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CLINICAL WEBINARS FOR HEALTH SERVICE PSYCHOLOGISTS

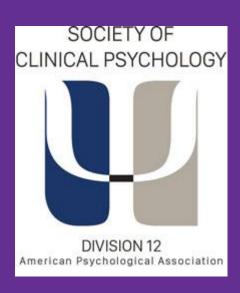
TRANSLATING RESEARCH TO PRACTICE

Problematic Internet Use: Research and Clinical Practice

Dr. Daria Kuss [Nottingham Trent University]

Dr. Halley Pontes [Birkbeck, University of London]

Presented by the National Register in Collaboration With The Society of Clinical Psychology,
Division 12 of APA



1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

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Dr. Daria Kuss



Dr Daria Kuss is a Chartered Psychologist, Chartered Scientist and Associate Professor in Psychology at Nottingham Trent University, UK. She has an international reputation as Internet addiction expert, and is an award-winning author, with her new books Internet addiction – Evidencebased practice in psychotherapy (Hogrefe) and The Oxford Handbook of Cyberpsychology (OUP) having been published in 2019. Her research has been covered in international news outlets, including the New York Times, The Washington Post, and the BBC.



Dr. Halley Pontes



Dr. Halley Pontes is a Chartered Psychologist (CPsychol), Chartered Scientist (CSci), and lecturer at Birkbeck, University of London. He has published over 80 refereed journal articles and a book on Internet addiction. His primary research interest is related to the intersection between cyberpsychology, health, and well-being within a psychometric perspective. Dr. Pontes has won multiple international awards for his pioneering research on behavioral addictions, including the prestigious Early Career Researcher Award (Australian Psychological Society).



Disclosures/Conflicts of Interest

Both speakers declare no conflicts of interest to disclose.



Learning Objectives

- 1. Describe theoretical perspectives of Problematic Internet Use (PIU)
- 2. Identify current evidence-based assessment strategies
- 3. Identify evidence-based treatment approaches
- 4. Apply tools and techniques to help individuals affected by PIU



U.S. Internet Use Statistics

(Digital 2021: The United States of America, 2021)

• There were **298.8** million Internet users in January 2021

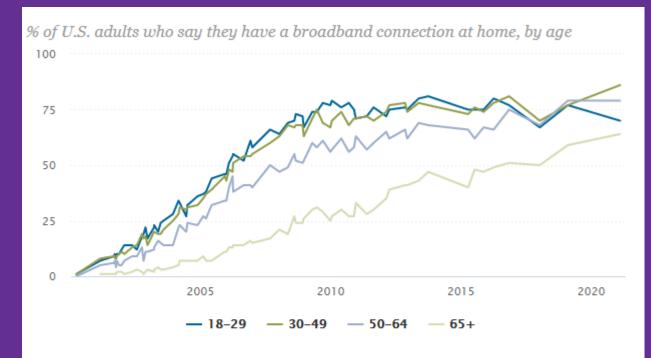
 The number of Internet users increased by 11 million (+3.7%) between 2020 and 2021

Internet penetration stood at 90.0% in January 2021



U.S. Usage Statistics

(Pew Research Center, 2021)



Note: Respondents who did not give an answer are not shown. The Center has used several different question wordings to identify broadband users in recent years, which may account for some variance in broadband adoption figures between 2015 and 2018. Our survey conducted in July 2015 used a directly comparable question wording to the one conducted in January 2018.

Source: Surveys of U.S. adults conducted 2000-2021.

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Note: Respondents who did not give an answer are not shown.

Source: Surveys of U.S. adults conducted 2000-2021. Data for each year based on a pooled analysis of all surveys conducted during that year.



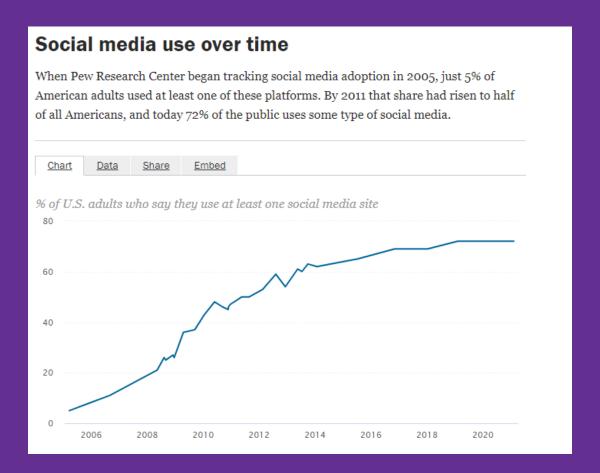
U.S. Social Media Use Statistics

(Pew Research Center, 2021)

