

A Persuasive Game on the Negative Effects of Electroconvulsive Therapy

-A game for the general public to persuade them away from getting ECT if they or a loved are given the option to in the future.

Needs Analysis	Task Analysis
Teach the procedure of conducting ECT	<p>Skill-based game that teaches via procedures, with increasing difficulty.</p> <ul style="list-style-type: none"> • Play the preparation exams and processes. • Let player try giving IV sedation and explain its purpose and how it works. • Allow the player to place the electrodes on the patients head, in both unilateral and bilateral formations. • Possibly have the player play the electric current causing the seizure in the brain • The patients may return for weekly treatments throughout the course of the game.
Show the negative side effects of the procedure and compare it to the positive effects	<p>After each procedure, show a follow up examination displaying some side effects from the procedure. We could make these random.</p> <ul style="list-style-type: none"> • Confusion • Memory loss <ul style="list-style-type: none"> -Retrograde Amnesia -Anterograde Amnesia • Physical Side Effects <ul style="list-style-type: none"> -Nausea -Vomitting -Headaches -Muscles Spasms and Aches • Show a lose condtion as well, where the person suffers severe brain damage or even death. <ul style="list-style-type: none"> - 1 in 1400 have complications - 4 in 100,000 have death
Collect players' views and knowledge on the subject	<p>Give pre-test containing question on factual information and feelings on the subject matter.</p> <ul style="list-style-type: none"> • Ask questions about how the procedure works. • Ask questions about the negative side effects. • Ask questions about possible alternative treatments to ECT. • Ask questions about the reasons ECT is

	<p>given.</p> <ul style="list-style-type: none"> • Ask about how the player feels about ECT • Record all data
Assess the change in players' views and knowledge on the subject	<p>Give post-test containing question on factual information and feelings on the subject matter.</p> <ul style="list-style-type: none"> • Ask questions about how the procedure works. • Ask questions about the negative side effects. • Ask questions about possible alternative treatments to ECT. • Ask questions about the reasons ECT is given. • Ask about how the player feels about ECT • Record all data
Inform the player of what reasons ECT is given.	<p>Have a variety of different patients, each with a different reason for receiving ECT</p> <ul style="list-style-type: none"> • Have each patient have different reasons for needing the treatment. <ul style="list-style-type: none"> -Severe Depression -Schizophrenia -Severe Mania -Catatonia • Possible other reason to use it. <ul style="list-style-type: none"> -OCD -Tourette's -Parkinson's -Pregnancy, when other medications can't be used. -Elderly people who can't deal with the side effects of medication. <p>Each of these types could have different emotional backgrounds and different ways to deal with them.</p>
Inform the player of alternative treatments to ECT	<p>Summary at the end of the game or after individual ECT cases that informs of different treatments.</p> <ul style="list-style-type: none"> • Medications • Psychotherapy
Have players reflect on their interactive experience when forming judgments about ECT	<p>Play the game, take the post test. Shock factor as well. Have emotionally significant memories that will stick with the player.</p>

-Project Thumbnail

The Shocking Truth is a game intended to persuade people in the general public from choosing Electroconvulsive Therapy (ECT) as a treatment for themselves or a loved one. It will do this by placing the player in role of ECT technician who has to perform the procedure on various patients, all of whom are receiving it for different reasons. The gameplay will show the player how damaging ECT can be to a person, both physically and mentally.

-Target users

The target users for this game is the general population, for teenagers and older. It is intended to persuade the general population against ECT treatment by presenting the damages done by the procedure and the horrors of the procedure. The game is not meant for doctors, psychiatrists, ECT technicians, or other people involved in recommending or administering the procedure. It is also meant for people currently receiving ECT to try to persuade them against getting it again.

-Delivery Platforms and Justifications

This game will be made for mass distribution. For this reason, the game will be made using Flash so that the game can be played from most computers and will reach as many people as possible. Flash was also chosen as the gameplay is not complex enough to warrant a 3D engine or any other advanced technology. The goal is for the game to be accessible, and that is why Flash will work best.



