



Northwest (HHS Region 10)

ATTC

Addiction Technology Transfer Center Network
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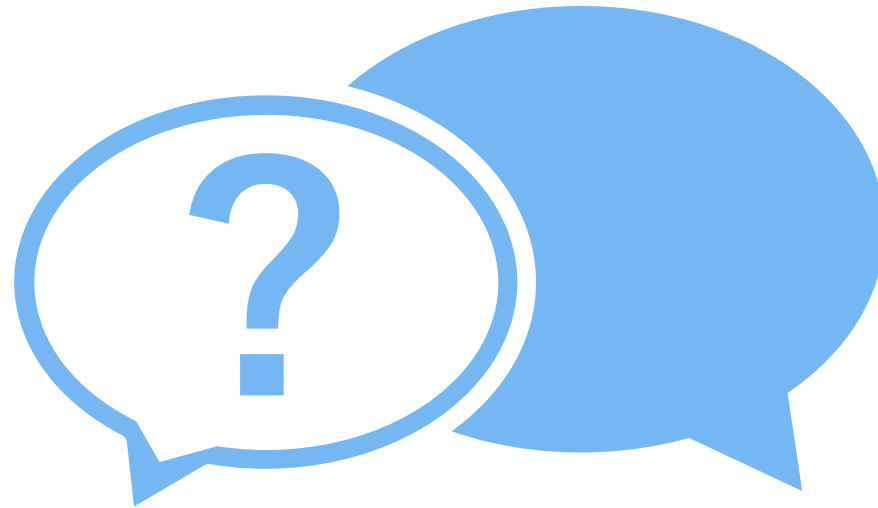
Thank you for joining us! The webinar will begin shortly.

Northwest ATTC presents:

Internet and Gaming Disordered Clients: Similarities and Differences with SUD Clients

- **Participants are automatically muted during this presentation**
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at: <http://attcnetwork.org/northwest>

Questions? Please type them in the chat box!



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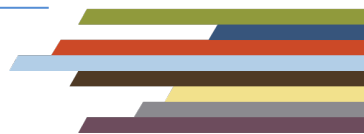
Today's Presenter



Hilarie Cash, PhD
Chief Clinical Officer
reSTART Life

In 2009 Dr. Hilarie Cash co-founded reSTART Life, where she is Chief Clinical Officer. reSTART is a residential program (first in the US or Canada) designed explicitly for adults who are experiencing addiction to the Internet and video games, as well as other mental health problems. In addition, reSTART offers a transition program for adults, and outpatient services.

She began her work in the emerging field of Internet addiction in the mid-90's. By 1999 she had co-founded an outpatient clinic called Internet/Computer Addiction Services (now closed) in Redmond, WA. In 2008, she co-authored the book *Video Games and Your Kids: How Parents Stay in Control* and in 2009, she co-founded reSTART Life. She has co-authored several peer-reviewed journal articles and a workbook published by the International Institute of Trauma and Addiction Professionals (*Facing Internet Technology and Gaming Addiction*). She has been training parents, therapists, researchers, and educators since the 1990's. All these ongoing endeavors have brought her recognition as one of the nation's leading clinical experts in the growing field of Internet addiction and Gaming Disorder.



Internet and Gaming Disordered Clients: Similarities and Differences with SUD Clients

Hilarie Cash, PhD

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Let's Acknowledge the Good

[Internet Addiction \(Advances in Psychotherapy: Evidence-based Practice\)](#)
[Part of: Advances in Psychotherapy - Evidence-Based Practice \(55 books\)](#) | by Daria
J. Kuss and Halley M. Pontes | Aug 31, 2018

“In broad terms, Internet addiction can be defined as a behavioral pattern of Internet use encompassing a dysfunctional craving for the use of the Internet for unregulated and excessive periods of time, with accompanying significant psychosocial and functional impairments that are not accounted for by any other disorder.”

