# 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 Dehate

- · 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 interntl, dedicated Journals
- Questionnaire development:
  - Goldberg 1996 (DSM addictive criteria)
  - Brenner 1997
  - Young DQ (IAT) 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' q'naire
- Key issue about 'addictiveness' as both a label and construct remains contentious

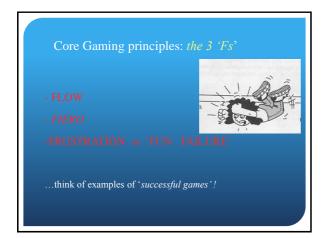
### A suitable & concise definition

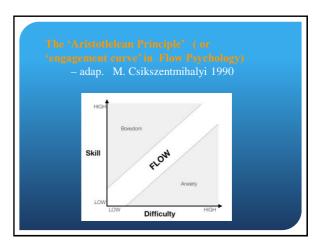
- Problematic internet use: 'The pervasive, long-term usage by a person
  of ICT and related technologies, which results in a clinically significant
  impact in that persons daily functioning or role/expectation, and which
  persists despite efforts in the client, or in the social circle, to reduce that
  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





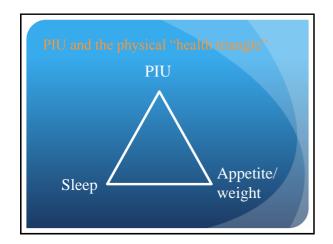
# Core principles in Social Networking

- As noted, offer intense reward/ feedback loop: the 'Hyperpersonal Effect'
- Now, an indispensible 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'.



# 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' Lovel 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





### 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 concern/ desire to learn & engage more
- ACMA (2013 in press): second analysis of 'Click & Connect' survey
- Other surveys: Young and Well CRC Cybersafety

### Emerging treatment models (1):

- Clearly, develop from both theoretical and practical experience
- CBT (group and individ.); behavioural; insight-oriented approaches
- Major & growing help/literature (? industry)
- Key considerations:
  - holistic assessment/ formulation vital
  - co-morbid : treat if necessary with medication
  - dependant on age of client, role of family important
  - out vs. in-patient
  - 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')  $\sim$  psychiatric/ in-pt unit

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
- 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

