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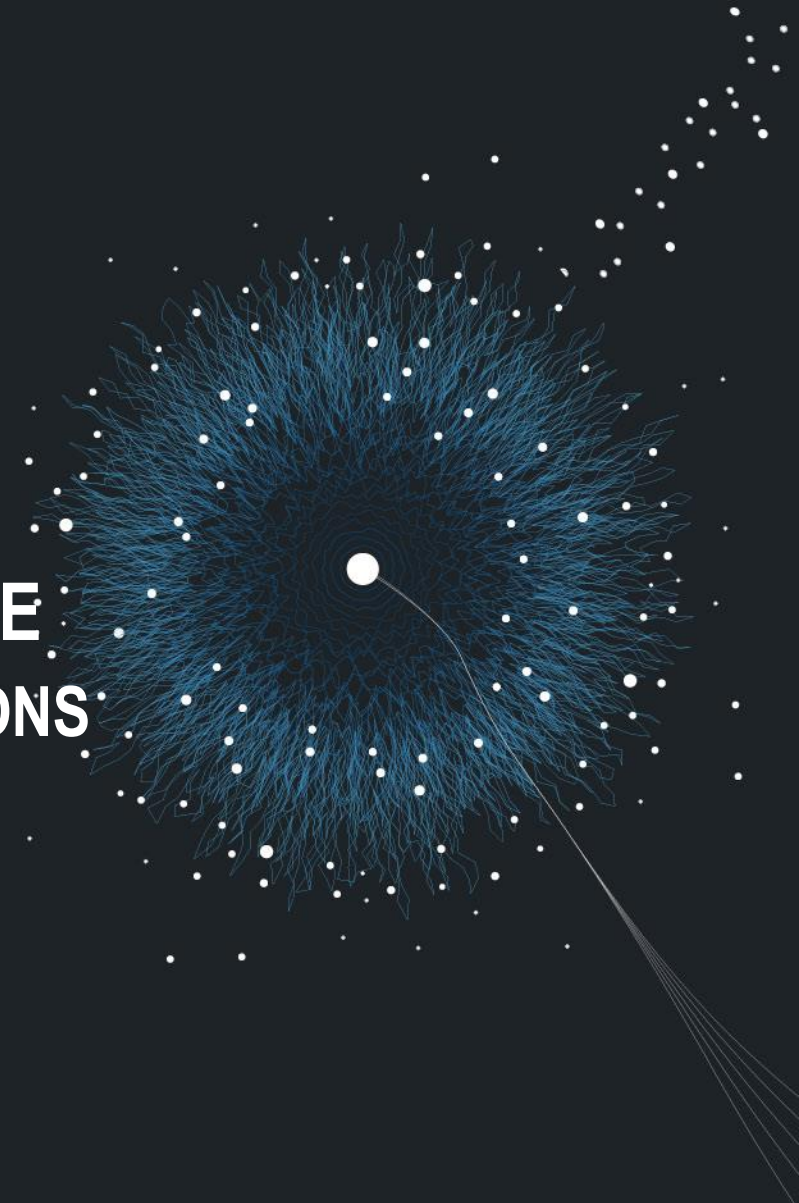
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Human Media Interaction, University of Twente, The Netherlands

IMMERSIVE VIRTUAL REALITY IN THE ASSESSMENT & TREATMENT OF ADDICTIVE DISORDERS: CURRENT STATUS AND FUTURE DIRECTIONS

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ABOUT ME



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I work on **Behaviour Change Support Systems** for vulnerable groups, such as people with an intellectual disability.

I research **embodied learning** strategies in **virtual reality** focusing on the treatment of substance abuse.

