

A Therapist's Guide to Assess and Treat Internet Addiction

By Dr. Kimberly S. Young

The Internet itself is a neutral device originally designed to facilitate research among academic and military agencies. The latest trends in e-commerce also make the Internet a useful tool both for business start-ups and web consumers. However, how some people have come to use this medium has created a stir among the mental health community by great discussion of Internet addiction.

Internet addiction is a new phenomenon which many practitioners are unaware of and subsequently unprepared to treat. Some therapists are unfamiliar with the Internet making its seduction difficult to understand. Other times, its impact on the individual's life is minimized as many practitioners fail to recognize the legitimacy of the disorder. Therefore, this manual was developed especially for practitioners to help educate therapists on the nature of Internet addiction recovery. This information-packed manual outlines the diagnostic features, sub-types, evaluation tools, and treatment strategies for Internet Addiction Recovery. The purpose of this manual is twofold. First, it will assist healthcare practitioners apply effective interventions for this clinical population and second, this manual serves as a practical self-help guide for Internet-addicted sufferers and their families.

Diagnostic Features

Over 112 million Americans are online with that number expected to increase by 12 million in the next year and new estimates predict that nearly six percent or 11 million

of those online users suffer from Internet addiction alone today. Given the popularity of the Internet, accurate diagnosis of Internet addiction is often difficult as its legitimate business and personal applications often mask addictive behavior. The best method to clinically detect compulsive use of the Internet is to compare it against criteria for other established addictions. Of all the diagnoses referenced in the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV; American Psychiatric Association, 1994), Pathological Gambling is viewed as most akin to this phenomenon. In my prior research, I often define Internet addiction as an impulse-control disorder that does not involve an intoxicant. By using Pathological Gambling as a model, I developed a brief eight-item questionnaire that modified the DSM-IV criteria to be utilized as a screening device to differentiate “dependent” from “non-dependent” users. The questions are listed as follows:

1. Do you feel preoccupied with the Internet (think about previous online activity or anticipate next online session)?
2. Do you feel the need to use the Internet with increasing amounts of time in order to achieve satisfaction?
3. Have you repeatedly made unsuccessful efforts to control, cut back, or stop Internet use?
4. Do you feel restless, moody, depressed, or irritable when attempting to cut down or stop Internet use?
5. Do you stay online longer than originally intended?

6. Have you jeopardized or risked the loss of significant relationship, job, educational or career opportunity because of the Internet?
7. Have you lied to family members, therapist, or others to conceal the extent of involvement with the Internet?
8. Do you use the Internet as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)?

Patients are considered “addicted” when answering “yes” to five (or more) of the questions and when their behavior cannot be better accounted for by a Manic Episode. Clinical studies have suggested that the cut off score of “five” is consistent with the number of criteria used for Pathological Gambling. Further, it is seen as an even more rigorous criteria cutoff (5 out of 8) then are used to diagnose compulsive gambling (5 out of 10). It should be noted that while this scale provides a workable measure of Internet addiction, further study is needed to determine its construct validity and clinical utility.

Associated Features

In addition to the modified criteria, sleep deprivation and general physical complaints are associated features unique to this disorder. Changes in normal sleeping patterns result from late night logins as addicts tend to go to bed at later and later hours, often three, four, or five hours after their normal bedtimes and therefore, sleep deprivation and signs of daily fatigue are quite common among online addicts. Interestingly, many addicts will even take caffeine pills just to stay awake and alert for a longer duration to use the Internet. Typical of heavy computer users in the general

population, Internet addicts frequently complain back strain, eyestrain, and carpal tunnel syndrome. The intensive time spent at the computer, if not ergonomically designed, will result in mild to moderate physical complaints from the Internet addict.

Sub-Types

The Internet is a term which denotes a variety of functions accessible online such as the World Wide Web (WWW), chat rooms, interactive games, news groups, or database search engines. Internet addicts typically become addicted to a particular application that acts as a trigger for excessive Internet use. Internet Addiction is a broad term covering a wide-variety of behaviors and impulse-control problems that is further categorized in five specific sub-types:

1. **Cybersexual Addiction** – Individuals who suffer from Cybersexual addiction typically are engaged in viewing, downloading, and trading online pornography or involved in adult fantasy role-play chat rooms. Adult web sites comprise the largest segment of online development and electronic commerce catering to a wide variety of sexual interests. Given the extensive availability of sexually explicit material online, this has contributed to being the most likely form of Internet abuse seen among clinics, especially with high relapse rates among sexual compulsives.
2. **Cyber-Relational Addiction** – Individuals who suffer from Chat Room Addiction become over-involved in online relationships or may engage in virtual

adultery. Online friends quickly become more important to the individual often at the expense of real life relationships with family and friends. In many instances, this will lead to marital discord and family instability. Addicts generally utilize interactive online environments to seek out support, comfort, and acceptance that provide to them, a sense of belonging in a non-threatening manner. Alternatively, addicts utilize the anonymity associated with these interactive online environments to act out online personas and role play repressed feelings or urges.

3. **Net-Compulsions** – Net Compulsions encompass a broad category of behaviors including obsessive online gambling, shopping, or stock trading behaviors. In particular, individuals will utilize virtual casinos, e-auction houses, or e-brokerage houses only to lose excessive amounts of money and even disrupt other job-related duties or significant relationships. Significant financial losses may result from frequent stock investing, compulsive online gambling, or excessive online bidding in auction houses.
4. **Information Overload** – The wealth of data available on the World Wide Web has created a new type of compulsive behavior regarding excessive web surfing and database searches. Individuals will spend greater amounts of time searching and collecting data from the web and organizing information. Obsessive-compulsive tendencies and reduced work productivity are typically associated with this behavior.