 There were 240.0 million social media users in January 2021

 The number of social media users increased by 10 million (+4.3%) between 2020 and 2021

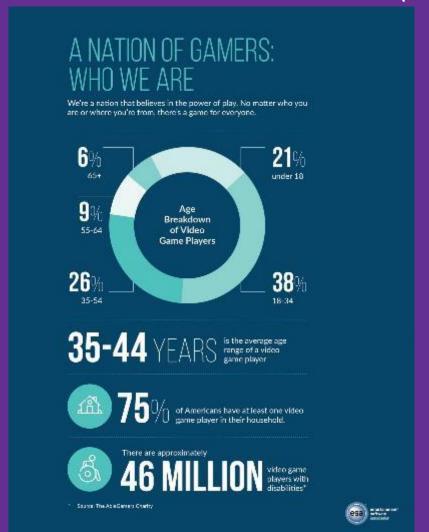
 The number of social media users was equivalent to 72% of the total population in January 2021





U.S. Video Gaming Statistics

(Entertainment Software Association, 2020)







Statista (2021). *Video game industry - Statistics & Facts*. Retrieved from https://www.statista.com/topics/868/video-games



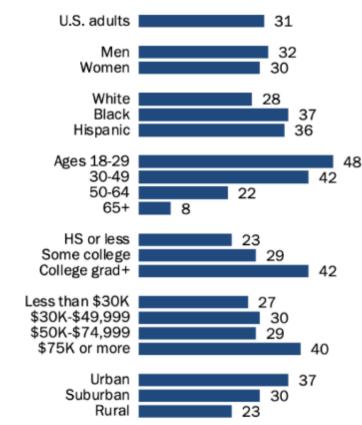
Excessive and Problematic Usage

(Pew Research Center, 2021)

85% of Americans use the Internet on a daily basis

- About 3 in 10 (31%) Americans report being online 'almost constantly'
- Problematic usage: gaming
 - Internet Gaming Disorder (APA, 2013)
 - Gaming Disorder (WHO, 2019)

% of U.S. adults in each group who say they go online "almost constantly"



Note: White and Black adults include those who report being only one race and are not Hispanic. Hispanics are of any race.

Respondents who did not give an answer or who gave other responses are not shown.

Source: Survey conducted Jan. 25-Feb. 8, 2021

Problematic Internet Use Definition and Conceptualization

• <u>Umbrella perspective</u> (Young et al., 1999) vs. <u>Generalized/specific perspective</u> (Griffiths, 1999)

 Most of the existing theoretical frameworks refer to this issue as being <u>associated</u> with serious functional and health-related impairments (Pontes et al. 2015)

A behavioral pattern of Internet use marked by dysfunctional <u>craving</u> underpinning <u>dysregulated</u> and <u>excessive</u> usage leading to <u>significant psychosocial and</u> <u>functional impairments</u> not accounted for by any other disorder (Kuss & Pontes, 2019)



Problematic Internet Use Definition and Conceptualization

- A nonchemical (behavioral) addiction involving <u>excessive human-machine</u> interactions (Griffiths, 1995)
- A <u>compulsive-impulsive disorder</u> associated with excessive patterns of computer use, experience of <u>withdrawal</u>, <u>tolerance</u>, and <u>deleterious</u> <u>outcomes</u> (Block, 2008)
- Poorly controlled <u>cognitive preoccupation</u>, urges, and behaviors related to excessive use leading to <u>clinical impairment and distress</u> (Weinstein et al. 2014)



Problematic Internet Use Prevalence Rates

- 7.02% for PIU and 2.47% for IGD (Pan et al., 2020)
 - Meta-analysis of 113 referred studies (1996-2018), N = 693,301, 31 countries

- 3.05% and 1.96% (with random sampling) for IGD (Stevens et al., 2021)
 - Meta-analysis of 53 refereed studies (2009-2019), N = 226,247, 17 countries
- 3.5% for IGD and 2.6% for Problematic Social Media Use (Wartberg et al., 2020)
 - German representative sample (12-17 years), N = 1,001



