Internet addiction assignment

teens and Internet addiction Internet addiction disorder (IAD) is a theorized disorder originally made as a satirical hoax by Ivan Goldberg, M. D. , in 1995. He took pathological gambling as diagnosed by the DSM-IV as his model for the spoofed description. Although IAD was meant to be a hoax, it is promoted as a real condition by some supporters. Supporters often divide IAD into subtypes by activity, such as pornography, overwhelming and immoderate gaming, inappropriate involvement in online social networking sites or blogging, and Internet shopping addiction.

Activities which, if done in person, would normally be considered troublesome, such as compulsive gambling or shopping, are sometimes called net compulsions. Others, such as reading or playing computer games, are troubling only to the extent that these activities interfere with normal life. Internet Computer Addiction Among Teens A growing trend is internet computer addiction among teens. It is not a positive trend, unfortunately, but negative. This kind of addiction among teens is very often destructive and one that could have a major impact on not only the computer addict, but on his or her family and friends also.

Teenagers of today find that the internet and computers are a necessity if they are going through high school. They need the internet and computers to do research for their assignments. If you don't have a computer you will get left behind in this information age. Internet addiction among teens is not specifically targetted towards the teens themselves, even children in lower grades will require a computer to research their assignments, but it all leads to one thing – computer dependency.

If a parent needs to combat internet computer addiction among teems, how are are they going to do it without confiscating the computer and depriving their children of it? It is not going to be possible to stop their teens from going anywhere near a computer. Computers are at schools, internet cafes and with friends. These are just some of the challenges faced by the parents of teens who are suffering from computer and internet addiction. So, what sort of signs do parents of teens addicted to the computer have to look out for?

Internet computer addiction among teens ranges from being addicted to games to spending hours and hours in chat rooms. Either way, the teenager is living out a fantasy life. The internet and computer is often an escape from reality for teenagers who feel they do not fit in with the real world. Either in chat rooms or with games, the teenager can be whomever they choose to be. All it takes is a click of the mouse and they are in their fantasy world living out their dream life, either in the form of a hero in a game to being somebody they are not in a chat room.

It is unfortunate that for a minority of teenagers, role playing of this kind turns into a full-on addiction. Internet computer addiction among teens is very often the cause of family arguments because the teen will forgo social and family events preferring to use their computer instead. Very often an internet addict will stay up all night playing games or using a chat room. In the worst cases, teens will quit school or college favoring their computer and internet addiction. Internet computer addiction among teens is very similar to other teenage addictions, such as alcohol or tobacco.

Symptoms can include mood changes, they can become withdrawn, bursts of anger and a huge impact on their social relationships. To prevent, and end, internet computer addiction among teens is somewhat a challenge. A parent of a teenager suffering from internet and computer addiction should act upon it as soon as they see the symptoms by trying to limit the amount of hours the teenager spends on the computer. Encouraging the child to take up other pastimes or hobbies can in most cases turn their attention away from the computer.

An organization specifically set up to combat internet computer addiction among teens, and has helped many thousands of teens and indeed, people of all ages, with their computer and internet addiction. The organization is called The Center for Internet Addiction Recovery and can be found online at http://www. netaddiction. com. Treatment Use of the Internet is legitimate in business and home practice such as in electronic correspondence to venders or electronic banking. Therefore, traditional abstinence models are not practical interventions when they prescribe banned Internet use.

The focus of treatment should consist of moderation and controlled use. In this relatively new field, outcome studies are not yet available. However, based upon individual practitioners who have seen Internet addicted patients and prior research findings with other addictions, several techniques to treat Internet addiction are: (a) practice the opposite time in Internet use, (b) use external stoppers, (c) set goals, (d) abstain from a particular application, (e) use reminder cards, (f) develop a personal inventory, (g) enter a support group, and (h) family therapy. Practice the Opposite

A reorganization of how one's time is managed is a major element in the treatment of the Internet addict. Therefore, the clinician should take a few minutes with the patient to consider current habits of using the Internet. The clinician should ask the patient, (a) What days of the week do you typically log on-line? (b) What time of day do you usually begin? (c) How long do you stay on during a typical session? and (d) Where do you usually use the computer? Once the clinician has evaluated the specific nature of the patient's Internet use, it is necessary to construct a new schedule with the client.

