"Virtual World Training for Mental Health Providers"
Dr. Kevin Holloway, Uniformed Services University of the Health Sciences
Mental Health Symposium 2019
April 26

[2019/04/26 13:55]   LV (LoriVonne Lustre): Hello everyone.
Today's presentation is being transcribed so those without audio or who require text only can participate in real time.
A little explanation about this service.
Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.
Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.
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The speakers will be identified by initials as they speak.
The following initials in the transcription record will identify the speakers:
KH = Kevin Holloway

[2019/04/26 14:00]   LV (LoriVonne Lustre): <>

[2019/04/26 14:00]   millay Freschi: Hello and welcome back to Virtual Ability's 2019 Mental Health Symposium.
My name is millay Freschi (Dr. Amy Cross) and my research involves the transference of Identity between user and avatar.
I've been a resident of SL since 2007 and founded the Four Bridges Project in 2008.

It is my pleasure to introduce Dr. Kevin Holloway.
Dr. Holloway is the Director of Training and Education at the Center for Deployment Psychology.
The Center for Deployment Psychology (CDP) at the Uniformed Services University of the Health Sciences in Bethesda, MD (US)
has piloted virtual-worlds based training programs for mental health providers serving
members of the military, both veterans and those in service, and their family members.
A licensed clinical psychologist, he is particularly interested in technology solutions, including using virtual worlds to improve access to and quality of professional training.

The title of his talk is "Virtual World Training for Mental Health Providers,"
He will discuss CDP's synchronous and asynchronous Second Life training models
and environments, and preliminary outcomes data regarding effectiveness.
Audience, please hold your questions until Dr. Holloway opens the floor for
interaction.
Welcome, Dr. Holloway. The floor is yours.

[2019/04/26 14:02]   Jarom Cooperstone: 1
Hello, everyone. My name is Dr. Kevin Holloway. I am a psychologist and the
Director of Training and Education at the Center for Deployment Psychology (CDP).
CDP is part of the Uniformed Services University of the Health Sciences in
Bethesda, Maryland, and our primary mission is to train mental health providers in
the Department of Defense in evidence-based psychotherapies (EBPs) for mental
health issues
relevant to military combat deployment. Additionally we also train civilian mental
health providers who are likely to treat Service Members or Veterans in topics such
as military culture, military deployment cycle, common clinical presentations
that Service Members may have, as well as evidence-based psychotherapies.

2
First I need to start with my standard disclaimer, and that is that all of the views
expressed today are my own. They do not reflect the views of the Uniformed
Services University of the Health Sciences, the Department of Defense, or the US
government.
Basically what that means is that while the university thinks highly enough of me to
hire me to do presentations and workshops, they don't think highly enough of me to
stand behind anything I say. :)
So all of the brilliant things I may say belong to the government, and anything dumb I
say belongs to me.

3
For almost 18 years the United States has been at a continual state of war. Over 2.8
million Service Members have deployed in service of Operation Enduring Freedom
(OEF) in Afghanistan, or Operation Iraqi Freedom (OIF) in Iraq,
and over half of those have deployed more than once. It goes without saying that
serving in a combat zone is dangerous, even life threatening, and significantly
stressful. In this image, you can see a Stryker AFV armored personnel carrier
lying on its side after surviving a deeply buried improvised explosive device (IED)
blast on April 15, 2007 in Iraq.

4
The mental health consequences of serving in combat can be tremendous. Around
14-19% of all Service Members returning from deployment report significant
symptoms of Post-traumatic Stress Disorder (PTSD),
and similarly around 14-19% of returning Service Members can be diagnosed with
Major Depressive Disorder. Nearly half report significant sleep problems upon their
return, including insomnia.

All of these conditions increase the risk of Service Member and Veteran suicide, to which we currently lose approximately 20 every day. And the risks appear to increase with repeated deployments.

5

The good news is that we have several evidence-based psychotherapies (EBPs) that address these serious mental health issues. For example, Prolonged Exposure therapy (PE) and Cognitive Processing Therapy (CPT) for PTSD
both have years and years of research supporting their efficacy and effectiveness. Cognitive Behavioral Therapy for Insomnia (CBT-I) and Cognitive Behavior Therapy for Depression (CBT-D) have both demonstrated to be highly effective treatments that result in better outcomes and than even medication therapy. Cognitive Therapy for Suicide Prevention has shown significant ability to reduce the risk of suicide. But for some reason a significant portion of DoD mental health providers
do not offer any of these interventions. It is a similar story in the VA, where the recent EBP roll-out program had as their primary goal to make sure that at least one therapist in every VA mental health clinic was adequately trained
to provide at least one EBP. And the situation among civilian mental health providers is even less encouraging.

