

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 treatments did indeed reduce distress at 16 weeks and that this reduction was maintained at 28 weeks though was no longer statistically significant in comparison 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 including 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-