OCD symptoms being solely concerned with COVID-related contamination. The questionnaires routinely completed at the time of assessment and treatment were the Obsessive Compulsive Inventory (OCI); Yale Brown Obsessive Compulsive Scale (YBOCS); Beck Depression Inventory (BDI). Clinical data were collated and analysed prior to and during the pandemic. Treatment consisted of ERP and was adapted for provision via a virtual platform. ERP involved exposure to a graded hierarchy of COVID-specific anxiety-provoking situations modified to take government guidelines into consideration.
Discussion. Prior to the COVID-19 pandemic the patient's response to treatment with cognitive behavioural therapy (CBT) including ERP indicated a 79% improvement in OCD symptoms on self -rated measures. The impact of the pandemic led to a significant 65% deterioration in OCD symptoms, regarding COVID-19 contamination concerns. Intervention with ERP resulted in 73% improvement over a three-month period. Measures of depression symptoms indicated an 80% improvement pre-COVID, with a 78% deterioration at relapse. Following treatment, the patient also showed a 65% improvement in depression symptoms. Improvements have been maintained at one month follow-up.
Conclusion. The case study supports literature indicating the exacerbation of OCD symptoms due to the COVID-19 pandemic for patients with contamination fears and washing compulsions. The promising results support the use of ERP as an effective treatment for COVID-related OCD symptoms. It also validates the provision of CBT interventions virtually to ensure accessibility of treatment to OCD sufferers.

A brief novel intervention for acrophobia (fear of heights)

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Objective. To investigate a unique brief intervention, which offers a combination of neuro-linguistic programming and practical graded exposure therapy, to overcome a fear of heights.
Background. A fear of heights or acrophobia is common and often deters people from perusing activities like climbing. It can also interfere with routine activities of daily living.
Case report. This two-day intervention is set in the Peak District (Derbyshire, UK) and works with a maximum of eight individuals to four instructors. The first half-day involves working with a psychotherapist using neurolinguistic programing techniques. The next 1.5 days involves graded exposure using abseiling over gradually increasing heights, to a final height of approximately 40 feet.
Discussion. All eight individuals on the two-day course felt their fear of highs had significantly decreased. All eight individuals would recommend this intervention to others suffering from a fear of heights.
Conclusion. It is noteworthy that the group undergoing this intervention were self-selected and highly motivated to overcome their fear of heights. The sample size was small and outcome measures were subjective. However, this is a novel and effective approach to helping people overcome their fear of heights. Further research with larger sample sizes would be beneficial in further assessing the impact of this intervention.

Declaration: Permission was granted by the organizers of this intervention to submit an abstract to conference. There are no conflicts of interests. This intervention is run by a private company 'Will4Adventure', I have no finical or other interests in this company. I privately funded my own place on this course.

Access to firearms: essential factor for risk management in psychiatry

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Objective. Increase awareness of the risk associated with access to firearms in clinical practice.
Case report. A 57-year-old man, with a 30 year history of schizophrenia, was reviewed routinely at home. His illness is predominantly characterised by chronic delusions of a grandiose nature. He believes he has been offered various senior employment positions and has acted on these beliefs by presenting at workplaces in business attire. He has no insight into his condition. At review, he described awakening a week earlier in a panic and seizing hold of his legally held shotgun. He planned to shoot out the window as he believed people were breaking in. His wife prevented him from doing so by taking the gun and hiding it. A few days later he found the gun and intended to frighten off potential pursuers by pretending to shoot birds. He was persuaded to surrender the gun and it was taken to the local Garda (Police). A short time later, he presented to Garda Headquarters, over an hour away, seeking the return of his gun. At review, he had limited insight into the potential seriousness of the situation. The team immediately liaised with Gardaí, a HCR- 20 risk assessment was completed and clozapine levels checked.
Discussion. We had not know that our patient owned a shotgun despite very regular contact with him. During a comprehensive psychiatric history we routinely ask about risk of harm to self and others, but rarely ask specifically about access to or ownership of guns. Working on a farm, rural living or having an interest in shooting sports may raise the issue. Suicide, security breaches and homicide are the main risks conferred by firearms in mental illness. Mental illness is not necessarily prohibitive to gun ownership. Applicants for gun certificates in the UK must disclose specific medical conditions, including a psychotic illness, and an automatic medical report is sought. In the Irish Republic it is the responsibility of the applicant to declare any specific physical or mental health condition. Although a medical report may be sought, it is not automatic in all cases. Lack of insight into psychotic illness may potentially influence self-declaration upon application for a certificate.
Conclusion. Awareness of a persons access to firearms should be part of our routine risk assessment.

Michael Kohlhaas Syndrome – Taking the court to court

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Objective. To explore Michael Kohlhaas syndrome and development of litigious paranoia.

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