6

There seems to be a significant lag between research support for clinical best practices to implementation of these interventions at the clinical level. But what accounts for this chasm between research and implementation?
A number of studies looking into this problem have identified several barriers to implementation. First and foremost seems to be a lack of adequate training. Many providers do not have access to adequate training opportunities,
which typically come in the form of multi-day face to face training workshops with didactic, demonstration, and roleplay with expert feedback elements. This is true sometimes because they work in clinics or areas where such workshops are not offered,
or sometimes due to clinic issues such as lack of funding, time away from the clinic, large caseload, and lack of leadership support. And it is important to note that while helpful, merely reading a Therapist Guide is not considered adequate training. Even when adequate training opportunities are available, post-training consultation may not be. Consultation seems to be essential as providers newly implement EBPs, relying on the experience of experts who can offer support, feedback, correction, and problem solving. Sometimes this lack of consultation, coupled with an inadequate understanding of the theories behind these interventions, results in providers making modifications to treatment protocols which are unsupported and inconsistent with theory, and therefore likely to result in poorer treatment outcomes. Additionally, with overworked mental health providers with large caseloads, there is often a lack of motivation to do something new as doing something new
requires extra energy and focus that may be beyond their available resources. And finally there may be insufficient institutional support to implement evidence-based psychotherapies because of a perception that it may require a lot of investment of resources of time and funding while not appreciating the cost savings that come from treating patients effectively and helping them to recover more quickly.

7

Since standing up in 2006, CDP has primarily provided training and implementation support in the form of traditional face-to-face EBP training workshops. These tend to be two day-long training events, face-to-face in a physical venue.

This allows for the instructor to have eyes on the participants to see how the information is landing on them, and to engage in observation and feedback during participant role play exercises of the skills being taught.

Typically after these workshops, free consultation is provided to our participants in the form of weekly or bi-weekly group telephone calls. And for many years this has been a very effective way of disseminating evidence-based psychotherapies.

However there are a number of limitations that are related to this model as well. First of all we have to bring these workshops to centralized locations, meaning that instructors travel to venues that are accessible to large groups of participants.

This means, however, that providers in remote areas or in smaller military installations will not normally be able to access these workshops without significant travel and cost.

Traveling requires additional days out of their clinics to be able to participate which means less opportunity to treat patients. As many of you already know, many physical face-to-face training workshops also have limited opportunities for discussion,

meaning that while the presenter is presenting, participants are expected to sit quietly and passively absorb the information presented, but are discouraged from interacting with other learners except during prescribed roleplay exercises

or scheduled question and answer segments. Event scheduling can also be a significant drawback in that workshops may only come to a particular area once a year or even once ever!

If the offered training workshop does not fall on days that a provider can realistically take away from the clinic, they will miss it.

After all, usually it is not realistic that a whole clinic shut down for training, as someone has to cover for walk-in, emergent cases.

8

In 2013 CDP, with our partners 2b3d Studios, started building a virtual world training venue in Second Life. And while building this training venue, we took input from all of our expert trainers about what kind of features would they like to see

in an ideal training environment. Their recommendations included some basic things like online registration, being able to display all of the media that we use in our training workshops like PowerPoint slides, demonstration videos, distributing handouts,

and automated attendance taking. But they also included ideas for tools to streamline assigning roleplay groups, automatic teleporting to breakout rooms, streamline communication between presenters and attendees, and automatic nameplates

at auditorium seating. Additionally, we tried to anticipate any technology barriers or steep learning curves our attendees might face, and tried to develop tools to help ease newbies into the Second Life space so that they could focus their attention

on the workshop and learning rather than being frustrated by the Second Life platform. By May 2014 we offered our first two-day EBP Workshop in Second Life. We had no idea whether mental health providers would consider attending a workshop

in Second Life as a legitimate way to engage in continuing education training, or even if they would feel technologically savvy enough to try it. When registration went live it sold out within 24 hours.
So we knew there was a demand for attending live, high-quality training online.

9
Since that very first two-day workshop in Second Life, we have conducted 54 two-day training workshops in Second Life across 5 different evidence-based psychotherapies with a total of 1562 mental health provider attendees. Approximately 20% of these have attended more than one training workshop. Registration is open to any mental health provider, whether DoD or civilian. 13.5 regular continuing education credits are granted for completion of each workshop.

10
I want to show you all a demonstration video of our Virtual Education Center (VEC) which will include examples of some of the venue tools and features, and hopefully can give you a sense of what our workshops in Second Life look like.
So I'm going to pull up the screen and display a video here demonstrating our VEC. If you are able to view videos in world, go ahead and click on the screen. That will zoom your camera in so you will be able to see the video.
If you are not able to see videos in world, I'll also provide a URL in chat that you can click to view the video in your own web browser window. Once the video is concluded, please tap the escape key (ESC) if you are viewing the video in the world,
which will zoom your camera back out. Or if you are watching the video in your own web browser window, once the video concludes, close that window and return back to the Second Life venue here.
And if you can type "Y" in chat when you are finished, that will let me know when most are done.
[2019/04/26 14:12]   Jarom Cooperstone: (Video playing)
https://youtu.be/kI7FPL33Rf4

[audience members indicate they have finished watching the video]

[2019/04/26 14:19]   Jarom Cooperstone: I'm curious to know what your thoughts are. Go ahead and type those in chat. And while I can't respond immediately because of needing to have my comments captioned, I'm very interested to see what your reactions are. I'll read them as you are typing.

