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## Therapy Brings Patients to a Virtual World

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By Catherine Donaldson-Evans

### FOX NEWS

**NEW YORK** — A pretty, young teacher stands at the head of a classroom full of the usual distractions -- pencils dropping, kids coughing and paper airplanes flying -- as students try to follow the lesson.

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But the "classroom" is actually a virtual reality scene used to test and treat kids with attention deficit disorder -- part of the growing but still-niche practice of virtual reality therapy.

"We wanted to design a system that would provide a better assessment of attention skills than the current tests," said Skip Rizzo, who directs the virtual environments lab at the University of Southern California's Integrated Media Systems Center.

Currently, about 10 clinics in the U.S., as well as ones in Italy, Spain, Korea, England, Canada and Argentina, use virtual reality to help treat people with

phobias, anxieties and other disorders.

"Virtual reality provides a middle ground for working with distortions, whether they're fear distortions or body-image distortions," said Brenda Wiederhold, executive director of the Virtual Reality Medical Center in San Diego, Calif. "We still want the person to confront whatever they're afraid of in the real world but we use VR as a beginning point."

For more than five years, the Virtual Reality Medical Center has been using the systems developed by Rizzo and others for patients with anxiety problems like eating disorders, panic disorders and phobias including fear of flying, driving, open spaces, crowds and public speaking.

Even more cutting-edge is technology using virtual reality and a 360-degree video camera that films a party for social-phobic therapy. The system will allow the patient to feel like part of the gathering as it grows into a full-swing bash and he or she confronts increasing social anxiety.

"We got actors and filmed at a house and actually had a party," said Rizzo, who is

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leading the research and development of the experimental system.

Separate shots were taken of actors approaching the camera and asking questions. The film was edited into the party footage so those "guests" can seemingly interact with the patient.

Proponents of VR-assisted treatment say it allows therapists to control the setting while providing a more realistic atmosphere than traditional methods using talk therapy and visualization techniques.

Psychologist Paula Levine, director of the Agoraphobia Resource Center in Coral Gables, Fla., has her phobic patients imagine worst-case scenarios and use techniques like deep breathing to get them through the scary experience.

"We have them visualize the situation using their imagination in our office," she said.

But visualization can have its limitations. Wiederhold said only about 15 percent of the population have good imagery skills, so in-office mental exercises can be less-than-effective in many cases.

The difficulty with visualization is one of the reasons the Anxiety Treatment Center in Schaumburg, Ill., puts its patients into therapist-guided real-life situations. The fear-of-flying course, for instance, ends with an actual flight.

"We do as much real-life exposure as we can," said Executive Director David Carbonell. "If someone is afraid of flying, we take them in an airplane."

Carbonell doesn't use VR technology, in part because of the prohibitive costs and in part because he believes real-world treatment is more effective.

Of virtual reality methods, he said, "I didn't think it was an improvement over what I can do now."

Virtual reality has been incorporated into therapy since the early 1990s, but the slow evolution of the technology and its exorbitant costs (up to \$8,000 for the equipment) have prevented it from catching on quickly.

"It's not that widely used yet," said Wiederhold. "The cost still seems prohibitive for mental health professionals."

But in spite of the slow growth of the movement, Wiederhold and others in the field believe VR is the wave of the future in psychotherapy.

"While talk therapy will never disappear, VR technology can serve as a tool" to measure how people react in a simulated situation like the one they're having trouble with, Rizzo said.

"This isn't going to replace all the traditional methods, but it will enhance the capabilities of traditional methods," he said. "We've got a good future ahead of us to revolutionize how therapy and other areas of psychology are done."

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