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CHAPTER 12

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## Twelve-Step Recovery in Inpatient Treatment for Internet Addiction

SHANNON CHRISMORE, ED BETZELBERGER,  
LIBBY BIER, and TONYA CAMACHO

THE DISEASE of chemical dependency (i.e., signs and symptoms, consequences, treatment, etc.) is well documented. Less has been documented regarding problematic Internet usage, specifically the use of inpatient treatment when working with those individuals diagnosed with Internet addiction. The purpose of this chapter is to examine the use of an inpatient treatment model used in a treatment center treating chemical dependency and process addictions (including gambling, Internet, video game, shopping/spending, sex, and food addictions, as well as chronic pain with addiction). This chapter also explores the use of a group format, not only in professional settings but also in the 12-step community. In order to better understand the uses of treatment and group therapy of persons suffering from Internet addiction, an initial overview will be given regarding Internet addiction, Emotions Anonymous (EA), as well as special populations. At present, Internet addiction has not been recognized by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* (American Psychiatric Association, 2000), and there is some debate about its inclusion in *DSM-V* (Block, 2008). Many terms have been used to refer to this behavior, such as *compulsive Internet use*, *Internet overuse*, and *Internet misuse*. For the purposes of this chapter, *Internet/computer addiction* will be used interchangeably with these terms.

In 1996, the Illinois Institute for Addiction Recovery (IIAR) began treating those suffering from Internet addiction after seeing the power of screening

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for other process addictions, especially pathological gambling. At the time, pay-per-minute Internet access through sites such as America Online (AOL) contributed to significant financial debt among individuals who were struggling to control their Internet usage. Please note that for the remaining sections of this chapter we are focusing on the IAR's experience in treating those suffering from Internet/computer addiction. Therefore, only the IAR's recommendations and strategies for treatment will be discussed. Other treatment approaches are outside the realm of this chapter.

## IMPACT OF INTERNET ADDICTION

While most employers provide Internet access to their employees in hopes of increasing productivity, research supports a growing concern about compulsive Internet usage while at work. Harris Interactive, Inc. (2005) conducted a survey of employees and human resources (HR) managers regarding employee Internet use. They found that nearly one-third of time spent on the Internet is not related to work; 80% of companies reported that their employees had abused their Internet privileges in various ways, such as downloading pornography; and employees rated online shopping, news, pornography, gambling, and auctions as the most addictive online activities in addition to e-mailing and instant messaging. Internet misuse is costing more than \$85 billion a year in reduced productivity. However, this does not take into account family costs such as divorce, domestic violence, abuse, time away from family activities, or suicide, to name a few. What also needs to be considered in this cost are the consequences of drug and alcohol dependence. A dual diagnosis of drug and alcohol dependence was present in 41% of a sample of patients treated for Internet addiction at the Illinois Institute for Addiction Recovery (Scherer, 2009). These findings should be taken with caution, however, because most of the individuals treated for Internet addiction at the IAR initially came to treatment for a drug or alcohol problem, and the presence of an Internet addiction was detected through screening tools. Depressive symptoms are also common among individuals with Internet addiction. Of those treated at IAR, 88% had a dual disorder in the depression spectrum (e.g., bipolar disorder, dysthymic disorder, or major depressive disorder) (Scherer, 2009). Depressive symptoms are strongly associated with pathological Internet usage, and those with increased levels of depression are more susceptible to becoming addicted to the Internet (Ha et al., 2007; Young & Rodgers, 1998).

Not only entertainment, but also concerns come with society's increased reliance on technology and the Internet over time. Overall, most people are able to browse the Internet, converse via instant messages or in chat rooms, or play online interactive video games for social or entertainment purposes, experiencing no negative consequences. However, there are those people who suffer consequences related to their Internet behaviors when they lose control and end up engaging in problematic or even pathological use of the Internet.

This is where professionals and 12-step groups are available to offer assistance and support.

## EMOTIONS ANONYMOUS

In putting together the IAR treatment program for Internet/computer addiction, there was a dilemma. As a 12-step-based program, the IAR had to find some way of applying the 12-step principles to this rather new concept of addiction to the Internet/computer.

### **Process Addiction = Chemical Addictions**

- Loss of control.
- Unsuccessful attempts to cut down or stop the behavior.
- A great deal of time spent thinking about or engaging in the behavior.
- Continuing the behavior despite related consequences.
- Withdrawal symptoms such as irritability, headaches, or restlessness.
- A need for increased amounts of the substance or behavior.
- Changes in social, occupational, or recreational activities as a result of the behavior.