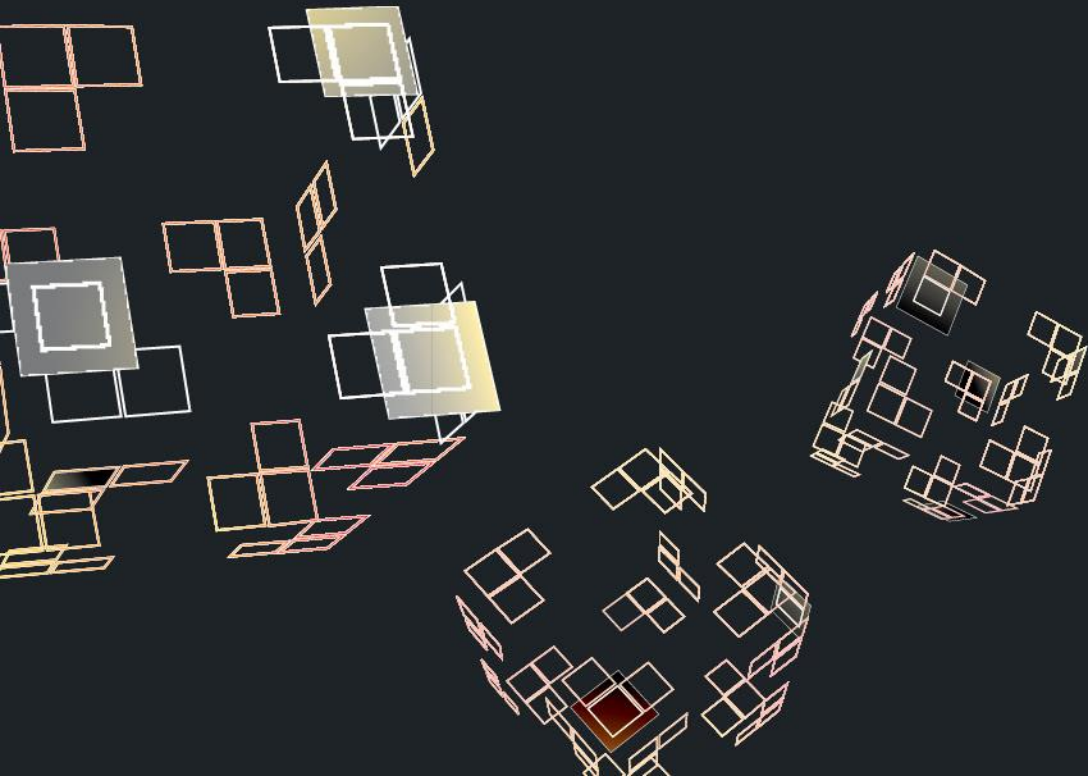
I **develop and evaluate** the **interaction design** to make XR-technology accessible.

I combine **psychology** with **technology** to design playful learning experiences.

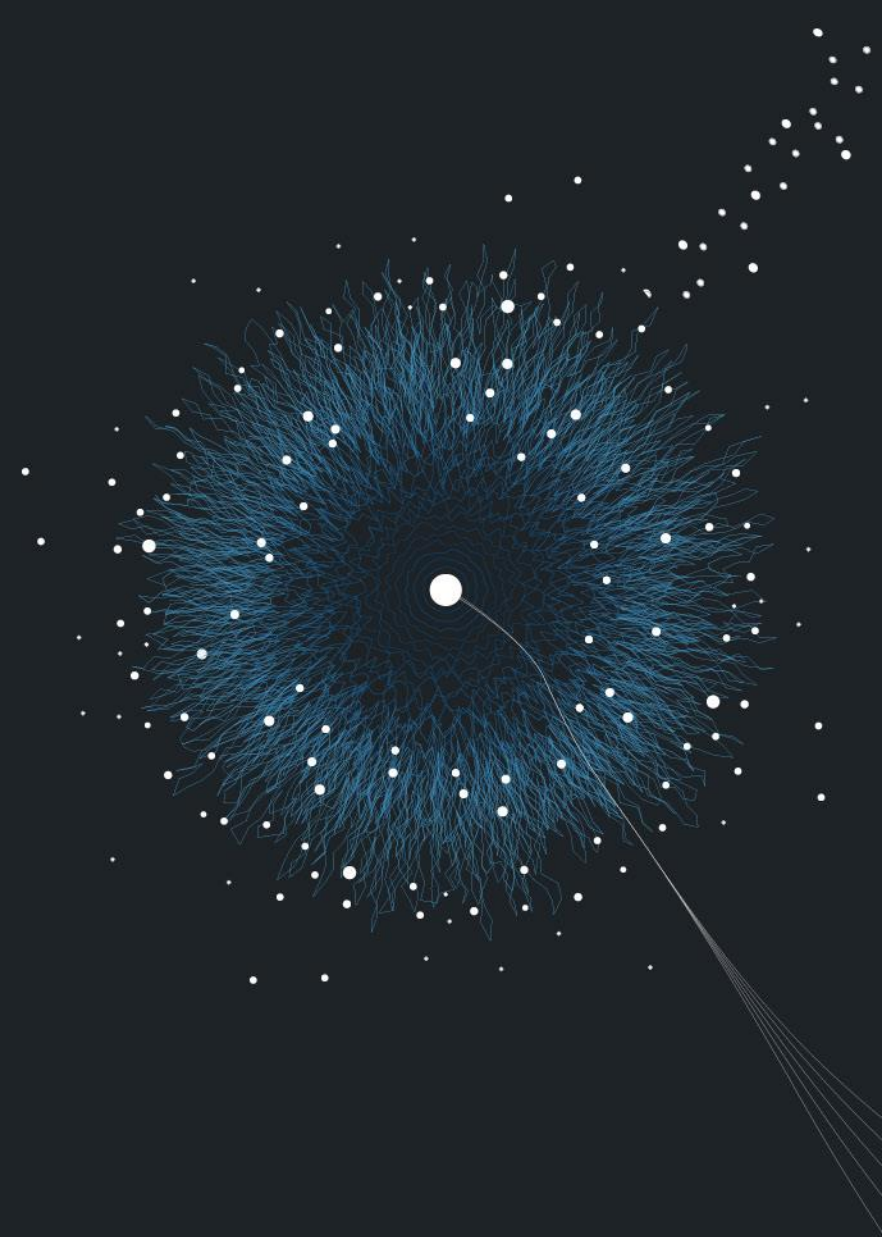
I teach about the importance of **accessible XR** for vulnerable groups + supervise bachelor & master projects.

