importance. Early diagnosis in maternity services should be a priority.

Disclosure of Interest: None Declared

EPV1416

Online trauma psychoeducation for people with depression and comorbid PTSD symptoms: A pilot randomized controlled trial

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doi: 10.1192/j.eurpsy.2025.1950

Introduction: Depression is commonly comorbid with post-traumatic stress disorder (PTSD) symptoms. There is a lack of studies evaluating trauma-informed interventions for people with depression and PTSD symptoms.

Objectives: We examined whether an online, easily accessible, trauma psychoeducation program would be helpful for people with both depressive and PTSD symptoms.

Methods: Participants with depression (PHQ-9 ≥ 10) and co-occurring PTSD symptoms were recruited online and randomly assigned to the intervention group (i.e., a 10-session online program based on *Be a Teammate With Yourself*) or the control group. Outcome measures included the Brief-COPE, a subscale of the Endorsed and Anticipated Stigma Inventory, and the Post-traumatic Maladaptive Beliefs Scale. These outcomes were assessed at baseline, posttest, and 2-month follow-up. Qualitative feedback was also obtained from the participants.

Results: 35 participants were randomly assigned to the intervention group, and 34 to the control group. With only email reminders, 9 participants in the intervention group and 14 in the control group completed posttest and follow-up surveys. Completers-only analyses were conducted. One-way repeated measures ANOVA showed that the intervention group had significant reductions in post-traumatic maladaptive beliefs, with a large effect size (F = 4.152, p = .035, Partial Eta Squared = 0.342). The control group did not have such changes. Both groups did not have significant changes in coping and self-stigma. Of 12 participants who provided feedback, 100% agreed that the program could help them remain hopeful for recovery, and 91.6% agreed that they were satisfied with the program. The qualitative feedback also supported the usefulness and acceptability of the programme.

Conclusions: Participation in this program was associated with significant decreases in post-traumatic maladaptive beliefs. Completers were satisfied with the program. Given a small sample with a high dropout rate (66.6%), the results should be interpreted with caution.

Disclosure of Interest: None Declared

EPV1417

The relationship between complex PTSD and dissociation: A longitudinal study

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doi: 10.1192/j.eurpsy.2025.1951

Introduction: Complex post-traumatic stress disorder (C-PTSD) is closely associated with dissociative symptoms. Both of which are common responses to trauma and stress. Yet, not all individuals with C-PTSD experience high levels of dissociation. Currently, little is known about the bidirectional relationship between C-PTSD and dissociative symptoms.

Objectives: This study aimed to examine whether C-PTSD and dissociative symptoms would predict each other over time.

Methods: A total of 340 participants (M_{age}=21.04 years; SD=2.00; 83.8% female) from Hong Kong and Taiwan completed the Multiscale Dissociation Inventory (MDI) and the International Trauma Questionnaire (ITQ) at two separate time points (M days apart = 129.4 days; SD = 7.91). Hierarchical multiple regression analyses were conducted to examine the relationship between C-PTSD and dissociative symptoms.

Results: The analyses controlled for age, gender, education level, trauma exposure, and baseline severity of the dependent variables. Results indicated that when the MDI subscales were added into the model, baseline emotional constriction significantly predicted subsequent C-PTSD symptoms (i.e., total ITQ scores) (β=.126, p=.008), and significantly improved the model's explanatory power (R^2=.67, ΔR^2=.029, ΔF = 4.772, p < .001). Nevertheless, when the