

# [Addc a recreated virtual environment and it](https://assignbuster.com/addc-a-recreated-virtual-environment-and-it/)

ADDC 1509 Contemporary ModelsAssignmentVirtual Reality Exposure Therapy             Themodel I am choosing to research for this assignment is Virtual Reality ExposureTherapy. Virtual reality exposure therapy (VRET) is a relatively new method oftreatment that has shown a great deal of success in treating posttraumaticstress disorder (PTSD) in veterans, rape victims, and even people with phobias. Virtual reality exposure therapy branches off from prolonged exposure therapy, which emphasizes the importance of engaging with the traumatic memory ratherthan avoiding it (McLean & Foa, 2011). Originally developed by Edna B. Foa, prolonged exposure aims to activate the fear structure that may be linked withanxiety. Clients are encouraged to work through trauma at their own pace, withhelp verbalizing their own experiences.

This is done with the assistance oftrained therapists and is a collaborative approach to therapy. For the sake ofportraying the effectiveness of this treatment, this paper will focus on theuse of VRET on a veteran population suffering from PTSD. To review, posttraumaticstress disorder is a disorder in which a person continues to experience fearand related symptoms long after a traumatic event (Comer, 2015). For a veteranwith PTSD, some of the most common everyday sounds, such as screams from anamusement park or even a thunderstorm, can act as a trigger for them. Constantlyliving in a state of alertness, a simple trigger may cause them to act in a waythat is dangerous for other people, but for them, it is simply a fear response– an act of protecting oneself in the presence of perceived fear.

Virtualreality exposure therapy is essentially exposure to a recreated virtualenvironment and it is currently positioned as a favorable alternative to traditionalexposure therapy. The ease of which it can be tailored specifically to theclient’s needs, its low cost, and along with its ability to spare the publicembarrassment of the client (DiMauro, 2014), allow for this intervention to beappealing for people seeking treatment. Through the use of a head mounteddisplay that delivers computer images and sounds, this treatment allows theclient to become fully immersed in therapy. The therapist controls theintensity of the sights, sounds, and even smells, in an attempt to trigger thevery real feelings of fear and panic in the person. Since the goal of VRET isto control the negative symptoms that come with PTSD and increase the stressresilience of the client, the therapy will only be successful if the client iswilling and ready to face those fears. VRET helps the client psychologicallyand emotionally process the traumatic event in an attempt to reduce the psychologicaldisturbances that accompany posttraumatic stress disorder. Treatment typicallyoccurs once a week with anywhere between 8-12 sessions (Spira et al., 2008), and the process of psychotherapy is gradual and effective.

Learning deepbreathing techniques before beginning treatment is essential for the success ofVRET. Breathing training will slow down ones heart rate, lower blood pressure, and help the client stay calm. Due to its purpose, this can be thought of asone of the most helpful factors within this treatment. To elaborate; PTSD isunfortunately something that cannot be cured, but it can be dealt withsuccessfully. Deep breathing techniques taught by the therapist to the clientare skills that the client will use daily to help them live a normal life. Thistechnique learned while in the virtual environment can be applied to everydaylife to reduce stress or tension. With that being said, psychological healthand wellness from a VRET standpoint can be achieved through habituation.

Uncovering and verbalizing details with the therapist during VRET canfacilitate habituation, which is the diminishing of a physiological andemotional response to a repeated memory. Exposure to a repeated memory willhelp decrease anxiety and other symptoms of PTSD, while facilitatinghabituation (Leaman et al., 2013). This is what indicates progress and isultimately the goal of therapy. Increasing the stress resilience of the clientand providing them with the proper tools to calm down can help control theirbreathing when exposed to provoking stimuli. According to Leaman et al. (2013), psychological health is accepting that the memory will always be a part of you, but you will able to choose to think about only if and when you want to.