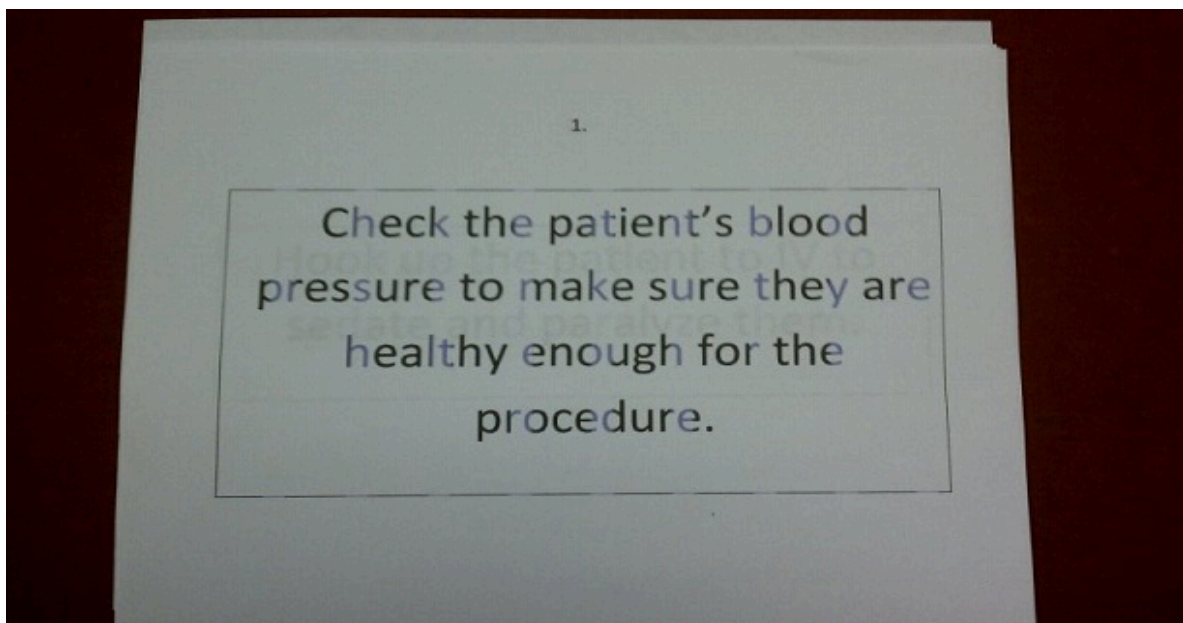
-Learning Objectives

In *The Shocking Truth*, the player should learn several things about Electroconvulsive Therapy. These are:

1. How the ECT procedure is performed:

Electroconvulsive therapy works by causing a seizure in the brain. To do this, the technicians must do a number of steps before they can complete with the procedure with relative safety.

First, the technicians must give the patients a mental and physical examination to make sure they are healthy enough to receive the treatment. Next the technician must give the patient a drug, called a barbituate, to put the patient to sleep and a drug called Succintcholine, which paralyzes the muscles so they do not contract and cause fractures during the seizure. After patient is knocked out, the technician can then apply the electrodes to the patients skull. The electrodes can be placed either bilaterally, with an electrode on both temples of the brain, or unilaterally, with an electrode placed on the non-dominant side temple and the middle of the forehead. After all of the electrodes are in place, the patient is given the shock. A current is given for approximately one second and the seizure last for 30 seconds to one minute. During this process, the patient is connected to an EEG, which monitors seizure activity, an EKG, which monitor the heart rate, and a oxygen mask. The patient will then wake up 10 to 15 minutes later. The patient will then return in a month for a another treatment. People who are just starting the treatment may receive another one in just a few days.



Instructions on the paper prototype.

The main things the user should know about the performance of ECT is that it causes a seizure in the brain, that the patient needs to be paralyzed during the seizure to avoid bone fractures, that patients will need to receive the treatment on a regular basis, and the basic procedure that

is needed complete the procedures. The other information will be included in the game, but it does not need to be stressed as much as the main points during gameplay. The player needs to see the horrors of the procedure and does not need to know the specifics of it.

2. What the negative side effects of the procedure are:

There are quite a few negative effects to an ECT treatment plan, and the player should at least have exposure to all of them throughout the gameplay.

Memory loss is the one of the most common side effects from an ECT treatment. Memory loss almost always occurs immediately after a treatment, and last for about an hour or two. This memory loss takes place in two forms. There is retrograde amnesia and anterograde amnesia. Retrograde amnesia is memory loss of event from before the procedure. Anterograde amnesia is the inability to form new memories of event after the procedure has occurred. These two types of memory loss often clear up, but there is a risk of people losing weeks, months, or even years of memory with retrograde amnesia and not being able form new memories for weeks or months. The main things for the player to learn from the game about memory loss is the difference between the two types of amnesia and the risk of losing years of memory during ECT treatment.

Another side effect, which is less common but still a risk, is medical complications. About 1 in 1400 procedures have a medical complication of some type. Medical complications include increases in blood pressure and increases in heart rate. These complications are very dangerous for patients, and can lead to heart attack and long term heart disease. Player should learn about this side effect and know about the risk these complications can have for the patient.

There are also some side effects to the treatment that typically do not last a long time, but should be mentioned as irritations to the player. Confusion is a very common side effect of ECT. This side effect typically clears up after a few hours, but is still a major side effect of the treatment. Physical side effects are also a risk during treatment. There physical side effects are nausea, vomiting headaches, muscle aches, and muscle spasms. These also clear up within a day or two, but can still cause problems for the patients. Players should at least be exposed a little bit to all of these risk, even if they are short-term effects.

