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## ADDC 1509 Contemporary Models Assignment Virtual Reality Exposure

Therapy        The model I am choosing to research for this assignment is Virtual Reality Exposure Therapy. Virtual reality exposure therapy (VRET) is a relatively new method of treatment that has shown a great deal of success in treating posttraumatic stress 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 rather than avoiding it (McLean & Foa, 2011). Originally developed by Edna B. Foa, prolonged exposure aims to activate the fear structure that may be linked with anxiety. Clients are encouraged to work through trauma at their own pace, with help verbalizing their own experiences.

This is done with the assistance of trained therapists and is a collaborative approach to therapy. For the sake of portraying the effectiveness of this treatment, this paper will focus on the use of VRET on a veteran population suffering from PTSD. To review, posttraumatic stress disorder is a disorder in which a person continues to experience fear and related symptoms long after a traumatic event (Comer, 2015). For a veteran with PTSD, some of the most common everyday sounds, such as screams from an amusement park or even a thunderstorm, can act as a trigger for them. Constantly living in a state of alertness, a simple trigger may cause them to act in a way that 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.

Virtual reality exposure therapy is essentially exposure to a recreated virtual environment and it is currently positioned as a favorable alternative to

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traditional exposure therapy. The ease of which it can be tailored specifically to the client's needs, its low cost, and along with its ability to spare the public embarrassment of the client (DiMauro, 2014), allow for this intervention to be appealing for people seeking treatment. Through the use of a head mounted display that delivers computer images and sounds, this treatment allows the client to become fully immersed in therapy. The therapist controls the intensity of the sights, sounds, and even smells, in an attempt to trigger the very real feelings of fear and panic in the person. Since the goal of VRET is to control the negative symptoms that come with PTSD and increase the stress resilience of the client, the therapy will only be successful if the client is willing and ready to face those fears. VRET helps the client psychologically and emotionally process the traumatic event in an attempt to reduce the psychological disturbances that accompany posttraumatic stress disorder. Treatment typically occurs once a week with anywhere between 8-12 sessions (Spira et al., 2008), and the process of psychotherapy is gradual and effective.

Learning deep breathing techniques before beginning treatment is essential for the success of VRET. Breathing training will slow down one's heart rate, lower blood pressure, and help the client stay calm. Due to its purpose, this can be thought of as one of the most helpful factors within this treatment. To elaborate; PTSD is unfortunately something that cannot be cured, but it can be dealt with successfully. Deep breathing techniques taught by the therapist to the client are skills that the client will use daily to help them live a normal life. This technique learned while in the virtual environment can be applied to everyday life to reduce stress or tension. With that being said, psychological

health and wellness from a VRET standpoint can be achieved through habituation.

Uncovering and verbalizing details with the therapist during VRET can facilitate habituation, which is the diminishing of a physiological and emotional response to a repeated memory. Exposure to a repeated memory will help decrease anxiety and other symptoms of PTSD, while facilitating habituation (Leaman et al., 2013). This is what indicates progress and is ultimately the goal of therapy. Increasing the stress resilience of the client and providing them with the proper tools to calm down can help control their breathing 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 be able to choose to think about only if and when you want to.

Virtual reality exposure therapy is designed to support two types of exposure that are involved in the process of psychotherapy. First, there is a category of exposure titled flooding. This method is used in a way that is exactly how it sounds - by presenting as much stimuli to a client as possible. The focus of this flooding technique is to expose the client to so much at once, that the stimulation 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 stimulate arousal at a level that the client can handle and also at a pace that the client is comfortable with. Over time, the amount of stimulation that the client

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 external and internal stimuli – cognitively and behaviorally. Keeping in mind that PTSD is most often comorbid with anxiety, it can be understood why the form of graded exposure is more ideal due to the fact that it becomes increasingly more intense as the sessions go on.

This way, the client can avoid feeling overwhelmed, and not be discouraged by the fearful stimuli. An essential technique for this therapy is the use of a fear hierarchy. Creating a fear hierarchy and starting small allows the client to ease into the treatment and collaborate with the therapist at a pace he or she finds comfortable. It is important to work with the client in an empathetic and patient manner when it comes to exposure of provoking stimuli. Making

Connections            Personally, I feel that this model is closely related to behavior therapy. I believe this because behavior therapy stresses the importance of learning new, non-fearful associations. This is closely related to VRET for PTSD because people seeking treatment have associations with perceived fear. If you can work with these clients and help work through their trauma, you will be able to form new associations which are less anxiety provoking.

This is an important step in reaching psychological health. I also feel it is closely related to this model because of the therapeutic relationship. With behavior therapy, the therapist plays more of a teaching role. This is the same in the VRET as the therapist teaches the client breathing techniques while also helping them work through their trauma. It is suitable to say that

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the therapeutic relationship is a collaborative one in both of these models.

Another reason why I think VRET is so closely related to behavior therapies is because I know that exposure based therapies fall under this category.

Another model I feel VRET is directly related to is cognitive behavior therapy.

This is my opinion because VRET deals with cognitions of threat that precede different coping behaviors. In both models, if you are able to work on your cognitions and be more aware of your thoughts, you can change the following behavior.

An aspect of myself that I think made this model appealing to me is my belief in acceptance. Virtual reality exposure therapy emphasizes the importance of accepting the trauma. This model considers the fact that things like PTSD and phobias are not disorders that can fully go away.

This is true for many other mental health issues as well. Accepting the fact that trauma is always there and working to find ways to control and cope with it are really important to me. I think that accepting oneself is a big step in any treatment and I like the fact that in VRET, the therapist works with you to normalize any fear and teach you how to deal with it. In my past experience with social anxiety, I did not want to accept it and that made it worse. When I began to take a different standpoint and say, "Ok, so what if I'm a little shy sometimes? It's okay, so is everyone else.

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

One website that I have found that gives me a better idea of how a virtual environment is recreated for veterans is [virtuallybetter.com](http://virtuallybetter.com). This website shows how "Virtual Iraq" (an environment created to help veterans with PTSD) works and allows you to see pictures. I have also found another website that looks at how virtual reality can treat the global mental health crisis. This website breaks down how VRET can be used to treat PTSD as well as many other things like stress and anxiety. I have looked online at the Toronto Public Library website and found a book called "At War With PTSD." It is a book all about how VRET can be used to treat PTSD in veterans. This book will allow for more depth into this treatment. The sources are provided below.