TABLE OF CONTENTS

1. **Introduction:** (Immersive) Virtual Reality (IVR)
2. **Current status:** IVR in Addictive Disorders (ADs)
3. **Future directions:** IVR in Addictive Disorders



INTRODUCTION TO VIRTUAL IMMERSIVE REALITY (IVR)



IMMERSIVE VIRTUAL REALITY

AN INTRODUCTION

- The user's **senses are substituted** by using special electronic equipment [1]
- Typically, a **Head-Mounted Display (HMD)** is used
- Induces a feeling of **immersion** in the virtual world [2]
- **IVR therapy**: VR Exposure Therapy (**VRET**) proven effective in anxiety disorders [3]



Figure 1. Head-Mounted Display (HMD).



Figure 2. Immersive Virtual Environment (IVE).

IMMERSIVE VIRTUAL REALITY

CONCEPTS

Place illusion [4]

Plausibility illusion [4]

Interactivity [5]

Cybersickness

Universal in VR



Further reading: Slater, M. (2009). Place illusion and plausibility can lead to realistic behaviour in immersive virtual environments. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 364(1535), 3549-3557.

IMMERSIVE VIRTUAL REALITY

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Plausibility illusion [4]

Interactivity [5]

Cybersickness

Universal in VR

Cravings

Psychophysiology

Cue reactivity [6,7]



Figure 3. Grabbing beer in fridge.



Figure 4. Joint in VR.



Figure 5. Vendor selling cigarettes in cafe.



Figure 6. Sense-IT biocueing app to measure heart rates

Further reading: Slater, M. (2009). Place illusion and plausibility can lead to realistic behaviour in immersive virtual environments. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 364(1535), 3549-3557.