Internet addiction, like chemical addictions, is a primary, progressive disease.

### **Making the Diagnosis**

- Attempts at control: Y or N
- Dishonesty related to computer use: Y or N
- Impairment of significant life areas: Y or N
- Questionable behavior: Y or N
- Increase in tolerance: Y or N
- Euphoria and guilt: Y or N
- Withdrawal syndrome: Y or N
- Preoccupation: Y or N
- Escape and relief from computer use: Y or N

At the time, there was relatively minimal literature on the subject of addiction to the computer and/or Internet and certainly no recovery program designed around the 12 steps. The IAR theorized that many people becoming obsessed with this rather new technology were also suffering from mental health disorders such as depression or anxiety or social isolation.

The book *Emotions Anonymous* was discovered. "Emotions Anonymous is a fellowship of people who share their experiences, feelings, strengths, weaknesses, and hopes with one another in order to solve their emotional problems and to discover a way to live at peace with unsolved problems" (Emotions Anonymous Fellowship, 2007).

Emotions Anonymous (EA) started in 1971 in Minneapolis, Minnesota, but its roots go back to 1965 when Marion F. read a newspaper article about an organization that had adopted the 12 steps of Alcoholics Anonymous (AA) for overcoming emotional problems (Emotions Anonymous Fellowship, 1995). Marion had suffered for years with emotional and physical problems. Thinking this might be an answer for her, she was disappointed to learn there were no meetings of this group in the Minneapolis area. Marion F.'s journey through recovery led her to start the first Neurotics Anonymous group in Minneapolis in 1966, which ultimately led to the founding of Emotions Anonymous. As the EA book went to print for its latest printing in 2007, there were over 1,300 EA groups in over 35 countries around the world (Emotions Anonymous Fellowship, 2007).

EA states openly in its literature that "all are welcome in EA . . . we may have come to EA simply because life was uncomfortable and we are looking for a better way. Or, we may have been in the depths of despair . . . the symptoms that led us to seek help are diverse" (Emotions Anonymous Fellowship, 1995). Philosophically, EA appears to be welcoming to a wide variety of people, but with the structure (steps) and guidance (traditions) of the AA program. While it has been a struggle finding face-to-face meetings for IAR for patients to attend in their home areas, these patients have found the book to be invaluable. Patients report having similar experiences from reading the EA book that are often heard from alcoholics about the AA Big Book.

Because fewer EA meetings are available, the clinician should require those suffering from Internet addiction to seek assistance and support from other 12-step meetings such as AA and utilize their desire to not use today to attend the meeting. Those suffering from Internet addiction often struggle to identify with alcoholics and other addicts and would rather not attend anything but EA if they have not experienced problems with chemicals in the past; however, because of fewer EA meetings and the high risk of relapse, it is imperative for individuals suffering from Internet addiction to receive continued support of the 12-step program whether or not it is solely from EA. Some people suffering from Internet addiction choose to abstain from all mood-altering chemicals and behaviors in order to avoid the potential for cross-addiction (replacing one addiction with another). Sometimes it may also be helpful for these individuals to obtain two sponsors—one through EA (the sponsor can be of the opposite sex if a sponsor of the same sex is not available) and one for step work (this one needs to be a same-sex sponsor from another 12-step program).

EA does not have a specific group for family members, such as Al-Anon or Gam-Anon. However, family members and significant others are encouraged to attend a 12-step support group in order to cope with their loved one's addiction, as well as learn how to set healthy boundaries. Family members of persons suffering from Internet addiction are encouraged to reach out to groups such as Families Anonymous, Codependents Anonymous, or Al-Anon. These groups provide a place for family members to share their

experiences and receive support from others who are dealing with their loved ones' addictive behaviors as well.

## SPECIAL POPULATIONS

There are discrepancies about the typical profile of an Internet addict. Stereotypically, the Internet addict is thought to closely resemble a so-called computer geek—a young, introverted male who is knowledgeable about computers. However, fewer than half (47%) of the patients treated at the IIAR for Internet addiction fit into the category of males under 30 years old (Scherer, 2009). However, when all patients under 30 years old are considered, the percentage rises to 65%, and when broken down into gender, 71% were males (Scherer, 2009). While these results represent a very small sample size and cannot necessarily be generalized to the entire population of Internet addictions, it is possible that an Internet addict is more likely to be male or to be a young person but not necessarily a young male. Other studies support the notion that males are more likely to be problematic Internet users (Mottram & Fleming, 2009).