I refer to this as practicing the opposite. The goal of this exercise is to have patients disrupt their normal routine and re-adapt new time patterns of use in an effort to break the on-line habit. For example, let's say the patient's Internet habit involves checking E-mail the first thing in the morning. Suggest that the patient take a shower or start breakfast first instead of logging on. Or, perhaps the patient only uses the Internet at night, and has an established pattern of coming home and sitting in front of the computer for the remainder of the evening.

The clinician might suggest to the patient to wait until after dinner and the news before logging on. If he uses it every weeknight, have him wait until the weekend, or if she is an all-weekend user, have her shift to just weekdays. If the patient never takes breaks, tell him or her to take one each half hour. If the patient only uses the computer in the den, have him or her move it to the bedroom. External Stoppers Another simple technique is to use concrete things that the patient needs to do or places to go as prompters to help log off.

If the patient has to leave for work at 7: 30 am, have him or her log in at 6: 30, leaving exactly one hour before its time to quit. The danger in this is the patient may ignore such natural alarms. If so, a real alarm clock or egg timer may help. Determine a time that the patient will end the Internet session and preset the alarm and tell the patient to keep it near the computer. When it sounds, it is time to log off. Setting Goals Many attempts to limit Internet usage fail because the user relies on an ambiguous plan to trim the hours without determining when those remaining on-line slots will come.

In order to avoid relapse, structured sessions should be programmed for the patient by setting reasonable goals, perhaps 20 hours instead of a current 40. Then, schedule those twenty hours in specific time slots and write them onto a calendar or weekly planner. The patient should keep the Internet sessions brief but frequent. This will help avoid cravings and withdrawal. As an example of a 20-hour schedule, the patient might plan to use the Internet from 8 to 10 p. m. every weeknight, and 1 to 6 on Saturday and Sunday.

Or a new 10-hour schedule might include two weeknight sessions from 8: 00 – 11: 00 p. m. , and an 8: 30 am – 12: 30 p. m. treat on Saturday. Incorporating a tangible schedule of Internet usage will give the patient a sense of being in control, rather than allowing the Internet to take control. Abstinence Previously, I discussed how a particular application may be a trigger for Internet addiction. In the clinician's assessment, a particular application such as chat rooms, interactive games, news groups, or the World Wide Web may be the most problematic for the patient.

If a specific application has been identified and moderation of it has failed, then abstinence from that application is the next appropriate intervention. The patient must stop all activity surrounding that application. This does not mean that patients can not engage in other applications which they find to be less appealing or those with a legitimate use. A patient who finds chat rooms addictive, may need to abstain from them. However, this same patient may use e-mail or surf the World Wide Web to make airline reservations or shop for a new car.

Another example may be a patient who finds the World Wide Web addictive and may need to abstain from it. However, this same patient may be able to scan news groups related to topics of interest about politics, religion, or current events. Abstinence is most applicable for the patient who also has a history of a prior addiction such as alcoholism or drug use. Patients with a premorbid history of alcohol or drug addiction often find the Internet a physically " safe" substitute addiction. Therefore, the patient becomes obsessed with Internet use as a way to avoid relapse in drinking or drug use.

However, while the patient justifies the Internet is a " safe" addiction, he or she still avoids dealing with the compulsive personality or the unpleasant situation triggering the addictive behavior. In these cases, patients may feel more comfortable working towards an abstinence goal as their prior recovery involved this model. Incorporating past strategies that have been successful for these patients will enable them to effectively manage the Internet so that they can concentrate on their underlying problems. Reminder Cards

Often patients feel overwhelmed because, through errors in their thinking, they exaggerate their difficulties and minimize the possibility of corrective action. To help the patient stay focused on the goal of either reduced use or abstinence from a particular application, have the patient make a list of the, (a) five major problems caused by addiction to the Internet, and (b) five major benefits for cutting down Internet use or abstaining from a particular application. Some problems might be listed such as lost time with one's spouse, arguments at home, problems at work, or poor grades.

