

The background features a sunset over a mountain range. The sky is filled with orange and yellow clouds, and the sun is low on the horizon. The mountains are silhouetted against the bright sky. A large, semi-transparent geometric graphic, consisting of overlapping triangles and lines in shades of blue and yellow, is overlaid on the right side of the image. The text 'NIAATP' is in a light blue, sans-serif font, and 'NATIONAL 2024' is in a white, sans-serif font with a yellow outline, positioned in the lower half of the image.

NIAATP
NATIONAL 2024

Artificial Intelligence & Virtual Reality: The Future of Technology in Treatment Services



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IMAGINE A FUTURE

Current Limitations In Treatment



systemic barriers, societal barriers,
individual barriers, innovation
gaps



Pandemic Silver Linings

exposed vulnerabilities, enter
telehealth,
new technologies

PRESENTATION OBJECTIVES

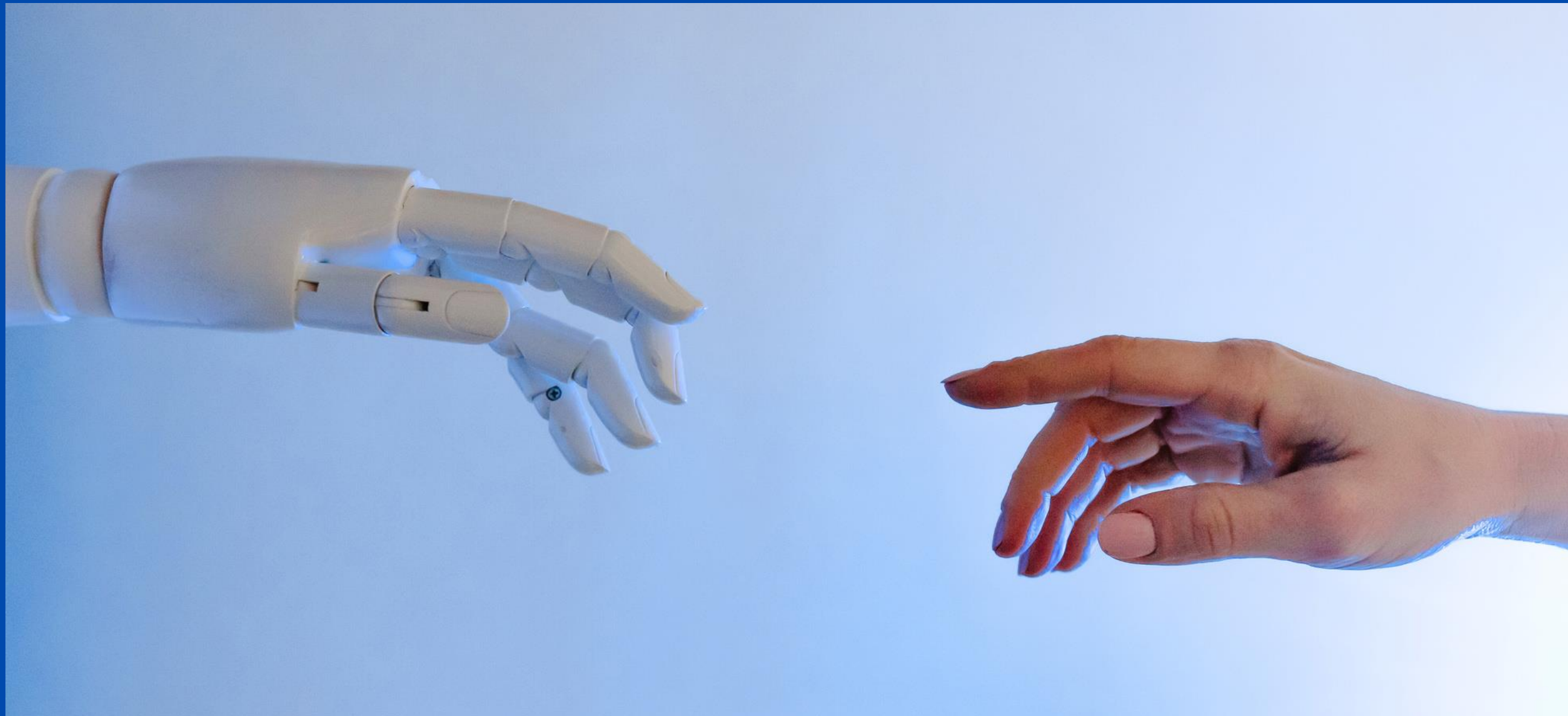
Role of AI

Role of VR

Integration of AI & VR

Future Possibilities





ARTIFICIAL INTELLIGENCE IN SUD Treatment

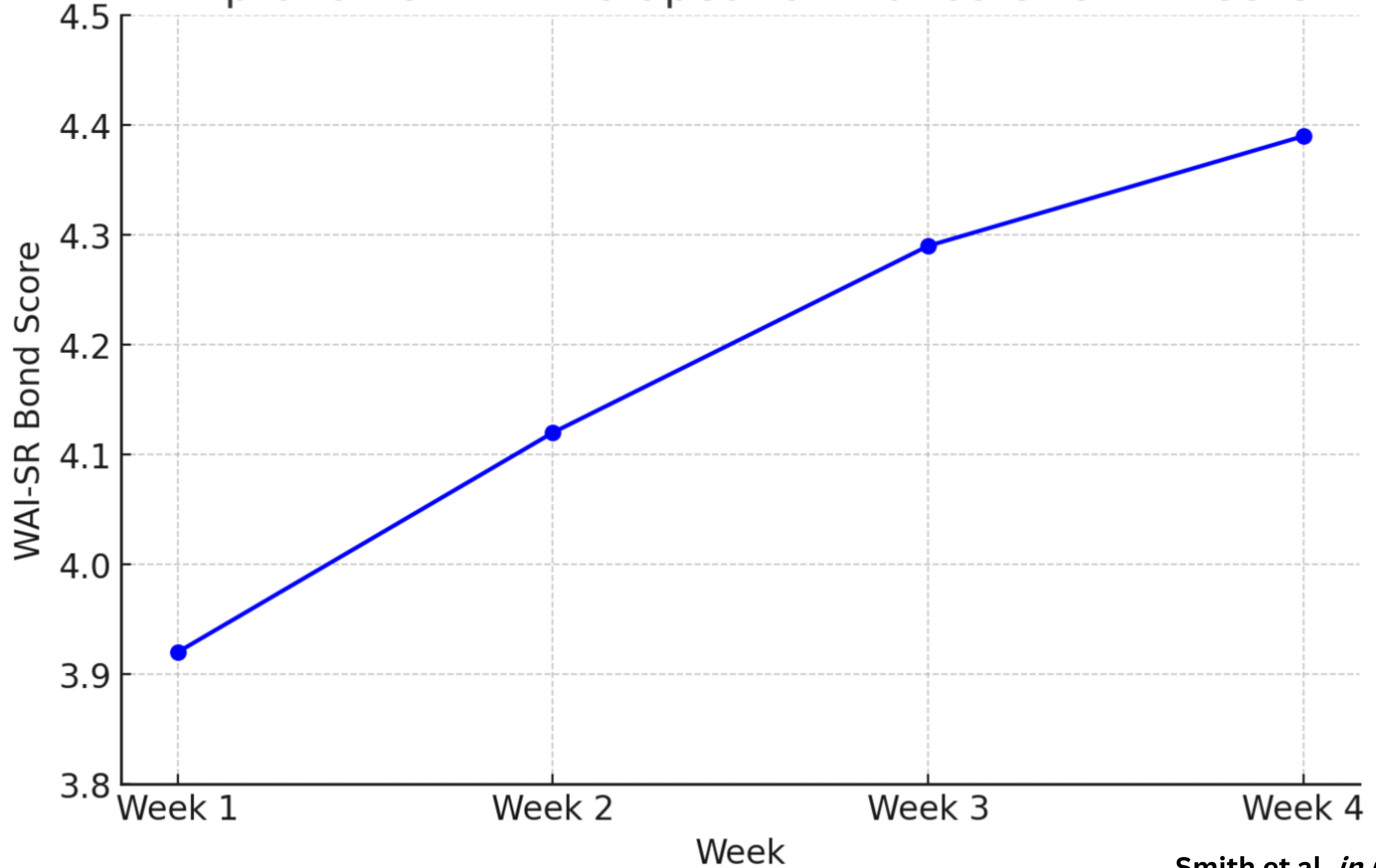
CURRENT APPLICATIONS AND RESEARCH



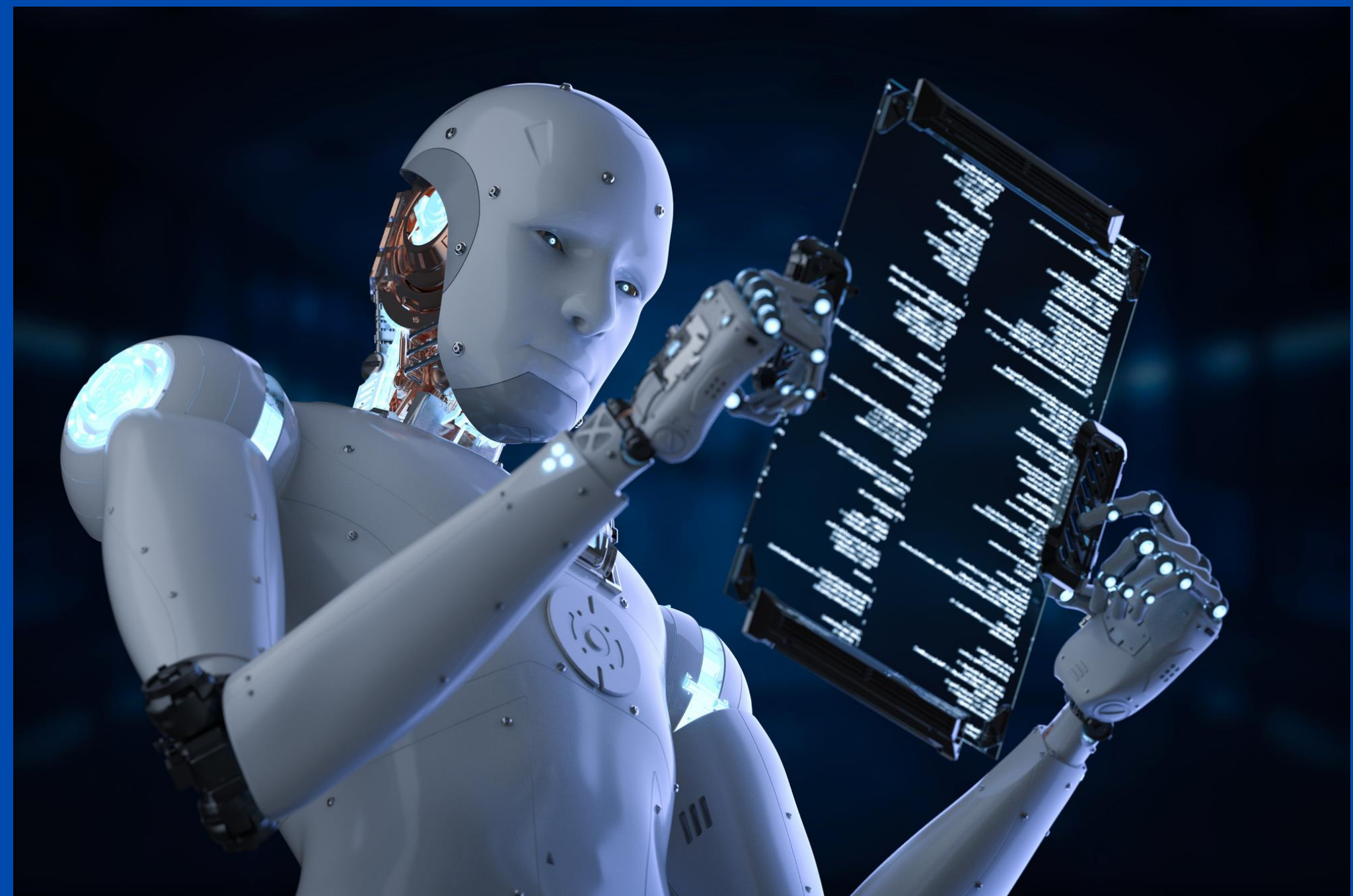
therapeutic alliance

Beatty et al. 2022

Improvement in Therapeutic Alliance Over 4 Weeks



CURRENT APPLICATIONS AND RESEARCH



artificial intelligence
treating SUD

Prochaska *et al.* 2021

AI CONSIDERATIONS AND CONCERNS



privacy, bias, depersonalization,
ethics, accuracy, equity,



AI FUTURE POSSIBILITIES

documentation, predictive analytics, personalized treatment,
digital therapeutics, behavioral monitoring, data collection

IMMERSIVE VIRTUAL REALITY

- Powerful illusion that comes through visual, audio, and other senses
- Visual display + 3D audio synced with vestibular inputs: brain logs 'reality'



