Problematic Internet Use in Young Portuguese people: Clinical Intervention

BIOGRAPHICAL NOTE

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ABSTRACT

This article aims to present clinical experience gained from interventions with young people engaging in problematic internet use and their families. It discusses the question of criteria used to diagnose problematic internet use and presents studies carried out with young Portuguese people, which indicate the risk profiles.

KEY WORDS: Problematic internet use, addiction, young people, clinical intervention

INTRODUCTION

To observe the online behaviour of the young people and their families, a thermometer was designed (Patrão & Sampaio, 2016). Low temperatures indicate virtually no online activity, as in the case of the info-excluded or those who are reluctant to access new technologies. This behaviour is more typical of the older generations, who had to learn how to adapt and integrate technology into their lives. Moderate temperatures indicate those who enjoy using technology for recreational purposes. As the temperature rises, moderation is lost to view and what appears is excessive and problematic use, with an element of addiction to being online.

Kimberly Young (2015) says that entry into a redline zone (the hottest part of the thermometer) comprises five stages: discovery, experimentation, escalation, compulsion and desperation.

Is it true that the more time a young person spends connected to internet, the more likely they are to be considered an addict or compulsive? Yes, but this is not the only consideration.

Time spent on the internet is not in itself a strong enough indicator that a problem exists. Many young people spend hours online because they lose all sense of time. From research carried out with Portuguese youth we know that, depending on the stage of their education, they spend an average of two hours (primary school), six hours (secondary school) and 42 hours (university) per week studying online. And those who are dependent on being online present disturbed sleep patterns and emotional states, social isolation and changes in the family dynamic (Patrão, 2016; Patrão, Machado & Leal, 2016).

It is important to establish the function of online behaviour in the young person's life.

Young people considered dependent mainly use internet for interactive instant communication applications (e.g. social networks, online videogames), whereas non-dependent regular users mainly use internet for personal communication (e.g. email) and searches for information (e.g. searches for schoolwork or on topics of personal interest). Although both may spend the same amount of time online, those trying to satisfy their social needs or using internet as an escape mechanism are at greater risk of developing problematic internet habits.

When online activities start to take up most of a young person's life, we are entering a phase of escalating behaviour, with an increasing number of hours spent online and a reduction in other important functions, such as nourishment, sleep, socializing and recreational activities.

A number of studies have pointed out the risk factors linked to the development of excessive or problematic internet use (Patrão et al, in press, review of literature).

The following chart lists some of these risk factors, according to gender (Patrão, 2016):

Risk factors for development of PIU, broken down by gender*

Risk Factor	Boys	Girls
First internet access *	5-8 years	5-8 years
Access to mobile devices *	Yes	Yes
Average hours online per day **	6 hours	6 hours
Online preferences	Online gaming	Social networks
Sees themselves as internet dependent	Yes	Yes
School dropout***	Yes	Yes
Practices physical exercise	No	No
Urban environment	Yes	Yes
High degree of PIU	Yes	Yes
Uses internet to address emotional problems	Yes	Yes
Changes in mood, sleep patterns, psychological wellbeing and family functioning	Yes	Yes

*without parental control; ** including number of hours at school, in public spaces and at home; *** at least one year behind in school.

The risk profiles are similar for boys and girls. The only differences are in their online preferences: boys prefer online gaming while girls prefer social networks.

For parents, the major alarm bell comes when internet access starts. Early access to internet without parental control presents a challenge for the child's development and for their relationship with their parents.

For schools, there are several warning signs which include behavioural changes in the classroom (e.g. restlessness, falling asleep in class), falling behind in school and, of course, wifi use.

This can be a worrying scenario for the mental health of young people, but very often it is the family who seeks help, particularly when the young person is already displaying highly dysfunctional behaviour which is having a strong negative impact on their development.

The purpose of this article is to share the experience gained from clinical interventions with the families of young people engaging in excessive or problematic internet use.

DEVELOPMENT

It is of interest to consider the existing therapeutic responses, both from a psychotherapeutic standpoint and from a pharmacological one. Based on literature and clinical experience, a number of options are presented for intervention at individual, family and group level.

Treatment poses complex challenges. Firstly, because it is a clinical state which is still being studied and the nature of which is still hotly debated. Secondly, because scientific studies in this field are still few and far between and existing work has significant limitations and methodological flaws (King, Delfabbro, Griffiths & Gradisar, 2012; Wölfling, Beutel, Dreier & Müller, 2014). Until consensus is reached, approaches will inevitably reflect the individual conceptions of whoever is involved in the case.

On major point of consensus among specialists and researchers in this field is that the goal of treatment must be realistic, whatever methodology is applied. Internet and PIU are omnipresent in everyday life today. Thus, in contrast to the approach taken with, for example, substance abuse involving alcoholism or drug addiction, in which total abstinence from the addictive substance is recommended, treatment of PIU needs to encourage controlled and moderate use of internet, making it similar to that of eating disorders (in which the goal is to establish balance and self-control in relation to food).