Problematic Internet Use Comorbidities

- Mood disorders
 - Major depressive disorder: almost 1 in 3 (Alpaslan et al., 2016)
 - Bipolar spectrum disorders: 5.6% prevalence (PIU individuals) (Wölfling et al., 2015)
- Attention-deficit/hyperactivity disorder (ADHD)
 - Prevalence of **ADHD** can range from 26.8%-83.3% (Karaca et al., 2017)
- Social anxiety in PIU and IGD (Ko et al., 2009; Prizant-Passal et al., 2016)
- Sleep disturbances
 - Short sleep duration (Guo et al., 2018)
 - Reduced sleep quality (AlAmer et al., 2020)
 - Insomnia (Tsumura et al., 2018)
 - Daytime drowsiness (Alimoradi et al., 2019)



Problematic Internet Use Theories and Models

- The Cognitive-Behavioral Model (Davis, 2001)
- The Syndrome Model of Addiction (Shaffer et al., 2004)
- The Components Model of Addiction (Griffiths, 2005).
- The Neuropsychology-Based Model (Brand, Young, & Laier, 2014)
- The Interaction of Person-Affect-Cognition-Execution Model (Brand et al., 2016; Brand et al., 2019)



The Components Model of Addiction

Griffiths (2005)

- A 'technological addiction' (i.e., PIU) marked by the experience of six key components common to all addictive behaviors:
 - Salience (cognitive and behavioral)
 - Mood modification
 - Tolerance
 - Withdrawal symptoms
 - Conflict
 - Relapse

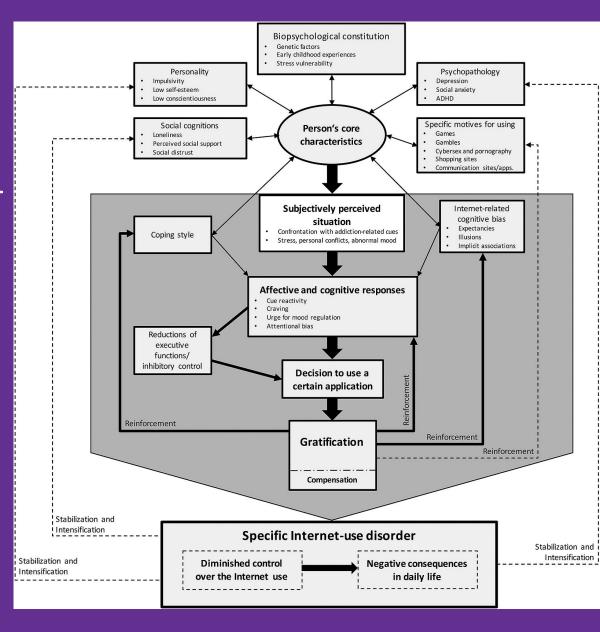


I-PACE Model

(Brand et al., 2016, 2019)

 The Interaction of Person-Affect-Cognition-Execution (I-PACE) model of specific Internet-use disorders

- Specific Internet-use disorders emerge from the interactions between:
 - Pre-disposing factors
 - Neurobiological and psychological makeup
 - Moderators and Mediators (Gray area)
 - Coping style, cognitive biases
 - Affective and cognitive responses





Assessment Strategies

- Internet Addiction Test (IAT) (Young, 1998)
 - 20-items, scores can range from 0-100
 - 'none' (0-30), 'mild' (31-49), 'moderate' (50-79), and 'severe' (80-100) (Young 1998)
- Internet Gaming Disorder Scale—Short-Form (IGDS9-SF) (Pontes & Griffiths, 2015)
 - 9 items based on the 9 IGD criteria (DSM-5), scores can range from 9-45 points
 - (1) Never, Rarely, Sometimes, Often, Very Often (5)
 - Clinical studies suggested a cut-off of 32 points (Qin et al., 2020)



Assessment Strategies

- Bergen Social Media Addiction Scale (BSMAS) (Andreassen et al., 2016)
 - 6 items based on the components model of addiction
 - Scores may range from 6 to 30
 - 1 (Very rarely), 2 (Rarely), 3 (Sometimes), 4 (Often), 5 (Very often)

- Additional PIU and IGD assessment tools publicly available
 - https://www.halleypontes.com/psychometric-tests



















Client perspective

"[When you play,] you don't feel [how time passes] at all. Well, I simply immerse myself. Then I've really got the feeling that I'm the character who does that. (...) I don't realize time itself, the way it passes by. Well, I sometimes look at my watch then and see that an hour has passed, two, three, but that doesn't matter. Only when you switch off [the computer] and realize that you need to use the toilet, you're hungry, you're thirsty, then all those feelings come up at once and you're having a headache. Then I realize: Oops, that was too long again. I take a headache pill, eat something, drink something, go off to bed, and sleep. And when you're alright again, you get up and continue [playing]."

