

Appendix

Supplementary Information for:

Towards Co-Located Multi-User Mixed Reality Exposure Therapy for Anxiety Disorders

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This supplementary information contains two tables providing detailed methodological information for the studies described in the main manuscript.

Table 1: Translation and Source of Items Used in the Workshop Assessment

Construct	Items	Source
Performance expectancy	MU-MR would be a valuable extension of the existing treatment measures.^[1] MU-MR could further improve the health of patients.^[1] I cannot imagine to use MU-MR, because of its danger for the therapeutic work.^{R[2]} Patients' needs cannot be sufficiently targeted by MU-MR.^{R[2]}	Adapted from Venkatesh et al. (2003) and Hennemann et al. (2017); implemented as in Baumeister et al. (2020) and Braun et al. (2022)
Effort expectancy	I could probably learn how to use MU-MR quickly.^[1] Using MU-MR would be easy for me.^[1] Use of MU-MR would create a higher workload for myself.^{R[2]} It would be hard to integrate MU-MR in my work.^{R[2]}	Adapted from Venkatesh et al. (2003) and Hennemann et al. (2017); implemented as in Baumeister et al. (2020) and Braun et al. (2022)
Feature evaluation	[Feature] would be a useful function for exposure treatment using MU-MR. [Feature] would be a relevant function for exposure treatment using MU-MR. [Feature] would be an attractive function for exposure treatment using MU-MR. [Feature] would be too complex a function for exposure treatment using MU-MR to be used regularly.^R	Self-constructed for feature desirability assessment

Notes:

^R Indicates reverse-coded items

^[1] Items adapted from Hennemann et al. (2017) and Venkatesh et al. (2003); implemented as in Braun et al. (2022)

^[2] Items adapted from Hennemann et al. (2017) and Venkatesh et al. (2003); implemented as in Baumeister et al. (2020)

- Rating scale: -2 = strongly disagree to +2 = strongly agree (for performance and effort expectancy); -2 = strongly disagree to +2 = strongly agree (for feature evaluation)
- MU-MR = Multi-User Mixed Reality

Table 2: Questionnaire Plan for Workshop Assessment

Construct	Measure	Description	Number of items
Exclusion criteria related to VR height exposure	Single items	Items assess the presence of neurological diseases (epilepsy, migraine, chronic headache), cardiovascular diseases (hypertension, hypotension, cardiac arrhythmia, history of heart attack, heart valve defect, peripheral arterial occlusive disease, coronary heart disease), psychiatric disorders (bipolar disorder, schizophrenia, current substance use disorder), impaired vision (strabismus, blindness), and current pregnancy, as well as Visual Height Intolerance Severity Scale (vHISS; Huppert et al., 2017) and acrophobia indicators according to ICD-10 criteria	17
Occupational background	Single items	Items assess current field of work, status of psychotherapy training, theoretical orientation	2
Previous experience with VR and VRET	Self-constructed items	Items assess familiarity with and experiences of VR and VRET	3
UTAUT predictors for Performance Expectancy and Effort Expectancy	Selected items from Braun et al. (2022) and Baumeister et al. (2020)	Items assess the MU-MR ET-related performance expectancy and effort expectancy	8
Feature evaluation	Self-constructed items	Items assess perceived usefulness, relevance, attractiveness, and complexity of implemented MU-MR features	20
Practitioner feedback	Single (open-ended) items	Questions assessing potential psychiatric disorders that could be treated using VR, perceived necessities and wishes for implementation	3

Notes:

- VR = Virtual Reality; VRET = Virtual Reality Exposure Therapy; MU-MR = Multi-User Mixed-Reality; ET = Exposure Therapy; UTAUT = Unified Theory of Acceptance and Use of Technology
- Exclusion criteria were implemented to ensure participant safety and minimize potential adverse reactions. Participants meeting any exclusion criteria were not eligible to participate in the study.