[2019/04/26 14:20]   James Heartsong (PeacefulJames): Looks more or less amazing. I wish they had something like this when I first came to SL, some years ago.
[2019/04/26 14:21]   Gentle Heron: You get to go later today, James
[2019/04/26 14:21]   James Heartsong (PeacefulJames): :)
[2019/04/26 14:21]   DrMCsquared: Amazing! What a great use of a virtual space. We found it really difficult to give an online conference for the VA last year using Adobe Connect. I wish we had been able to use your setting.
[2019/04/26 14:22]   Brena Benoir: From working in this field for a while, I know I wasn't comfortable at first asking about suicide. I was concerned I might be triggering that idea for them. I no longer feel that way. That direct approach to just

ask about it and learning how to do that in a very supportive, straightforward way is something that I wished I'd learned earlier on. I think that live feedback from training could have helped develop those skills earlier on in the field.

[2019/04/26 14:20] Jarom Cooperstone: We've learned a lot about improving the learning experience for our attendees over those years. I just want to mention a few of them, though most of you here probably have already learned many of these through your own experience.
First, we tried to create the virtual space to be familiar and intuitive. While it can be fun to create whimsical, fantasy, or atypical venues, we thought it would be important for our participants, who may already be a little unsure
about the professionalism of mental healthcare training in what appears to be a video game, to see a space that feels familiar in that it looks like a place where one might attend training in the physical world,
and one where they intuitively know what is expected of them, where to go, and what to do. Additionally, to facilitate acceptance of the legitimacy of our Second Life venue and workshops, we have an unwritten rule for our instructors and staff--
that when we host an externally facing event, all of our avatars are human. When we have internal meetings, our staff gets very creative with their avatar self-expression, which is encouraged! But we want to minimize any psychological barriers
to our attendees seeing our venue as a credible learning environment. We also learned that it is very important to provide good tech support from before registration all the way through the workshop.

12
This starts with a good information page on our website about what is involved in a Second Life workshop, minimum system requirements, minimum hardware needed (for example we require that participants use a headset with a microphone
so they can participate in the roleplay exercises), how to set up a Second Life account, videos that demonstrate basic Second Life skills, and a frequently asked questions section.
This information page can be found at https://deploymentpsych.org/virtual-provider-training-in-second-life

13
When registering for a workshop, attendees are required to sign up for a pre-workshop open house where they will briefly meet up with one of our tech support staff to make sure they can log in, find the venue, hear voice over IP (VOIP) audio, and can be heard through their mic. They will also get a quick basic lesson on Second Life skills they'll need to succeed, such as how to navigate, how to sit, reading dialog boxes, and accepting experience permissions.
We also begin every two-day workshop with a brief 15 minute tech orientation to review the function of the heads up display, how to participate in audience polling, downloading handouts, muting/unmuting mics,
and some of our shorthand words (such as "hotmic" for people with an accidentally open microphone, or "slap me some Ys" to refer to a quick Yes or No question).

14

At least one of our tech support staff are available throughout the workshop to assist with any technology issues so instructors can focus on the workshop and attendees can get back to learning as quickly as possible.

15

The participants' heads up display's (HUD) main purpose is to assist newbies with accessing more advanced Second Life features, such as relevant gestures, changing camera angles, and participating in audience polls.

16

The participants' HUD also helps presenters manage the breakout group tool which makes group assignments, assigns breakout rooms, automatically teleports participants to breakout rooms, and tracks their location on the presenter's marauder's map.

17

Another thing we learned over time is to include two instructors for every two-day workshop. Together they assist each other in didactic presentation.
While one is actively presenting, the other is watching the nearby chat, responding to questions, and engaging with the learners. We learned that it can be very distracting for instructors to teach AND track the chat simultaneously,
so we share that responsibility, and trade roles throughout the workshop.
Additionally, we learned to spend time training our instructors on best practices for teaching in world, which includes frequently checking in with participants,
asking for responses, and engaging them in interactions throughout to help them gauge the mood of the audience and motivate greater participation.
And of course, being charismatic presenters! It is difficult to listen to a boring lecture droning on and on in person, let alone in a virtual world workshop. It is much more interesting and engaging to listen to a presenter who likes what they do!

18

Responses from our participants have been almost uniformly positive, with a few notable exceptions. Here are a few selections from participant responses to our post-workshop evaluation.
"I just love this training, extremely interactive. Great opportunities to ask questions. I feel like I participated more in this format than I might in face-to-face workshops."

19

Another writes, "Really great training. Second life makes the training accessible to providers anywhere and still allows for an interactive training experience. Very helpful!"

20

A few more. "Easily one of the best trainings I have ever been in--and I am a trainer :-/" and "At first I was reluctant but found it a very positive experience."

