CRS010

Cultural and migration-related aspects of trauma-related disorders

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Abstract: Culture fundamentally influences human thinking, feeling and behaviour. The integration of cultural contexts into psychotherapeutic treatment is therefore essential, especially in light of the increasing diversity of our society. In addition, psychological stress following experiences of migration or flight requires special treatment expertise. Thus, intercultural psychotherapy is an essential approach in addressing mental health issues across diverse populations.
Life-threatening events, to which we feel helpless and at the mercy of, can inflict severe psychological trauma on us. If the event is too aversive, too horrific, and therefore cannot be autobiographically interwoven, fragments of memory are created that are not modified over time - like ordinary memories - but remain rigid, as if 'frozen'. They are activated by triggers reminiscent of the original situation and then reappear, e.g. in the form of flashbacks. The high number of people with migration and refugee backgrounds with trauma-induced secondary disorders calls for culturally sensitive, trauma-focussed psychotherapies to close the enormous gap in care. Numerous psychotherapies are available for the treatment of trauma-related disorders, some of them have yet to be evaluated - or modified for the treatment of traumatised persons in the context of migration and flight in the case of those that have already been well evaluated. This presentation will give an overview on cultural and migration-related aspects of trauma-related disorders.

Disclosure of Interest: None Declared

CRS011

AVATAR therapy: results of a phase 2/3 Clinical Trial of a blended digital therapy for auditory verbal hallucinations

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Abstract: Avatar therapy is a digital therapy supported by a therapist in which voice hearers dialogue with a digital embodiment of their most distressing voice. Our previous randomised controlled trial of AVATAR therapy showed 6 sessions had a superior and substantial reduction in the severity of voices compared to that achieved by supportive counselling. Limitations included that the study was carried out in a single site, and six sessions limited what might be achieved by an extended approach to include a greater focus on individual biographical characteristics that had a bearing on the voice hearing experience . In the latest AVATR2 trial, we aimed to replicate these early results and deliver therapy by a wider workforce across several centres in the UK. We also tested the effectiveness of two forms of therapy -AVATAR Brief 6 sessions (AV-BRF) and AVATAR-Extended 12 sessions (AV-EXT). In this presentation I report the results of this clinical trial. We hypothesised that both forms of therapy alongside treatment as usual would be effective and superior to treatment as usual alone in reducing voice related distress (the primary outcome) at 16 and 28 weeks follow up. We found that both treatmetns did indeed reduce distress at 16 weeks and that this reduction was maintained at 28 weeks though was no longer statistically significant in compoariuson to treatment as usual at this point. The frequency of voices also reduced at both time points for AV-EXT that also achieved several other important outcomes in cluding enhanced wellbeing and reductions in delusional beliefs associated with the voice. There were no related serious adverse events. A health economic analysis was also carried out that also supports AV-EXT The next phase of the development of AVATAR therapy towards release for routine use is briefly described.

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CRS012

Feasibility, acceptability and outcomes of blended care with smartphone-based ecological momentary assessment and intervention in schizophrenia spectrum disorders: A pilot single-arm trial

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Abstract: Delusions are one of the core symptoms of schizophrenia spectrum disorders (SSD). Traditional Cognitive Behavioral Therapy (CBT) approaches are less effective for delusions, require significant resources, and specialized staff training. Symptom-specific therapy approaches, which target factors involved in the development and maintenance of psychotic symptoms, provide a valid alternative. Digital technologies, such as ecological momentary assessment (EMA) and ecological momentary intervention (EMI), are gaining attention in mental health, providing enhanced assessment and intervention opportunities. The present single-arm trial aimed to investigate the feasibility, acceptability, and preliminary outcomes of a smartphone-based blended EMA/I psychological therapy approach - DICE - focusing on improving coping strategies for delusions in SSD. In total, $N = 10$ participants received four face-to-face therapy sessions alongside German university-level treatment-as-usual over an intervention period of four to six weeks. Feasibility was assessed by completion rates of the EMA/I questionnaires, use of the application between sessions and recruitment rates. Acceptability was assessed by a satisfaction questionnaire, open feedback, and analysis of adverse effects. Clinical outcomes included self-

rated and rater-based intensity and distress of delusions and comorbid symptoms at pre- and post-intervention. Findings supported the feasibility and acceptability of the DICE intervention, with high retention (10/13 participants; 77%) and completion rates for the EMA- (59%) and EMI-questionnaires (72%), as well as a high protocol adherence (90-97%), exceeding all predefined benchmarks. Open feedback indicated good satisfaction, with all participants using the application between sessions, reflecting a high engagement level. Clinical outcomes displayed relevant changes in ameliorating the intensity of delusions when being measured by the Psychotic Symptom Rating Scales as well as by the Green Paranoid Thought Scale, and self-rated improvements in distress and depressive symptoms. Changes in the intensity and distress of delusions might be explained by improved coping behaviour. Further research with control conditions is needed to validate findings and analyze the efficacy as well as mechanisms of actions of the DICE intervention in a fully powered trial.