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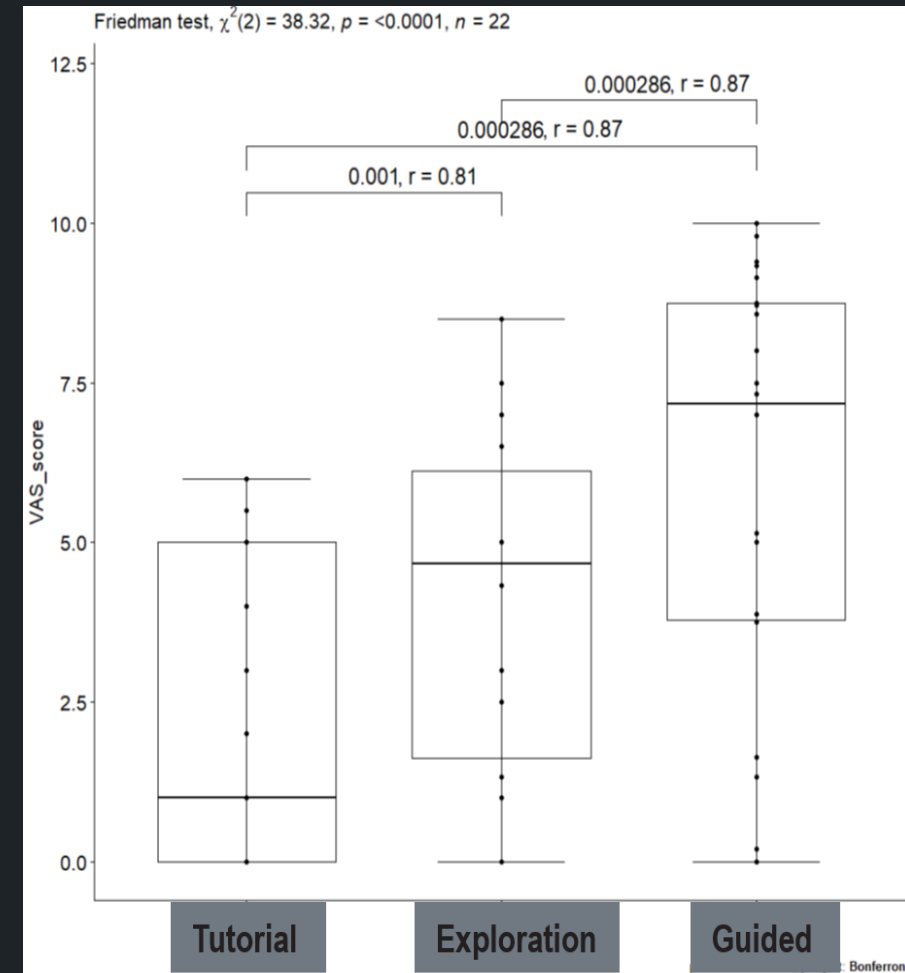


Figure 7. Friedman-test and pairwise comparison based on the Visual Analogue Scale scores [8].

VIRTUAL REALITY (VR)