5. **Computer Addiction** – In the 80s, computer games such as Solitaire and Minesweeper were programmed into computers and researchers found that obsessive computer game playing became problematic in organizational settings as employees spent most days playing rather than working.

While most agree that the Internet is a productive tool, research findings document serious negative consequences when used in an addictive manner. In particular, recent research suggests that compulsive use of the Internet is associated with increased levels of social isolation, increased depression, familial discord, divorce, academic failure, job loss, or significant financial debt as a result of obsessive online gambling, shopping, or day trading.

Case Study

Amanda is a 43 year old homemaker who began to use the Internet 18 months ago. After an initial exploration of the net, she soon discovered AOL chat rooms and spent nearly 70 hours per week talking with new cyber-friends at the expense and neglect of her husband of 15 years and two teen-aged daughters. Her family began to complain that Amanda was spending more time with the computer than tending to her household duties. She didn't do laundry, grocery shopping, cook dinner, or clean the house. To avoid family arguments, Amanda lied to her husband about how long she spent online, however, each time her friends called, they received a busy signal because the modem tied up the phone line. After 8 months of this, her husband begged her to get counseling as their marriage was falling apart, but Amanda refused.

Amanda demanded to be left alone at the computer and even placed a lock on the door leading to the computer room, yet she denied that spending time on the Net was a problem. She often dismissed her husband with statements like, “The Internet is just a hobby” “I am not doing anything wrong” and “I like to chat with my online friends”. Amanda became withdrawn and distant and her husband was shocked as he witnessed Amanda experience a complete personality change. He wanted to save his marriage, but it seemed that Amanda suddenly had no interest. She concealed the extent of her involvement with the computer, jeopardized her family life just to be on the computer yet denied she had a problem. Within 12 months, Amanda moved in with another online friend, a male she met online.

Etiology

What are the unique properties of cyberspace that drive a person to Internet addiction? In this section, I offer the first model to help therapists identify the underlying etiologic factors of the cyberspace culture contributing to compulsive use of the Internet. The ACE Model is an acronym for *anonymity*, *convenience*, and *escape*, the three basic elements of cyberspace that serve to reward and reinforce addictive and pathological online behavior.

Anonymity

The anonymity of electronic transactions has been identified as a consistent etiologic factor underlying Internet addiction. Historically, anonymity has repeatedly been associated with higher levels of uninhibited, aggressive, open, and even deviant

human behavior. In the late 70s and early 80s, citizen's band radios (CBs) evidenced this type of frank, unrestrained, and deviant behavior due to the anonymity and lack of accountability associated with that technology. Online users have even greater anonymity as voice recognition is now removed and users are known to others through handles that mask personal information such as gender, race, social class, and physical appearance. This provides a user a greater sense of perceived control over the content, tone, and nature over the online experience without fear of repercussion.

The appeal of electronic anonymity is threefold. First, this allows users to feel less intimidated and more confident interacting with electronic friends in these virtual contexts. This is especially important among overly shy or self-conscious individuals. However, as noted, an over-reliance upon online relationships results in significant problems with real life interpersonal and occupational functioning. Second, users explore or adapt online personas that differ qualitatively than real life personalities. A quiet and reserved person may voice opinions, confront, and challenge others within virtual environments, especially as they feel protected behind the cloaked-effect of the computer. Finally, anonymity allows users sexually experiment online as conventional messages about sex are eliminated as the Internet offers an abundance and variety of adult web sites that range from bondage, group sex, bestiality, urination, or teen-aged themes. This provides users with a unique environment to explore hidden or repressed erotic fantasies due to the encouragement and acceptance of the cyberspace culture.

Convenience

Convenience is another developmental factor associated with Internet addiction. It is widely accepted that the invention of the Internet allows consumers greater convenience. This convenience allows users 24-hour access to online shopping, online companionship, stock trading, adult web sites, virtual casinos, and practically any type of information or service imaginable. The Net provides immediate gratification that meets the demands of our fast-paced lifestyles. Increasingly, we do not need to rely upon the “real world” to fulfill our basic needs such as food or clothing because we can order this online instantly, and over time, this convenience will have greater implications on how much time we spend online to obtain goods and services. As related to Internet addiction, the instant accessibility and anonymous availability to online pornography and chat rooms significantly contributes to the development of online sexual compulsivity, especially among recovered sexual compulsives who easily have lost sobriety after discovering its access online.

Escape

Online stimulation produces a type of drug "high" that provides an emotional or mental escape or an altered state of reality that become a highly potential etiological factor in the development of Internet addiction. The Internet provides a virtual context that cultivates a subjective escape from emotional difficulties (e.g., stress, depression, anxiety) or problematic situations and personal hardships (e.g., job burnout, academic troubles, sudden unemployment, marital discord). This escape mechanism serves to relieve moments of mental tension and stress and reinforces future behavior. Internet

Addiction acts as a lubricant to cope with missing or unfulfilled needs that arise from unpleasant events or situations in one's life. That is, the compulsive behavior itself momentarily allows the person to "forget" problems. In the short term, this may be a useful way to cope with the stress of a hard situation, however, addictive behaviors used to escape or run away from unpleasant situations in the long run only end up making the problem worse. Internet addicts who have recently experienced situations such as a death of a loved one, a divorce, or a job loss may respond to the Internet as a mental distraction that temporarily makes such problems fade into the background.

