

Amelia by XRHealth Clinical Case

Generalized Anxiety Disorder



**Health care professional with expertise in VR:
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Patient

Student, 22 years old.

He attends therapy with his mother and was referred from a psychiatrist who had assessed him. It's possible to observe that the mother interferes negatively with the patient's symptoms.

Anxious family environment with multiple deep fears (the family is also in treatment) related to death or suicidal ideation, acrophobia (jumping from the balcony or throwing someone), fear of driving and being able to hurt someone... → This leads to a great overprotection towards the patient.

Very high levels of arousal, anxiety and fear.

Possible onset of OCD.

Generalized fear above all regarding his thoughts (negative, intrusive and recurrent), great fear of going crazy and being able to harm others or himself.

Intermittent depressive state and feelings of helplessness with external locus control, in addition to the use of a very determinant pessimistic and negative language.

Reference diagnosis

Psychiatric diagnosis of anxiety disorder and phobia. → Pharmacological treatment with esertia and diazepam.

Evaluation in consultation.

Interview (ADIS-IV), mood level, anxiety level and resilience (CS-RISC).

Objectives

Objectives to be achieved.

- Definitively adhere to the treatment and to fulfill the tasks proposed by the professional.
- Acquire relaxation techniques (Support using VR)
- Perform a hierarchy of negative fears and thoughts (CR).
- Work through the different phobias of the patient; it's possible to observe that there are not specific phobias, but rather the consequences of performing certain actions (it is not so much fear of heights but fear of falling and hurting himself).
- Reduce the obsessive thoughts of the patient.

Methodology

- Incorporate relaxation and cognitive restructuring techniques.
- Work prior to any exposure.
- Intercalate exposure environments to prevent avoidance or habituation responses.
- Use of Amelia by XRHealth questions to remind the patient about obsessive thoughts.
- Incorporate mindfulness techniques to facilitate work at home.



Development

The evolution throughout the sessions is presented below:

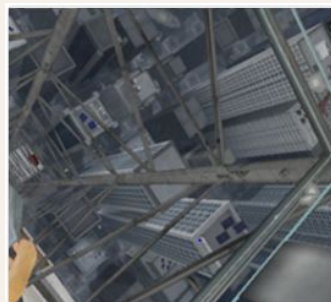
During the first sessions, the patient did not perform the tasks ordered by the healthcare professional, alleging lack of attention and insecurity, so it's opted for the patient's emotional discharge.

From the sixth session the patient begins to make records and doing the healthcare professional's homework it's also decided to incorporate VR to perform relaxation techniques. Both the exposure for acrophobia and the fear of driving are performed in a very progressive manner.

After the sixth session, VR is used to make exposures. At the beginning of the acrophobia expositions, the patient removes the goggles during the exposure after 5 minutes.

Once habituation and control of thoughts to the acrophobic environment is reached, an alternate exposure on the fear of driving is incorporated.

After the patient gets used to both situations, he says that although he is getting better at the office, he still has the same fears at home. → It was decided to incorporate mindfulness techniques to generalize the results of the therapy to other environments.



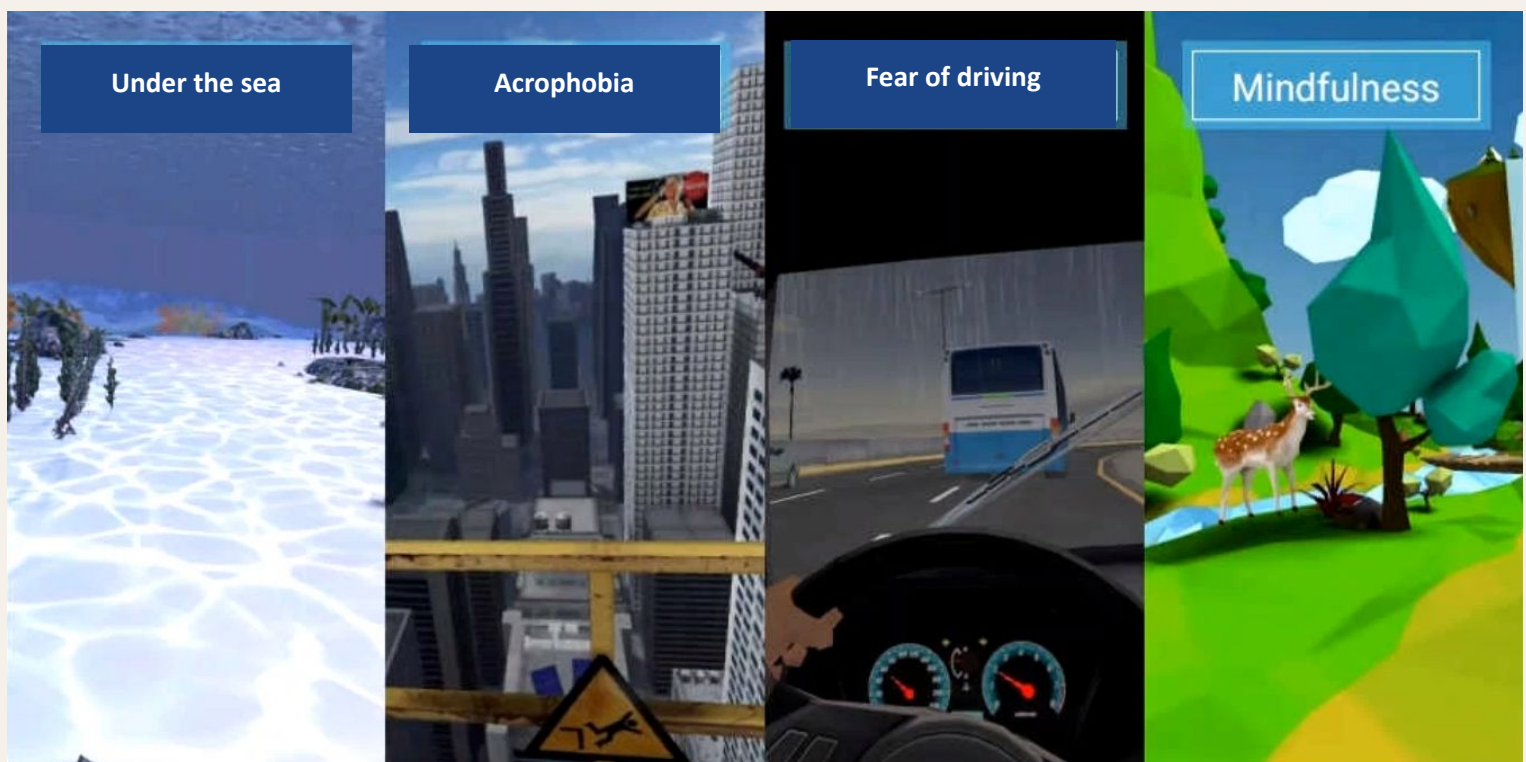
Results

It's possible to observe a big change in the patient's fears before and after therapy.

Where he had referred to problems out of the sessions, the incorporation of mindfulness was very positive for him to be able to generalize behaviors and make them more familiar,

Another aspect that the patient valued very positively was being able to use different environments for the same phobia since it allowed him to generalize the results obtained in one scene to others.

Finally, the use of gradual exposures and mindfulness allowed to facilitate the realization of cognitive restructuring, eliminating and modifying to a certain degree the negative thoughts that the patient presented at the beginning.





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