CLINICIANS’ PERCEPTIONS OF CLINICAL FACTORS ASSOCIATED WITH EXCESSIVE INTERNET USE

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Abstract

of

CLINICIANS’ PERCEPTIONS OF CLINICAL FACTORS ASSOCIATED WITH EXCESSIVE INTERNET USE

by

Lisa M. Rosenthal

There is a variety of research discussing the idea of the Internet being addicting (Beard and Wolf, 2001; Brenner, 1997; Blascyznski, 2006; Chou, Condron, and Belland, 2005; Griffiths, 1998; and Young, 1996) however, there is little on additional issues such as co-occurring disorders, psychosocial factors and treatment methods. This study explores co-occurring mental illnesses, diagnostic criteria, treatment methods, and psychosocial factors that are commonly associated with excessive Internet use. This researcher sent an online survey in which 37 clinicians responded and reported on these factors based on their clients who could be diagnosed with Internet addiction. Clinicians reported that the most common co-occurring disorder is ADD or ADHD (62.1%). The most favored treatment method included cognitive behavior therapy (93.3%). The most common psychosocial stressor reported was low self-esteem (80.6%). The reason most often for Internet use was for a sense of belonging (80.7%). Clinicians also reported a variety of other factors related to excessive Internet use
based on their caseloads, which is thoroughly discussed. Limitations included the small sample size because actual Internet users were not surveyed.

____________________________, Committee Chair
Teiahsha Bankhead, PhD, LCSW

_______________________
Date
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Chapter 1

THE PROBLEM

Introduction

As our country advances in age so does the ease and availability of the technology created. The accessibility of new technologies such as personal computers, cell phones with internet access, and GPS devices, has greatly increased (Blaszcynski, 2006). These forms of technology are also becoming more common in households. In 2005, 56% of households owned a personal computer and 50% had access to the Internet (US Census Bureau, 2005). This data is problematic because instead of using computers with Internet for productive tasks more and more people are spending excessive amounts of time online in recreational activities, which is having a negative impact on their lives.

The Internet is constantly growing and new items are being created online for people to enjoy. This greatly increases the potential for inappropriate and excessive use of the Internet due to the infinite amount of data and websites to browse. Certain misuses, such as excessive gaming, have come to the attention of psychological clinicians (Blaszcynski, 2006). Mental health professionals are becoming concerned with the possibility of developing addictions to computer games (Griffiths, 1996) and Internet use (Young, 1996). It has been the experience of this researcher that those who use the Internet excessively often have underlying mental illnesses. This can cause their Internet use to become stronger and used as a coping mechanism. For example, one of the co-occurring mental illnesses this researcher predicts to be present with excessive Internet
use is depression or loneliness. There are a variety of social networking sites, chat rooms, and dating websites found online that one can go to in order to feel less lonely. Therefore, the user becomes dependent on these websites to fulfill their social needs instead of reaching out to others in a real life setting.

There has been little research done to determine co-occurring mental illnesses and other psychosocial factors that coincide with an addiction to the Internet. There is still much debate over whether or not one can have an addiction to the Internet (Chou, Condron, and Belland, 2005; Young, 2009; Blaszczynski, 2006; Young, 2004; Morahan-Martin, 2005). Those consumers who have lost jobs, relationships, and had other negative consequences would argue otherwise. It has been shown by Blaszczynski (2006) that recent employers have had an increase in complaints due to reduced productivity because employees are spending more time browsing inappropriate or illegal sites on the Internet instead of completing their intended jobs.

This study will explore the variety of factors that could lead to Internet addiction as well as how those who are addicted are impacted in their daily lives. This study will examine co-occurring mental health disorders that are common among those with an addiction to the Internet. It will also examine psychosocial stressors that excessive Internet users face on a daily basis. These ideas will be studied through a survey of
clinicians who work or have worked with clients who struggle with excessive Internet use.

This chapter will provide an in depth discussion of the struggles Internet addicts face along with those who are advocating for them, a formal statement of the problem, theoretical framework and overview of the study.

**Background of the Problem**

The Internet was originally designed for research purposes within the military and academic facilities (Young, 2004). After it became available for public use people used it for their own research purposes. It has since grown into providing media, games, messaging, and more, which has allowed for widespread use. People began relying on Internet for daily activities such as communication or business transactions. Clinicians believe that by early 2000 nearly 6% of Internet users were addicted (Greenfield, 1999).

The Internet was originally introduced to the general public in the early 1990s. The idea of Internet addiction was first presented at the 1996 annual meeting of the American Psychological Association (Young, 1996). It has since then begun a debate as to whether or not Internet addiction is possible or if it is a result of another underlying issue. Between the years 1989 and 2000 the amount of Internet users increased from 500,000 to over 700 million (Morahan-Martin, 2005). This caused a drastic increase in the variety of information found and used on the Internet.
If clinicians choose to ignore the growing problem of excessive Internet use there could be several negative outcomes. Those who feel they have trouble with excessive Internet use may not seek out help needed and therefore lose employment or significant relationships. This could cause a breakdown in the general stability of families. Other problems could include lack of productivity in places of employment. There has been an increase in the amount of disciplinary action in work offices due to misuse of the Internet (Korkeila, Kaarlas et. al., 2010). If the problem is not seriously evaluated soon then it could develop into something greater.