A clear set of personality characteristics predicting who will become problematic Internet users does not exist. It is also unclear whether individuals with certain characteristics are drawn to spending prolonged periods of time on the Internet or they develop these characteristics as a result of becoming addicted. However, research does support certain characteristics that are more common in individuals with problematic Internet usage. Internet addicts typically spend more time online, are members of more online clubs and organizations, and make more new, online friends than nonaddicted Internet users (Shek, Tang, & Lo, 2009). Not only are these individuals spending more time engaged in Internet-related activities, but they are also substituting Internet-related activities for other recreational activities such as doing things with friends, watching television, and so on. Other studies suggest that individuals with abstract thinking skills may be drawn to the stimulating nature of the Internet (Young & Rodgers, 1998). There is some debate about whether extroversion is related to developing Internet addiction. While individuals are engaging in online activities alone, the interactive nature of the Internet may provide enough stimulation and contact with other people to satisfy the extrovert. Introverted individuals, by contrast, may be overwhelmed by the connectedness with other people online. Shy, introverted individuals may find comfort in the anonymity afforded to them through the use of an online medium, but it still appears that they struggle to initiate conversations and self-disclosure (Brunet & Schmidt, 2008).

### FEMALES

In the general population, the percentage of women using the Internet still falls slightly below the percentage of men (Fallows, 2005). Studies conducted

on Internet addiction indicate that rates are higher among men than women (Zhang, Amos, & McDowell, 2008). These findings can also be supported by those seeking treatment for Internet addiction (29% females versus 71% males) at the Illinois Institute for Addiction Recovery (Scherer, 2009). Women have been more likely to be involved in online activities that are seen as social by the user. Social activities online would include chat rooms and instant messaging, as well as social networking web sites such as Facebook, MySpace, LinkedIn, and Twitter. Women may also find themselves escaping the stressors of life through general Web surfing. Typically, women with Internet/computer addiction appear to suffer from family and relationship problems to a greater degree than their male counterparts. Many women are the primary caretakers for children in the household. As they are engaged in more problematic use of the Internet, they are pulled away from family activities and other caretaking roles. This absence is likely to have a more negative impact on the family system when the female Internet addict is the primary caretaker. This could also be a contributing factor to why fewer women enter into treatment for Internet addiction.

#### TEENAGERS

Teenagers typically present to treatment as a result of problems with online gaming activities, and are most often male (67% male versus 33% female). Of all patients treated for Internet addiction at the IAR over the past three years, only 35% fell into the category of aged 19 years and younger. When the age range is adjusted to include all persons under 30 years old, the percentage changes drastically, with 65% of the total patients treated falling into this category (Scherer, 2009). Most male teenagers treated at the IAR for Internet addiction over the past three years have been treated for online gaming. Teens are more likely than older Internet users to engage in games known as massively multiplayer online role-playing games (MMORPGs), in which multiple players connect to a common server or Internet source to all play the same game at the same time (Smahel, Blinka, & Ledabyl, 2008). These games are intense and highly interactive and can involve countless hours of online play, all of which places individuals at greater risk of becoming addicted. Players are able to communicate through text on the screen and/or through audio. Common MMORPGs include World of Warcraft, EverQuest, Ultima Online, Dungeons and Dragons, and Final Fantasy. If the individual suffering from Internet/computer addiction does not play MMORPGs, he is most likely to play individual computer or console games such as Nintendo, Game Boy, Xbox, and PlayStation.

Over the past three years, there have been few female teens ( $n = 2$ ) who have entered into treatment for Internet addiction at IAR. These teenage females have played a combination of MMORPGs and Sims games. Sims games are simulation games that allow players to create their own new identities or personas and watch the new characters play out their lives. Teenage females

are more likely to engage in the social networking web sites such as MySpace than play Internet games.

## SCREENING AND ASSESSMENT TOOLS

This current section identifies screening and assessment tools as well as other issues of a person suffering from Internet/computer addiction. The first step in treatment is spent gathering information through psychological screenings, a biopsychosocial interview, medical history, and a concerned person questionnaire (CPQ), among other information-gathering techniques.