21

And just so you don't think I am only including overly positive feedback, this response from a participant who writes,

"Keeping up with the chats and the speaker was difficult. I stopped attending to the chats so I could better focus - but I worry then I wasn't as active as I could have been"
Which is fantastic feedback, and helps us calibrate the right amount of interaction in the chat window to facilitate learning without being distracting.

22
Results from our program evaluation efforts have been very encouraging. We evaluate pre-post workshop knowledge gain for all of our workshops, whether virtual or physical.
[2019/04/26 14:26] DrMCsquared: Wow; that is the same thing we found in the online conference we gave last year!
[2019/04/26 14:26] Jarom Cooperstone: Regardless of learning environment, knowledge gain is significant for all of our EBP workshops. Comparing virtual and physical venue workshops, participants in our Second Life workshops demonstrated higher pre-post knowledge gain,
higher self-reported readiness to utilize the treatment or EBP, and reported similar attendee satisfaction between physical and virtual venues. These results, while perhaps a little unexpected at first, make sense given a few observations.
First, participants in our Second Life venues seems to engage in roleplay exercises more readily than participants in our physical venue workshops. This is partly due to participants often attending Second Life workshops without friends or colleagues, and even if they do attend with people they know, we randomly assign them to breakout roleplay exercises. In our physical venue workshops it is not uncommon for instructors to report overhearing more planning for lunch or overhearing discussions of the latest office politics between friends or colleagues than legitimate participation in roleplay exercises. But in our Second Life venue, there is more focus on the task at hand.
And participants know that the instructors can teleport into their breakout room at any time, potentially catching them off task, unlike face to face venues where participants can see us coming, and then reorient to the roleplay task before we get there!
Additionally there seems to be a feeling of obligation not to interfere with the learning experience of an unknown other versus a friend.
We've also observed a phenomenon we like to call "synergistic learning." In physical venue workshops, it is considered rude and intrusive for participants to talk or chat during the presentation, sometimes even avoiding asking questions for fear of interrupting the flow of the presentation or waiting to ask a question until later when they've either forgotten the question,
or the topic of conversation has moved on to something else. In our virtual workshops, a social expectation of participation quickly develops where participants are asking questions as they have them,
[2019/04/26 14:27] DrMCsquared: the backchannel I've heard it called in communications conferences
[2019/04/26 14:27] Jarom Cooperstone: and other participants jump in to contribute to the answer. Discussion among learners is invited and encouraged, enriching the learning experience for all.
And I would not be an honest academic if I did not also acknowledge the role of self-selection bias in contributing to these program evaluation findings

--meaning that people who do not feel adequately prepared or competent in a virtual environment to consider signing up are probably not signing up for our Second Life workshops,
perhaps leaving us only with those who are primed to do well in such an environment. While I acknowledge that possibility, we hope in the future to be able to conduct research in which participants are randomly assigned to learning conditions and we can evaluate the direct impact of virtual worlds environments on learning compared to physical environments.

23
Despite these impressive results regarding EBP dissemination, we still have some work to do regarding implementation of these skills.
Based on surveys sent to our traditional physical workshop participants we find that about half reported never accessing post-workshop consultation either from CDP experts or from others.
Only about half reported implementing the EBP with even one patient since their training. About half of those reported using the full EBP protocol with fidelity, while many reported utilizing modifications to the protocols which were inconsistent with the underlying theory. While these data are not drawn from participants in our Second Life workshops, it still suggests a gap in training for which virtual worlds learning could assist.

24
And this is the most exciting part to me. It is one thing to replicate or simulate traditional classroom learning models in a virtual world space.
And as I mentioned earlier, we have some data to suggest that our Second Life workshops are more effective at knowledge gain and confidence building than physical world workshops.

25
But, as most of you are already aware, virtual worlds platforms provide many more learning opportunities than static lectures.
Instead of the limitations of passive learning in a classroom model, experiential learning opportunities may allow for a richer, more meaningful learning experience. Instead of learning by listening, this is learning by doing.

26
Our latest efforts at CDP are in leveraging gaming motivation and all of the affordances of virtual worlds to improve learning outcomes.

27
The goal is to facilitate experiential learning, wherein the learner is immersed in a learning environment and learns through their experience in the context of the environment.
Learning in this way has the potential to be much more personally meaningful and more easily remembered, particularly because this style of learning is engaging more sensory input, processing on more levels, and is encoded into memory in a deeper way.
Additionally, when designed well, experiential learning can increase motivation to stay engaged as well as to return to engagement if interrupted.

Learning is enhanced with repetition and review, which is much more accessible in a gaming environment where replay is an option. And finally, experiential learning engages learners not just in a cognitive, academic exercise,
but one in which emotion, or the feeling of the experience, is also engaged. For example, we have learned that mental health providers are much more motivated to learn and master new clinical skills if they have a positive personal experience with those skills rather than just learning research data supporting those skills. Like all humans, therapists make emotion driven decisions more than data driven decisions! So let's engage their emotions too!