Kuss 2015





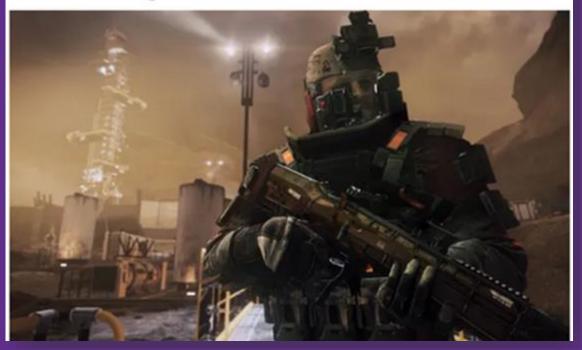
Client perspective

"Well, the first problems [occurred] because I forgot everything. I forgot the whole household, I forgot appointments which I had somewhere, I forgot what I had promised to her [his girlfriend], where I said: Alright, I promise you that I will do this and this tonight. All of that was buried in oblivion. Because of that I became unreliable. Then I cooked up a pack of lies in order to straighten everything a little bit or something like that. And now, as I said, where everything with the dismissal at work came out, everything, the whole scaffold of lies, collapsed. Well, now that's only a huge complete mess, where I've got to see that I sweep together everything and that I can simply continue normally afterwards. (...) Well, I'll say that in the aftermath [of my excessive gaming], I wondered or afterwards I've realized what could've happened. I've entirely neglected my girlfriend because of [playing] and she could've left me. This would virtually be the worst thing. (...) In order to balance off this frustration or loss, I would've had to play computer [games] in order to process that or to ignore it. Actually it's only ignoring all the negative experiences. At work it's so acute at the moment that I could lose my job. (...) Well, I didn't have friends or something like that, who could've registered that. My boss registered that my performance declined more and more, that it declined continuously, and confronted me with that. (...) And then I pulled myself together for a week, and then my level of performance went up again but, well, it declined immediately all over again, and then it declined even more. Well, when there was a short-term boost, then the double amount of negative stuff bounced back. (...) You know, yeah, my employer dismissed me or wanted to dismiss me without previous notice because many mistakes happened due to not concentrated behaviour (...)."

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NHS opens clinic to help child addicts of computer games

GPs will be able to refer young people, after 'gaming disorder' defined as a health problem





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News

Children treated for computer gaming addiction under NHS Long Term Plan

8 October 2019

Children and young people Long Term Plan

Children and young adults who are seriously addicted to computer games will now be able to get help on the NHS after the launch of country's first specialist clinic.

The new service is part of the National Centre for Behavioural Addictions which will also provide support for internet addiction and is located alongside the National Problem Gambling Clinic.

It comes amid growing concerns about the amount of time children and teenagers spend playing online games and the impact it can have on their metal health.

The World Health Organization has recently classified gaming disorder as a mental health condition for the first time.

The new Centre for Internet and Gaming Disorders launches at the same time as the children and young person's gambling addiction service goes live.

It is part of an expansion of treatments promised in the NHS Long Term Plan, with





Treatment seekers

Sociodemographics:

- N = 1 1826 in- and outpatients/ help hotline callers
- International samples: 5 continents/13 countries

• Internet/Gaming addiction classification:

- Psychometric scales
- Clinical interviews

• Comorbidities:

- Anxiety/Mood disorders
- ADHD
- Psychotic disorders/Dissociation
- Substance-related addictions
- Behavioral addictions
- Personality disorders





Psychopharmacotherapy

- 5 studies
- Antidepressants
 - SSRIs (e.g., citalopram, clomipramine, escitalopram, bupropion)
- Anxiolytics
 - Benzodiazepine (e.g., clonazepam, fluvoxamine, sertraline, fluoxetine, clomipramine)
- Stimulants
 - Methylphenidate (concerta)
- Antipsychotics
 - Atypical AP (quetiapine)