For example, an Internet addict who engages in a cyberaffair instead of dealing with the problems in marriage only makes the emotional distance wider by not communicating with one's spouse. Addicts tend to recall the self-medicating effects of their addictions, and forget how the problem grows worse as they continue to engage in such avoidant behavior. The unpleasant situation then becomes a major trigger for continued and excessive use. For example, as the cyberaffair escalates into phone calls and secret meetings in real life, the marriage progressively becomes worse, and the person retreats to the cyberaffair to escape a nagging spouse.

Case Study

Amanda found herself in the middle of a traumatic event when she first met, Paul, a 48-year-old bank executive who used the handle "lovingman". Amanda had felt comfortable with her husband, but now she suddenly felt drawn to the romance, passion, and excitement Paul promised. She chatted with him nearly nine to ten hours a day after she met him in an AOL chat room. Within months, Amanda obtained a secret post office

box to receive Paul's letters, arranged private online chat meetings with him, spoke to him on the phone several times a week, and planned to someday meet him in person. They talked about marriage and Amanda saw Paul as an oasis from her dull and routine life. Yet, Amanda was apprehensive when Paul asked for her photograph as she feared Paul would lose interest once he saw that she was 50 pounds overweight and gray. To avoid rejection, Amanda scanned Paul an old photograph when she was younger, thinner, and more attractive.

Amanda shows how the anonymity and convenience contributed not only to the development of a cyberaffair, but also to her addictive use of the Internet. Amanda fantasized about the potential future she could share with Paul, without concern for how her actions would impact her husband and family. Anonymity also allowed her to return to a time when she felt more attractive and good about herself. While this cyberspace fantasy became a happy and exciting escape from her routine life, reality would set in if, or when, they met in person.

Gender Differences

The Internet is a term used to denote a variety of functions from e-tailers, stock trading, chat rooms, auction houses, newsgroups, web surfing, to plain old email. In the same way specific types of food trigger eating binges among food addicts, specific applications trigger online binges among Internet addicts. Furthermore, gender differences influence the type of applications the online addict becomes addicted to and the subsequent path of destruction. These differences are generally reflective of the traditional stereotypes maintained in our society.

In general, males prefer stock trading, viewing online pornography, and making high-end purchases from e-tailers or auction house sites such as eBay. Women prefer chat rooms both for friendship and romance and are more likely to engage in frequent, but low-end purchases from e-tailers and online auction houses. Interestingly, men and women both enjoy cybersex, but for qualitatively different reasons. Men are more visual and typically gravitate more often to visual stimuli such as photographs and/or web cam sex than women who typically like the text-driven fantasy role play rooms to seek out sexual fulfillment.

Multi-user dungeons, commonly known as MUDs, are interactive games that draw upon power, dominance, and recognition within a role-playing make-believe virtual world. Men traditionally have gravitated towards these role-playing games to assume a character role associated with specific skills, attributes, and rankings that fellow players acknowledge and treat accordingly. MUDs differ from video arcade games in that instead of a player's hand-eye coordination improving, the actual strength, skills, and rankings of the character will improve. Fellow players bow and treat with the highest respect those who have achieved the highest rankings in the game. Younger men, with low self-esteem and poor interpersonal skills were among the most at risk to develop an addiction because of their ability to develop a powerful persona within an online game that earned respect and recognition among fellow players. Today, EverQuest is perhaps one of the fastest growing multi-user games to gain popularity within the mainstream public, which equally seems to impact men and women.

Triggers

Emotional states, maladaptive cognitions, and life events all serve as triggers or cues that initiate binge-behavior over the Internet. Emotional triggers include negative thoughts and feelings such feelings of depression, hopelessness, and pessimism. To cope with these feelings, an addict turns to the Internet to temporarily run away and avoid these feelings. Maladaptive cognitions such as overgeneralization, selective abstraction, magnification, or personalization (Beck, 1991) are also associated with addictive Internet use. Addiction may also be triggered in reaction to an unpleasant situation in a person's life. That is, major life events such as a person's bad marriage, dead-end job, or being unemployed may trigger binge related behavior associated with the Internet. Each one will be discussed in greater detail.

Emotional States

Peele (1991, pg. 43) explains the psychological hook of addiction as "it gives you feelings and gratifying sensations that you are not able to get in other ways". According to Peele and other addiction theorists, addictions accomplish something for the person, however illusory or momentary these benefits may actually be. Because of the mental pleasure that people find in their addictions, they begin to behave more intensely about them. Consistent with these observations, feelings of excitement, euphoria, and exhilaration accompany online behavior that in turn reinforces compulsivity. Internet Addicts find pleasant feelings when online in contrast to how they feel when offline and the longer the person is away from the Internet, the more intense such unpleasant feelings become. Therefore, the driving force for many online addicts is the relief gained by

engaging in the Internet. And because addictions serve a useful purpose to the addict, the attachment or sensation may grow to such proportions that it damages a person's life.

These feelings translate into cues that cultivate a psychological longing for the euphoria associated with the Internet that enables a person to forget or feel "okay" about some insurmountable problems. The Internet provides an artificial, temporary feeling of security or calm, of self-worth or accomplishment, of power and control, or intimacy or belonging. Therefore, Internet addiction serves to block out sensations of pain, uncertainty or discomfort that create powerfully distracting sensations that focus and absorb attention. It is these perceived benefits which explain why a person keeps coming back to the addictive experience. And when they are forced to go without it, they feel a sense of withdrawal with racing thoughts "I must have it," "I can't go without it," or "I need it." Internet-addicted clients will explain that they feel a difference between online and offline affective states. A person will feel frustrated, worried, angry, anxious, depression when offline but these emotional states change when online. After initiating Internet use, a person will suddenly feel excited, happy, thrilled, uninhibited, attractive, supported, or desirable.