The last possible side effect that the player should learn about is the risk of death. The rate of death during an ECT procedure is somewhere between 2.5 and 4 death per 100,000 procedures. This is a real possibility of using ECT, and the player should know these number and the chance of death.

3. What the positive effect are said to be, and why they aren't worth the risk

There are some benefits that are said to come out of Electroconvulsive Therapy. These supposed benefits are a decrease in the symptoms of various mental illnesses (i.e. depression, mania, and schizophrenia), a relatively safer treatment of mental illnesses for pregnant women (compared to Medication), and that the side effects are easier to deal with than the side effects of the medications, especially for the elderly. In the game, the player should learn that while

these positive of the treatment may happen for some people, it is no guarantee that the treatment will work. The main thing that the player should know is that the supposed positive benefits do not outweigh the negative side effects and risks of the ECT procedure. The player should also know how to respond to someone who uses the positive effects of ECT as a reason the player or a family member to receive the treatment.

For example, the player should know that even if ECT can help a severely depressed person, it is not worth the memory loss that can occur with the procedure. The player should also know that if someone were to say, "It is the only way to treat someone with depression as severe as yours," that this would not be true and that there are plenty of other treatment options. The player should also know that the chances of it working are for the patient are not favorable. The bottom line is that the player should see the positives and recognize that they do not outweigh the negatives and be able to respond according.

4. The reasons that someone would get ECT:

There are quite a few reasons that a person might receive ECT. The first major reason that people get ECT is for severe depression. Severe depression is characterized by a lack of a desire to eat, a detachment from reality (psychosis), and expressing suicidal thoughts and tendencies. Depression is the most common reason for getting ECT. Schizophrenia is the second major reason a person might get ECT. Schizophrenia is characterized by a strong detachment from reality, as well suicidal thoughts. The third major reason that people might opt for ECT is severe mania. Mania is characterised by psychosis, substance abuse, and impulsive or risky behavior. Mania often occurs with conjunction with bipolar disorder. The final major reason people seek out ECT treatments is for Catatonia. Catatonia is characterized by fast or strange speech, lack of speech, or a lack of movement. It is also linked to schizophrenia.

The main thing the player should know is that these are the most common reasons for receiving ECT and that if they have loved one with these disorder, they should know that they might want to recieve this treatment.

There are also some less common reasons for receiving ECT. These include severe cases of Obsessive Compulsive Disorder, Parkinson's Disease, and Tourette's Syndrome. The player should be aware that these are also possible reasons for receiving ECT, although they are less common.

The last thing that the player should be aware of is that there are a few unusual reason that people might choose ECT treatments. Pregnant women may receive ECT due to the fact that typical medication for mental illness may have adverse effects on the developing babies.

People, especially the elderly, may choose ECT because they don't want the side effects of typical medications. Players should know that these are also reasons people choose ECT and that it is often easier and less risky to go through more traditional treatments.

5. What alternative treatments exist that are less harmful than ECT:

Players should also be aware of some of the possible alternatives to ECT treatments. While this is not the main focus of the game, it is something to be mentioned to help player make decisions in the future. Possible treatments include medications and psychotherapy. These are

less damaging and often cheaper the ECT treatments.

The player should also be aware of an alternative therapy called Transcranial Magnetic Stimulation (TMS). In this therapy, pulsating magnetic coils are placed over the prefrontal lobes of the brain. The idea is similar to the ECT, but this minimizes the negative side effects of ECT. The magnetic waves stimulate or suppress brain activity, but the procedure does not cause seizures, memory loss, or the other side effects. While the research is still ongoing for this procedure, it is an alternative that people should know will be more widely available soon.

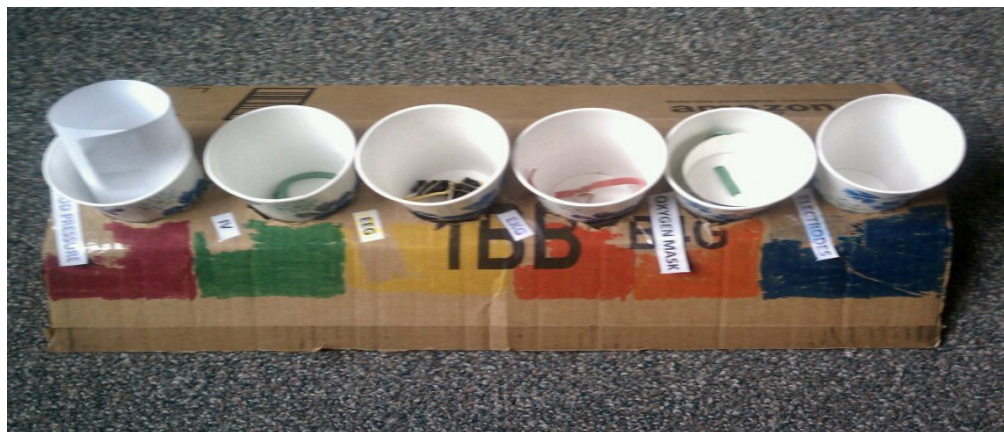
-The User Interface and Environment

The user interface will be designed and implemented in such a way that it is transparent. The player should be not distracted by the interface, but rather the interface should support the task that the player is conducting. The interface will also be designed so that the player is aware that he or she is playing as the technician, even after the back story has been explained.