Some benefits might be, spending more time with one's spouse, more time to see real life friends, no more arguments at home, improved productivity at work, or improved grades. Next, have the patient transfer the two lists onto a 3×5 index card and have the patient keep it in a pants or coat pocket, purse, or wallet. Instruct patients to take out the index card as a reminder of what they want to avoid and what they want to do for themselves when they hit a choice point when they would be tempted to use the Internet instead of doing something more productive or healthy.

Have patients take the index card out several times a week to reflect on the problems caused by their Internet overuse and the benefits obtained by controlling their use as a means to increase their motivation at moments of decision compelling on-line use. Reassure patients that it is well worth it to make their decision list as broad and all-encompassing as possible, and to be as honest as possible. This kind of clear-minded assessment of consequences is a valuable skill to learn, one that patients will need later, after they have cut down or quite the Internet, for relapse prevention.

Personal Inventory Whether the patient is trying to cut down or abstain from a particular application, it is a good time to help the patient cultivate an alternative activity. The clinician should have the patient take a personal inventory of what he or she has cut down on, or cut out, because of the time spent on the Internet. Perhaps the patient is spending less time hiking, golfing, fishing, camping, or dating. Maybe they have stopped going to ball games or visiting the zoo, or volunteering at church.

Perhaps it is an activity that the patient has always put off trying, like joining a fitness center or put off calling an old friend to arrange to have lunch. The clinician should instruct the patient to make a list of every activity or practice that has been neglected or curtailed since the on-line habit emerged. Now have the patient rank each one on the following scale: 1 – Very Important, 2 – Important, or 3 – Not Very Important. In rating this lost activity, have the patient genuinely reflect how life was before the Internet.

In particular, examine the " Very Important" ranked activities. Ask the patient how these activities improved the quality of his or her life. This exercise will help the patient become more aware of the choices he or she has made regarding the Internet and rekindle lost activities once enjoyed. This will be particularly helpful for patients who feel euphoric when engaged in on-line activity by cultivating pleasant feelings about real life activities and reduce their need to find emotional fulfillment on-line.

Support Groups Some patients may be driven towards addictive use of the Internet due to a lack of real life social support. Young (1997c) found that on-line social support greatly contributed to addictive behaviors among those

who lived lonely lifestyles such as homemakers, singles, the disabled, or the retired. This study found that these individuals spent long periods of time home alone turning to interactive on-line applications such as chat rooms as a substitute for the lack of real life social support.

Furthermore, patients who recently experienced situations such as a death of a loved one, a divorce, or a job loss may respond to the Internet as a mental distraction from their real life problems (Young, 1997c). Their absorption in the on-line world temporarily makes such problems fade into the background. If the life events assessment uncovers the presence of such maladaptive or unpleasant situations, treatment should focus on improving the patient's real life social support network.

The clinician should help the client find an appropriate support group that best addresses his or her situation. Support groups tailored to the patient's particular life situation will enhance the patient's ability to make friends who are in a similar situation and decrease their dependence upon on-line cohorts. If a patient leads one of the above mentioned " lonely lifestyles" then perhaps the patient may join a local interpersonal growth group, a singles group, ceramics class, a bowling league, or church group to help meet new people.

If another patient is recently widowed, then a bereavement support group may be best. If another patient is recently divorced, then a divorcees support group may be best. Once these individuals have found real life relationships they will rely less upon the Internet for the comfort and understanding missing in their real lives. Family Therapy Lastly, family therapy may be

necessary among addicts whose marriages and family relationships have been disrupted and negatively influenced by Internet addiction.

Intervention with the family should focus on several main areas: (a) educate the family on how addictive the Internet can be, (b) reduce blame on the addict for behaviors, (c) improve open communication about the pre-morbid problems in the family which drove the addict to seek out psychological fulfillment of emotional needs on-line, and (d) encourage the family to assist with the addict's recovery such as finding new hobbies, taking a long over-do vacation, or listening to the addict's feelings. A strong sense of family support may enable the patient to recover from Internet addiction.