Maladaptive Cognitions

Addictive thinkers, for no logical reason, will feel apprehensive, when anticipating disaster (Twerski, 1990). While addicts are not the only people who worry and anticipate negative happenings, they tend to do this more often than other people. Internet addicts tend to engage in this same type of catastrophic thinking and suffer from multiple cognitive errors such as overgeneralization, all or nothing thinking,

magnification of personal problems, and selective abstraction of negative events that lead to low self-esteem and worth. Internet addicts tend most to negative events and immediate outcomes, fail to make accurate internal attribution and have low rates of self-reinforcement and high rates of self-punishment in real life. However, they create a virtual life that provides a subjective escape to avoid real or perceived problems. Virtually, the addict will feel more confident, possess a greater self regard, and achieve a more optimistic self-evaluation. This relieves feelings of personal inadequacies and deep core beliefs about themselves such as "I am no good" or "I am a failure". However, as this relief is only temporary, the act is repeated.

Life Events

A person is vulnerable to addiction when that person feels a lack of satisfaction in one's life, an absence of intimacy or strong connections to others people, a lack of self-confidence or compelling interests, or a loss of hope (Peele, 1991, pg. 42). In a similar manner, individuals who are dissatisfied or upset by a particular area or multiple areas of their lives have an increased likelihood of developing Internet addiction because they don't understand another way of coping. For example, instead of making positive choices that will seek out fulfillment to cope with marital or job dissatisfaction, medical illness, unemployment, or academic instability, Internet addicts will typically surf that dulls the pain, avoids the problem, and keeps them in a status quo. However, when they log offline, they realize that their difficulties have not changed. Nothing is altered by Internet use, yet it appears easier to jump online than to deal with the difficult or overwhelming life issues head on. Internet use is more about a means to dull the pain,

avoid the real problems, and keep things in status quo. Such substitution for missing needs often allows the addict to temporarily escape the problem but the substitute behaviors are not the means to solve the underlying problems.

Assessment of the Disorder

Co-morbidity with other psychiatric conditions is common among addictive disorders and should always be properly evaluated. Self-referrals for Internet addiction are rare and most likely the client will present with primary signs of clinical depression, bi-polar disorder, anxiety-related disorders, or obsessive-compulsive tendencies. Clients typically will hide or minimize their addictive Internet use while being treated for the referred disorder.

Intake assessments are often very comprehensive and cover relevant disorders for psychiatric conditions and addictive disorders. However, given its newness, symptoms of Internet addiction are ones that may not always be revealed in an initial clinical interview; therefore, it is important that clinicians routinely assess for the presence of addictive Internet use. Therefore, in addition to a comprehensive intake assessment battery, healthcare practitioners should also evaluate for Internet-triggered problems exhibited by the client to develop appropriate treatment plans. In this section, I present two specific evaluation forms to assess computer dependency: (1) Internet Dependency Intake Evaluation and (2) the Internet Addiction Impairment Index. Such systematic intake evaluation to assess computer usage among clients is essential to further understand the role of Internet addiction in other established addictions (e.g., alcoholism,

sexual compulsivity) and psychiatric conditions (e.g., major depression, bipolar disorder, ADD).

Internet Dependency Intake Evaluation

It is important that Internet Addiction should also be assessed during intake evaluations upon clinic admission in the same way substance dependence and addictive behaviors are screened. To assist clinicians, I have developed the Internet Dependency Intake Evaluation for clinicians to utilize among outpatient and inpatient settings. This intake evaluation provides a comprehensive and thorough assessment of a client's Internet usage, level of impulse control, and impairment.

Internet Usage:

1. When did you first begin to use the Internet? _____month _____year
2. How many hours per week do you currently spend online (for non-essential use)?

3. Using the following chart, please check each application you use on the Internet.
 - 3a. If applicable, list the specific sites/newsgroups/areas visited.
 - 3b. How many hours per week do you spend using each application?
 - 3c. How would you rank order each application from best to least important?
(1=first, 2=second, 3=third, etc.)?
 - 3d. What do you like best about each application? (If this is difficult for the client to describe, have the client keep a log near the computer in order to document such

behaviors for the next week's session).

Application	Sites Visited	Hours	Rank	Like About it
Email				
Chat/IRC				
MUDs/Games				
Newsgroups				
E-Auctions				
E-Brokerages				
Virtual Casinos				
Adult Web Sites				
General Sites				
Other				

4. Using the following chart, please describe the preceding event or antecedent that occurs just before you log on to that application (e.g., a fight with a spouse, depressed mood, stress at job, a poor grade in school).

4a. Next, please describe the feeling you have once you log on and your rationalization or justification for the online activity (e.g., chatting makes me forget about the fight with my husband, checking my stocks makes me feel less depressed, surfing makes me feel less stressed at work, killing other players in a MUD allows me to feel better about my poor grade at school).

4b. Next, briefly describe the negative consequences for the online activity when

utilized in this manner (e.g., my spouse becomes angrier, my feelings return when I turn off the computer, my job still stinks, I will loss my scholarship if I don't get my grades up).

Application	Antecedent	Affect/Belief	Consequence
Email			
Chat/IRC			
MUDs/Games			
Newsgroups			
E-Auctions			
E-Brokerages			
Virtual Casinos			
Adult Web Sites			
General Sites			
Other			

Cravings and Withdrawal:

1. Do you feel preoccupied with the Internet _____yes _____no
2. What attempts have you make to control, cut back, or stop computer use
3. How often do you think about going online _____daily _____weekly
_____monthly
4. How often do you talk about going online _____daily _____weekly
_____monthly

5. How often do you plan ways to use the Internet ____ hourly ____ daily
____ weekly
6. How often do you forgo other responsibilities or duties to go online? ____ hourly
____ daily ____ weekly
7. Using the following chart, please indicate yes or no for each feeling you experience when you are unable to access the Internet or forbidden to go online.
- 7a. Next, using the same chart, please indicate the application you were unable or not permitted to use at that moment.
- 7b. Please indicate the date and time of the event.