Displaying the environment will be essential to immersing the player in the story and task at hand as well. The two environments will be the office where the player will engage in virtual conversations and the treatment room where the player will carry out the procedure on the patient. The art style will be cartoony, but detailed enough to feel real. A similar style would be the At-Risk game by Kognito Interactive.

The interface will consist of visual and audio feedback to the player, as well as mouse input by the player. The visuals of the game will include the environment, depictions of the characters (player and non), the available tools, interface elements and guidance techniques. The environment will include both the office and the treatment room as stated before. The boss, the patient and the patient's family will be depicted in the office during conversations. The patient will also be depicted in the treatment room during the procedure. All of the tools, gear, drugs and instruments will be displayed to the player during the procedure. Naturally, they should all fit into the style of the environment. Unavoidable interface elements such as on-screen text, buttons and conversation trees will also appear in the game. However, these will be kept to a minimum and will consume little screen real estate. Lastly, there will be guidance techniques to train the player and to assist the player when he or she is experiencing difficulty.

This might be to display a placement indicator or highlight the next step the player should take. In any respect, the interface should be visceral and not confusing.



The tools bar of the paper prototype

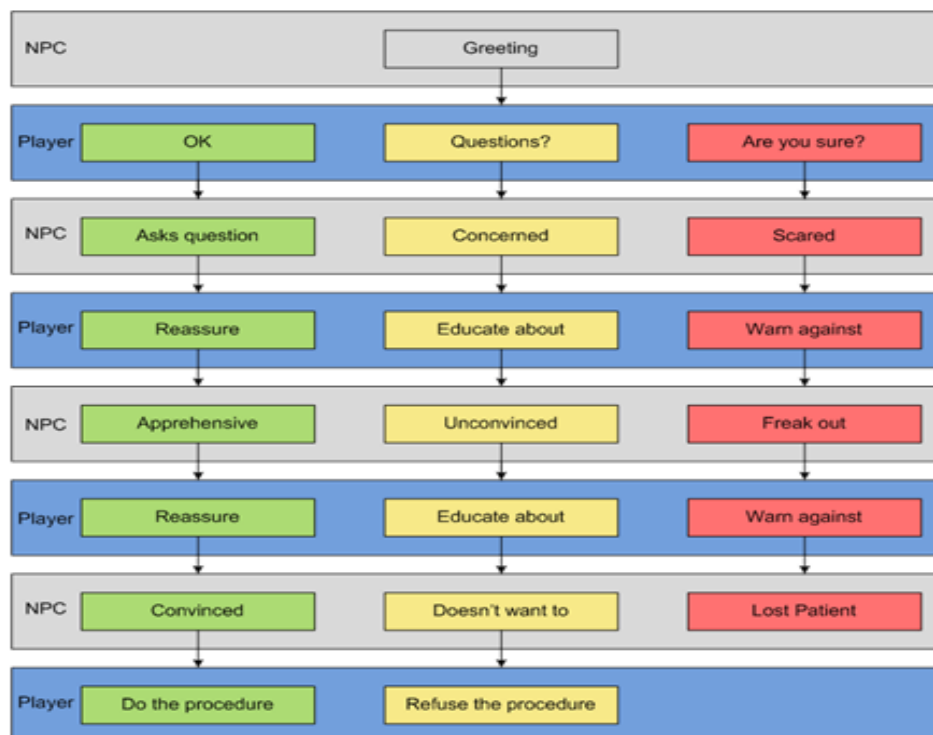
The environment will clearly reflect a treatment center and one for ECT—especially in the treatment room. However, the intent of the environment will be to subtly depict an ECT treatment center as inadequate or unsafe. While this may not always be the case in real life, it reinforces the learning goals. This can be done artistically by having outdated-looking equipment, poor upkeep, lack of organization and unfriendly surroundings. The environment should essentially be one in which the player would not feel comfortable receiving any sort of medical treatments. The subtle uneasiness should result in a negative association with ECT treatment in general.

-Interactivity

The player will be interacting with the game in three primary modes. The first is the new patient conversation. Here, the player will engage in virtual conversations with the incoming patient, their family or friends—if the patient is accompanied, and with the technician's boss at the treatment facility. The second is carrying out the actual procedure. This mode of interaction will be primarily point/click and drag/drop to use tools, apply gear and operate instruments.