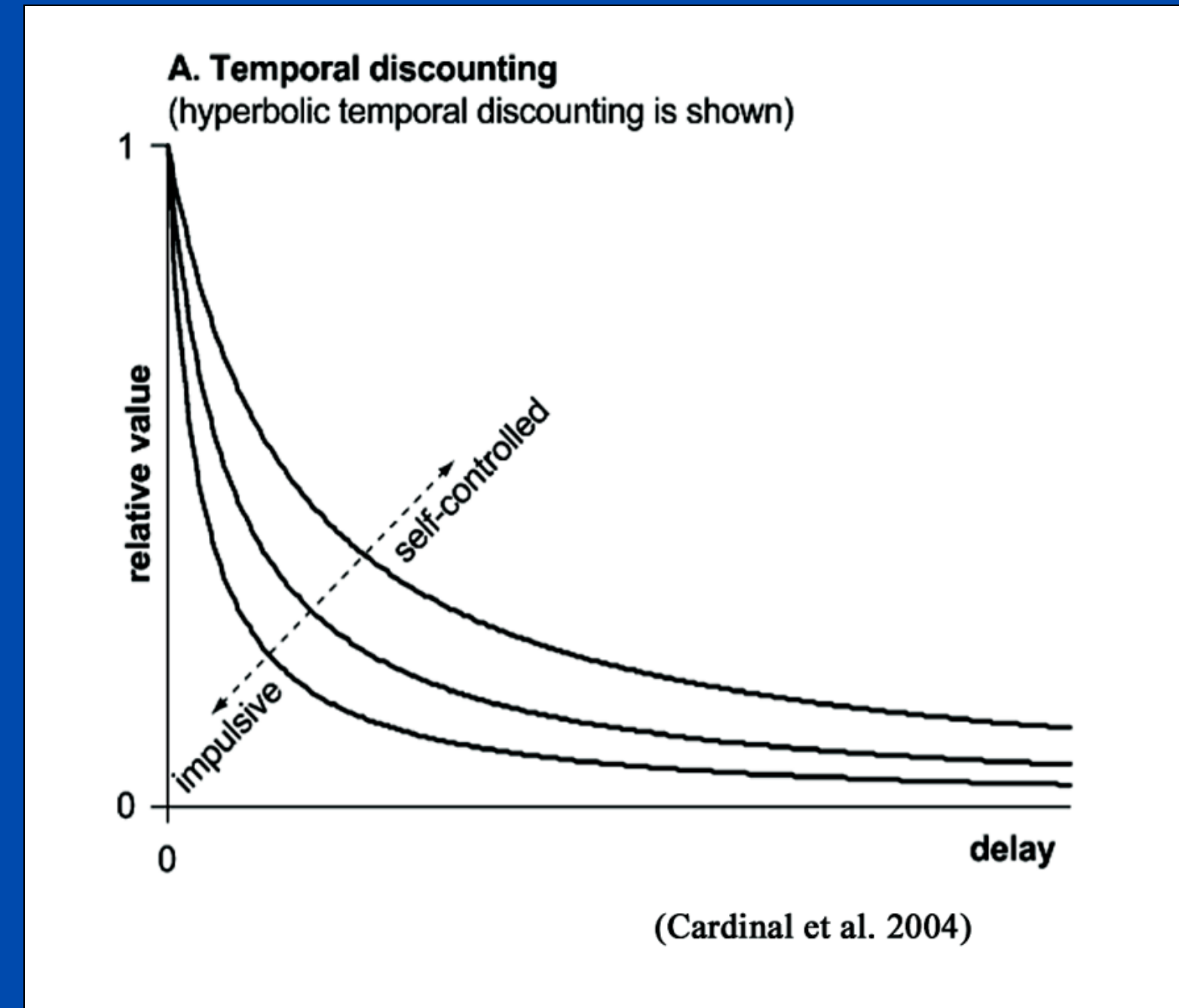
- “Presence”—the perception of actually being in the virtual place
- The experience is not real, but the emotional responses *are* real

VIRTUAL REALITY & SUD

- Drug cue habituation
- Virtual therapists
- Scenario skills training
- Experiential psychotherapy

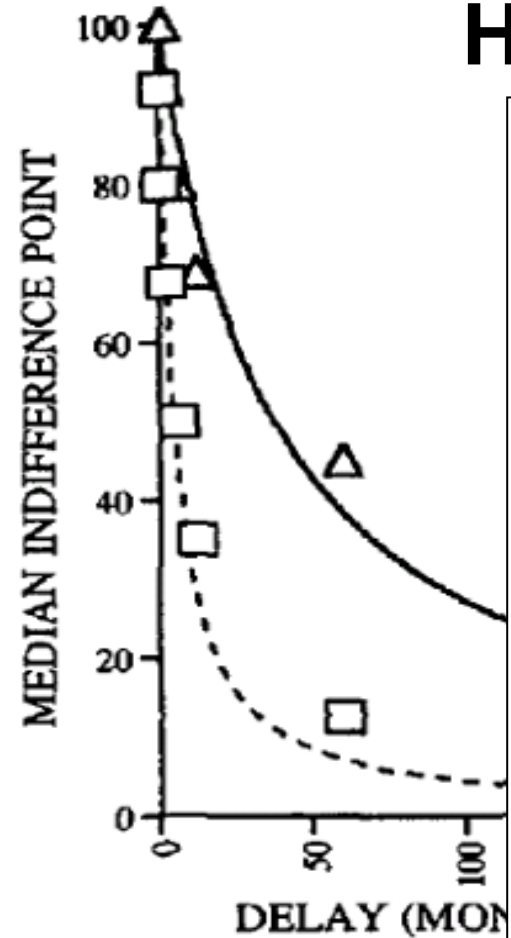
IMPULSIVE CHOICE

- “Myopia for the future”
- Choosing smaller immediate rewards over larger delayed rewards (*Rachlin & Green 1972*)
- Delay discounting tasks bargain with participants to quantify delay tolerance