Feeling	Yes or No	Application	Date and Time
Anxiety			
Depression			
Mood Swings			
Irritability			
Insomnia			
Panic Attacks			
Restlessness			

8. Have you ever used the Internet to escape from feelings of:

Feeling	YES/NO
Helplessness	

Guilt	
Sadness	
Depression	
Loneliness	
Remorse	
Anger	
Hopelessness	

9. Have you ever used the Internet to escape situational difficulties? _____yes _____no

10. If yes, please describe:

11. What is the date of your first and last attempt to control, cut back or stop computer use?_____

12. What is the longest period of abstinence from the Internet?_____

Concealment and Impairment:

1. Have you been honest about your net habit with_____? Check all that apply.

	YES	NO
Friends		

Family	
Therapists	
Other (please specify)	

2. Have you ever created an online persona? _____yes _____no

3. If yes, please describe:

4. Did you develop multiple identities online? _____yes _____no

5. What were they:

6. List online activities that you kept secret or thought others would not approve of:

7. Has online friends disrupted real life significant relationships? _____yes _____no

8. If so, please describe which ones (husband, wife, parent, friend) and how they are impacted?

9. Does Internet use disrupt your work or job-related performance? _____yes
_____no

10. If yes, please describe how:

11. Please describe other ways that Internet use has impacted your life:

Prior Treatment:

1. Have you been in prior counseling for Internet addiction before? _____yes _____no

2. If yes, please describe when and the level of effectiveness:

3. Have you been involved with support groups for Internet addiction _____yes
_____no

4. If yes, please describe when and the level of effectiveness:

5. What medications are you currently taking?

The Internet Addiction Impairment Index

Clinical criteria and accurate diagnosis of Internet addiction is essential during the intake process. However, many clients will already understand that they have an addiction problem but be unable to assess the extent of their involvement with the computer and problem areas in their own lives. Therefore, the IA Impairment Index can be utilized to help classify the behavior in terms of mild, moderate, and severe

impairment levels and qualitative review will assist the clinician in determination of client problem areas (e.g., relationship, job-related, academic). Simply instruct the client to answer the 20-item questionnaire based upon the following five-point likert scale. Remember to inform clients to only consider the time spent online for non-academic or non-job related purposes when answering.

To assess the level of addiction, answer the following questions using this scale:

0 = Not Applicable

1 = Rarely

2 = Occasionally

3 = Frequently

4 = Often

5 = Always

1. How often do you find that you stay online longer than you intended?
2. How often do you neglect household chores to spend more time online?
3. How often do you prefer the excitement of the Internet to intimacy with your partner?
4. How often do you form new relationships with fellow online users?
5. How often do others in your life complain to you about the amount of time you spend online?

6. How often do your grades or school work suffer because of the amount of time you spend online?
7. How often do you check your e-mail before something else that you need to do?
8. How often does your job performance or productivity suffer because of the Internet?
9. How often do you become defensive or secretive when anyone asks you what you do online?
10. How often do you block out disturbing thoughts about your life with soothing thoughts of the Internet?
11. How often do you find yourself anticipating when you will go online again?
12. How often do you fear that life without the Internet would be boring, empty, and joyless?
13. How often do you snap, yell, or act annoyed if someone bothers you while you are online?
14. How often do you lose sleep due to late-night log-ins?
15. How often do you feel preoccupied with the Internet when off-line, or fantasize about being online?
16. How often do you find yourself saying "just a few more minutes" when online?

17. How often do you try to cut down the amount of time you spend online and fail?
18. How often do you try to hide how long you've been online?
19. How often do you choose to spend more time online over going out with others?
20. How often do you feel depressed, moody, or nervous when you are off-line, which goes away once you are back online?

After all the questions have been answered, add the numbers for each response to obtain a final score. The higher the score, the greater the level of addiction and creation of problems resultant from such Internet usage. The impairment index is as follows:

NORMAL RANGE 0 – 30 points

MILD 31- 49 points

MODERATE 50 -79 points

SEVERE 80 - 100 points

After you have identified the category that fits the total score for your client, evaluate those questions for which the client scored a 4 or 5. This type of item-analysis is useful to review the client to identify and pinpoint specific problem areas related to Internet abuse. For example, if the client answered 4 (often) to Question #12 regarding feeling life would be empty and boring without the Internet, did he or she realize this

dependency and the associated fear with any consideration for giving up the Net?

Say the client answered 5 (always) to Question #14 about lost sleep because of Internet usage. Probing further might reveal that the client stays up excessively late every evening and lost a considerable amount of time that could have better been spent with their children. Or perhaps the lost sleep has made it difficult to function at work the next day or attend classes for school or to perform routine chores around the house or have taken a toll on the client's overall health.

In the next section, I address the problems caused by Internet abuse that will help your client gain a greater understanding of their roots. Clients who scored over 80 on the test are in particular need of this information. Clients in the gray area with a score of 50-79 will need to zero in on the areas of greatest concern to construct a new program to a better way of living, both online and off. Clients who scored in the lower ranges indicate that they only occasionally spend too much time with the Internet will most benefit from the enclosed time management techniques to help regain control over the clock. The ground we cover along the way will be equally as useful to partners and friends of Internet addicts.

