PROBLEMATIC INTERNET USE: clinical experience in Australian youth

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Outline of Session ...

- General overview & concept development
- The ‘scale’ of the problem – international perspectives & developments
- Current research, literature, debate
- Game design theory + relevance
- Assessment & appraisal of the problem: practical/clinical
- Emerging ‘treatment’ options
- Social & multicultural aspects: Australian experience

Current Research and Debate

- First ‘concerns’ in 1996/7 in psychiatric fields (Drs. Goldberg, Young, block in USA)
- Clear increase in research volume in 2000’s; at least 4 international, dedicated Journals
- Questionnaire development:
  - Goldberg 1996 (DSM addictive criteria)
  - Brenner 1997
  - Young DQ (IA T) 1998 (mod. Pathol. Gambling) – translated/international
  - Porter, Starcevic et al. – ANZJP Feb 2010

- Many others’ lack of theory or agreement: Hard/impossible, to devise the ‘perfect’ questionnaire
- Key issue about ‘addictiveness’, as both a label and construct remains contentious.

A suitable & concise definition:

- Problematic internet use: ‘The pervasive, long-term usage by a person of ICT and related technologies, which results in a clinically significant impact in that persons daily functioning or role/expectation, and which persists despite efforts in the client, or in the social circle, to reduce that usage.’
- Note that PIU is a complex, ‘end point’ behaviour of a range of underlying psychiatric/psychological stressors – maybe a ‘disorder’ in itself

Current Research Findings

- Varied data collection methods (internet-based, school or Uni, postal, clinics)
- Generally show 2-5% fulfil the criteria for addiction, up to 10% ‘at risk’
- Dependent on strictness of criteria, almost all focus on gaming
- Lack of focus on antecedents to use and mental health issues (ie. no longitudinal studies)
- Recent international-comparison study (D Gentile, 2012) – note similar rates across centres.
- Recent moves to explore co-morbidities, chain of causation, and cross-cultural/parenting factors (Yan Yang et al, 2013)
- Treatment – emerging Level 2/3 evidence
Core Gaming principles: *the 3 ‘Fs’*

- **FLOW**
- **FIERO**
- **FRUSTRATION or ‘FUN FAILURE’**

…think of examples of *successful games*!

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Core principles in Social Networking

- As noted, offer intense reward/ feedback loop: the ‘Hyperpersonal Effect’
- Now, an indispensable form of ‘social currency’, espec. in females
- The Zeigarnik Effect – need of working models for closure,… *The Never-Ending Story*
- Key concepts (Prof. R Putnam) of *Bridging* and *Bonding*
- SN differs from Gaming in that it *enhances* one’s ‘real life’ socialising, vs. a ‘virtual space’.

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Examining the clinical problem (1)

- Early warning signs
- Concept of the ‘sentinel’ or ‘gateway’ illness
- The 4 ‘levels’ of PIU
  - **Level 1** (PIU): mild impact, early problems, ‘under the radar’
  - **Level 2**: incr’d impact; social circle notices (schooling, peers etc.)
  - **Level 3**: clinical impact; co-morbidity; specific intervention indicated
  - **Level 4**: ‘addiction’, or pathological IU; major or whole social role impact

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Examining the clinical problem (2)

Associated co-morbidities ….

- **anxiety**
- **depression**
- **ADHD**
- **Asperger’s**
- **Boredom**
**PIU and the physical “health-triangle”**

- **PIU**
  - Sleep
  - Appetite/weight

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**Australian Experience in PIU**

- Well established that Aussie youth are highest consumers of social media/networking, worldwide (AC Nielsen).
- National clinical experience suggests major emergent problems; extensive public & media interest.
- Multicultural aspects in urban areas present unmet challenges.
- GP and school counsellor studies (Tam *et al.*.) indicate major concerns/desire to learn & engage more.
- Other surveys: Young and Well CRC - Cybersafety.

**Emerging treatment models (1):**

- Clearly, develop from both theoretical and practical experience.
- CBT (group and individual); behavioural, insight-oriented approaches.
- Key considerations:
  - Holistic assessment/formulation vital.
  - Co-morbid: treat if necessary with medication.
  - Dependent on age of client, role of family important.
  - Inpatient vs. inpatient.
  - Exogenous vs. endogenous drivers.

**Emerging treatment models (2):**

- From the ‘Level 1 – 4’ model as outlined:
  - Level 1 ~ ‘in-house’ efforts, self-help.
  - Level 2 ~ associates, s/counsellor etc.
  - Level 3 ~ clinical psychologist.
  - Level 4 (~ addiction) ~ psychiatric/in-patient plus medication considerations.
- Treat the cause!!

**Use of the IMPROVE tool**

- Keys are insight and building rapport.

**The IMPROVE tool**

- **I** – Internet inventory (eg websites, games etc).
- **M** – Monitor over time.
- **P** – Parenting factors (eg permissive vs authoritative).
- **R** – Real world activities.
- **O** – Other factors (mental health issues, personal stress).
- **V** – Vulnerability factors (eg personality traits, family issues).
- **E** – Extra help needed?

**The psychology of the Internet: ethnocultural considerations**

- ‘Western’ vs ‘eastern’ cultures (? simplistic).
- Probable higher intensity, severity and public concern in East (but note recent multi-centre study – D Gentile *et al.* 2011).
- ‘Hikikomori’ phenomenon in Japan.
- Economic/historical factors: urban living; physical/metabolic differences; social pressures.
- Relevancies to Australia...
Are IT companies intentionally designing in ‘addictive’ features?

- A highly controversial point… SN interfaces include highly compelling user features
- Indisputable that Gaming employs core features ‘learned’ from Gambling industry
- Clive Thompson (Wired, 2007) “…The xxxx design lab looked more like a psychological research facility than a gaming company…”
- As ever, up to an informed, engaged, empowered stakeholder society to address these key issues