28
Our efforts were also informed by the essential work of Reeves and Read, in their book Total Engagement, in which they identify and discuss the ten key gaming elements to facilitate engagement in a gaming environment.
These key elements can be applied to serious gaming situations to improve learning engagement, retention, and persistence. They are 1. Self representation by an avatar, 2. 3D immersive environments, 3. Narrative context, 4. Instant feedback, 5. Reputations, ranks and level, 6. Marketplace and economies, 7. Competition with rules that are explicit and enforced, 8. Teams, 9. Parallel Communication Systems, and 10. Time parameters.
As you can already tell, Second Life and other virtual worlds platforms already answer several of these key elements. And we endeavored to include as many of these in our gaming learning designs as much as possible.

29
The product of our efforts is two experiential learning environments in Second Life: The Virtual PTSD Learning Center and the "Snoozeum."
The Virtual PTSD Learning Center utilizes a "big game, small museum" format, meaning that introductory and supportive information regarding diagnostic criteria for PTSD, assessment tools, evidence-based therapies,
and underlying theory is provided in a museum-like format with displays and small interactive elements. But the bulk of the learning occurs in a large role-play like game called Operation AVATAR (A Virtual Allegory of Trauma And Recovery).
The Snoozeum, on the other hand, utilizes a "big museum, small game" format while teaching about normal sleep regulation, sleep stages, sleep disruptions, the development of sleep problems, clinical assessment of sleep problems,
and treatment interventions, all in a series of interactive museum displays and mini-games. The culmination of this experience is in the "virtual sleep clinic" feature where participants apply all of the knowledge they've gained throughout the museum
in a simulated treatment interview game. I'd like to show you some demonstration videos of the PTSD Learning Center, Operation AVATAR, and the Snoozeum.

30
Please click on the video screen again to zoom in if you can view videos in world. If not, I will also provide a URL in the chat to watch the videos in your own browser window.
Remember to click ESC to zoom out or close the browser window when the video is complete, and let me know in chat when you are done.
(Video playing) https://youtu.be/OK_UEEuc6RA

31
This video describes the Operation AVATAR game, and is displayed in the Virtual
PTSD Learning Center to encourage visitors to play.
(Video playing) https://youtu.be/GIusT5QZqnw
Reminder again to type "y" in chat when the video is completed for you

[audience members indicate they have finished watching the video]

Click on the second video URL for Operation AVATAR, above
Before I move on to the last video of the Snoozeum, let me know when the
Operation AVATAR video is done

[audience members indicate they have finished watching the video]

Ok it looks like most are done with the AVATAR video. I'll start the last video here

32
This is the Snoozeum with overviews of some of the main features.
(Video playing) https://youtu.be/lhLYHhW43ls

[2019/04/26 14:41] iSkye Silverweb: no voice dialogue here?
[2019/04/26 14:41] Kevin Holloway (Jarom Cooperstone): No voice dialogue in the
Snoozeum video
Just groovy background music
[2019/04/26 14:41] iSkye Silverweb: groovy!
[2019/04/26 14:42] DrMCsquared: true!
[2019/04/26 14:42] Gentle Heron: restful music, right?
[2019/04/26 14:42] Leandra Kohnke: I love that environment design!
[2019/04/26 14:42] Zinnia Zauber: Are you starting to play those background tunes,
Kevin?
[2019/04/26 14:42] Kevin Holloway (Jarom Cooperstone): :) they play in my head
constantly....lol
[2019/04/26 14:42] Roxie Marten: government mind control music :)
[2019/04/26 14:42] Zinnia Zauber: lol
[2019/04/26 14:42] Leandra Kohnke: laughing at Roxie's joke
[2019/04/26 14:43] Kevin Holloway (Jarom Cooperstone): :)
[2019/04/26 14:43] iSkye Silverweb: being deaf I 'hear' music in my head instead of
tinnitus, hence I get headworms ;)
[2019/04/26 14:43] Gentle Heron: the music nearly put me to sleep
[2019/04/26 14:43] Petlove Petshop: sorry about that!
[2019/04/26 14:43] Roxie Marten: lol
[2019/04/26 14:43] iSkye Silverweb: these builds are gorgeous
[2019/04/26 14:44] James Heartsong (PeacefulJames): The music was very
relaxing for me, and actually helped me to focus.

[2019/04/26 14:43] Kevin Holloway (Jarom Cooperstone): ok give me another "Y"
when done with the Snoozeum video

[audience members indicate they have finished watching the video]

33

While these experiential learning environments are quite new (we only launched them in November and they are open to the public now), we have learned quite a bit from this endeavor as well.

First, this was a massive collaborative project between psychology subject matter experts and technology experts. It was essential to the success and validity of these environments that BOTH sets of experts contribute.

The level of trust developed in each others' expertise was essential, and we are greatly appreciative to our 2b3d partners!

Second, we learned that while some information display is necessary to contribute to learning, we couldn't and shouldn't just post two-dimensional information in a three-dimensional world.

Webpages do that very well without the need for a virtual world space. Don't just make boxes with pretty pictures on them. Instead, create an experience. Create a world.

Third, utilizing gaming throughout, even multiple mini-games, enhances learning and engagement. It also provides a learner multiple opportunities to try out various approaches and outcomes with replay ability, an important element to their learning.