Treatment

Use of the Internet is legitimate in business and home practice such as in electronic correspondence to vendors or electronic banking. Therefore, traditional abstinence models are not practical interventions when they prescribe banned Internet use in most cases. The focus of treatment should consist of moderated Internet use overall. While moderated Internet use is the primary goal, abstinence of problematic applications

is often necessary. For example, within the intake evaluation, it is often discovered that a specific application such as a chat room, an interactive game, or a certain set of news groups, will trigger net-binges. Moderation of the “trigger” application may fail however because of their inherent allure and clients will need to stop all activity surrounding that application. Therefore, it is essential to help the client target and abstain the problematic net application while retaining controlled use over legitimate Internet usage.

To help clients achieve controlled Internet use and address underlying co-morbid issues related to Internet abuse, I have developed several recovery techniques. Treatment includes a variety of interventions and a mix of psychotherapy theories to not only treat the behavior but to address underlying psychosocial issues that often co-existent with this addiction (e.g., social phobia, mood disorders, marital dissatisfaction, job burnout, childhood sexual abuse).

To help clients maintain abstinence from problematic Internet use while finding the appropriate balance among non-problematic Internet applications, recovery interventions should apply structured, measurable, and systematic techniques. I have found that cognitive-behavioral based exercises such as (a) practicing the opposite, (b) external stoppers, (c) setting time limits, (d) setting task priorities, (e) use of reminder cards, and (f) conducting personal inventories are important in the initial stage of recovery for behavior control and appropriate Internet time management. Each of these structured exercises will be discussed in detail.

Practicing the Opposite

A reorganization of how one's time is managed is a major step in the initial recovery phase. Therefore, the clinician should take a few minutes with the client to consider current habits of using the Internet. The clinician should ask the client, (a) What days of the week do you typically log online? (b) What time of day do you usually begin? (c) How long do you stay on during a typical session? and (d) Where do you usually use the computer? Once the clinician has evaluated the specific nature of the client's Internet use, it is necessary to construct a new schedule with the client. I refer to this as *practicing the opposite*. The goal of this exercise is to have clients disrupt their normal routine and re-adapt new time patterns of use in an effort to break the online habit. For example, let's say the client's Internet habit involves checking email the first thing in the morning. Suggest that the client take a shower or start breakfast first instead of logging on. Or, perhaps the client only uses the Internet at night, and has an established pattern of coming home and sitting in front of the computer for the remainder of the evening. The clinician might suggest to the client to wait until after dinner and the news before logging on. If he uses it every weeknight, have him wait until the weekend, or if she is an all-weekend user, have her shift to just weekdays. If the client never takes breaks, tell him or her to take one each half-hour. If the client only uses the computer in the den, have him or her move it to the bedroom.

External Stoppers

Another simple technique is to use concrete things that the client needs to do or places to go as prompters to help log off. If the client has to leave for work at 7:30 am,

have him or her log in at 6:30, leaving exactly one hour before its time to quit. The danger in this is the client may ignore such natural alarms. If so, a real alarm clock or egg timer may help. Determine a time that the client will end the Internet session and preset the alarm and tell the client to keep it near the computer. When it sounds, that means it is time to log offline.

Set Time Limits

Many attempts to limit Internet usage fail because the user relies on an ambiguous plan to trim the hours without determining when those remaining online slots will come. In order to avoid relapse, structured sessions should be programmed for the client by setting reasonable goals, perhaps 20 hours instead of a current 40. Then, schedule those twenty hours in specific time slots and write them onto a calendar or weekly planner. The client should keep the Internet sessions brief but frequent. This will help avoid cravings and withdrawal. As an example of a 20-hour schedule, the client might plan to use the Internet from 8 to 10 p.m. every weeknight, and 1 to 6 on Saturday and Sunday. Or a new 10-hour schedule might include two weeknight sessions from 8:00 - 11:00 p.m., and an 8:30 am - 12:30 p.m. treat on Saturday. Incorporating a tangible schedule of Internet usage will give the client a sense of being in control, rather than allowing the Internet to take control.

Set Task Priorities

In conjunction with setting clear time limits, it is important to help the client prepare a list of task priorities to aid in Internet goals during each Internet session. That

is, the client should outline what needs to be done during each Internet session. For example, the list might look like the following:

1. Check email using MS Outlook Express
2. Send attachment to co-worker for review.
3. Look up real time stock quotes on E-trade.com
4. Order a new sweater through Landsend.com
5. Order gifts for nephew's birthday on etoys.com

This list contains both the specific task such as “look up stock quotes” and the web location to perform the event, “E-Trade.com”. Making a Task Priority list for each session will assist the client in multiple ways. First, he or she will be able to more effectively maintain predetermined time limits. Second, the person will minimize the risk of temptations to randomly surf the web for additional material. Lastly, the ability to prioritize web tasks will aid in relapse prevention.