Although the *DSM-IV-TR* does not specifically recognize Internet addiction as a distinct diagnosis, it does allow for the inclusion of such addictive behaviors to be coded under the Impulse-Control Disorder, Not Otherwise Specified (NOS) diagnosis. As such, it is important for clinicians to be acutely aware of the diagnostic features present under the array of impulse-control disorders. When assessing an individual who is engaging in excessive Internet use, it is important to have a clear definition of what constitutes an NOS diagnosis. Unlike the other formal diagnoses under the category of impulse-control disorders, the NOS diagnosis does not specifically identify a set of criteria that need to be met for a formal diagnosis. Instead, the *DSM-IV-TR* merely offers a guideline to clinicians rather than a clear set of criteria. During the assessment process, it is the clinician's responsibility to review the information with the treatment team to ensure proper diagnosis by ruling out other potential presenting disorders before an NOS diagnosis can be made. Presenting features of any impulse-control disorder include inability to resist urges to engage in destructive behaviors and/or euphoric feelings either during or after the behavior. As with other addictive behaviors, individuals experience severe consequences in various aspects of their lifestyles. They frequently experience relationship discord as a result of excessive Internet use, as well as problems with employment and loss of interest in other activities they once found important.

In treating individuals suffering from Internet addiction, it is imperative to screen for other addictions, such as alcohol, drugs, sex, pathological gambling, food, and compulsive shopping/spending, as well as other mental health disorders. Often, individuals will report they need to be assessed for Internet/computer addiction when they are engaging in online addictive behaviors related to gambling, shopping, or sex. It is important to determine whether use of the Internet or computer is problematic, or if the individual is utilizing the Internet as his or her vehicle to engage in pathological gambling, compulsive shopping/spending, or downloading pornography. In these cases, treatment for Internet addiction would miss the underlying behaviors that are problematic.

It is estimated that 86% of those suffering from Internet addiction have some other *DSM-IV-TR* diagnosis present (Block, 2008). Of those individuals treated for Internet addiction at the IIAR over the past three years, 94% were also

diagnosed with another *DSM-IV-TR* diagnosis; 81% of these individuals had some type of mood disorder (major depressive disorder, dysthymic disorder, or bipolar disorder); 44% had a chemical dependency diagnosis; and 56% had another process addiction diagnosis (compulsive shopping/spending, pathological gambling, sexual addiction, or eating disorder).

A psychiatric evaluation is appropriate and essential to determine any comorbidity issues, as well as need for medication. As discussed earlier, there are extremely high rates of comorbidity among this population, and a thorough psychiatric evaluation can provide both the patient and the clinician with valuable information for treatment planning and relapse prevention. This evaluation may also determine if a patient is at risk of harm to self or others especially during this time. For patients identifying thoughts of harming themselves or another person, it would also be advisable to complete a suicide risk assessment to determine precautions necessary and have the patient contract for safety.

Along with the psychiatric evaluation and the psychological screenings, it is helpful to complete a mental status examination to determine the patient's orientation to person, place, and time, as well as screen for any organic disorders. These screening tools will assist in the development of the patient's treatment plans. It is important to treat the whole person; if not, it is an injustice to the patient and his or her risk of relapse will increase. If a clinician is not aware of other addictions or mental health diagnoses and is treating only the disease of alcoholism, but the patient also suffers from Internet addiction, the patient may remain sober from alcohol while Internet usage increases. Therefore, the patient is not truly in recovery. The clinician may experience confusion, wondering why the patient remains unhealthy and does not appear to be making progress.

Within the first 24 hours of treatment, the nurse completes a nursing assessment and the attending physician completes a history and physical. Some considerations about medical well-being in working with a person suffering from Internet addiction might be:

- A diabetic engaging in compulsive or problematic Internet usage who does not leave the computer to eat or check blood sugars and, as a result of this, needs medical attention to regulate his or her blood sugars.
- A person suffering from Internet addiction who is neglecting to take his or her blood pressure medications and, therefore, experiences high blood pressure; when the patient comes into treatment, he or she needs to be evaluated for the appropriateness of medication and continued monitoring.

The biopsychosocial assessment allows for the therapist to gather more information from the patient to determine a course of treatment. This assessment covers history on the following issues: family, legal, educational, occupational, sexual, abuse (as well as any domestic violence issues),



chemical or other addictive behavior, emotional, spiritual, and environmental (e.g., Where do you live? Who has financial control in your household? Are there any financial concerns while in treatment?). Recreation/leisure activities prior to coming into treatment are also assessed, as well as goals for after treatment and the patient's strengths and weaknesses.