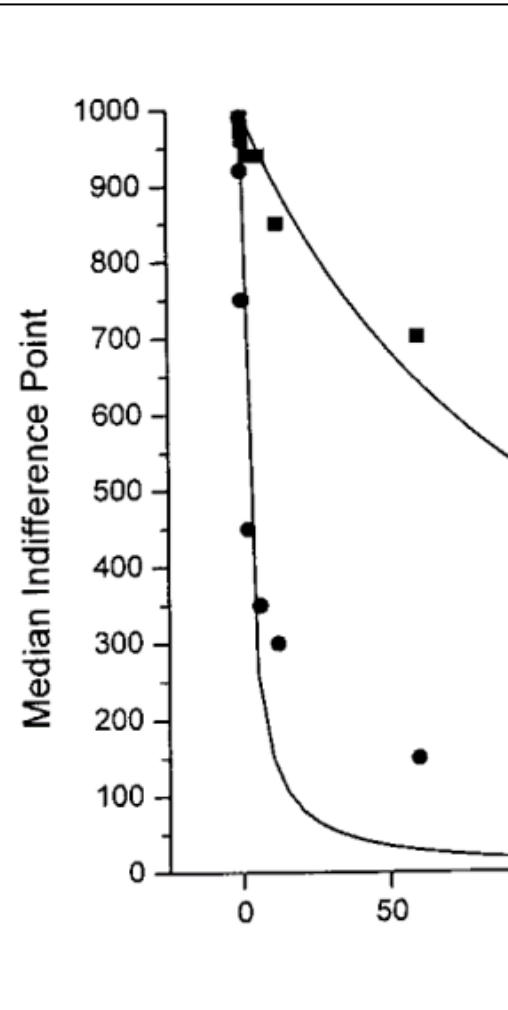


IMPULSIVE CHOICE: A HALLMARK OF ADDICTION

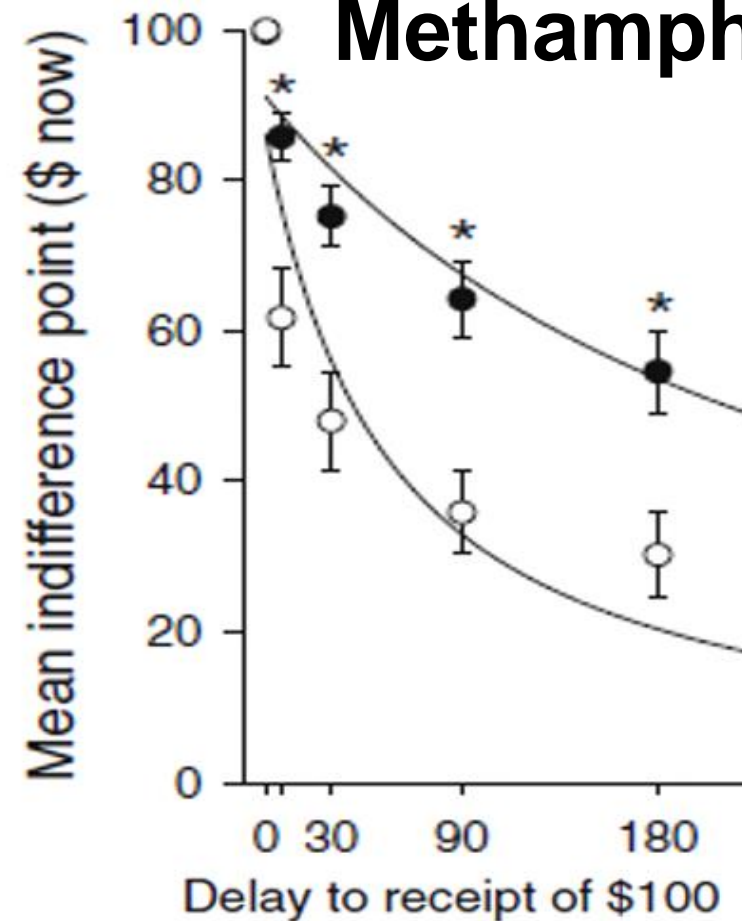
Heroin



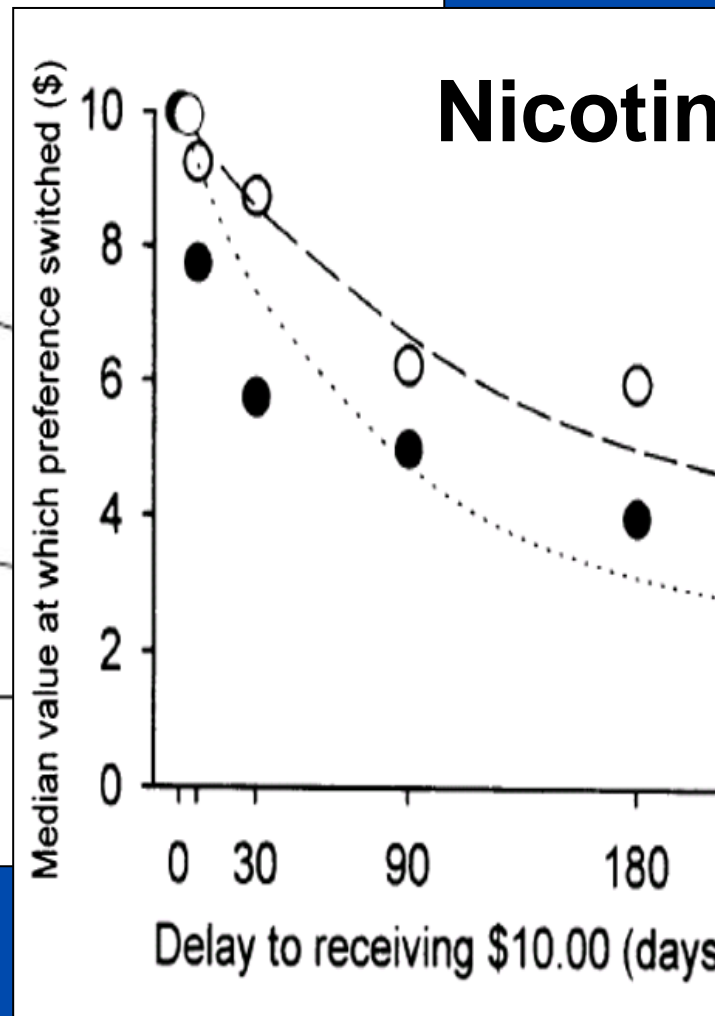
Cocaine



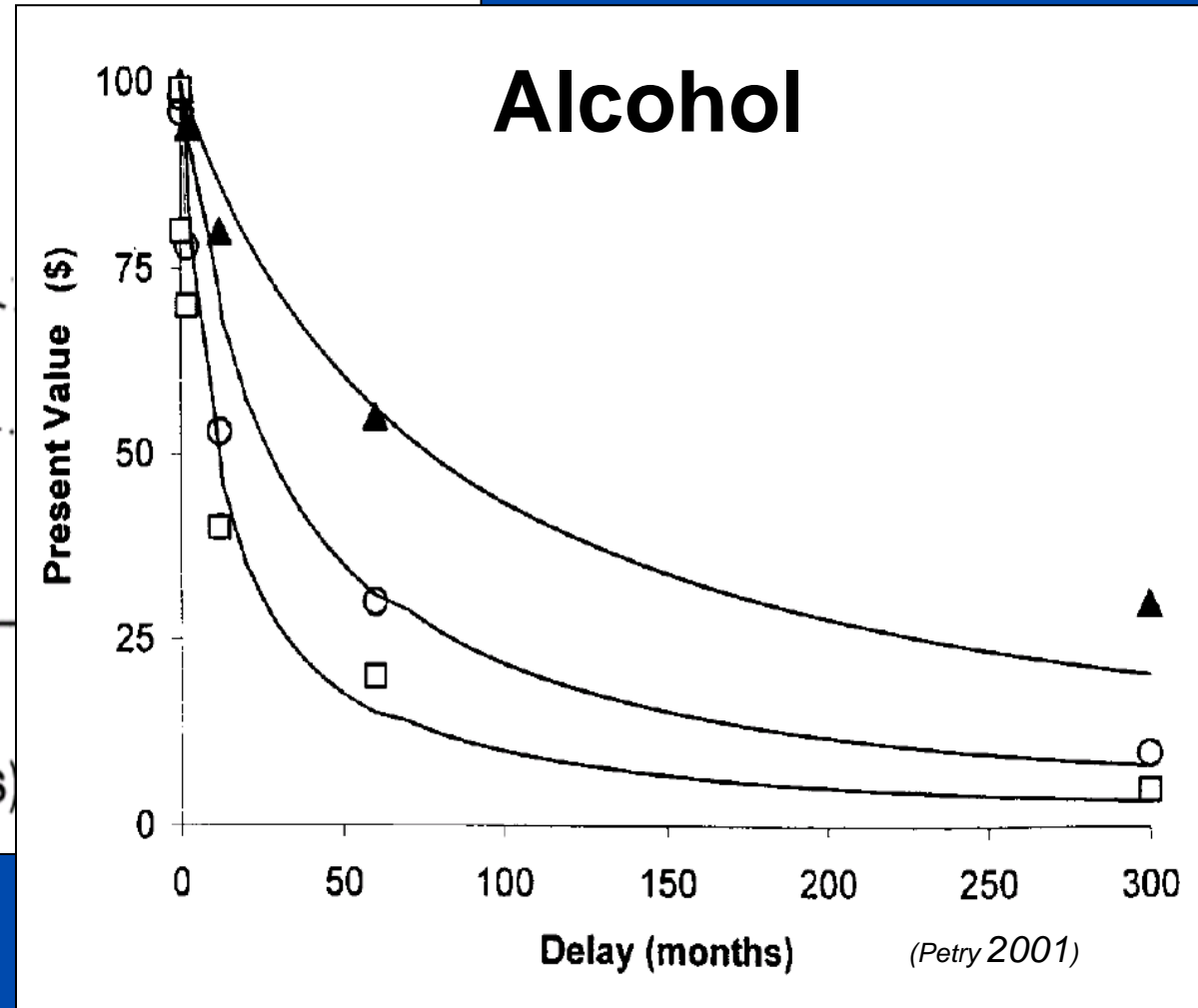
Methamphetamine



Nicotine

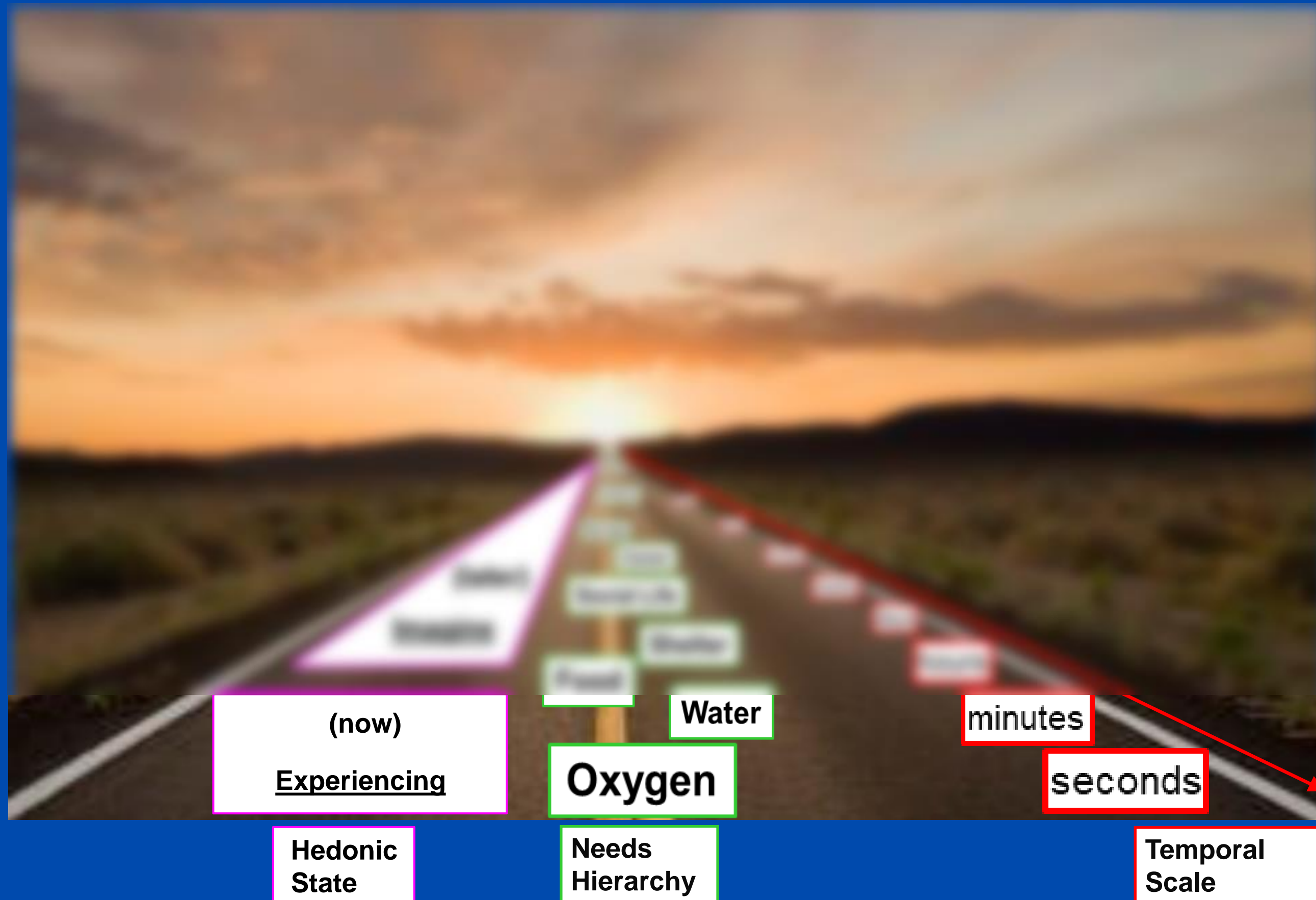


Alcohol