Reminder Cards

Often clients feel overwhelmed because, through errors in their thinking, they exaggerate their difficulties and minimize the possibility of corrective action. To help the client stay focused on their moderated treatment goals, have the client make a list of the five major problems caused by addiction to the Internet. Then, have the client generate a parallel list of the five major benefits for cutting down Internet use or abstaining from a particular application. Reassure clients that it is well worth it to make their decision list

as broad and all-encompassing as possible, and to be as honest as possible. This kind of clear-minded assessment of consequences is a valuable skill to learn, one that clients will need later, after they have cut down or quite the Internet, for relapse prevention. These two lists might look like:

Benefits:

1. *More quality time and intimacy with spouse*
2. *Greater attention to children*
3. *More time for enhanced family relations*
4. *Better job performance*
5. *Raise or promotion at work*

Problems:

1. *Arguments with spouse*
2. *Conflicts with extended family*
3. *Reduced productivity at work*
4. *Reduced holiday bonus*
5. *Potential job loss if caught*

Next, have the client transfer the two lists onto a 3x5 index card and have the client post the card at their computer if they only utilize one computer workstation. If he or she utilizes more than one computer workstation, or if posting the card would draw unwarranted attention (e.g., at work among co-workers), than have the client keep card in

a pants or coat pocket, purse, or wallet. Instruct clients to take out the index card as a reminder of what they want to avoid and what they want to do for themselves when they hit a choice point when they would be tempted to use the Internet instead of doing something more productive or healthy. Have the client review the index card out several times a week to reflect on the problems caused by their Internet overuse and the benefits obtained by controlling their use as a means to increase their motivation at moments of decision compelling online use.

Personal Inventory

Whether the client is trying to cut down or abstain from a particular application, it is a good time to help the client cultivate alternative activities that take them away from the computer. Internet addicts typically replace a once cherished activity with web surfing and it is essential to help the client take a personal inventory of what he or she has cut down on, or cut out, because of the time spent on the Internet. Perhaps the client is spending less time hiking, golfing, fishing, camping, or dating. Maybe they have stopped going to ball games or visiting the zoo, or volunteering at church. Perhaps it is an activity that the client has always put off trying, like joining a fitness center or put off calling an old friend to arrange to have lunch.

To help the client develop or rekindle alternative activities, he or she should construct a list of every activity or practice that has been neglected or curtailed since the online habit emerged. Now have the client rank each one on the following scale: 1 - Very Important, 2 - Important, or 3 - Not Very Important. In rating this lost activity, have the client genuinely reflect how life was before the Internet. In particular, examine the "Very

Important" ranked activities. Ask the client how these activities improved the quality of his or her life. This exercise will help the client become more aware of the choices he or she has made regarding the Internet and rekindle lost activities once enjoyed. This will be particularly helpful for clients who feel euphoric when engaged in online activity by cultivating pleasant feelings about real life activities and reduce their need to find emotional fulfillment online.

Advanced Techniques

Advanced recovery techniques focus on the underlying issues that contribute to Internet addiction such as clients who also suffer from clinical depression, multiple addiction, psychiatric illness, marital discord, social phobia, or job burnout. Recovery needs to systematically address these issues that will enable the client to function independently without reliance upon the Internet to escape from these troubles.

Individual therapy techniques should integrate several schools of thought including: Reality Therapy, Interpersonal Therapy, and Insight Oriented Techniques. Additionally, recovery should emphasize involvement in appropriate Twelve-Step Support Groups services to facilitate interpersonal skills and reality testing. Dependent upon the client's specific situation, couples counseling may also be appropriate to utilize, especially in cases where virtual adultery and infidelity online are at issue. Finally, as with any mental illness, assessment for pharmacological interventions should be included to address untreated underlying psychiatric disorders.

Each of these schools of thought are discussed in more detail. However, it is important to keep in mind that throughout the entire treatment process, and particularly in

the early days of recovery, the client will most likely experience a loss and miss being online for frequent periods of time. This is normal and should be expected. After all, for most clients who derive a great source of pleasure from the Internet, living without it being a central part of one's life can be a very difficult adjustment.

Reality Therapy

According to Glasser, the founder of Reality Therapy, people have several basic innate needs, four psychological needs (belonging, power, freedom, and fun) and one physical need (survival). When a person fulfills his or her needs in a responsible way, that is, in a conscious and realistic manner that does not infringe on the rights of others to fulfill their needs, the person has adopted a **success identity**. When a person gratifies hi/her needs in irresponsible ways, the person has assumed a **failure identity**. Most forms of mental and emotional disturbance are viewed as the result of the decision not to fulfill one's psychological and physical needs in a responsible way, which then produces a failure identity. Using reality therapy will help the Internet-addicted client to identify responsible and effective ways to satisfy their needs and thereby to develop a success identity. Therapists should model responsible behaviors for their clients and make use of techniques that are designed to help clients learn to live more intentionally and responsibility (e.g., role-playing, systematic planning, exploring wants, needs, and perceptions).

Interpersonal Therapy

Internet addicts typically suffer interpersonal difficulties such as introversion or have limited social support systems in place, which is in part, why they turn to virtual relationships as a substitute for the lack of real life social connection. In other cases, due to their addiction, they have lost significant real life relationships such as a spouse, a parent, or a close friend. Interpersonal Therapy is a brief form of therapy that focuses on education. Specific interventions include encouragement of affect, communication analysis, modeling, and role-playing to establish new ways of interacting. These interventions will prove productive to improve interpersonal functioning that will resolve underlying role disputes, role transitions, and interpersonal deficits.

Insight-Oriented Therapy

Clients with a prior history of alcohol or drug dependency often find their compulsive use of the Internet a physically "safe" alternative to their addictive tendencies. The Internet addict rationalizes that Internet addiction helps with relapse to drinking or drug use by fulfilling their compulsive needs with minimal medical risk, yet still avoids the unpleasant situation underlying addiction. Insight oriented techniques often help this type of multiple addiction client to understand the deeper issues related to chronically compulsive behavior in their lives.