The Virtual Addiction Test (VAT) developed by David Greenfield (1999) is just one particular screening tool that can be used to examine the potential for Internet addiction in a wider segment of patients. Using a tool such as the VAT offers several advantages to patients who may be struggling to identify their Internet use as problematic. It provides patients with a noninvasive means of looking at their behavior. Given the resistance many patients experience, such an opportunity for personal reflection can provide for more open dialogue during the formal assessment process. The screen is short and easy to understand, allowing the patient to clearly and concisely answer questions "yes" or "no" without getting into heady rationalizations for their behavior. When the screen is used as an adjunct to the formal assessment, it can help guide the clinician to identify areas of concern. Conversely, it provides the clinician with valuable information into the potential insight or lack thereof into the problematic behavior. Screening tools such as the VAT are also valuable when screening other patients who present with other impulse-control disorders or substance-related disorders. As with any comprehensive assessment process, screening for other potential disorders is important and can be done easily through the use of such screens.

Another screening tool, the Internet Addiction Test (IAT), can be used to determine the level of severity of a person's addictive use of the Internet (Young, 2006). This is a self-administered, 20-item test, in which patients can indicate the frequency of their Internet-related behaviors and the degree to which these behaviors have impacted their lives. For example, the IAT asks a patient to explore loss of control, dishonesty, and secrecy about Internet usage; inability to cut down; and negative emotions, to name a few. The IAT can provide clinicians with an idea about the extent of a patient's addictive Internet behaviors and can be used as a screening tool to suggest further assessment. It is also the first measure to be validated in English (Widyanto & McMurren, 2004); Italian (Ferraro, Caci, D'Amico, & Di Blasi, 2007); and French (Khazaal et al., 2008).

Another tool that can facilitate gathering more information to determine the course of treatment is having the significant other and/or other family member(s) complete a concerned person questionnaire (CPQ). The CPQ is similar to the detail of the biopsychosocial interview for the patient, but the CPQ can be completed by the concerned persons and not necessarily in an interview format. It is not to be used as a validated diagnostic tool, but instead contains a series of questions that concerned persons in a patient's life complete in order to provide their perspective of how the addiction has affected the patient's life. It also offers the therapist insight into how this disease is affecting the family member(s) or other concerned persons.

This information can be useful in breaking through the initial denial that a patient may be experiencing when entering treatment (Illinois Institute for Addiction Recovery, 2008).

Although these screening tools may appear to gather similar information and thus perhaps be redundant, they assist the therapist in getting a clear picture of the patient. An individual suffering from Internet addiction is often dealing with a significantly high level of denial about the negative impact that the behavior has had on his or her life. These tools allow the therapist to determine discrepancies within the self-report of the patient and to explore the impact the problematic Internet usage has had on the patient's life, which will allow the therapist to confront the patient and bring him or her to the reality of his or her disease.

Screening and assessment tools assist the clinician in determining the appropriate placement for the patient in treatment. The guidelines established by the American Society of Addiction Medicine (ASAM, 2001) can be useful in evaluating a patient's stability across six dimensions: acute intoxication/withdrawal potential, biomedical complications and conditions, emotional/behavioral/cognitive complications and conditions, readiness to change, relapse/continued use/continued problem potential, and recovery environment. Patients suffering from Internet addiction may be experiencing biomedical complications as a result of their excessive Internet use and lack of attention to medical issues, but they are almost always experiencing problems with respect to emotional, behavioral, or cognitive complications, readiness to change, relapse potential, and recovery environment. Placement in an inpatient or partial hospitalization program allows for an integrated treatment team approach in which both biomedical and psychiatric concerns are addressed, as well as providing a highly structured environment for the individual to learn about addiction and begin to progress through the stages of change.

#### INPATIENT / RESIDENTIAL TREATMENT

Within the first 72 hours of treatment, the client will be given the initial assignment to define what abstinence from the addiction means and to engage in a dialogue about his or her definition of abstinence from problematic behaviors related to the Internet/computer. Typically, this definition becomes more in-depth as the patient progresses through treatment, starts to receive education about the disease of addiction, and becomes more willing to look at the impact of Internet/computer overuse in his or her life.

Treating Internet and computer addiction is explained within the first day of treatment along with the 12-step concept and Third Tradition of Alcoholics Anonymous. All patients are expected to abstain from alcohol, drugs, and other addictive behaviors while in treatment. The client is given a copy of the *Emotions Anonymous* book, as well as copies of the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) texts to provide the origin and

background of the 12-step philosophy. Other assignments include beginning with Step 1 to explore the patient's concept of powerlessness and unmanageability related to his or her Internet/computer use, assignments regarding denial, and the patient's feelings about beginning the recovery process. These are then completed and reviewed with the counselor by the end of the first week. The patient also needs to be involved in other group therapy related to the addiction, as well as be involved within the overall milieu of the unit (including, but not limited to, education on various types of addiction, not just Internet/computer addiction).