Disclosure of Interest: None Declared

CRS013

Effectiveness and efficiency of Virtual Reality cognitive behavioural therapy for paranoid delusions - results from a randomized clinical trial

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Abstract: Background: Cognitive behaviour therapy is the main evidence-based psychological treatment for paranoid ideations in patients with psychotic disorders. Virtual reality may improve psychological treatment, because it facilitates behaviour interventions aimed at reducing avoidance and dropping safety behaviours. We investigated the effects of virtual-reality-based cognitive behaviour therapy for paranoid ideations (VR-CBTp) compared to standard CBTp.
Methods: We performed a pragmatic single-blind, randomised clinical trial in seven mental health centres in the Netherlands and Belgium. Eligible patients had a psychotic spectrum disorder and experienced paranoid ideations. Both interventions consisted of 16 sessions maximum. Treatment could be completed early when all goals had been achieved. The primary outcome was momentary paranoia, measured with the experience sampling method (ESM). Secondary outcomes included other measures of paranoid ideations, safety behaviour, social anxiety, depression, worry and self-esteem.
Findings: 103 participants were enrolled and 98 randomised to VR-CBTp (n=48) or CBTp (n=50). At post-treatment, VR-CBTp had significantly stronger effects than standard CBTp at post-treatment on momentary paranoia (interaction effect b=-0·3, 95% CI -8·4 to 7·8, n=81, p=0·04, effect size 0·62), safety behaviour, depressive symptoms and self-esteem, of which the difference in effects on self-esteem and social interaction anxiety remained at follow-up. Completers on average received 12·4 (VR-CBTp) and 15·0 (CBTp) sessions. Limited ESM compliance resulted in 43% data loss at post-treatment and 49% at follow-up.
Interpretation: CBTp and VR-CBTp are both efficacious treatments for paranoid ideations, but VR-CBTp may be somewhat more effective and more efficient than CBTp.

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CRS014

Findings from RCT's on virtual reality-based interventions for auditory hallucinations and paranoia

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Abstract: Introduction: Virtual reality (VR) has the potential to enhance current psychotherapies for psychotic symptoms by simulating virtual environments that evoke responses reflective of real-world scenarios.
Objective: This study aimed to evaluate the effectiveness of VR-based psychotherapeutic interventions through findings from two large-scale randomized clinical trials—CHALLENGE and Face Your Fears—that targeted auditory hallucinations (AH) and paranoia, respectively, in individuals with schizophrenia spectrum disorders (SSD).
Method: The CHALLENGE and Face Your Fears trials were randomized, assessor-blinded, parallel-group superiority trials that enrolled 270 and 254 patients with SSD, respectively. In the CHALLENGE trial, participants were randomized to 7 sessions of Challenge-VR therapy (Challenge-VRT) or treatment-as-usual (TAU). In Face Your Fears, participants received either 10 sessions of VR-CBT or standard CBT.
Results: Linear mixed-model analyses on primary and secondary outcomes in both trials revealed that in the CHALLENGE Trial, Challenge-VRT significantly reduced AH symptom severity, as measured by the Psychotic Symptoms Rating Scales (PSYRATS-AH total, adjusted mean difference: -2.26, 95% CI: -4.26 to -0.25, p = 0.03) and frequency (PSYRATS-Frequency, adjusted mean difference: -0.84, 95% CI: -1.53 to -0.14, p = 0.02) at treatment cessation. Face Your Fears Trial: No significant differences were observed between groups on the primary outcome at endpoint (adjusted mean difference: 1.12, 95% CI: -1.75 to 3.99; Cohen's d = 0.10; p = 0.44). However, both groups demonstrated large within-group improvements (VR-CBT: Cohen's d = 0.88; standard CBT: Cohen's d = 0.87). Standard CBT demonstrated superiority over VR-CBT on the secondary outcome measure emotion recognition latency overall at treatment cessation (adjusted mean difference -348.3, 95%CI: -696-6 to -0.04; Cohen's d = 0.25, p= 0.05), and on emotion recognition accuracy, sadness at 9 months follow-up (adjusted mean difference 0.85, 95% CI: 0.06 to 1.63; Cohen's d = 0.27, p= 0.03). No serious adverse events were reported in either trial.
Conclusion: Challenge-VRT appears to be a promising treatment for reducing the severity of AH in SSD, though further research is