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179.2
Digital guided therapy for complex post-traumatic stress disorder (CPTSD) and prolonged grief disorder (PGD)

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Background: Evidence-based treatments for complex post-traumatic stress disorder (CPTSD) and Prolonged Grief Disorder (PGD) are not widely available. There are therapies that show promise, but face-to-face delivery requires significant input from therapists with specialist training, which limits the scope for dissemination of these interventions at scale.
Objective: To develop and pilot digital guided therapies for CPTSD and PGD, based on Enhanced Skills Training in Affective and Interpersonal Regulation (ESTAIR) for CPTSD and Cognitive Behavioural Therapy (CBT) for PGD.
Method: Digital interventions for CPTSD (Spring CPTSD) and PGD (Spring PGD) were co-designed with input from both individuals with lived experience and mental health professionals. These interventions are currently being pilot tested with individuals seeking treatment for CPTSD or PGD.
Results: We will present both qualitative and quantitative data from the ongoing pilot studies, which will be used to evaluate the feasibility, user engagement, and potential efficacy of the digital interventions.
Conclusions: Digital guided therapy holds promise as a scalable solution for providing accessible interventions for CPTSD and PGD, addressing critical gaps in mental health care provision.

179.3
Effects of guided internet-based trauma-focused intervention Spring on ICD-11 PTSD symptoms: pilot study results from Lithuania

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Background: Internet-based interventions could provide a more accessible and cost-effective alternative to traditional face-to-face treatments for PTSD. Spring, a guided internet-based trauma-focused CBT programme, is a novel and promising intervention for the treatment of moderate PTSD symptoms. However, so far, only the efficacy of the original English version of Spring has been evaluated in the UK.
Objective: The aim of the pilot study was to evaluate the changes in PTSD, depression and anxiety symptoms after participation in the Lithuanian version of the Spring intervention in Lithuania.
Method: A single group pre-post-intervention design was used in the study. Data from 7 participants with ICD-11 PTSD, diagnosed with the International Trauma Interview (ITI), was analysed. Index traumas for PTSD were various non-repetitive and non-prolonged traumatic experiences. Participants were female, mean age was 45.4 (SD = 13.3). All participants fully completed the Spring intervention.
Results: A significant reduction of the ICD-11 PTSD, depression and anxiety symptoms, with high effect sizes ($r = 0.57–0.63$), was found at post-intervention. For all participants, the reduction in PTSD symptoms was clinically significant. After the intervention, only one participant was still considered at risk for probable PTSD based on self-report. The overall user satisfaction with the intervention was high.
Conclusions: The first results of this feasibility study reveal the potential of Lithuanian Spring intervention for PTSD treatment in Lithuania. The next step is to test the efficacy of the Lithuanian version of the Spring programme in an RCT design study with a larger sample size.

179.4
Feasibility and preliminary effects of HOPE (Huddinge Online Prolonged Exposure) in a psychiatric setting

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