Steepness of discounting is robustly associated with addiction severity, [across drug class \(meta-analysis, Amlung et al. 2017\)](#)

TIME HORIZONS AND SUD



TIME HORIZONS AND SUD

The Feared Self

Paternoster & Bushway 2009

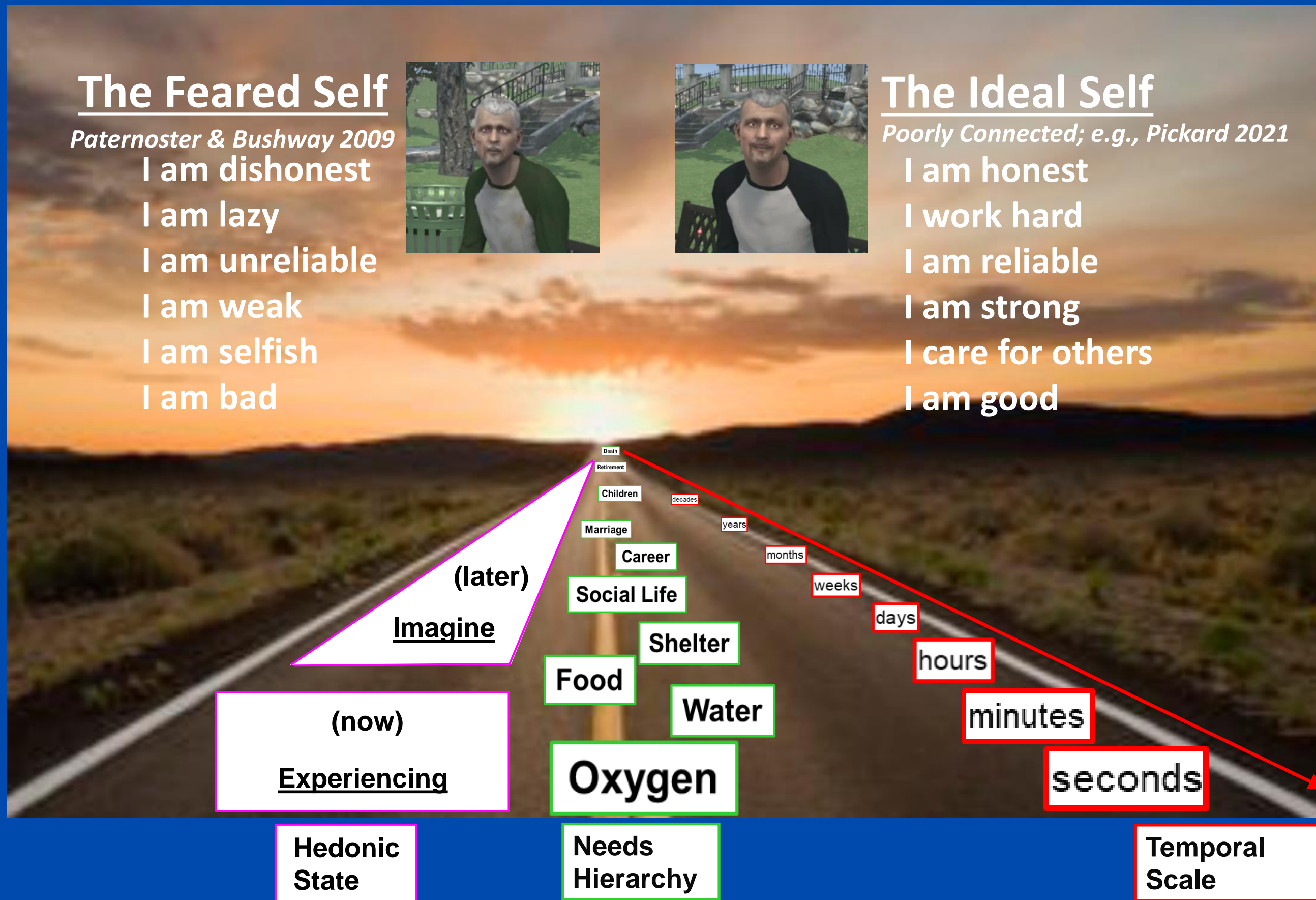
- I am dishonest
- I am lazy
- I am unreliable
- I am weak
- I am selfish
- I am bad