A rehabilitation meeting for the development of a master treatment plan is scheduled within seven days of admission. During this meeting, treatment team members (i.e., counselors, clinical coordinator, nurse, medical director, patient financial service representative, and possible consulting physicians) review diagnosis and discuss pertinent information gathered from the patient during the initial assessment, nursing assessment, and biopsychosocial interview, and information from collateral sources. At this meeting, a master treatment plan is developed that outlines goals, objectives, and methods the patient is to complete for preparation for outpatient services. This master treatment plan is reviewed with the patient within 24 hours of the team meeting.

In addition to the standard counselor-led group therapy sessions, persons suffering from Internet addiction attend groups specifically for this process addiction. This allows time for specific discussions related to their addiction. They will attend the Internet/computer addiction process addiction groups twice a week and work on the unique challenges they face with having an Internet addiction. Specific issues discussed could focus on how the patients' relationships at home, work, school, and socially have been negatively impacted by their addiction, as well as placing specific focus on their isolative behaviors.

There is also a focus on discussing the patient's perceived need for Internet/computer use, as well as barriers to be put in place when Internet/computer use is absolutely necessary (e.g., at work). Once per week, the client attends a more general process addiction group therapy session, which includes clients with any of the process addictions (food, sex, gambling, shopping/spending, Internet/computers/video games). In this group, they discuss how their process addiction has affected them during the past week, they provide one another with support, they confront each other's unhealthy behaviors and rationalizations for engaging in addictive behaviors, and they process feelings related to the difficulty of making changes. While persons suffering from Internet addiction spend the majority of their time in treatment groups comprised of individuals with all types of addictions (both chemical and process), it is important that individuals suffering from process addictions be provided with a group in which they are able to discuss the unique challenges posed by these addictions and the difficulties they experience in order to determine what abstinence and relapse means for their recovery. Patients who

have co-occurring addictions and mental health diagnoses also attend a dual-diagnosis group once a week. Depression and anxiety appear to be the most common mental health diagnoses present in those treated with Internet addiction; 76% had some type of depression diagnosis and 24% had an anxiety disorder (Scherer, 2009). As with all other addictions, those suffering from Internet addiction experience significant negative consequences in their lives. Some common consequences are the following:

- Financial debt related to the cost of monthly video gaming services, as well as cost of equipment (special headset/microphones, handset controllers, games, computers, speakers, high-speed processors, modems, high-definition monitor and video system).
- Missed work, school (fired, suspended, expelled from school).
- Suicidal ideations/attempts/completions.
- Lack of meaningful interpersonal relationships.
- Social awkwardness.
- Malnourishment.
- Poor hygiene.
- Family discord.
- Lack of spirituality or emotional health.
- Failure to fulfill personal obligations or responsibilities.

#### THERAPY CONSIDERATIONS WITH INTERNET ADDICTION

Throughout the treatment process, there are many special considerations a therapist must be aware of when working with individuals suffering from Internet addiction. Although many similarities exist between those with chemical addictions and process addictions, some of the various personality characteristics of those suffering from Internet addiction may pose unique obstacles to the therapy process. This section discusses the group therapy process, as well as the role of the family and support system. As with most treatment programs, a significant emphasis is placed on relapse prevention and the development of a stable discharge and follow-up plan. The use of relapse prevention techniques and tools along with the role of ongoing Emotions Anonymous (EA) and other 12-step meetings and outpatient follow-up are addressed here as well.

As with most addiction and mental health treatment programs, group therapy is the preferred modality. The process of group therapy provides the structure needed to develop the therapeutic alliance that is crucial when working with those suffering from Internet addiction. Many of these individuals have become accustomed to isolating and restricting their social contact to the online, virtual world. Group therapy allows the patient the opportunity to begin engaging in healthy interactions, including giving and receiving honest feedback. While issues of shame, guilt, and denial tend to be universal

for people with addictions, those suffering from Internet addiction appear to have significantly higher levels of denial and rationalization for their behaviors and are often supported in these beliefs by others in their lives who do not fully understand how Internet addiction fits into the disease concept of addiction.

