

of frequent handwashing in limiting the transmission of the virus. Whilst crucial in controlling transmission, such messaging may have an adverse effect on individuals with OCD. The primary aim of this study was to investigate any significant changes to handwashing behaviour, as well as other related hygiene behaviours, across all symptom dimensions of OCD. The frequency of engaging with pandemic-related media coverage was also considered across all symptom subtypes.

Method. A cross-sectional study was conducted, with a total of 332 participants recruited. Participants who scored above the optimal cut-off score on the Obsessive-Compulsive Inventory Revised edition (OCI-R) were included in the analysis ($n = 254$). Scores on the six subscales of the OCI-R were correlated with responses to a COVID-19 Impact measure.

Result. Factor analysis of the COVID-19 Impact measure revealed that items loaded on two components of the measure (handwashing and distress-avoidance). A significant correlation was revealed between the handwashing component and the OCI-R washing subscale ($r_s = 0.523$, $p = 0.0001$), as well as between distress-avoidance and the OCI-R washing and ordering subscales ($s = -0.227$, $p = 0.0001$; $r_s = -0.159$, $p = 0.006$). Content analysis revealed disruption to treatment delivery and worsening symptom severity in participants with contamination-related OCD.

Conclusion. The pandemic has had a significant impact on individuals with contamination-related OCD symptoms, in relation to symptom severity and treatment disruption. Consideration should be given to targeted support tailored to patients with this subtype of OCD.

Person centred approaches to learning hold a potential for a mature depth of understanding and engagement as opposed to the traditional 'transmission of knowledge' approach to learning

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Aims. Do students experience a person-centred experiential (PCE) approach to learning in a university context differently to transmitted knowledge learning from prior education, and if so, how?

Background. The person-centred approach, as defined and developed by Carl Ransom Rogers, remains on the margins of practice in the UK. The approach sustains a non-medical stance. All of the Improving Access to Psychological Therapies Person Centred Experiential Counselling (APT PCEC) workforce require a qualification in person-centred experiential counselling. In order to attune to Roger's hypothesis regarding the conditions required in order to facilitate psychological growth, person-centred learning is a principle stance.

Researching experiences of PCE learning through anonymous feedback from students attending different levels of training (BA, MA and post qualification PCE-Counselling for Depress (Cfd) License) is an initial test of the hypothesis.

Counselling education in the UK is increasingly highly standardised and driven by competency frameworks. This work begins to uncover person-centred students' evaluation of undertaking person-centred qualifications. Modules and continuing professional practice were constructed to facilitate a person-centred learning environment wherein the curriculum was designed by students or the experiential aspect of the learning drove the agenda

Method. The sample was made up of ($N = 30$) students. 8 students were studying for a Master's degree in person-centred experiential psychotherapy, 10 students were studying a BA in humanistic psychotherapy, 12 students were attending a mandatory IAPT Continuous Professional Development (CPD) training in PCE therapy. The evaluation responses were subject to a thematic analysis.

Result. The emerging themes parallel each other and indicate that degree students were very aware of the difference from their previous learning experience in education.

68% of MA Students experienced psychological maturation through the process of training.

83% of BA students became more agentic in their approach to learning.

83% IAPT therapists noticed the nurturing, compassion and humane approach to the learning, despite the mandatory nature of the offer and empowered them in regards to their non-medical stance within an NHS context.

Conclusion. Our findings point to the significance and impact of person-centred learning for person-centred psychotherapists' development during and post-qualification. Implications can be drawn in regards to engaging with person-centred learning in public sector and health contexts.

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Reducing fatigue-related symptoms in Long COVID-19: finding an intervention that works

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Aims. In the early days of the first global wave of the COVID-19 pandemic, the potential for a post-viral syndrome to manifest following COVID-19 infection was highlighted.

It was pointed out that an early intervention applying management techniques used in patients with CFS/ME appeared to help reduce the fatigue related symptoms of Long COVID.

Here we present an analysis of a consecutive case series of the first twenty patients' data collected. Our aim was to evaluate the potential of this mode of treatment for Long COVID.

Method. Face to face treatment sessions with the practitioners occurred once a week, involving effleurage and other manual articulatory techniques.

The individuals being treated also undertook a daily self-massage along with gentle mobility exercises and alternating warm and cool gel packs on the upper spine, to encourage a reduction of spinal inflammation and further aid lymph drainage of the brain and spine.

Symptom severity was recorded using the self-reported 54-item Profile of Fatigue Related States (PFRS).

Result. The mean age of the men was 41.8 years with a range of 29.1-53.1 years with the corresponding mean age for women being 39.3 years with a range of 28.3-50.4 years.

The average time interval between onset of Coronavirus symptoms and start of treatment for Long COVID was just over 20 weeks. The average number of treatment sessions was similar at 9.7 in men and 9.4 in women.