



WORKSHOP 1-PM : June 26th, 2018

Virtual Reality Graded Exposure Therapy for the Treatment of Specific Anxiety Disorders, Including Combat-Related Post-Traumatic Stress Disorder, and Chronic Pain

Dennis P. Wood, Ph.D., ABPP
CAPT MSC USN (retired)

Clinical Psychologist, Coronado (CA) USA

<http://www.dennispatrickwoodphd.com>

The Virtual Reality Medical Center (VRMC), San Diego (CA) USA*

<http://www.vrphobia.com/>

Description:

Virtual Reality-Graded Exposure Therapy (VR-GET) is a type of exposure therapy in which a patient learns to manage fears and anxieties related to their traumas in a controlled, simulated environment which is generated using computers and Virtual Reality. VR-GET combines graded VR exposure with meditation and attention control (e.g., noticing distractions, letting them go and refocusing on the task at hand) in combination with autonomic nervous system control using the J & J Engineering Biofeedback System.

The Virtual Reality Medical Center has developed, and/or co-developed, Virtual Reality Graded Exposure Therapy with Arousal Control (VR-GET) for the treatment of Chronic Pain and several Anxiety Disorders, including combat-related Post-Traumatic Stress Disorder (PTSD), Agoraphobia, and Fear of Flying.

Regarding combat-related PTSD, this diagnosis is a significant problem among United States warriors returning from combat in Iraq and Afghanistan. Several reports have recommended that the Department of Defense and the Veterans Administration should aggressively develop early intervention strategies and programs for preventing and treating PTSD.

VR-GET is once such promising treatment for combat-related PTSD. VR-GET has been evaluated in U.S. Military combat veterans diagnosed with combat-related PTSD. These VR-GET treated veterans have been successfully treated.

Concerning the incidence of Agoraphobia, one-third to one-half of those in community samples who have panic disorder also suffer from Agoraphobia. In one NIMH sponsorship study, 2.8% to 5.7% of the population sample met criteria for Agoraphobia (<http://www.vrphobia.com>). According to Dr. Brenda Wiederhold, Surveys estimate that Fear of Flying exists in 10-20% of the population. (<http://www.vrphobia.com>). VR-GET literature has reported that this form of Exposure Therapy has successfully treated both Agoraphobia and Fear of Flying.

Chronic Pain has also been identified as pervasive. For instance The American College of Physicians recently issued new nondrug guidelines for treating chronic or recurrent back pain, a condition that afflicts approximately one-quarter of adults at a cost to the country in excess of \$100 billion a year. Drug-free pain management is now a top priority among researchers at the National Center for Complementary and Integrative Health. A comprehensive summary of the effectiveness of nondrug treatments for common pain problems – back pain, fibromyalgia, severe headache, knee arthritis and neck pain — was published last year in Mayo Clinic Proceedings (<https://www.nytimes.com/2017/09/11/well/alternatives-to-drugs-for-treatingpain.html?mcubz=0>). VR-GET has been demonstrated as a successful, non-drug treatment for many common, chronic pain diagnoses!

Targeted Audience:

Mental health Practitioners with a novice to advance level of training and experience. I would request that my workshop be limited to 20 attendees due to the hands-on training that is planned.

Approach:

I will review the available clinical literature describing the development of VR-GET and the success that VR-GET has had in treating combat-related PTSD, Agoraphobia, Fear of Flying or Aviophobia and Chronic Pain. I will also describe some of the limitations of VR-GET. Through a combination of didactic and experiential training, participants will become familiar with VR-GET. Of note, I will be bringing a VRMC 3 Computer System with me for the Course participants to view and use during the Course.

Learning Objectives:

1. Be able to describe VRMC's VR-GET Treatment Model for the treatment of combat-related PTSD, Agoraphobia, Fear of Flying and Chronic Pain;
2. Observe three simulated demonstrations of VR-GET and participate in at least one 6 minute simulated demonstration of VR-GET;
3. Describe DSM-5's diagnostic criteria for PTSD, Agoraphobia, Fear of Flying/Aviophobia and Chronic Pain;
4. Be able to critically analyze VR-GET Literature regarding combat-related PTSD Agoraphobia, Fear of Flying and Chronic Pain.

*Note. This workshop is sponsored by VRMC.