TECHNOLOGICAL PROGRESS



2017



2019

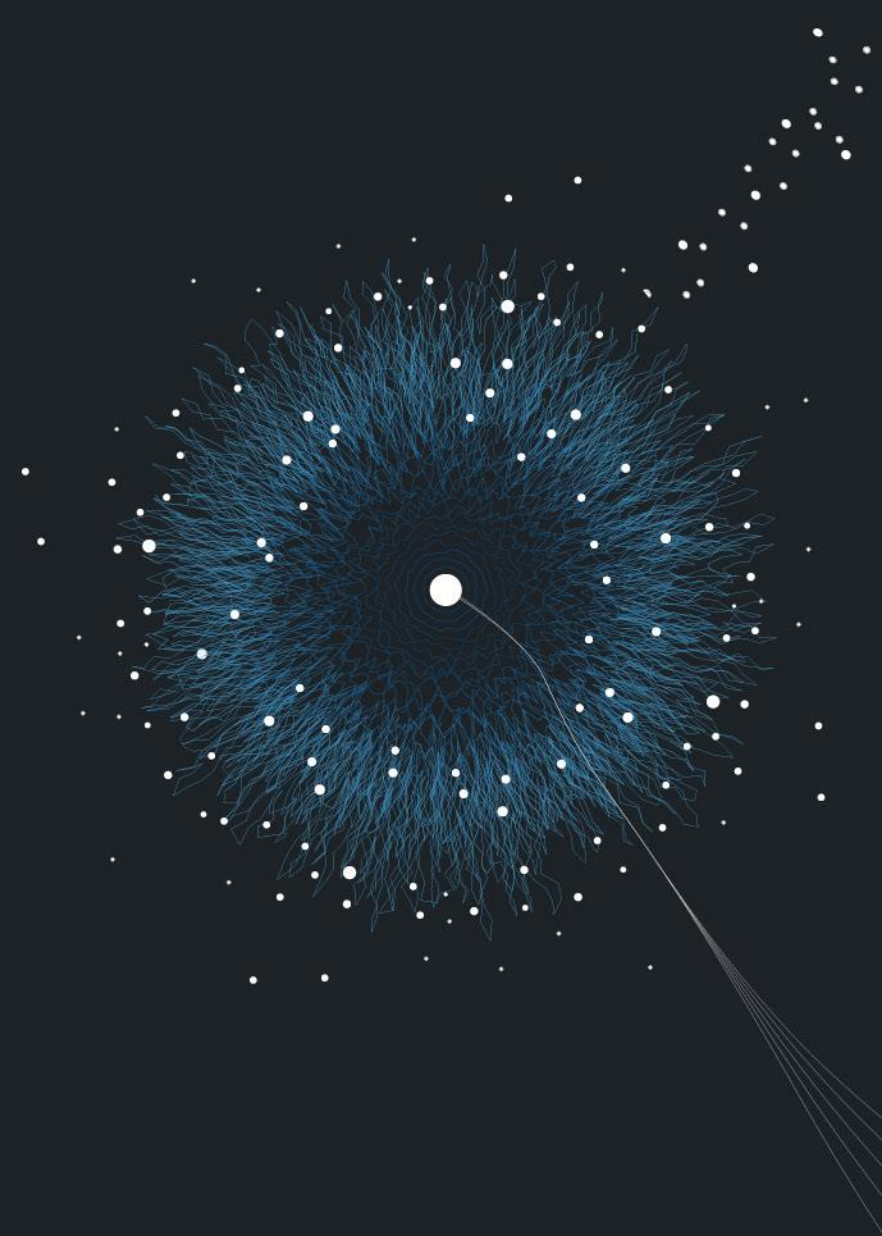


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CURRENT STATUS

IVR IN ADDICTIVE DISORDERS



IVR IN ADDICTIVE DISORDERS

CURRENT STATUS FOR CLINICAL PRACTICE

Systematic review [9]

- Searched PubMed & PsycINFO
- Until November 2020
- Using HMDs



Table 1. PICOS framework to identify eligibility criteria.

Population:	Adolescent or adult humans with addictive disorders (SUD or other addictive behaviors) or daily/heavy use	
Intervention*:	Immersive VR (using Head-Mounted Display) for the assessment or treatment of addictive disorders	
Comparators*:	No limitation	
Outcomes:	Assessment:	Diagnosis, disease severity, measure of treatment effect, or predictor of treatment outcome, related to VR-cue-reactivity (e.g., craving, psychophysiological response, and attention to cues)
	Treatment:	Cue-reactivity, motivation, dependence severity, substance use, abstinence
Study designs:	No limitation, except single case studies (n < 3)	
Timing:	No restriction	
Language:	English	

* Does not apply to the (1) research question focusing on assessment.