Virtualreality exposure therapy is designed to support two types of exposure that areinvolved in the process of psychotherapy. First, there is a category ofexposure titled flooding. This method is used in a way that is exactly how itsounds – by presenting as much stimuli to a client as possible. The focus ofthis flooding technique is to expose the client to so much at once, that thestimulation eventually begins to decrease (Spira, Wiederhold, Pyne, , 2008).

The second form of exposure that VRET supports is graded exposure. As the preferred alternative to flooding, this approach attempts to stimulatearousal at a level that the client can handle and also at a pace that theclient is comfortable with. Over time, the amount of stimulation that theclient receives is increased. Often coupled with a form of relaxation training(Spira et al., 2008), clients learn to control their physiological responses, such as their breathing, so they can gather the skill to tolerate both externaland internal stimuli – cognitively and behaviorally. Keeping in mind that PTSDis most often comorbid with anxiety, it can be understood why the form ofgraded exposure is more ideal due to the fact that it becomes increasingly moreintense as the sessions go on.

This way, the client can avoid feelingoverwhelmed, and not be discouraged by the fearful stimuli. An essentialtechnique for this therapy is the use of a fear hierarchy. Creating a fearhierarchy and starting small allows the client to ease into the treatment andcollaborate with the therapist at a pace he or she finds comfortable. It isimportant to work with the client in an empathetic and patient manner when itcomes to exposure of provoking stimuli.  Making Connections            Personally, I feel that this model is closely related to behavior therapy. I believe thisbecause behavior therapy stresses the importance of learning new, non-fearfulassociations. This is closely related to VRET for PTSD because people seekingtreatment have associations with perceived fear. If you can work with theseclients and help work through their trauma, you will be able to form newassociations which are less anxiety provoking.

This is an important step in reachingpsychological health. I also feel it is closely related to this model becauseof the therapeutic relationship. With behavior therapy, the therapist playsmore of a teaching role. This is the same in the VRET as the therapist teachesthe client breathing techniques while also helping them work through theirtrauma. It is suitable to say that the therapeutic relationship is acollaborative one in both of these models. Another reason why I think VRET isso closely related to behavior therapies is because I know that exposure basedtherapies fall under this category.

Another model I feel VRET is directlyrelated to is cognitive behavior therapy. This is my opinion because VRET dealswith cognitions of threat that precede different coping behaviors. In bothmodels, if you are able to work on your cognitions and be more aware of yourthoughts, you can change the following behavior.             Anaspect of myself that I think made this model appealing to me is my belief inacceptance. Virtual reality exposure therapy emphasizes the importance ofaccepting the trauma. This model considers the fact that things like PTSD andphobias are not disorders that can fully go away.

This is true for many othermental health issues as well. Accepting the fact that trauma is always thereand working to find ways to control and cope with it are really important tome. I think that accepting oneself is a big step in any treatment and I likethe fact that in VRET, the therapist works with you to normalize any fear andteach you how to deal with it. In my past experience with social anxiety, I didnot want to accept it and that made it worse. When I began to take a differentstandpoint and say, “ Ok, so what if I’m a little shy sometimes? It’s okay, sois everyone else.

” I learned to accept it and therefore, I like the way thismodel places importance on that. Something else that led me to choose thismodel is the fact that it is virtual reality. It is a recreated virtual environmentusing technology to help people overcome their fears. It is so interesting to seehow far we have come as a society to find new ways in which we can help people.

Onewebsite that I have found that gives me a better idea of how a virtualenvironment is recreated for veterans is virtuallybetter. com. This websiteshows how “ Virtual Iraq” (an environment created to help veterans with PTSD)works and allows you to see pictures. I have also found another website thatlooks at how virtual reality can treat the global mental health crisis. Thiswebsite breakdowns how VRET can be used to treat PTSD as well as many otherthings like stress and anxiety. I have looked online at the Toronto PublicLibrary website and found a book called “ At War With PTSD.

” It is a book allabout how VRET can be used to treat PTSD in veterans. This book will allow formore depth into this treatment. The sources are provided below.