The Ideal Self

Poorly Connected; e.g., Pickard 2021

- I am honest
- I work hard
- I am reliable
- I am strong
- I care for others
- I am good



EXPERIENCE A PERSONALIZED FUTURE

- Future self-continuity and self-discrepancy
(Hershfield et al., 2011, Higgins 1987)
- Effective elements of future thinking
 - Episodic *(Atance & O'Neill 2001)*
 - Autobiographical *(Daniel et al., 2013)*
 - Future-oriented *(Lin & Epstein 2014)*
 - Vivid *(Rösch et al. 2021)*
 - Content-specific *(Chiou & Wu, 2017)*
- Increase valuation of the future through connection with the future self *(Hershfield 2011)*
- Uniquely personal



TWO PLAUSIBLE FUTURES

Your two future selves (year 2039) speak to you *in your own voice* about your loved ones, fears, hopes and dreams for your future



Addiction Self



Recovery Self

“The path you choose depends on what you do *today*”

OPEN-LABEL PILOT STUDY



**Habituation
VR**



**Future Reality Portal
VR**



fMRI



- Delay discounting
- Future Self Similarity
- Self Efficacy

- Delay discounting
- Future Self Similarity
- Self Efficacy

**Daily
Reminders**



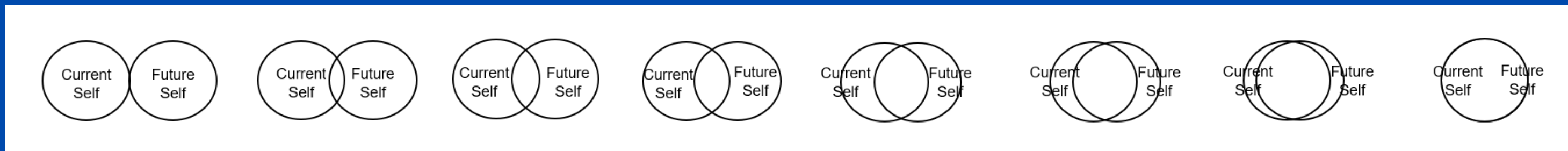
**30-day
Follow-up**

- Delay discounting
- Future Self Similarity
- Self Efficacy
- Drug use

Study Day

No Connection

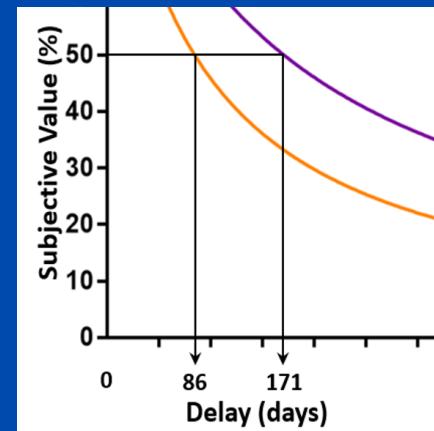
Full Connection



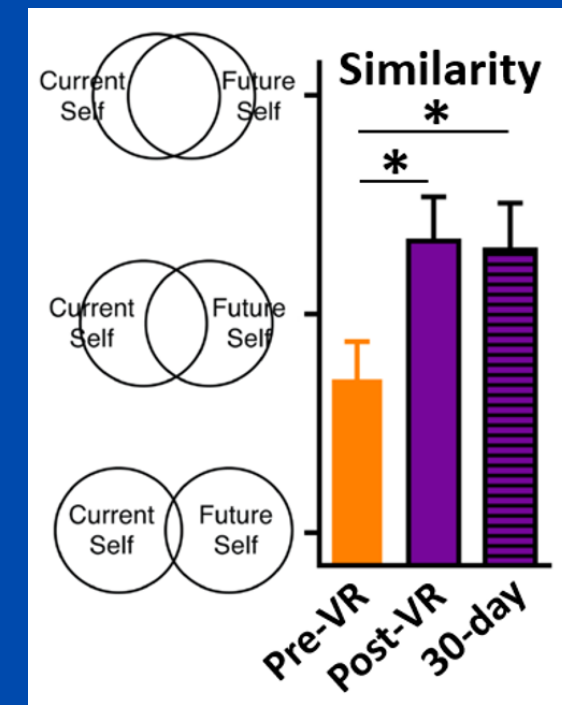
RESULTS

The Future Reality Portal:

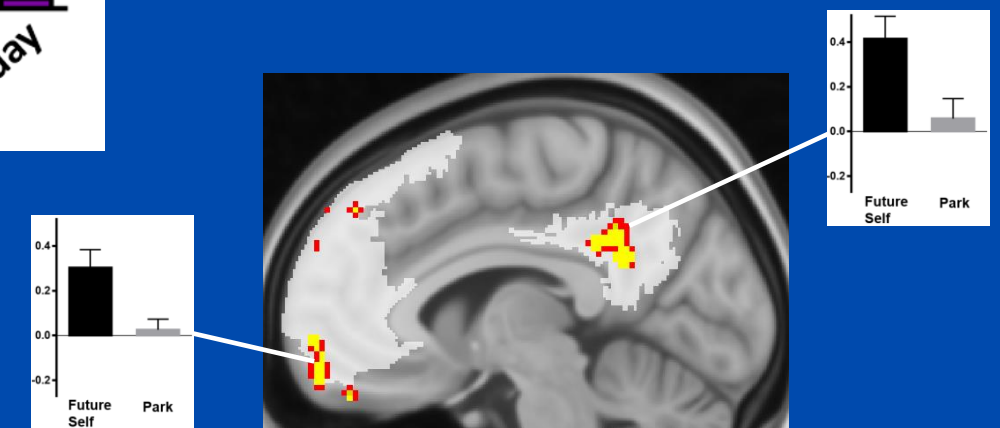
1. Increased delay tolerance



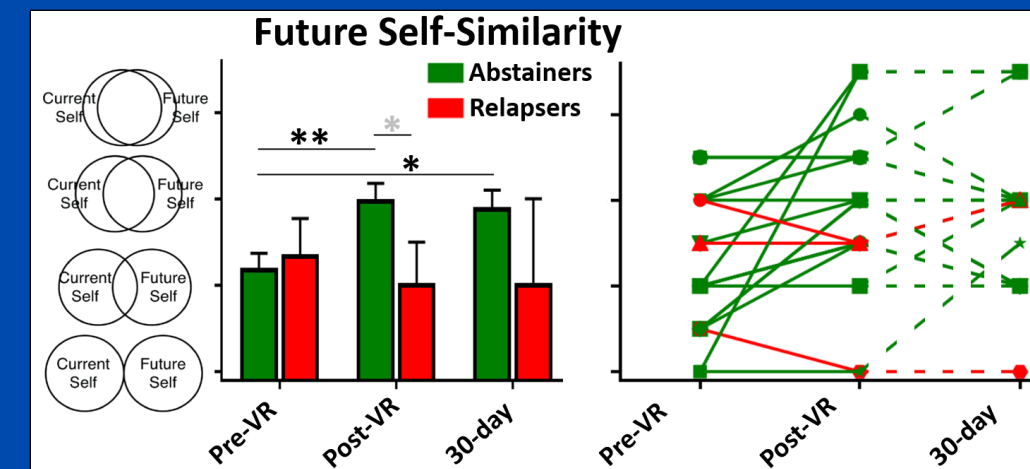
2. Increased future self similarity



3. Increased introspective brain activation



4. Resulted in 86% 30-day abstinence



PUBLISHED AND FUNDED

Discover Mental Health



Research

Virtual reality intervention effects on future self-continuity and delayed reward preference in substance use disorder recovery: pilot study results