Fourth, we learned that "Field of Dreams" isn't true. "If you build it, they will come" is the biggest lie. Instead, create a reason for visitors to be there. Create shared experiences that facilitate interactions.

Incorporate virtual learning environments into other experiences your learners are already accessing.

For example, we've started incorporating the storyline of Operation AVATAR into our PTSD didactic workshop materials as a case study woven throughout the course to illustrate concepts and put a compelling story to the data.

Then we invite our participants to visit the virtual environment to augment their learning and elaborate on the concepts they've learned.

And finally, VALIDATE, VALIDATE, VALIDATE! It is vital that we continually evaluate and validate the learning happening in these environments, ensuring the utility of these learning experiences,

and being able to demonstrate to the naysayers who assume that play cannot be useful, professional, or valid that these efforts are worthy of our time and can result in deeper, more powerful learning.

34

Thank you so much for your attendance and attention! I appreciate that there is a community of practice for those that believe in the power of virtual worlds to enhance learning, and am so happy to be able to share with you all.

I invite you to contact me with questions at my email address on the slide, kholloway@deploymentpsych.org

Additionally, I am happy to answer questions that you have now in the time remaining before taking you all on a field trip.

[2019/04/26 14:47] millay Freschi: Thank you so much for being here, Dr. Holloway!
[2019/04/26 14:47] Gentle Heron: Thank you Dr. Holloway. Love your comment about "Field of Dreams." and your statement about the importance of evaluation. We do have time for questions.

[2019/04/26 14:47] Zinnia Zauber: Thank you Kevin!
[2019/04/26 14:47] DrMCsquared: Really amazing!
[2019/04/26 14:47] Seafore Perl: Thanks!
[2019/04/26 14:47] Abigail Cestlavie (AbbyCestlavie): Thanks
[2019/04/26 14:47] Buffy Beale: thanks Kevin, great work!
[2019/04/26 14:49] Delightful Doowangle: Very impressive work

[2019/04/26 14:47] Mook Wheeler: QUESTION: When your people first designed these virtual EBPs, did you get any input from the groups of people who might *most* tend to appreciate virtual environments over physical ones -- such as, e.g., autistic individuals? These groups could probably give you full descriptions of why digital interfaces & interactions can be even more effective than face-to-face EBP in many situations, and how to identify these digital-based strengths to enhance your project. I personally have identified about 30 factors about SL that provide me with better quality and accessibility of social interaction, learning, living and healing, than the physical world. I could not attend a physical EBP, but I could in SL. I have Aspergers.
[2019/04/26 14:48] LV (LoriVonne Lustre): KH: we asked lots of different kinds of users
I could not tell you if any had Aspergers
Remember, our focus is on the providers not those who receive the treatments
We worked to help our funders and educational sponsors to understand that training in virtual worlds would be valuable
There was a telehealth project that was aimed at the end users, and we did more work on specific feedback from members with PTSD
We wanted feedback from people with PTSD, many of whom may have co-morbid disorders.
[2019/04/26 14:49] DrMCsquared: What a great idea :)
[2019/04/26 14:50] Seafore Perl: Good suggestions. It took me several years of driving by the physical Vet Center in Des Moines before I had the courage to actually step inside the building and have to talk to someone in physical space. Might have been more willing to experience something in virtual space (if it had been available). (early days of PTSD).
[2019/04/26 14:50] Roxie Marten: So many sims have come and failed in Second life due to the "field of dreams" mentality

[2019/04/26 14:51] Gentle Heron: [14:50] millay Freschi: This was absolutely incredible and so helpful for all of us working in virtual environments! We found, in a small experiment that we did in parenting classes delivery, the participants were more likely to share difficult information and/or to ask difficult questions because they felt anonymous behind their avatars. Do you find that's true in your experience?
[2019/04/26 14:52] LV (LoriVonne Lustre): KH: I do.
There is more anonymity for sure. Although for the training we provide we do need to know identity to provide the credits
[2019/04/26 14:52] Gentle Heron: @Millay- We call that "veiled anonymity" by using an avatar. You aren't really invisible.
[2019/04/26 14:53] millay Freschi: The participants were known to the instructor but not to each other.

[2019/04/26 14:53] LV (LoriVonne Lustre): KH: at another project providing therapy, we found that I had to use my name and qualifications, although the patients used anonymity
I never met my clients face to face
They experienced significant symptom reduction, they could engage in a different way as they were not face to face
Physically staring at them
Social presence but also an appropriate level of distance
[2019/04/26 14:53] Seafore Perl: Prolonged exposure requires a high degree of trust.
There is a feeling of being judged in face-to-face contact.
[2019/04/26 14:54] Mook Wheeler: "dynamic anonymity"
[2019/04/26 14:54] Eme Capalini: interesting!
[2019/04/26 14:54] millay Freschi: yes
Different cues that we learn as we learn the environment
[2019/04/26 14:55] Zinnia Zauber: Nice that they could communicate their experiences.

