

**VRDC**  
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# Virtual Reality for Treatment of Phobias

**Dr Jennifer Hazel**  
Founder and CEO, CheckPoint



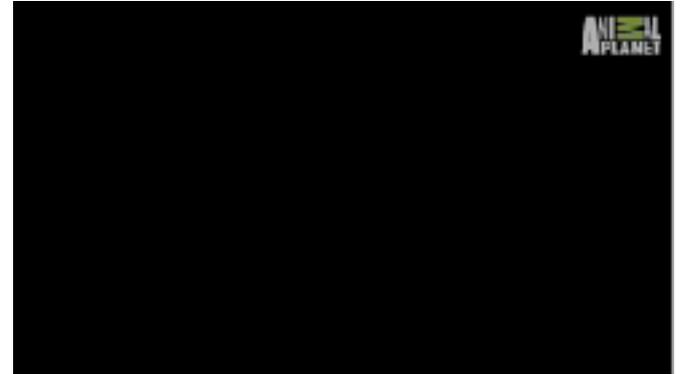
# Goals

1. Defining Phobias
2. History of VRET
3. Discussion of Clinical Evidence
4. Advantages of VR
5. Technical and Design Current Projects
6. Future Directions and Discussion



# Phobias

- Anxiety Disorders
  - Persistent (>6 mo), excessive or unreasonable
  - Specific phobias, social phobia, agoraphobia
  - Specific physiological response
- Current Gold-Standards in Treatment
  - CBT (Cognitive Behavioural Therapy)
  - Systematic desensitization



- Other Treatments
  - EDMR
  - Medication
  - PMR

BMJ Best Practice

# History of VRET



Malbos 2013



# Evidence for VRET

- Effective for fears of: small spaces, heights, flying, spiders (and other small animals), falling, dentists, social situations, public speaking, PTSD...
- Meta-analyses (x3): *As effective, or more effective*, than in-vivo
- There is a dose-response relationship
- Low dropout rates
- Elicits the same physiological response as in-vivo

Powers 2008, Morina 20, Opris 2012, Morina 2015, Kampmann 2016, Diemer 2014, Levy 2016

# Advantages of VR over Traditional Rx



- Private
- Affordable
- Flexible
- Controllable
- Repeatable
- Very low risk
- Preferable for clients
- Low drop-out rates

# Design Considerations

Basic Emotions



Combined Emotions



# Design Considerations

- Environment
  - Staged
  - Varied conditions
- Therapist
  - Real? Virtual? None?
  - Assessment
  - Treatment target
- Representing the Player
  - Virtual hand, demographics



# Design Considerations



- Engaging other senses:
  - Vibrotactile feedback
  - Scent Machine
- Monitoring
  - Physiology, eye tracking
  - Measures ie SUDS
- Graduated vs Flooding
- Benefits beyond phobia treatment

# Current Projects

- RCTs (arachnophobia, dental phobia, flying phobia)
- Virtually Better
- Bravemind
- Sydney Phobia Clinic
- Beyond Care



- Virtual Reality Medical Center
- CleVR
- Presentation Simulator

# Future Directions

- We need more research and understanding
- For that, we need more projects!
- Clinical/tech collaboration is key

# References

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Thank you!



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