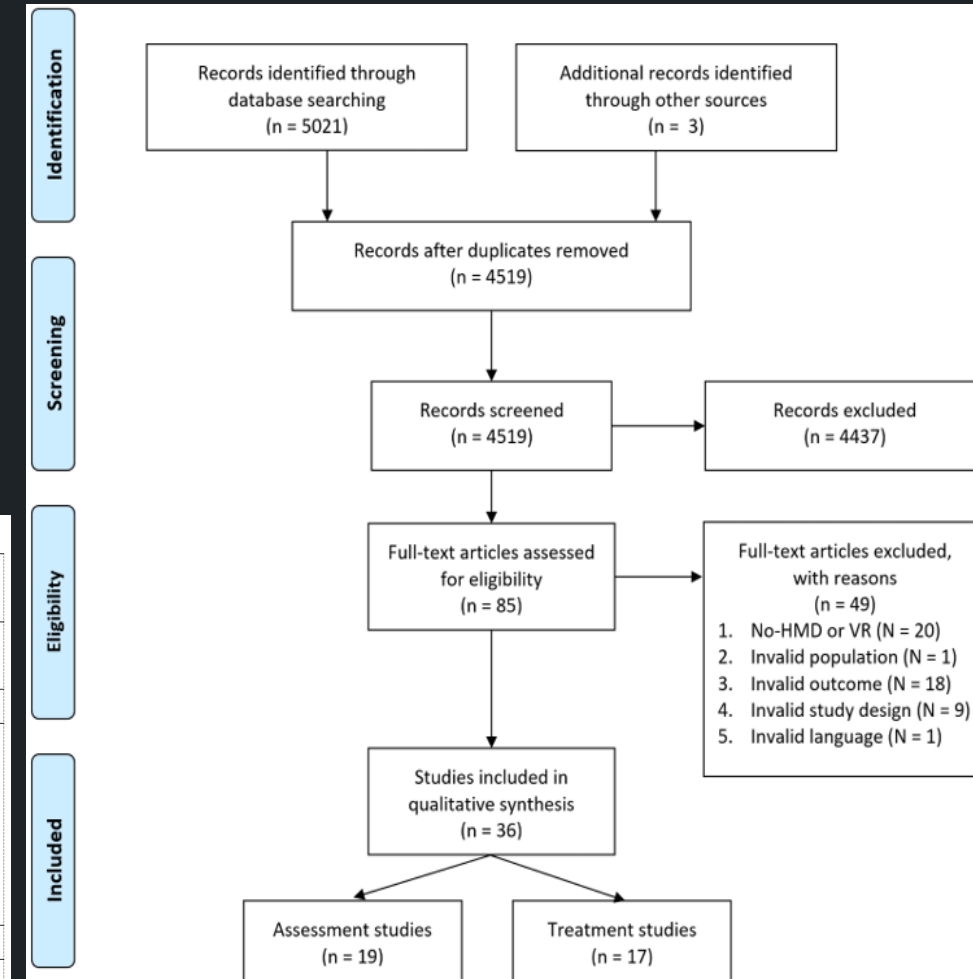


Figure 9. PRISMA flow diagram.

IVR IN ADDICTIVE DISORDERS

CURRENT STATUS FOR THE CLINICAL PRACTICE



Figure 10. Virtual human (agent) drinking beer.

Alcohol

Cocaine

Gaming

Methamphetamine

Gambling

Cannabis

Nicotine

Cue reactivity investigated

Further reading: Segawa, T., Baudry, T., Bourla, A., Blanc, J. V., Peretti, C. S., Mouchabac, S., & Ferreri, F. (2020). Virtual reality (VR) in assessment and treatment of addictive disorders: A systematic review. *Frontiers in neuroscience*, 13, 1409.

IVR IN ADDICTIVE DISORDERS

CURRENT STATUS FOR THE CLINICAL PRACTICE

Assessment

- **Cue reactivity to diagnose** patients with AD
- Physiological measures to **discriminate** patients/healthy controls promising
- No work on prognostic value (e.g., abstinence)
- Most studies show **relationship between cue reactivity and clinical parameters**

Treatment

- **VRET** showed deflating effects, with one study reporting a negative effect compared to standard CBT
- Other interventions, such as **embodied learning, coping skills training, & aversive learning** are promising

BUT: Clinical studies using other interventions are absent!