[2019/04/26 14:55] Gentle Heron: [14:52] Kali Pizzaro: Q. great presentation Kevin, thank you. Would you agree that this is really [a] clinical simulation which we know is important and has better outcome for learning? Did you pitch it like that when trying to engage people to take up the education and training? Also did you also find the students followed similar social norms expected in the classroom?
[2019/04/26 14:56] LV (LoriVonne Lustre): KH: both great questions
We did not call it clinical simulations
Many providers have that image in their head of medical robots
This was much more effective than didactic learning
Some rules did carry over from the physical world
Personal space for example
[2019/04/26 14:57] Kali Pizzaro: yes agree - mine asked one of the other students where they were going when they left a table
[2019/04/26 14:57] LV (LoriVonne Lustre): KH: all the chairs are click to sit, and sometimes accidents happen, and people are embarrassed
[2019/04/26 14:57] Kali Pizzaro: not been in SL if you have not sat on someone's head
[2019/04/26 14:57] Roxie Marten: common among SL users
[2019/04/26 14:58] iSkye Silverweb: right up there with 'ooops, wrong window'
[2019/04/26 14:58] Kali Pizzaro: lol

[2019/04/26 14:58] Nigma Sterling: Hey Kevin, not a question, but I (being a Veteran myself) think that this would be awesome, and I hope more Vets utilize this... Again, thank you for this. And tell the government they need to back you, you are pretty damned smart. ;)

[2019/04/26 14:58] LV (LoriVonne Lustre): KH: One rule that did not carry over is the not chatting and talking to your neighbour. The back chat was very active
[2019/04/26 14:58] Kali Pizzaro: indeed

[2019/04/26 14:58] LV (LoriVonne Lustre): KH: It becomes a community
We all experience lag in SL
The newbies experience that too
They get to the point that it is OK to learn
[2019/04/26 14:59] Leandra Kohnke: lag into a wall, or a lake
[2019/04/26 15:00] millay Freschi: I still walk into people! I think that makes them feel comfortable :)

[2019/04/26 15:00] Gentle Heron: Question from Lorin Tone: In virtual world environments, have you found rank to make a difference even in anonymous forums? Do some people tend to "pull rank"?
[2019/04/26 15:01] Lorin Tone: yes sir, military rank
[2019/04/26 15:00] LV (LoriVonne Lustre): KH: Great questions. I have not seen that
Regardless of military rank or civilian, like a doctor. Power and authority
[2019/04/26 15:00] Mook Wheeler: The doctor's white coat syndrome....
[2019/04/26 15:01] LV (LoriVonne Lustre): KH: everyone is new, so rank is not there.
Yet those with more experience in SL do try to help others
The anonymity helps as well
In the physical space this can be difficult for those of high rank, to be seen as no longer worthy or somewhat diminished
[2019/04/26 15:02] Lorin Tone: Yes, that was the nature of the question, glad to hear that answer from a pro!
Thank you!
[2019/04/26 15:01] James Heartsong (PeacefulJames): nods
[2019/04/26 15:02] Mrs. Di Zuidde (R3dDi): Thank You so much... I very much enjoyed this as I have several family members with PTSD from the military.

[2019/04/26 15:02] Gentle Heron: Question from the audience- what hurdles did he have in getting this approved and funded and how did he over come that
[2019/04/26 15:03] LV (LoriVonne Lustre): KH: how long do we have!
I was initially with the telehealth and technology, and our mandate was to look for new ways to use technology.
We had more money allocated than we could use, so lots of projects were done that most likely could not
[2019/04/26 15:04] Leandra Kohnke: LOL, the typical scientist has to skim a bit off one grant to get preliminary results for the next grant.
[2019/04/26 15:04] LV (LoriVonne Lustre): KH: we need to have the money for a project in order to show it works, and that can be challenging
When I got to CDP, they were excited to see what we could do
The challenge was the continuing education folks
They wanted to treat our live workshops in SL as point and click on demand courses, not like the in person workshops
We had them join the space as avatars
We are lucky with the CE provider we have (CE = continuing education)
Officially sanctioned as if F2F workshops

We have also gathered data about the learning, and how the learning is even better than a F2F workshop
Having the data really helps to challenge the doubter
We have to ask what is it like to learn in a virtual space vs. not learning at all
[2019/04/26 15:07] Kali Pizzaro: equity
[2019/04/26 15:08] Roxie Marten: Thank you and it's great you can reach people who can't drive to you
[2019/04/26 15:08] Leandra Kohnke: We had a three year seminar series for scientists that literally allowed participation from Japan to New York and also scientists with no travel funds.