ICD-11, Gaming Disorder

A pattern of recurrent or persistent gaming behavior (“digital-gaming” or “video-gaming”), online or offline, characterized by:

1. Impaired control over gaming (onset, frequency, intensity, duration, context)
 2. Increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities
 3. Continuation or escalation of gaming despite the occurrence of negative consequences
- Severe enough to cause significant impairment
 - Evident for at least 12 months

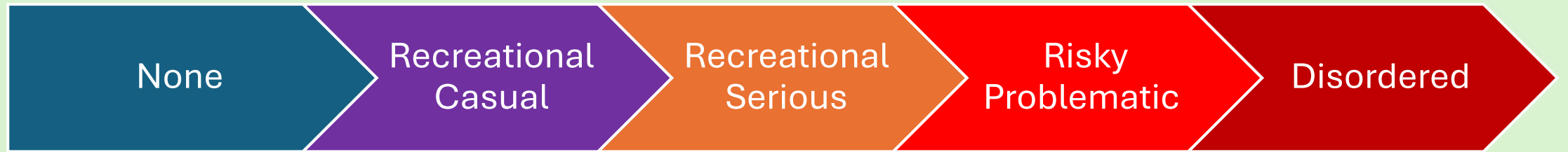
(Hazardous Gaming is a diagnostic category, denoting dangerous, but less severe gaming)

DSM-5-TR: Internet Gaming Disorder

1. Preoccupation with internet games (reliving past experiences and anticipating future play)
2. Withdrawal symptoms when gaming is taken away (e.g. boredom, irritability, angry outbursts, anxiety, sadness, vivid dreaming, lethargy)
3. Tolerance (the need to spend increasing amounts of time gaming, or play new, more complicated, or different genres of games)
4. Unsuccessful attempts to control participation in gaming
5. Loss of interest in previous hobbies and entertainment
6. Continued excessive use despite problems (e.g. mental, physical, social)
7. Deceiving family members, therapists or others regarding the amount of gaming
8. Use of gaming to escape or relieve a negative mood (e.g. helplessness, guilt, anxiety)
9. Jeopardizing or losing a significant relationship, job, or education/career opportunity due to gaming

Diagnosis requires 5 out of 9 criteria

Progression Toward an Internet Addiction Disorder



When Has Screen Time Become Overuse?

- There is not an easy distinction between healthy use and overuse.
- Addiction falls along a spectrum from mild to severe.
- Look at the signs for addiction. Someone may not meet 5+ criteria for a diagnosis of Internet Gaming Disorder, etc., but may still be showing worrisome signs.
- Electronic Screen Syndrome (ESS) and Hazardous Gaming.
- If someone is showing any signs of Hazardous Gaming, Gaming Disorder, Internet addiction, or ESS, it's time to pay attention and take corrective action.

Physio/Psycho/Social Effects of Internet Addiction

▪ **Co-morbid Mental Health Conditions**

- Depression
- Anxiety
- ADHD
- ASD (Autism Spectrum Disorder)
- PTSD (T and t)
- SUDs
- i-Disorder

▪ **Academic/Work Problems**

- Failing out
- School refusal
- Job losses
- Financial problems

▪ **Social Problems**

- Isolation, social anxiety
- Social skill deficits
- Conflict with family
- Loss of off-line friends
- Intimacy Disorder

▪ **Physical Health problems**

- Weight/nutrition
- Sleep
- Conditioning
- Posture
- Vit deficiencies
- EMF exposure

Implications in the Contrast Between Age of Onset for SUD vs IAD/GD

- SUD

- 12-14
- Socially/Sexually
- Physically
- Ease of navigating the world

- IAD/GD

- 0-6
- Socially/Sexually
- Physically
- Ease of navigating the world

Statistics on Rates of Internet Addiction

Numbers vary due to research factors, and **don't include young children**, only those 16 and older.

- **1-18%** (Germany)-(Taiwan) (Kuss and Pontes, 2019)
- **7.1-51%** (Asia) (J. Mishra et al, 2024)
- **1.5-19%** (USA), with higher prevalence among youth
- **2-16%**, (USA) online gambling
- **1.7-19%** (USA) for video gaming
- **10.3%** (USA) for pornography (men), 3% (women)
- **5-8%** (USA) for shopping
- **36.8%** (USA) for anime viewing among adolescents
- **10%** (USA) for social media

How Do We Account for Such High Rates of Internet Addiction?