Due to the nature of Internet addiction, there are often few physical signs compared to chemical use. As a result, the individual may be well into the pathological phase of Internet misuse before others become aware of the problem. For those suffering from Internet addiction, isolation is often their greatest ally during their active addiction. One of the primary tasks during therapy is to address the escape component and what function it serves for the individual. In doing so, one of the therapist's primary techniques is to link the individual suffering from Internet addiction with other members of the therapy group. This is important due to the isolative nature of Internet addictions. As the individuals are able to draw similarities between themselves and other group members, this sense of isolation and shame will begin to lessen.

The makeup of the therapy group is also of particular concern. In many treatment settings, the groups are mixed between various addictions, including chemical, sex, compulsive gambling, and Internet, to identify a few. The makeup of the group will steer the therapist in selecting various interventions and will also impact the group process (Yalom, 1995). One of the key techniques used to address this phenomenon is through cross-addiction education (i.e., addressing with the entire treatment milieu the realities of various addictive behaviors). This will expand the realm of understanding for group members and provide fewer loopholes for the individual suffering from Internet addiction to exploit in therapy. As with any individual life change, resistance, defensiveness, and apprehension are a normal part of the process (Yalom). At the outset of the treatment process, many patients will struggle with these various issues, as would any other individual with an addiction.

When discussing the role of the family/support system, there are some key issues to keep in mind. During the group therapy process, specific attention should be paid to addressing cognitive distortions. Consistency on the part of the treatment team and support system is central to help the individual confront and avoid continued thought distortions. Patients exhibit changes in mood and disposition over the course of treatment. Initially, many of these patients present as intelligent, socially awkward, superior, usually introverted, solitary, and largely in denial about their addictive behaviors. Some patients may present as extroverted; however, this comes off as exaggerated, appearing to overcompensate for a lack of social confidence. Many of these patients use their intelligence as a defense, attempting to utilize technical knowledge as a defocus or reason why they may not have a particular problem. Others may use it as backing for a sense of arrogant superiority and keep others from getting too close to them emotionally. For these patients, prior to coming into treatment the Internet had become their social environment. They could be anyone and act any way that they wanted to without ever being

truly seen. They protected themselves from experiencing true rejection. Being forced to deal with live, flesh-and-blood fellow humans can elicit anxiety that can manifest as hostility or isolation.

Throughout treatment, anxiety tends to slowly dissipate, thus relieving social awkwardness, allowing the patient to become closer to peers and significant others. Patients who progress in this manner actively work at taking risks during group settings to share their stories and feelings and hear feedback from others. Coaching from the primary counselor is often required early in treatment to encourage the patient to take these risks. Patients who continue to challenge themselves to work through the uncomfortable feelings associated with socialization eventually are able to establish meaningful relationships in both personal and work/school environments.

### RELAPSE PREVENTION

Relapse prevention planning, as with all addictions, begins from the first day when the individual enters treatment. The relapse prevention process is a well-defined series of steps the individual can take to reduce the risk of returning to active addiction. The relapse prevention process can take on different roles and variations depending on the individual's level of care. While patients are in an inpatient modality, relapse prevention is a preparatory process to aid the patients once they enter into an outpatient setting. During the inpatient phase, plans are made to develop support networks, identify 12-step meetings, and list possible relapse triggers and potential warning signs that they may be headed toward a relapse. Once the patient enters into the outpatient setting, the focus changes into practical application of relapse prevention tools and techniques. Here the individual recovering from Internet addiction will begin to utilize the information provided during the more intense phases of treatment. For patients who do not enter into an inpatient program, the educational and planning process is similar to the inpatient setting. Clients in the outpatient setting will need heavy involvement with 12-step meetings such as EA and regular, intense relapse prevention groups. One of the treatment planning goals for the therapist to consider is the implementation of EA meeting attendance and obtaining an EA sponsor early in the treatment process. As discussed earlier in the chapter, 12-step involvement is a vital part of each patient's social support and relapse prevention network.

While working on relapse prevention assignments, patients are challenged to identify specific triggers for engagement in addictive behaviors as well as identifying warning signs that may signal impending relapse. As a component of relapse prevention, an Internet addiction recovery plan will be completed. The patient will define what sobriety from his or her addiction looks like. Abstinence and sobriety from chemical addiction are very simply defined—don't drink or use. However, the definition of abstinence and sobriety for someone suffering from a process addiction can be trickier due to the nature of the "drug." Patients utilize the education they have received, as well

as their peers in creating a specific definition, which may be altered over time. They also define what relapse looks like in terms of attitudes and behaviors related to Internet/computer use, as well as what constitutes a full-blown relapse episode. A relapse can be different for different people. For one person, touching a computer button may be a relapse, but for another a relapse may be more related to playing video games or visiting an Internet site.