Yitong I. Shen^{1,2} · Andrew J. Nelson³ · Brandon G. Oberlin^{1,2,4,5}

NIH-Funded Virtual Reality Randomized Controlled Clinical Trials:

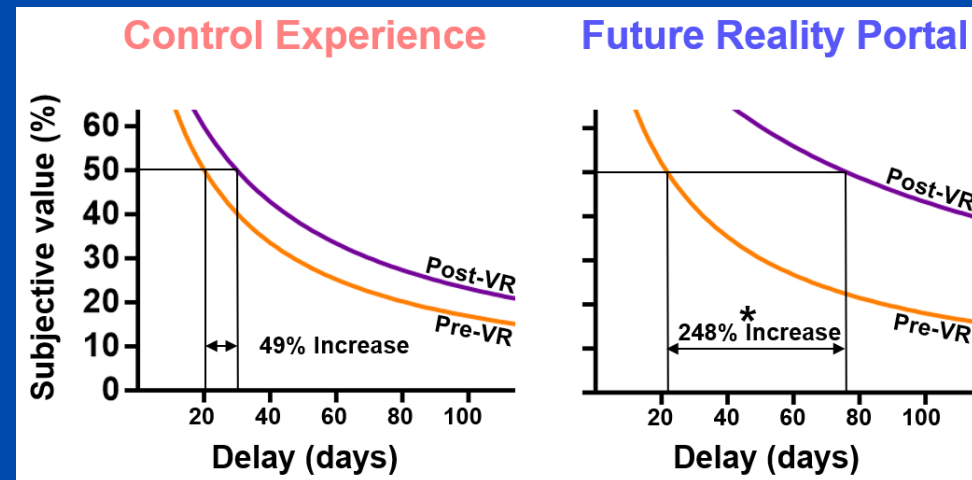
- **NIAAA R01; Clinical trial NCT06302413**
(Alcohol: Single & 30-day VR; 30-day & 6 mo. follow-up; VR control)
- **NIDA R34; Clinical trial NCT05835921**
(Stimulants: Single VR; 30-day & 6 mo. follow-up; TAU control)
- **NIDA R41 (STTR); Clinical trial NCT05908097**
(Opioids: Single VR; 30-day follow-up; TAU control)



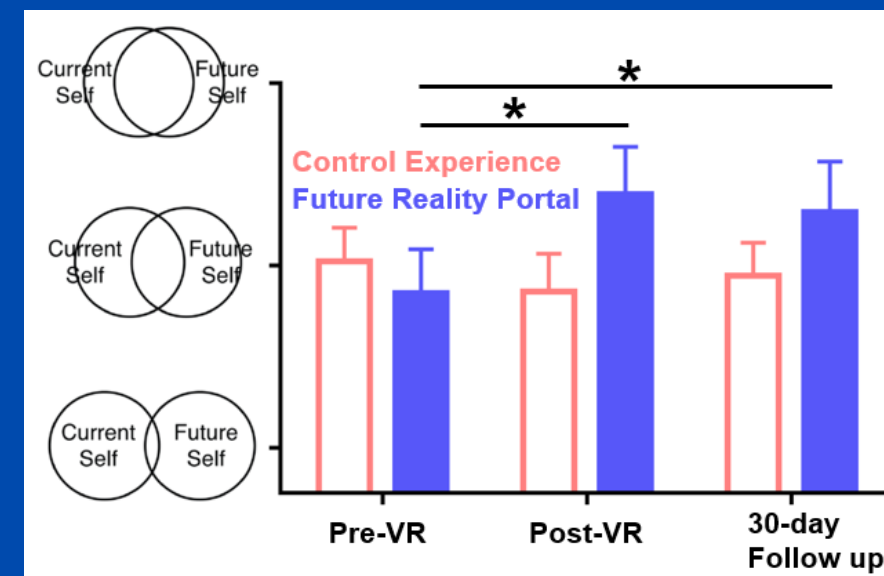
PRELIMINARY DATA

Randomized Controlled Trials: Significant effects ($n=44$, ongoing)
Control Experience and Future Reality Portal in Early Recovery (<1yr)

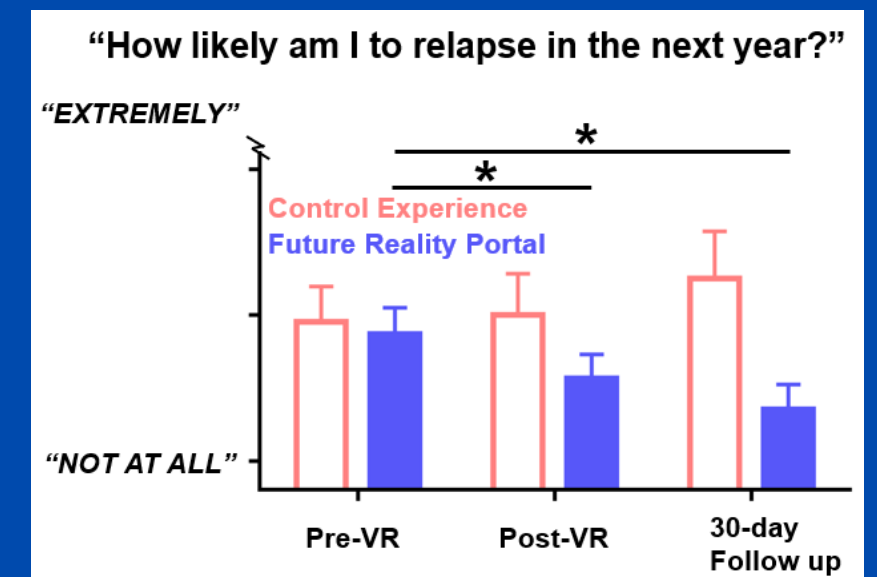
1. Greater delay tolerance



2. Greater future self similarity



3. Greater self-efficacy



4. Subjects with no gain in future self-similarity were twice as likely to relapse as gainers (89% abstinence rate)

FUTURE REALITY PORTAL FEEDBACK

STUDY DAY DEBRIEF (FRP only)

PARK0100: “It really got me, because it just made it more real. And the fact that I don’t wanna be like that in 15 years.”

“It will be on my mind everyday, to stay clean and why I am doing this, and I just really enjoyed this.”