Carrying out the procedure is the main aspect of gameplay; the objective is to *skillfully* and *correctly* do the treatment to diminish negative effects on the patient. Failing to properly administer the treatment will result in negative feedback for the player—and possibly a loss condition if the procedure was actually carried out poorly enough. The third mode of interaction is the follow up treatments for the patients. Here the player once again engages in virtual conversations, but now in the context that the patient is clearly suffering from the treatments.

Depending on the choices made, the player will or will not carry out another procedure, reverting to the second mode of interaction.



The organization of the dialogue for a pregnant, depressed woman

The virtual conversations that the player has will be in the form of structured dialogue trees.

The player's choices will be on the subjects of appropriate interaction with patients and the moral dilemma between putting a patient at risk and making enough money to support the technician's family. Voice acting will be a pivotal aspect of immersing the player during these interactions. Naturally both the technician and the other conversation participants will require audio. However, the player will be using a point and click interface on a list of available replies.

Depending on the choices, the boss may interject to give positive or negative feedback to the player. It is essential that the player develops a cognitive dissonance during these conversations. In this way, the player will be choosing something they do not wish to, in order to succeed in the game. This will ideally help in the acquisition of a belief that ECT is not a viable solution for psychological disorders.

The other interaction mode is the actual procedure. The player will be given preliminary instructions and a tutorial mode that will train them how to play the game by using medical examination tools, applying gear and equipment, and operating the instruments necessary to deliver the ECT treatment. The player has full control over the order of the procedure, the use of examination tools, the application of drugs and the timing of instrument use. The difficulty level will not be especially taxing, as the intent is not to train the player to carry out the procedure in real life, but to dissuade him or her from ever choosing ECT. However, the interactivity and engagement in carrying out the procedure and observing the direct effects of the player's actions will also build a cognitive dissonance. This even stronger feeling of uneasiness will reinforce the belief that ECT is not a viable solution for psychological disorders, as first introduced during the conversation interaction. If the player appears to be struggling, the game will offer hints to smooth out the gameplay.



The paper prototype completely "hooked up."

-Gameflow/ Narrative synopsis

In the game, the player takes the role of a person who is just starting their job as an ECT

technician. Before the game starts, the player names their character and chooses a gender. This is the character that they will play throughout the course of the game.

The backstory for this character is that he or she got fired from their last job and needed to make some money to support their family. Due to living under the consumerist-American culture, the family grew used to living off of two incoming pay checks, so now the family faces the problem of spiraling down into debt, or taking a job with available and immediate training and opportunity. The character got ECT training quickly because of a promotional offer from a local school.

In this job, the player is required to both recommend patients for ECT and provide proper treatment. As a technician, the player first hears a quick overview of the patient's back story. An example of the back story of a patient is:

"Veronica suffers from depression. Her depression often keeps her from enjoying the things in life she once did. She reports her time in bed sleeping have increased dramatically. Veronica has suffered a heart attack in the past. The treatment would supposedly help her depression as the quick seizure to the brain would somehow 'recharge' her neurons and make her feel happier again."

The player must choose to treat the patient with the ECT procedure, or send them away. If the player chooses the latter, their boss will scold them for turning away a potential 'customer' and threaten to fire the player if he or she doesn't perform an adequate amount of procedures during the day. Such threats should provide the means for the player to continue playing so the family doesn't fall into debt.



Two characters who would be patients in the game. A schizophrenic man and a pregnant, depressed woman.

Should the player choose to perform the procedure, the patient is taken into the operating room where the treatment commences. In a series of click and drag structured procedures, the player administer ECT to the patient. The more accurate the medical tool is placed on the patient, the better the income he or she receives. In the early levels, a second technician will be

present to guide the player through the procedure. But as the game continues, the presence of the technician will fade. At the end of the first procedure, the second technician will inform the player that 'time is money.' The player will be scored by earning money based on the accuracy of the placed items and the speed of the conducted procedure.

During the procedure, the player will witness the horrors of ECT, most traumatic of all, the seizure as the patient receives the shock of electricity. After the procedure has concluded, the player will see the immediate effects of ECT on patients, some mostly good, however, many times the patient will report uncomfortable amounts pain and memory loss, however the second technician will encourage the patient that it will wear off, thus justifying the horror of ECT.

In followup procedures, the patient will return with a growing side effect of ECT, such as severe memory loss or loss of mobile function. The player this time is given the option to consult with their boss for an opinion, or go straight to the procedure. Should the player decide to consult with the boss, the boss will only reinforce the treatment, giving facts about ECT such as "There is no proof that the treatment actually will fulfill the purpose," before making a coercive statement towards the player to proceed the treatments as the player is in financial need.