Utilizing Insight oriented techniques will also help the client identify warning signs that sobriety is at risk such as:

- ◆ Going online when no one is home
- ◆ Using work Internet access for online activities not directly work related

- ◆ Keeping Internet use a secret
- ◆ Not getting sleep or rest because of Internet use
- ◆ Skipping support group meetings or therapy

Twelve-Step Support Groups

Support Groups serve a multitude of recovery purposes for the Internet addict. First, support groups improve the Internet addict's real life social support system as they provide an opportunity to build offline relationships. Such peer support offers comfort that decreases the reliance upon the Internet for companionship and serves as a safe place to reality test interpersonal behavior that leads to personal growth.

Accepting that there is a Higher Power is not necessarily about religion, but the Twelve-Step model is a belief system that helps to overcome the temptation when the hard times hit. Relapse is part of the recovery, and having a support group will help you to process those moments of relapse and work through the triggers for your net-binge. Group membership will also help you at the next moment of temptation by providing sponsorship, akin to AA, in order to cope with difficult times during this transition period.

Support group participation also helps the client to address conflicting emotions that underlie the addiction. As clients struggle with how to co-exist with the Internet and its many offerings without indulging, they also feel angry that they must give up something that makes them feel better about themselves. They may also be resentful of others who they perceive are trying to take the Internet away from them. In a group of

supporters, you can confront these issues and deal with them in a warm, caring atmosphere.

Couples Counseling:

Couples Counseling may be an essential part of recovery among Internet-addicted clients who marital and familial relationships have been disrupted and negatively influenced by Internet addiction. Couples Counseling should address several main areas:

- (a) educate the couple on how addictive the Internet can be;
- (b) reduce blame on the addict for behaviors;
- (c) improve communication about the pre-morbid problems in the family that contributed to the addiction; and
- (d) encourage spouse to serve a sponsorship role in the addict's recovery for support during moments of temptation.

Recovery Checklist

To help in the recovery process, I have summarized the recovery issues for clients in this convenient checklist to help motivate and reinforce healthy Internet behavior.

1. Assess Current Internet Use Practices:

- a. Carefully examine the extent of your current use cycle and its associated problems.
- b. Identify online applications that are the most problematic and trigger abuse.
- c. Look for specific situations in which you are most vulnerable.

2. Make Measurable Changes in Internet Behavior:

- a. Maintain a log of hourly changes in Internet use.
- b. Determine new places to use the Internet that are more public and visible.
- c. Utilize the technology-based solutions discussed here to maintain cybersex abstinence when cravings occur.

3. Address How You Will Deal with Abstinence:

- a. Identify your current struggles and how will you cope with the emotional and physical losses you may experience when restraining from cybersex.
- b. Be proactive in lifestyle modifications that take you away from the computer.
- c. Tackle the underlying issues that you to the addiction in the first place.

4. Understand the Sexual Needs that Drive the Addiction:

- a. Understand the unmet needs that cybersex once filled in your life and find alternative ways of coping to prevent relapse.
- b. Transfer the positive qualities of cybersex into healthier sexual outlets.
- c. Explore and resolve underlying sexual feelings before they resurface into a relapse.

5. Develop Proactive Plan to Deal with High-Risk Situations:

- a. Learn to avoid high-risk situations.
- b. Plan in advance how these might be avoided or successfully coped with.

- c. Minimize deliberate exposure to cybersex-related triggers or situations. Be ready to identify unforeseeable “accidental exposure” to the Internet and be prepared for how to cope with the situation.

6. Correct the Rationalizations that Lead to Relapse:

- a. Learn about your relapse interpretations: “I blew it this time, I guess I will never stop, so I will just keep using.”
- b. Watch out for internal “entitlement” themes, such as “I had a hard day, I deserve to cyber” or “Well, I was productive today, so cybersex will be my treat.”
- c. Encourage yourself to look at slips as isolated incidents that can be conceived of as opportunities for learning.

7. Find Sponsorship and Continued Support:

- a. Discuss ways that friends and family can assist in your recovery
- b. Amend old relationships and foster new relationships.
- c. If you don’t enlist help from others, then ask yourself how you will abstain from cybersex without accountability to someone.

Signs of Healthy Internet Use

The final step is to give yourself credit for your efforts, even if you do relapse once in a while. Get back on the horse and just start again. Because using the computer for work is often part of your daily routine, it may not be easy to detect when you have

you have made progress. To help you recognize achievement towards your recovery goals, I have listed the following ten signs of healthy cybersex use:

1. You stick to your schedule of Internet use and don't eclipse your targeted number of total hours online each week.
2. Your spouse, parent, or other loved one tells you they see the difference in your Internet habits and your behavior toward them.
3. You keep a strict accounting of the money you spend for online service fees and stay within your budget.
4. You perform work tasks in a timely fashion that closely resembles your pattern before turning to addictive Internet use.
5. You rediscover those favorite hobbies and activities you used to enjoy.
6. You expend greater energy communicating with those directly in front of you than to strangers on the Net.
7. You see others obsessed with Internet in a different light, with an understanding that they're creating problems for themselves and those closest to them.
8. When you do use the Internet for legitimate reasons or for your limited entertainment slots, you feel less and less tempted to resume your old habits.
9. You feel a greater desire to go out with your spouse or family and socialize with friends, turning down fewer invitations and making more of your own.
10. You look back at your time of addiction to Internet and see a different person from a different period of time.

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Web Resources

Cyberwidows Help
www.cyberwidows.com

Sierra Tucson
www.sierratucson.com

International Society of Mental Health Online
www.ismho.org

National Council on Sexual Addiction and Compulsivity
1090 S. Northcase Parkway, Suite 200 South
Marietta, GA 30067
(770) 989-9754
www.ncsac.org

National Mental Health Consumers' Self-Help Clearinghouse.
<http://www.mhselfhelp.org>