RENTS0123: “There was a time to reflect in the VR experience. How two different paths give totally different futures. The experience with the path of not using... those promises of the life that you can expect, was enticing.”

PARK0091: “Just assuring myself what I will look like in the future, how I will act... not regretting anything if I stopped using... making the most of today, like wise decisions”

VIRTUAL REALITY CONSIDERATIONS

CONCERNS

Practical

1. Barriers to adoption
 - a. Cost
 - b. Burden on therapists
 - c. Skepticism from patients
2. VR sickness or discomfort

Ethical

1. Social impairment
2. VR escapism

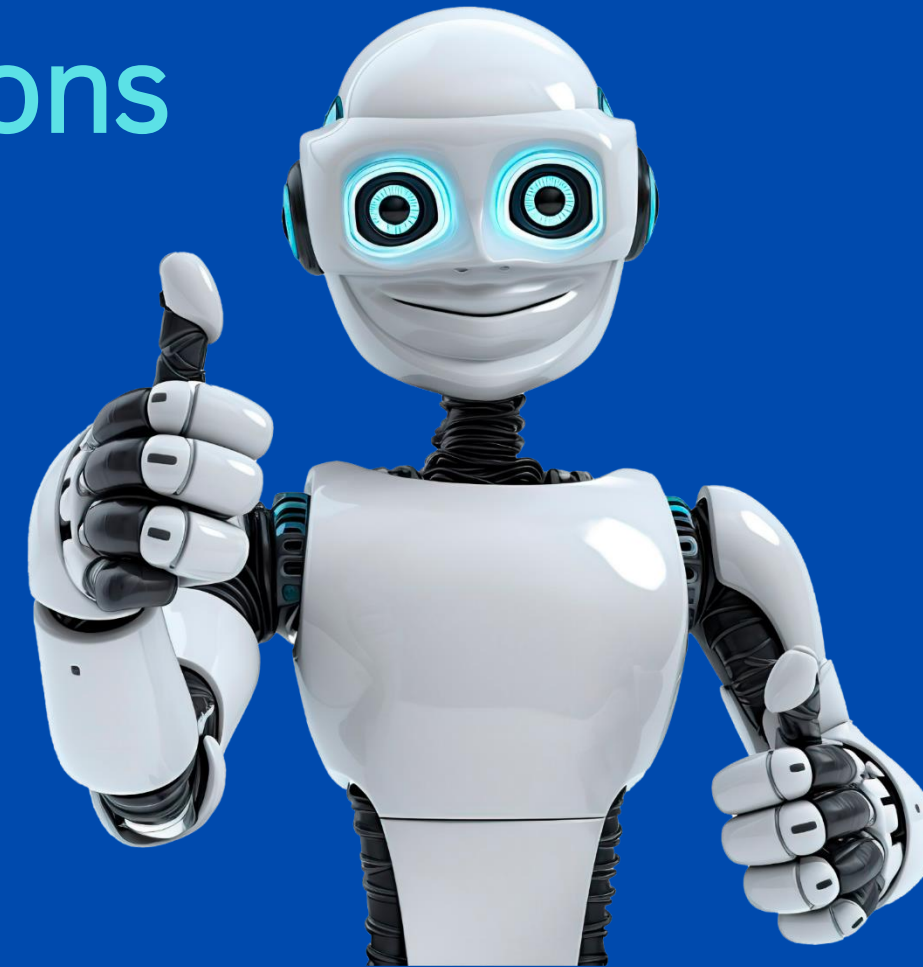
STRENGTHS

1. New types of therapies, e.g., scenarios otherwise impossible
2. Increasing adoption
 - a. Declining cost, increasing value
 - b. Virtual therapists
 - c. Enhanced therapeutic alliance
3. True anonymity
 - a. Increased disclosure
 - b. Remote participation
 - c. Increased inclusivity

INTEGRATING AI AND VR

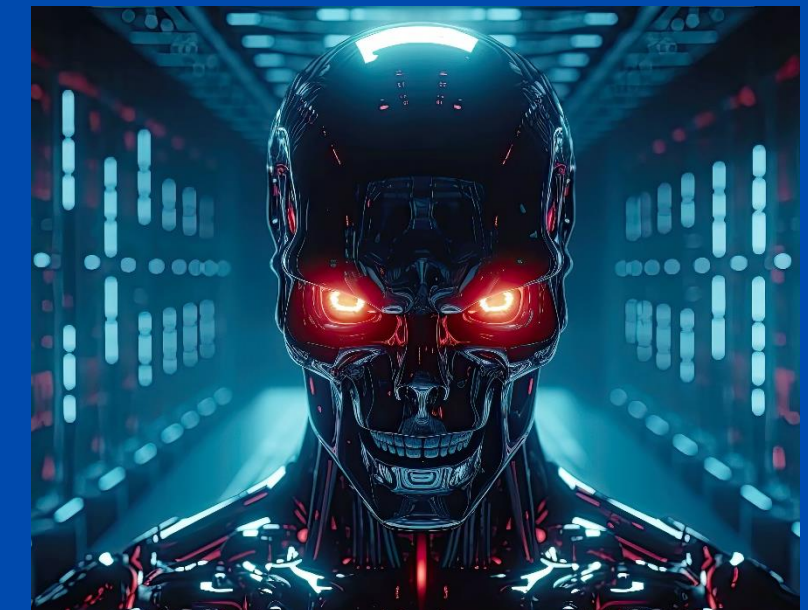
1. Extremely powerful interventions

- a. Immersive
- b. Interactive
- c. Personalized
- d. Persuasive
- e. Available on demand



2. Automated manipulation

- a. Unsupervised
- b. Potentially unhealthy relationship
- c. Bad actors with machine access
- d. Loss of autonomy; dependence



FUTURE OF TREATMENT



assessments and personalization

FUTURE OF TREATMENT



immersive therapy sessions

FUTURE OF TREATMENT



continuous support

FUTURE OF TREATMENT



skills training and relapse prevention



BREAKING BARRIERS

A photograph of a dirt road winding through a forest. The trees are mostly bare, suggesting autumn or winter. The road is light-colored and leads into the distance. The text is overlaid on the image.

You never change things by fighting
the existing reality. To change
something, build a new model that
makes the existing model obsolete.

R. Buckminster Fuller

PARADIGM SHIFT



FINAL THOUGHTS

ACKNOWLEDGEMENTS



Innovative Realities LLC

<https://innovativerealities.org/eabt/quiz>

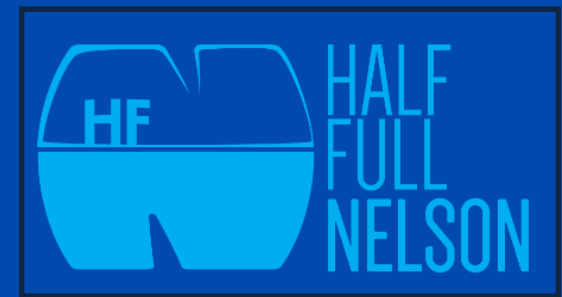


Oberlin Lab

<https://medicine.iu.edu/faculty-labs/oberlin>

Relate XR, LLC

<https://relatexr.com/>



INDIANA UNIVERSITY

DEPARTMENT OF PSYCHIATRY
School of Medicine



NIH/NIAAA R01 AA029396

NIH/NIDA R34 DA055304, R41 DA055405

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