Team / Instructor Scrum #4.1

November 19th, 2021

Team (Re)Introductions

Members:

- Jacob Sauer (Scrum Master, Lead Developer)
- Jacob Chapman (Business Lead, Backend Developer)
- Roxanne Harrison (Design Lead, Frontend Developer)

Individual Responsibilities / Contributions

- Jacob Sauer:
    - Scrum Master / Overseer of project.
    - Front-end and back-end developer
- Jacob Chapman:
    - Back-end C# developer
    - Code clean-up / refactoring
- Roxanne Harrison:
    - Front-end Unity designer / developer
    - Room 3 and 4 developed
    - Started working on room 5
    - Up to date GitHub / KanBan

Project Idea

Our team plans to create a series of Virtual Reality environments, each with an individual focus on a particular phobia people commonly have. These scenarios will provide an interactive user experience to enhance current exposure therapy techniques. By allowing for interactivity in the virtual environment, users will be able to control the linear progression of the scene at their own pace, according to their personal comfort level.

Business Need / Opportunity

VR exposure therapy has been around and explored extensively over the past few decades, primarily through research projects, but also through more than a few commercial endeavours. The main reason why none of these commercial products have taken off is that, for the most part, the user can only interact with the VR environment in a passive manner. In other words, they cannot do much more than just look around and watch things happen. In order for a VR experience to be an effective therapy tool, the user needs to be convinced of two things - that the environment itself is a physical location, and that the events taking place in the environment are legitimate and bear real consequences.

We see an opportunity to improve upon past VR experiences used for exposure therapy by situating the user in well-constructed rooms with motion-based control schemes, rather than unrealistic or overly abstract spaces with passive interactions. Finally, conducting therapy in VR opens the door for real-time involvement on the part of the user's therapist, whether by observing the user's visual perspective and real-world disposition passively, or directly manipulating elements of the environment in accordance with their patient's comfort level. This gives users a chance to make progress at their own pace, and immediately apply coping strategies they learn from their therapist.

Status Description

Green

As a team, we feel we are in the green status because we are on track to having our MVP 1 completed on time before the end of the term. We nearly have all rooms completed as well as logic in the backend functional. With respect to our client Nick Carleton, we have been meeting with him bi-weekly, and he has been guiding us with exceptional feedback from our work thus far.

Project Issues

The usual debugging as always...

Project Changes

(Oct 22nd) Instead of having three phobias as next MVP's, we plan on implementing the therapist functionality, as well as having safeguards for users. This implies that we are sticking to arachnophobia, and that we are creating a proof of concept that you can alleviate the need of a real therapist for exposure therapy.

Next Up

With the remainder of the term, we plan to finish up creating each of the rooms, as well as completing and debugging logic in the back-end that pertains to spiders, grabbing VR objects, and buttons / button events.

Team Reflection

We feel we are on track (green status) because we are following an iterative (fail-fast) approach. As a team, we feel particularly good about the feedback we received from both Nick and Craig. They both had encouraging feedback from the progress we are making. Nick also gave us two references for textbooks to use going forward. Currently, we have no barriers that would prohibit us from making progress. At the moment, we do not require any help going forward. The feedback from Nick and Craig has given us enough direction to keep making progress until the end of the term.