[2019/04/26 15:07] Gentle Heron: QUESTION- Are your efficacy results published? Would that help convince your CE provider? (CE = continuing education)
[2019/04/26 15:08] LV (LoriVonne Lustre): KH: we are writing up the efficacy information now Gentle
I'll get more references for you
[2019/04/26 15:09] LV (LoriVonne Lustre): GH: we'll insert that into the transcript

[2019/04/26 15:08] Gentle Heron: [15:02] Zinnia Zauber: Question: Kevin, who has been an advocate outside of your team for this kind of experience?
[2019/04/26 15:09] LV (LoriVonne Lustre): KH: on the one hand there is not a lot, but on the other there are lots - folks like you
ZZ and I took the same program about building and learning in SL with Ran
It is so great to be here among people who get it!
[2019/04/26 15:10] Zinnia Zauber: Thank you!
We power up each other!
[2019/04/26 15:10] Eme Capalini: preaching to the choir
[2019/04/26 15:10] LV (LoriVonne Lustre): GH: You are right Eme
[2019/04/26 15:10] Lorin Tone: I also did sound work with Ran on that project
[2019/04/26 15:10] LV (LoriVonne Lustre): GH: time for the field trip
Perhaps you all could email Kevin if you have other questions
[2019/04/26 15:10] Kevin Holloway (Jarom Cooperstone):
kholloway@deploymentpsych.org

[2019/04/26 15:10] James Heartsong (PeacefulJames): Might admitting to PTSD here in SL, in anyway affect Military careers in RL?
[2019/04/26 15:11] Seafore Perl: Interesting anecdote is I met in SL a Vietnamese PhD student studying in Japan while I was in Iowa. We're still friends in RL on Facebook. Quite an experience for a Vietnam War medic.
[2019/04/26 15:11] James Heartsong (PeacefulJames): :)

[2019/04/26 15:11] Jarom Cooperstone: 35
Now, I would like to take you all on a bit of a virtual field trip to visit the PTSD Learning Center and the Snoozeum. In a moment I will rez teleporter objects. These environments are open to public access now and will continue to be open for the foreseeable future. You are welcome to put down a landmark.

I also have SLURLs on the slide here if you want to copy those down.
Drop a landmark and come back
[2019/04/26 15:11] Gentle Heron: This is a REAL field trip!
[2019/04/26 15:11] Roxie Marten: bring your lunch and permission slips

[2019/04/26 15:11] Jarom Cooperstone: In the PTSD Learning Center you will find the roleplaying game Operation AVATAR on the lower level. Just a quick heads up about this game--there is a simulation of a combat related trauma as part of the game.
It is not gratuitously intense, but there are representations of explosions, fire fights, injuries, and blood. Please use your own discretion about whether this experience is right for you.
For example, people who have similar traumas in their history and are still dealing with some of the consequences of those experiences may find them to be triggering. Additionally, in order to represent some of the intensity of PTSD symptoms, some of the dialogue in the game includes swearing. Again, I tell you this just to help you decide whether this is a good fit for you or not.
I don't have any similar warnings for the Snoozeum.
[2019/04/26 15:12] Elektra Panthar: tinyurl.com/vpstd; tinyurl.com/snoozeum

[2019/04/26 15:12] Jarom Cooperstone: We welcome any feedback you may have about what you experience today. There is a guest book in the Snoozeum at the concierge desk that you are welcome to sign with comments.
Or you can send me an email directly at kholloway@deploymentpsych.org.
With that I will rez the teleporter objects. The red orb will take you to the PTSD Learning Center, and blue orb will take you to the Snoozeum.
Simply click on the glowing orb for the environment you'd like to start with, and the world map will open on your screen. Click the "Teleport" button in the bottom-right corner to teleport.
There is a sign at the entrance of each environment that you can click to teleport to the other. I will be in the environments willing to answer any questions you may have. Thank you again!
[2019/04/26 15:13] Gentle Heron: Come back on the hour for the next session.
[2019/04/26 15:12] iSkye Silverweb: red pill, blue pill
[2019/04/26 15:13] Roxie Marten: hehe
[2019/04/26 15:13] Jadyn Firehawk: lol iSkye
[2019/04/26 15:13] Zinnia Zauber: lol I was going to say that iSkye!
[2019/04/26 15:13] Suellen Heartsong (Suln Mahogany):
http://maps.secondlife.com/secondlife/CDP%20PTSD1/9/70/34
http://maps.secondlife.com/secondlife/CDP%20Sleep1/173/128/34
SLURLs for those asking
yvw
[2019/04/26 15:14] LV (LoriVonne Lustre): GH: thank you Suellen
[2019/04/26 15:13] Mook Wheeler: thanks Suellen!

[2019/04/26 15:13] LV (LoriVonne Lustre): KH: thank you all. You were fantastic
I will do my best to answer your questions

[2019/04/26 15:13] Roxie Marten: Refreshing to hear what I have been telling people for years.
[2019/04/26 15:13] Seafore Perl: Thank you so much!
[2019/04/26 15:13] Zinnia Zauber: Thank you, Kevin!
[2019/04/26 15:13] Buffy Beale: thanks Kevin!
[2019/04/26 15:13] Bixyl Shuftan: claps
[2019/04/26 15:13] Mrs. Di Zuidde (R3dDi): Thank You very much
[2019/04/26 15:14] Kevin Holloway (Jarom Cooperstone): yes thank you!