As game play continues, the patients comes in more and more withered with each treatment they receive, until they die or decide that they just cannot do it anymore. The player must keep playing, or witness his or her family fall into severe debt.

-How Gameplay Integrate with Instructional Design

For each of the instructional goals of the game, there will be at least one element of the gameplay that integrates with it to make the serious game better.

The first instructional goal is to teach the player the procedure of performing one of the ECT treatments. This is what about half of the game is designed around. The player will perform the procedure on each patient he or she is given. The gameplay will involve dragging and dropping the various tools and instruments on to the patient to perform the procedure. The more accurate that the player performs the procedure the more money they get. This activity will do its best to simulate the procedure by being accurate in the steps, tools, and times it takes to complete each procedure. For example, the player will have to make sure they give the patient two drugs before moving on to placing the electrodes. These drugs will paralyze the patient and put him or her to sleep. If the player forgets to do this, they will be docked money and yelled at by their mentor. This ensures that the player what the procedure is and how it works.

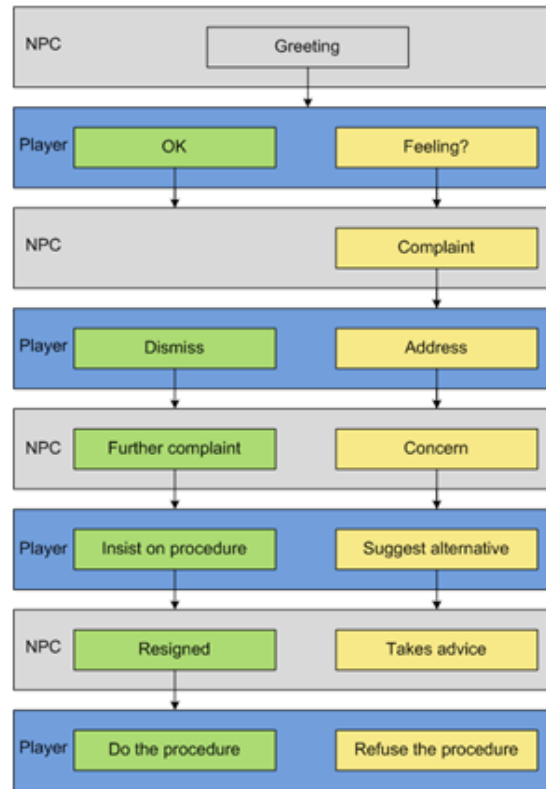


In the paper prototype, the button to turn on the machine

The next instructional goal is to show the player the negative side effects of receiving ECT treatments. This will occur before and after the treatments during the conversations that the player has with all of the patients. Immediately after giving the procedure, the player will be taken to a conversation tree with the patient. Here, the player can ask the patient about she is feeling, what he/she can remember, or what he/she is going to do now. Depending upon the patient, the patient will respond in different ways. One patient might complain about not remembering anything from before the procedure. Another might talk about being confused.

Yet another might mention having some sort of physical pain. These are all side effects that would occur right after the procedure. The long term side effect will be shown when the patient comes back for a follow-up treatment. The player will once again have a conversation with the patient. Now the player can talk about the next procedure or ask how the person is feeling to get a better sense of what is going on. This time the patient may report not being able to remember years of their life, or they might report high blood pressure levels. Through conversations with their patients, the player will be able to discover the negative effects of the treatment.

Another goal was to show the different reasons that people might need or want ECT. The main way that this will tie into game is through a biography. Each time the patient comes in for another treatment, he or she will supply the player with a short biography about themselves and their medical history. For example, a female patient may come in and supply information about herself. This information might say, among other things, that she has been suffering from severe depression ever since she got out of college. This brief biography of the person will tell the player what they are suffering from and why they are seeking ECT. The player will then form a schema of what type of people will get treatments. The player will also be able to explore the persons reasons for getting the treatment through talking to them and going more in depth on the persons' thoughts and feelings in the conversation section of the game.



Dialogue Tree of the Schizophrenic Man.

The game also needs take the players' belief before playing the game and the after playing games. It needs to check how they feel about the ECT before and after as well as see how much knowledge the player has about ECT procedures, side effects, and reasons the get it. To do this within the game, the game start and end with examinations. At the beginning of the game, the player will be finishing up there certification exam for being an ECT technician. This exam will contain questions about beliefs and factual information and will bridge into the main game. Then at the end of the game, the player will have another exam. This exam will test what the player has learned and how their beliefs have changed. This test will be given by the technician's supervisor.

The final main goal of the instructional design is to inform the player of possible alternative treatments. This will be explain after the a patient comes in for their last treatment in the game. After the patient leaves, a text box will come up explaining some better alternatives. These alternatives include medication, psychotherapy, and other more disease specific treatments.

