compulsive hand washing and avoidance behaviour of some objects, which was both distressing and time-consuming. The diagnosis was revised to comorbid schizophrenia and OCD. Antipsychotic was changed from risperidone to amisulpride 800 mg daily in combination with paroxetine up to 60 mg/d. Since paroxetine was already optimized, the next step taken was to substitute it. He was then medicated with amisulpride, and clomipramine slowly increased up to 225 mg/d. There was no significant clinical improvement, regardless of the dose. Cognitive behavioural therapy (CBT) was commenced later. Medication was kept stable during the baseline, treatment, and follow-up period. Fourteen 1-hour sessions of CBT, including exposure and response prevention, were delivered each week over a period of 14 weeks. At the end of the intensive treatment, he reported a significant reduction in obsessions and compulsions. His score on the Y-BOCS dropped from 34 to 8 (76%) before treatment to 4-month follow-up.He reported that the decrease in OCD symptoms was associated with a significantly higher quality of life.
Conclusions: CBT appears to offer a valuable opportunity to reduce symptom severity in patients with OCD comorbid with schizophrenia.Further research within this field and systematic clinical evaluations are highly desirable.

Disclosure of Interest: None Declared

EPV1666

Families stuck in a trauma loop: a systemic approach to address vicarious trauma and enhance mental health treatment adherence in 2nd and 3rd generation offsprings of psychiatric patients

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doi: 10.1192/j.eurpsy.2025.2139

Introduction: Vicarious trauma (VT) was first described by Pearlman and McCann as the therapists' internal experience that is "impacted as a result of empathic engagement with client's traumatic material". (JTS 1990. 3: 131–149). Furthermore, the authors used a constructivist framework to differentiate it from other forms of secondary trauma. In the context of mental illness, family elements of VT are be more subtle than primary trauma, but can remain identifiable across generations.
Objectives: The primary focus of our study was to develop a theoretical framework for understanding severe mental illness (SMI) and its traumatic long-term consequences on the family. Our secondary aim was to explore the impact of SMI and of psychiatric stigma on 2nd and 3rd generation offsprings.
Methods: To begin with we conducted a narrative review of the scientific literature using Pubmed search engine. This was followed by a qualitative study with psychiatric patients who declared a family history of SMI in a first degree relative who received medical care in France. The methodology involved conducting 11 structured interviews, which were audio recorded, transcribed and thematically analyzed.
Results: When family trauma develops, it is a complex phenomenon, seemingly infinite loop. It further impacts every aspect of the family's communication and relational style, attachment and regulation.
On an individual level, the consequences can be viewed as a continuum from adverse childhood experiences and primary trauma to secondary traumatic responses. This study aims to advocate for identifying specific VT subtypes. Some specific complaints are often encountered in the initial presentation of psychiatric patients, even with adults as young as 18yo. Exploring family psychiatric history through the vicarious "trauma lens", can allow us to have a better appreciation and understanding of the patient's suffering: their system of meaning and beliefs regarding psychiatric diagnosis, treatment and case management are often disrupted, the nocebo effect is increased (by increased sensitization to all other trauma and by modified emotion control). When the sense of safety is disturbed on a family basis multi-generational level, the consequences could lead to extreme anti-psychiatry attitudes and predict negative mental health outcomes.
Conclusions: Current understanding of vicarious trauma is limited to specific job-related contexts. What has not been studied yet is the vulnerability of children to vicarious trauma due to perceived traumatizing treatment, or the way in which medical stories are recounted to children. Therefore, additional research is needed on this topic. For psychiatrists, the vicarious trauma approach can be one of the key entry points to building the therapeutic alliance, which further enhances patient adherence to the treatment.

Disclosure of Interest: None Declared

EPV1668

Impact of Acceptance and Commitment Therapy (ACT) on Psychological Flexibility in Medical Students

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doi: 10.1192/j.eurpsy.2025.2140

Introduction: Medical school is known for high levels of anxiety, and mental health challenges. Psychological flexibility - the ability to accept difficult thoughts and emotions while acting in alignment with one's values- can protect against these challenges. ACT has been shown to enhance psychological flexibility and reduce mental health symptoms in various populations. However, its impact on medical students has not been extensively explored.
Objectives: This study aimed to assess whether a brief ACT intervention could improve psychological flexibility and related psychological outcomes in medical students.
Methods: Forty-two medical students from Istanbul Medeniyet University participated in a four-day ACT program. Inclusion criteria included active enrollment in a medical program and willingness to participate. Exclusion criteria were severe psychiatric disorders or ongoing psychiatric treatment.The intervention involved four days of ACT-based activities, including mindfulness, cognitive defusion, and value-based exercises. Each session lasted 90 minutes and was conducted in a group format. To assess the impact of the intervention, we measured psychological flexibility and related factors at baseline and after the program using the following tools: the Multidimensional Experiential Avoidance Questionnaire (MEAQ-30), AAQ-US, SF-25, Valuing Questionnaire (VQ) and the DASS-21. Paired t-tests were used to compare pre- and post-intervention scores, with statistical significance set at $p < 0.05$.