Psychological therapy

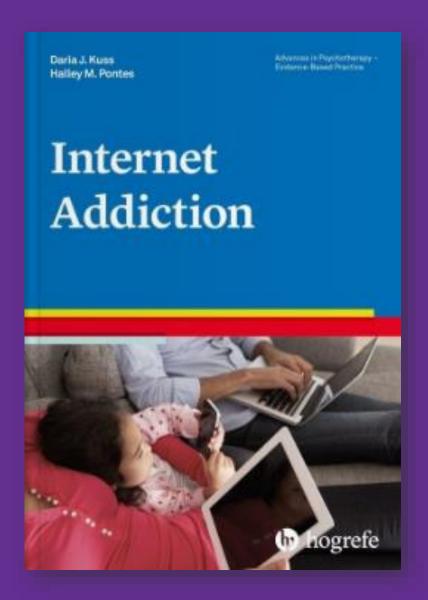
- 10 studies
- Individual & group therapy
- Cognitive behavioral therapy most common
 - 8-28 sessions incl. psychoeducation, problem identification, healthy communication, Internet awareness, cessation techniques, etc.
- Short-Term Treatment for Internet and Computer Game Addiction
- Group therapy:
 - Systemic therapy including parents/teachers/peer support
 - Multilevel interventions
 - Motivational interviewing







Cognitive-behavioral treatment of Internet and gaming addiction







Four phases of cognitive-behavioral therapy of Internet and gaming addiction

1. Diagnostics

2. Motivation and psychoeducation

3.Intervention

4. Transfer and stabilization





1st phase: Diagnostics

- Diagnosis: Gaming addiction?
- Comorbidities?
- Problem- and behaviour analysis with client:
 - Triggering stimuli
 - Cognitive, emotional & physiological reaction
 - Short- and long-term consequences/maintenance of behavior
 - Biographical context
 - Function of behavior
 - Stress coping
 - Coping with negative emotions
 - Managing aggression





2nd phase: Motivation and psychoeducation

- Strengthening motivation and confidence to change
 - Motivational Interviewing (Rollnick & Miller, 1995)
 - Ambivalence to change:
 - 1. Negative consequences increase motivation
 - Study drop-out
 - Financial problems
 - Family conflicts
 - Prospect of value-oriented life
 - 2. Strong attachment to gaming/Internet use decreases motivation
 - Anxiety provoked through lack of emotion-regulation strategies
- Formulation of therapy goals

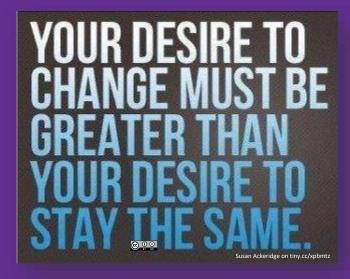






2nd phase: Motivation and psychoeducation 2

- Sets framework for subsequent therapeutic intervention
- Internet and gaming addiction becomes plausible
 - → Re-evaluation in client's value system
- Goal: In-depth illness awareness
 - Recognition of and distancing from previously ego-syntonic behaviors and thoughts
 - Change of perspective
 - Illness-specific information regarding initiation and maintenance of gaming addiction
 - Predisposition
 - Learning processes
 - Vicious cycle of addiction







3rd phase: Intervention

- Goal: to change experience and behavior
 - Detailed behavior and problem analyses
 - Self-monitoring via weekly protocols
 - Distancing from automatic addiction processes via mentalization
 - Reduction of media focused coping
 - Tendencies to procrastinate and motivational problems
- Precise understanding of individual triggers and gaming motivations
- Developing strategies to cope with craving and triggering situations and emotions





3rd phase: Intervention 2

- Creating opportunities for alternative pastime activities
- Increasing social skills
- Cognitive work regarding self-worth
- End of interventions phase: Exposure
 - Screenshot of avatar
 - Saying farewell
 - Deleting online accounts









4th phase: Transfer and stabilization

- Relapse prevention based on addiction therapy
- Retention of balanced lifestyle
- Long-term goal-setting
- Recognition of warning signals
- Development of emergency plan for possible relapse
- Reflection on therapy success
- Maintenance of helpful experiences







Combined treatment

- 6 studies combined psychological treatment (primarily CBT) with:
 - Other psychological therapies
 - Motivational Enhancement Therapy
 - Lifestyle Training Programme
 - Psychopharmacotherapy
 - Antidepressants and anxiolytics
 - Electroacupuncture therapy







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Q&A With Drs. Kuss and Pontes

- Dr. Penberthy will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