IVR IN ADDICTIVE DISORDERS

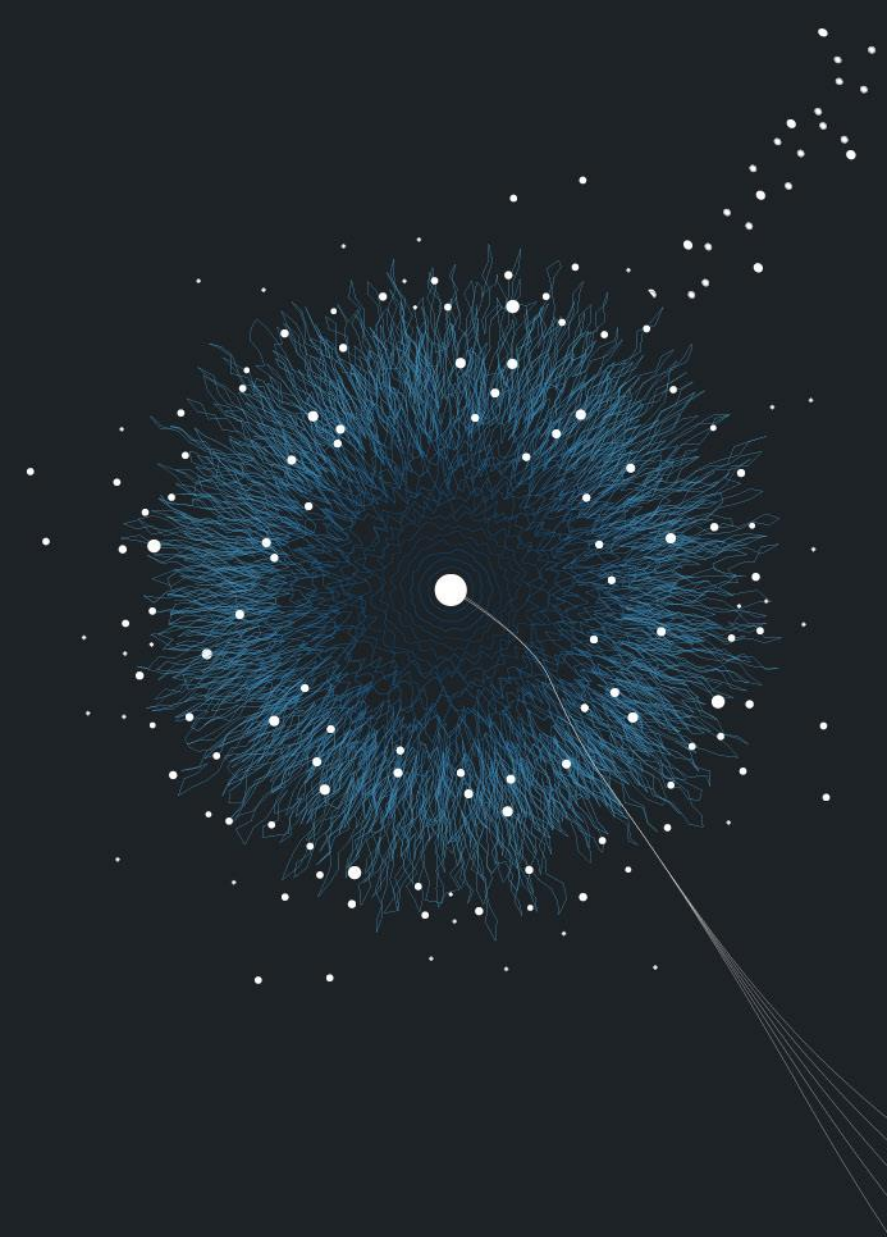
CURRENT STATUS FOR THE CLINICAL PRACTICE

Discussion

- IVR offers promising new paradigms to treat ADs
- **BUT:** Benefits and effectiveness need to be clarified
- We found a lack of methodological rigor and insufficient quality of reporting methods
- Studies with clear clinical endpoints and scientific quality are needed

FUTURE DIRECTIONS

IVR IN ADDICTIVE DISORDERS



IVR IN ADDICTIVE DISORDERS

FUTURE DIRECTIONS

- From passive to **active learning**
 - Coping skills training (e.g., risk situations & coping)
 - Body-centered learning (e.g., crushing cigarettes, bodily signals, mindfulness)
- **Treatment protocols** are needed
 - Link goal to specific learning experience
- **Who can profit?**
 - People with lower literacy, developmental disabilities, & psychiatric comorbidities?



Figure 11. Coping skills implemented in IVR.

IVR IN ADDICTIVE DISORDERS

FUTURE DIRECTIONS

- **Persuasive virtual agents** for refusal skills training
 - Can virtual humans influence patients with AD?
- Embodiment illusions for **body swapping**
 - E.g., seeing drug use through eyes of one's child
- **Therapist involvement**
 - Asymmetric interaction (headset, computer)



Figure 12. Persuasive virtual agent for refusal skills trainings.