Meta-analysis of several studies of psychological and pharmacological interventions in the field of internet addiction (both general and specific) leads to the conclusion that they are effective in reducing symptoms and the amount of time spent online. In terms of benefit, follow up shows that psychological interventions maintain their effect (Winkler, Dörsing, Rief, Shen, Glombiewski, 2013).

The most widely studied therapeutic interventions include motivational interviews, cognitive-behavioural psychotherapy methods, multimodal interventions (with simultaneous family, individual and group treatments) and the use of psychotropic drugs.

In Europe, almost all countries offer walk-in treatment and admission centres and specialized psychiatric consultation services at general hospitals. The experience of professionals is mostly linked to treatment of substance abuse and the applicability of this model to treatment of problematic internet use, adapted as necessary.

Some centres provide an online description of their treatment model, which may be either a cognitive-behavioural intervention or a 12-step approach. None of them describe the effectiveness of their treatment, with clinical evidence. There are only case histories and testimonies.

In Portugal, the NUPI (Núcleo de Utilização Problemática da Internet – *Nucleus for Problematic Internet Use*) is one of the first centres to be created within the national health service and was set up at Santa Maria Hospital in 2013 to provide a service to young people and families affected by problematic use of technology.

It treats young people between the ages of 14 and 30 within the hospital's catchment area. Most of the patients seen are young males aged 15-25 who are in education.

In practical terms, clinical manifestations primarily relate to the emotional and social spheres, causing suffering to the patient, damaging their availability for work and academic progress, altering their lifestyles (by encouraging sedentary behaviour and physically removed interaction), their relationship with family members and their emotional interaction and friendships.

Out of the many forms of PIU described in writings on the subject (such as using internet at work for personal interest, use of online social networks, downloading files and information, looking at pornography, online betting and videogames) the one which comes up most often in consultation is problematic use of online videogames. Young people, usually male, who have been using computers and other electronic devices since early childhood, spend progressively more time playing online videogames until it begins to affect their lives in the areas already mentioned: socialization, emotional life, academic and professional performance and use of spare time.

The problem gradually worsens, until the individual starts to play eight or nine hours a day (usually just one specific game), possibly developing traits such as: difficulty in recognizing the problem; dismissing or concealing the number of hours spent playing; reacting with rage or agitation when unable to play for any reason; spending a large part of the day anticipating playing or reliving experiences of previous games; loss of sense of time when online; neglect of basic needs and self-care (lack of personal hygiene, eating at the computer, loss of sleeping time); gradual social isolation and chronic tiredness.

Patients fall into two categories: those who come actively looking for help, alone or with a family member, who are usually older (aged 20-30) and aware of the social limitations created by their problematic use of technologies and, in the second group, young people (aged 13-19) who do not recognize that they need help and are brought under duress by their family or without knowing where they are being taken, whose motivation is therefore extremely doubtful.

The consultation at NUPI consists of three stages:

1. Screening
2. Assessment
3. Treatment at individual and family level

During screening, an online initial assessment procedure is used to establish the extent of the young person's dependence on internet and to determine the existence of other co-occurring psychiatric imbalances and general behavioural changes. Particular emphasis is placed on establishing a relationship in which technology can be present, as the treatment focuses on control of its use rather than total abstinence.

A second visit for psychological assessment of the young person and their family is recommended, so that the problem can be placed within a systemic and family context.

Once a treatment programme has been drawn up, the young person is monitored through NUPI (with or without the use of drugs), with treatment being provided in parallel for the family or families.

CONCLUSION

Technology is here to stay. Combating this reality or prohibiting it, as some families, regions or countries have done, does not seem effective as a strategy. Young people appear to be particularly at risk of developing problematic use of internet, as they are highly exposed to it without having fully developed critical thought or limits.

Reduced self-control is characteristic of adolescence, enabling young people to take greater risks, although these may be virtual ones, with a direct positive impact on their self-esteem (Park, 2014).

When promoting socially-positive internet use, it is important that each family, school, young person or individual should be able to consider the importance of self-respect, respect for others, social and civic responsibility, global responsibility and awareness as a citizen of the world.

In the vast majority of cases, interaction with technology is not problematic, and study of it is not confined to the medical and psychological spheres, since it also has important social, anthropological and pedagogic implications which need to be incorporated.

Problematic internet use is a growing problem worldwide and health services are, as in all other areas, finding the most effective solutions possible with which to combat it.

Pschotherapeutic approaches with a cognitive-behavioural basis, family intervention and treatment of comorbidities are fundamental to recovery from problematic internet use and establishing a balanced use of technology. (King, Delfabbro & Griffiths, 2012).

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