-Assessments of User Progress

We hope to assess the impact of our game on the minds of society through the post test following the game, allowing players to share their feelings and views about ECT after having played the game. We will also assess social behavior through the amount of discontinued ECT treatments.

-Technology, tools, and media used to build and deliver the project

The game will be deployed over the web using Adobe Flash. A standard for web games, Flash is a prudent choice. While being able to support enough graphical capabilities, it also does not create unnecessary overhead. Most modern browsers support and already have flash, so the user will not require anything they do not already possess. The game will use a vector graphics to achieve the cartoony look. These will be created in either Adobe Photoshop or Adobe Illustrator. Once the graphics are imported and the logic is written in ActionScript, the game will be deployed to a web server and anybody with an internet connection will be able to play.

-Evaluation and assessment tools to be used

The main method of assessing the change in beliefs of the player will be done through pre-tests and post-tests. These will be built into the game. At the beginning, the player will be completing their final examination to certified as an ECT technician. At the end, the player's boss will be giving them an After Action Report of sorts, in which question will be asked of the player. There were be two types of questions during these two sections. There will be factual questions as well as questions about the player's opinion. The factual questions will show how much the player knows about ECT, including its procedure, side effects, and alternative treatments. The question about the player's opinions will see how the player feel about ECT, if people would ever get ECT, and if they would allow a family member to get ECT. At both the beginning and the end of the game, the player will be asked equal amounts of questions with both types of questions evenly distributed throughout the test. The questions on both tests will cover similar topics, but will not ask the same questions. This ensures that the player does not just remember the question answers from pre-test when doing the post-test.

-Dialogue Trees

First Visit (Depressed, Pregnant Woman)			
Woman	My name is Shirley Temple, I'm here to receive some sort of treatment. My psychologist...or psychiatrist or...whatever, says this can help me because I won't take drugs. *sigh* I just want to go home and sleep...		
Player	Alright then, let's just have you sign this and we can get you into the treatment as soon as possible!	Do you have any questions or concerns? It doesn't sound like you understand what we're about to do.	You're pregnant with an unborn baby...are you sure you want to go through with this?
Woman	Wait, can anything go wrong? I've never done this before.	I don't know. I'm just worried that it won't work or something could happen to my baby.	Is something going happen to my baby? I don't want this to hurt my baby!
Player	Don't worry about a thing. We're professionals, and we'll take great care of you!	To be honest, there is some controversy over the treatments. They aren't always effective and have been linked to some negative side effects.	I'm not really a doctor, but that just doesn't sound like a good idea. You probably shouldn't be receiving ECT treatments when you're carrying a child. It's up to

			you though...
Woman	I still don't know, I just want to feel better.	This really doesn't sound safe, I'm not sure this is a good idea.	What?! Why would they send me to do this then? This is a terrible idea.
Player	It's going to be fine. We've had success with the treatment before. Just sign this and we'll get going.	There has been successes before, but nobody is really sure <i>why</i> . There are other treatments that might not be as risky, such as medication and therapy.	I can't imagine why you would want to go through with this when you're pregnant. I know I wouldn't let my wife do it.
Woman	Okay, I think I'm ready. Do you have a pen?	I don't think I want to do this. What do you think?	I'm leaving! This whole place is just insanity!
Player	I think it's time to do the procedure. Here's a pen, just sign right there.	I don't think I can ethically perform this procedure on you, I'm sorry.	

First Visit (Court-Ordered, Schizophrenic Man)			
Man	Guard: "Hey pal, I've got Tom Cruise here for a court-ordered ECT treatment at 11:30. The doctors say he hears voices. Not the strangest one I've seen. Here's his file, I'll be in the waiting room." Hello there.		
Player	Hi Tom, let's get you into the treatment room, okay?"	Have you done this before? Do you have any questions about it?	Do you understand what this is? Are you sure you want to be shocked?
Man	Are there any mouse traps in there? I don't like the mice. Am I going to be alright?	I don't know. I don't like the idea of this. Is it clean back there? Can anything happen to me?	No, please, I just want to stay out here. Don't make me go back there with the mice!
Player	What mice? There are no mice. Don't worry, everything is going to be alright. You're perfectly safe.	We will do our best. To be honest, there have been cases of memory lose and even amnesia. It's maybe one out of every couple thousand patients that it happens to. You should be fine though.	I dunno...maybe we've been having some mice problems. I haven't heard anything. We don't have the best funding so who knows. I can't really say about the mice."
Man	I want to know how to you know my name. The mice told you, didn't they?	I could walk right out of here, you know. Don't think you're getting me to go back there with the mice! I don't want anything to happen to me.	No! No mice! I'm staying right here!"
Player	I promise that there are no mice. Come with me, you'll be just fine.	Nothing should happen to you as long as you don't have any heart conditions.	Some buildings have mice. The institution you stay at probably has mice. Lets get going, we don't have all day.
Man	Alright, but just because you	I'm not stepping a foot closer	*runs away screaming*,

	said so...	to those furry little things. Get rid of 'em! I don't want mice and I don't want some risky procedure. Let me go home!	guard catches him, annoyed, and takes him back to institution
Player	Lets go Tom, it's time.	This isn't right. He doesn't know what he's submitting to. He needs medication, I just can't do this treatment. I'm sorry."	