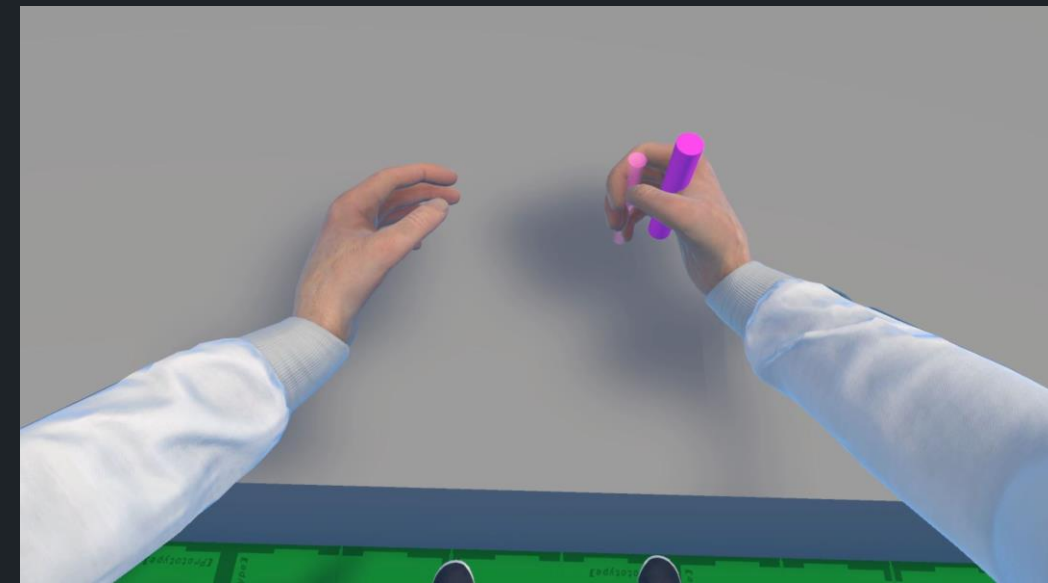


Figure 13. Embodiment illusions in IVR.

THANK YOU FOR YOUR ATTENTION!



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REFERENCES

1. Emmelkamp, P.M. and K. Meyerbröker, *Virtual reality therapy in mental health*. Annual Review of Clinical Psychology, 2021. **17**: p. 495-519.
2. Bown, J., E. White, and A. Boopalan, *Looking for the ultimate display: A brief history of virtual reality*, in *Boundaries of self and reality online*. 2017, Elsevier. p. 239-259.
3. Carl, E., et al., *Virtual reality exposure therapy for anxiety and related disorders: A meta-analysis of randomized controlled trials*. Journal of anxiety disorders, 2019. **61**: p. 27-36.
4. Slater, M., *Place illusion and plausibility can lead to realistic behaviour in immersive virtual environments*. Philosophical Transactions of the Royal Society B: Biological Sciences, 2009. **364**(1535): p. 3549-3557.
5. Mütterlein, J. *The three pillars of virtual reality? Investigating the roles of immersion, presence, and interactivity*. in *Proceedings of the 51st Hawaii international conference on system sciences*. 2018.

REFERENCES

6. Carter, B.L. and S.T. Tiffany, *Meta-analysis of cue-reactivity in addiction research*. *Addiction*, 1999. **94**(3): p. 327-340. Bown, J., E. White, and A. Boopalan, *Looking for the ultimate display: A brief history of virtual reality*, in *Boundaries of self and reality online*. 2017, Elsevier. p. 239-259.
7. Segawa, T., et al., *Virtual reality (VR) in assessment and treatment of addictive disorders: A systematic review*. *Frontiers in neuroscience*, 2020. **13**: p. 1409.
8. Langener, S., et al. *“Go up in smoke”: Feasibility and initial acceptance of a virtual environment to measure tobacco craving in vulnerable individuals*. in *2021 IEEE 9th International Conference on Serious Games and Applications for Health (SeGAH)*. 2021. IEEE.
9. Langener, S., et al., *Clinical relevance of immersive virtual reality in the assessment and treatment of addictive disorders: A systematic review and future perspective*. *Journal of clinical medicine*, 2021. **10**(16): p. 3658.
10. Langener, S., et al., *Immersive Virtual Reality Avatars for Embodiment Illusions in People with Mild to Borderline Intellectual Disability: User-Centered Development and Feasibility Study*. *JMIR Serious Games*, 2022.