

Video Games for Veterans

1. PTSD Therapy
 - exposure therapy
 - confront what people fear
 - vets can't see combat again, except through VR
 - not widely used
2. Stakeholders
 - Potential patients for VR-CBT
 - being very beneficial if suffering from anxiety/personality disorders
 - * during trial and 6 months after, 33% lower levels of momentary anxiety
 - BRAVEMIND used to recreate scenes where they may have experienced traumatic events
 - * over 60 locations in active duty military locations
 - Producers of VR software and hardware
 - BRAVEMIND funded by taxpayer dollars and developed through the US Army
 - * USC
 - Psios, private producer of AR and VR therapy based software, has their own responsibility to its shareholders and to the public
 - Gov and healthcare providers
 - vets in America are provided healthcare through services like VA (veterans assoc.) while others rely on Medicaid or nothing at all
 - Poverty/homelessness crisis is largely a symptom of mental health disaster facing this country
 - Without getting past the middleman in healthcare, this likely won't end up being widely used as it is very expensive
3. Dangers of VR in therapy
 - physical side effects
 - cybersickness (5 senses are de-synced)
 - after effects
 - Solution: pre-screening patients and focusing on recalibration after and using use
 - Solution: decrease levels of immersion
 - Patients with cognitive abilities
 - can cause altered sense of reality in which reality and the virtual env. are indistinguishable
 - limited self-awareness
 - Many studies not done on patients with cognitive disabilities, only on healthy patients
4. Ethical issues
 - Therapists using VR w/o experience
 - Concern about using VR without knowing how to use it or using something outside of their expertise
 - Should be a tool, they should know how to use it before using it
 - Almost like VR is a buzzword to them and so they hop on the bandwagon since it's popular but they don't know how to use it
 - Damage to the therapist-client relationship
 - VR used to hide weak clinical skills
 - Dying clinician/therapist, they use VR as a means to bring in more clients when they may not know how to use it, still going to be a bad clinician
 - Overstated claims to the success and applications of VR in medicine
 - can lead to partially developed tech being pushed into production, since it's such high expectations it can create timeline issues hence the underdeveloped product being pushed
5. Code of ethics
 - 1.2 Avoid Harm
 - Therapy is delicate, must keep this in mind, one simple mistake can be consequential
 - 1.3 Be honest and trustworthy

- Not every treatment works for everyone, so people must know the risks involved this way they don't push this onto everyone when it may not work
 - “know when to use it”
 - Here are the pros and cons, don't just give pros
- 2.1
 - Vr could be used by many many, so it must be made to the highest standard
- 2.6
 - make sure to develop within their own domain
 - consult when they are working with something they don't know
- AMA code of medical ethics
 - chapter 3
 - * privacy is crucial, patients need to be able to trust that physicians will protect info shared in confidence
 - * That big companies won't collect data, even though it may “improve the quality of the product”
 - * confidentiality must be followed
- 6. Solution
 - Make sure people who administer VR therapy are properly trained in it
 - *How would a patient know that they are an expert in it?*
 - Need to conduct further studies on VR therapy to ensure effectiveness
 - Regulations on companies developing VR in regards to data collection (esp when it comes to medical data)
- 7. Future
 - education
 - video games
 - remote workplaces
 - entertainment (movies/television)
 - photography and videography