- Social Norms
- Screen-Based Childhoods
- Parental modeling
- Screen Schooled
- Addictive by Design (Persuasive Design)

SUD and Internet Addiction

- Alcohol
- Psychedelics
- Performance-enhancing Drugs
 - Marijuana
 - Caffeine
 - Nicotine
 - Prescription stimulants (e.g. Adderall)
 - Modafinil (Narcolepsy drug)
 - Nootropics (any drug or substance purported to improve cognitive function, e.g. ginkgo bilobo)

Media Experiences Are Merging

- AI
- VR
- AR
- Gaming
- Social Media
- Gambling
- The Dark Web
- Shopping
- Streaming
- Pornography (SAM)
- Advertising
- Anime/Manga
- Random surfing
- Music

Child Development



Disconnection from Natural Drives

- To move and explore
- To sleep
- To eat
- To interact and attach
- To urinate/defecate
- To create
- To daydream
- To be curious about the world
- To become independent
- To become competent in many things

Effects on Child Development

- Physical
- Emotional/mental health
- Cognitive
- Social
- Sexual
- Academic/vocational
- Moral
- Engagement with the real world

Skill Deficits

- Social
- Communication
- Physical
- Executive Functions
- Emotion Regulation
- Activities of Daily Living (ADLs)

Technology Guidelines

Adapted from guidelines developed by Cris Rowan, Andrew Doan and Hilarie Cash

Developmental Age	How Much?	Non-violent TV	Hand-held devices	Non-violent video games	Violent video games	Online violent video games and/or pornography
0-2 years	none	never	never	never	never	never
3-5 years	1 hour/day	OK	never	never	never	never
6-12 years	2 hours/day	OK	never	1/2 hr offline	never	never
13-18 years	2 hours/day	OK	OK	limit to 30 minutes/day		never

Suggested Rules for the Whole Family

- No screens in kids' bedrooms
- No screens in certain areas of home and certain times of day (e.g. dinner table)
- Non-academic screen time should be social (e.g. zoom calls), creative (e.g. a class to learn dancing or painting), or educational (e.g. a show about animals, or history)
- No social media before 16
- No more than ½ hr per day of video game play
- Take a break every half hour to rest eyes and allow the brain go into daydreaming mode to rejuvenate
- Uni-tasking, not multi-tasking
- Parents have access to all devices to do checks on social media, gaming, etc.
- Weekly family meetings to review how things are going and make adjustments

It Helps to Take Breaks from Screens

- One Day per week
- One Weekend per month
- One Week per year
- One month or more to detox from an Electronic Screen Syndrome or a Screen Addiction

What Level of Care Is Needed?

- Individual counseling? For an adult? A child? A teen?
- Individual counseling, plus group work?
- Individual counseling, group, plus 12-step work?
- Family or Couple's counseling? Coaching?
- IOP?
- PHP?
- Residential?
- Wilderness?
- Hospital?

Screening Tools

- Internet Addiction Test
- Digital Media Overuse Scale
- Technology Addiction Test
- Internet Addiction Assessment
- Smartphone Compulsion Test
- Brief Internet Gaming Screen

A Wholistic Approach is Required

And treatment may be of long duration.

Build Strength before approaching the more vulnerable material.

You need to address:

- A recovery life-style (what this means depends on many factors)
- Skill deficits (e.g. emotion regulation, social, communication, executive skills)
- Physical health (e.g. sleep, vitamin deficiencies, nutrition, exercise)
- Relationship health (e.g. family, dating/partners, friendships)
- Community support (e.g. 12-steps, SMART Recovery, etc.)
- Psychotherapy (e.g. what underlies the escapism that has led to depression and anxiety?)

Effective Psychotherapeutic Treatment Approaches

- Motivational Interviewing
- ACT
- Voice Dialogue and Internal Family Systems
- CBT and DBT
- Nature-based therapy (animal-facilitated, etc.)
- Rogerian (person-centered)
- Solution-focused
- Family therapy
- No More Secrets Model

Common Mistakes Made by Therapists

- Thinking it makes a difference about which came first, the addiction or the mental health problem.
- Thinking that if the mental health problem is addressed alone, then the problematic Internet use will disappear.
- That's not how it works.
- Not taking a wholistic approach.
- Not understanding the importance of the family.
- Not understanding the importance of getting clients connected to a recovery community.

The Example of Korea

- Official recognition of Internet Addiction Disorder (IAD) 22 years ago
- 17 treatment centers (Tx paid by government, with parental contribution)
- Many trained counselors, specialized in IAD
- Public education campaign
- Curriculum in schools on healthy tech use, K-12
- Screening for tech addiction starting at age 10

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