Follow Up Visit (Depressed, Pregnant Woman)		
Woman	I'm here for a follow-up treatment. My doctor said to give it another shot. I don't really remember what happened last time. It's all so fuzzy...	
Player	Alright then, let's get you into the treatment room and we can get started!	Is everything alright? You don't seem to have improved. How are you feeling?
Woman	I'm really worried about my baby. He doesn't kick as much as he used to. I feel tired all of the time...more than usual.	
Player	Those are just normal side effects, you'll be better next time, I promise.	Is there anything else going on in your life that could have caused that? Did it start just after your last treatment?
Woman	This just doesn't seem right. I'm not any happier. I don't feel any better...I feel worse. Does this actually work?	I'm not sure. I'm just concerned...my husband doesn't think it's a good idea. I just don't want anything to happen to my baby."
Player	No need to worry, these things are temporary. Sign in here and we can get started.	I know you can't take medication, but you should consider some other therapies. ECT doesn't work for everyone and could have some negative side effects. Maybe it's even best to wait until you give birth before continuing treatment.
Woman	I guess...I just want to feel better. I trust you.	Thanks, I really appreciate your honesty. I think I'm going to talk to my doctor and tell him I need something that's gonna work for me and the baby. Good bye.
Player	Sounds great, just walk around here and we'll get you going.	I'm sorry, I know what I said before...but I can't let you do this. Please talk to your doctor again and find something that's safer for your baby.

Follow Up Visit (Court-Ordered, Schizophrenic Man)			
Man	Hi...		
Player	Welcome back sir, I promise there are no mice this time *smile*. Step around here	Is everything alright? You're much less chipper than last visit.	

	and we can start the treatment.	
Man	I can't eat any more. I can't really sleep either..."	
Player	Oh, that's normal. You're just getting used to the treatments."	That's terrible. Are you taking any other medications?
Man	This isn't normal! Ugh...I just want to curl up and go away...	I'm not sure. What was that noise? Did you hear that noise? I don't want to do this, let me go home.
Player	Everything is going to be fine. The court said this is what you should do, they couldn't be wrong.	I know you don't have much control over the institution you live in, but you can appeal your case. If you don't want to receive these treatments, they will probably listen to you.
Man	I don't care, just get it over with. If I see one mouse though, I'm gonna scream.	I'll talk to my sister. My family has a lawyer so maybe that'll do something. Can I take this pen with me?
Player	Alright, no mice, I promise. Lets get you into the treatment room.	Look, I can't do this if it's hurting you. You'll have to get another technician or another treatment center. It just isn't right, I don't think you should be receiving ECT like this.

-Sample Dialogue

First visit (Court-Ordered, Schizophrenic Man):

Guard: "Hey pal, I've got Tom Cruise here for a court-ordered ECT treatment at 11:30. The doctors say he hears voices. Not the strangest one I've seen. Here's his file, I'll be in the waiting room."

Man: "Hello there."

Player: "Have you done this before? Do you have any questions about it?"

Man: "I don't know. I don't like the idea of this. Is it clean back there? Can anything happen to me?"

Player: "We will do our best. To be honest, there have been cases of memory lose and even amnesia. It's maybe one out of every couple thousand patients that it happens to. You should be fine though."

Man: "I could walk right out of here, you know. Don't think you're getting me to go back there with the mice! I don't want anything to happen to me."

Player: "I promise that there are no mice. Come with me, you'll be just fine."

Man: "Alright, but just because you said so..."

Player: "Lets go Tom, it's time."

Follow up visit (Depressed, Pregnant Woman):

Woman: "I'm here for a follow-up treatment. My doctor said to give it another shot. I don't really remember what happened last time. It's all so fuzzy..."

Player: "Is everything alright? You don't seem to have improved. How are you feeling?"

Woman: "I'm really worried about my baby. He doesn't kick as much as he used to. I feel tired all of the time...more than usual."

Player: "Is there anything else going on in your life that could have caused that? Did it start just after your last treatment?"

Woman: "I'm not sure. I'm just concerned...my husband doesn't think it's a good idea. I just don't want anything to happen to my baby."

Player: "No need to worry, these things are temporary. Sign in here and we can get started."

Woman: "I guess...I just want to feel better. I trust you."

Player: "I'm sorry, I know what I said before...but I can't let you do this. Please talk to your doctor again and find something that's safer for your baby."

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