During the final week of treatment, it is important for the patient and significant others to discuss with the counselor the importance or need of a computer or Internet access in the home. Although computers have become a major part of everyday life, patients are challenged to distinguish between wants and needs for their computer use. Input from family and employer is strongly encouraged, as patients will significantly rationalize and justify the need for Internet/computer use. We have found family and employers to be supportive of making accommodations to aid in patients' abstinence and recovery. Employers have been known to add monitoring software or limit e-mail access to intramail in order to get rid of Internet access completely from their computers at work. If it is determined that computer access is not needed, the family is recommended to have the access disconnected prior to patient discharge. Additionally, it is recommended that all related paraphernalia (i.e., video games, equipment, computers, modems) be removed from the home prior to patient discharge. This would be akin to removing all liquor from the home of a recovering alcoholic. It is important to give the patient an opportunity to process feelings of grief and loss regarding the removal of these items and Internet access. If it is determined that the computer or Internet access is still needed in the home (i.e., for family or children's use), it is important to discuss and establish appropriate security measures, creating barriers to Internet/computer access. It would be recommended that the family put passwords on all computers or place them in a locked room or cabinet to which the patient does not have access. It would be advisable that all of these measures be done prior to the patient's return home.

For teenagers or adults enrolled in school settings, it can be quite difficult to discuss removing the computer and Internet access completely from the home, as the majority of teenagers and 20-year-olds are still in school, which often requires Internet research and computer-generated assignments. However, even college professors have allowed recovering Internet/computer addicts to either handwrite or use a typewriter for papers. The library remains a great resource for research.

It is possible for many individuals recovering from Internet/computer addiction to reintegrate Internet/computer use back into their lives. It is important to begin discussing the concept of reintegration during family conferences and relapse prevention planning, and to continue during aftercare groups. By reviewing the problematic Internet/computer behaviors and identifying relapse triggers, the patient and the family can be aware of what healthy Internet/computer use will look like for that individual. Patients can identify why they need, or want, to use the Internet/computer (i.e., to e-mail an old

friend or look up research online), and establish a time limit for this activity. They would be encouraged to discuss these plans with family members, with their counselor, and during aftercare groups in order to remain accountable. They can also process feelings about their Internet/computer use and receive feedback.

As with all addictive behaviors, the importance of continued follow-up is crucial to long-term success. Once primary treatment has been completed, ongoing continuing care groups are strongly encouraged to provide a longer-term support mechanism for the client and his or her support network. This continuing care may consist of many different components, including but not limited to psychiatric, medical, pastoral, financial, psychotherapeutic, and EA components. The exact combination of modalities should be developed prior to starting the continuing care program. In the final week of treatment, the client is given an assignment to create a continuing recovery plan, which addresses specific steps a patient will follow to promote his or her recovery. The counselor will also be arranging continuing care services with a provider in the patient's home area whenever possible. This may be difficult, as Internet addiction services are extremely limited. Quite frequently, individuals suffering from Internet addiction must travel a long distance to find someone who can provide professional assistance in their recovery. If there is no professional counselor who specializes in Internet addiction or impulse control disorders in the area, clients are referred to a 12-step-based addiction treatment center that is willing to accommodate the individual's need for ongoing counseling and support. As with all forms of therapy, regular reviews of the treatment plan are useful to determine whether current needs are being met or if new issues have arisen.

## CONCLUSIONS

Each day new advances in technology are fostering a reliance on the Internet and computers in order to stay connected. Just as society has seen the development and impact of chemical addiction, so too are we just beginning to understand the problems and damage caused by compulsive and problematic Internet/computer usage. As knowledge and understanding of problematic Internet usage increase, so will our ability to provide effective treatment for those who develop Internet addictions. Clearly, we as professionals are in our infancy when it comes to addressing and treating individuals suffering from Internet addiction, as we were decades ago with chemical addiction. The possibilities for improved treatment options are rapidly increasing with new discoveries in neurobiology, pharmacology, and psychotherapy. For these reasons, future research on pathological Internet usage and effective treatment modalities is crucial for the behavioral health field.

The ability for individuals to seek help and access treatment providers has continued to progress with more attention being drawn to Internet addiction. As professionals, we are facing an uphill battle in educating the individual,



government, and society to the dangers of compulsive Internet/computer use. However, we have begun and will continue to climb the hill until all those seeking assistance for this problem have found the help they need.

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