The greater underlying problem is to determine if people can become addicted to the Internet. Some professionals believe one can only be addicted to substances while others believe one can have a behavioral addiction to the Internet (Jaffe, 1990). Once clinician’s agree that it is possible we can begin to focus on factors such as co-occurring disorders and other psychosocial factors impacting those who are addicted.

**Statement of the Research Problem**

The main concern of clinicians is the potential for misuse such as inappropriate and excessive use of the Internet (Blaszczynski, 2006). There are a variety of mental health and psychosocial factors that impact those who engage in excessive use of the Internet. Due to lack of research, there is a current inability to identify co-occurring disorders and psychosocial factors related to excessive Internet use.
Purpose of the Study

This study aims to inform clinicians on the factors listed above by exploring the data on what to look for to identify a person struggling with excessive Internet use. Currently there are varieties of tests that include a checklist of addicting factors (Beard and Wolf, 2001; Griffiths, 1998; and Young 1996). Yet we do not have a form telling us what to look for in addition to the main symptoms. Through the survey, this researcher will determine which co-occurring disorders and psychosocial factors are most prevalent among those with excessive Internet use.

The secondary purpose of this study will be to inform other clinicians of the impact Internet addiction has on society. It will also make clinicians aware of the symptom cluster and what to look for when speaking with clients about other issues that could be related.

Theoretical Framework

When conducting research in a relatively new field it is important to use an appropriate theoretical framework. The primary theory that this research will be based on is constructivism and the constructivist framework. This theory has many different uses such as for methods of gaining knowledge, understanding the development of social forces and institutions, the development of individual personality, and intervention strategies on the macro, meso, and micro level (Anderson and Carter, 2003).
Constructivism is a relatively new theory in that it has only been used in social work research in the past 10 to 15 years. It was originally developed by Jean Piaget and has developed from different educational values (Cooper, Basson, and Schapp, 2006). This theory is based on the way people learn based on life events and what is learned from others around us. This theory is widespread and can be interpreted in a variety of different ways. For the purpose of this study, the researcher will focus on how clinicians view high internet usage, and whether or not it can be considered addictive, despite the current lack of support by the medical community or DSM.

The secondary theory used in this research is post-modern. Post-modernism describes any time after the 1950s. In the 1970s, the high point of post modernism came about in the United Kingdom with the Local Authority Social Services Act (Leveridge and Gilchrist, 2007). This theory is similar to constructivism in that it believes people learn based on social constructs however; they are constantly changing based on time and place (Powell, 1998). This theory was designed to generate themes around social work, or any particular subject, and offer different viewpoints and understandings of the topic (Cahoone, 1996). It has been said that people need to make sense of the world we are involved in and in order to do so we create sets of information and continue to build upon these sets as we grow. This theory was designed to attempt to create a link between
paraprofessionals, social work associations, and social work departments (Leveridge and Gilchrist, 2007).

Many view the Internet as not being a problem because of the way others have constructed their views of it. This means that the general public has learned from media and other sources that the Internet is not a threat and is used as a tool in daily activities. It is the intention of this researcher to explore this construct of the Internet by determining the consequences of abusing the Internet.

**Research Questions**

This research intends to answer the following research questions: (1) What are common co-occurring mental health disorders and other psycho-social factors associated with excessive Internet use? (2) What is the most commonly used method to diagnose clients with what could be considered Internet addiction? (3) What are some practical treatment methods currently being used?

**Hypothesis**

This exploratory study does not involve statistical quantitative hypothesis testing. This researcher made several predictions about the data set before the information was collected. This researcher believes that ADD or ADHD, anxiety, and depression are the strongest co-occurring disorders associated with excessive Internet use. The psychosocial factors associated with the co-occurring disorders mentioned are sensation seeking,
loneliness, and pleasure experience. This researcher cannot make a prediction on diagnosing methods or criteria because the question is exploratory and is intended to gather more data about the topic. The question will lead to more information on diagnosis criteria for Internet addiction currently being used in treatment centers. The final hypothesis is regarding treatment methods. This researcher predicts that cognitive behavioral therapy along with social support would be the most successful and most often used within treatment centers.

Definition of Terms

There are several common terms used throughout this study and similar research studies. Some of these terms include: Internet, Internet addiction, clinicians, co-occurring, and psychosocial factors.

For the purpose of this study, the researcher made the following distinctions and definitions:

*Internet addiction* or excessive Internet use, is defined as an uncontrolled obsession or pleasure seeking activity involving the Internet, along with increased tolerance, withdrawal symptoms and continued use regardless of impairment and the associated distress it creates (Korkeila, Kaarlas, et. al. 2010).

*Clinicians* are professionals who have a master level degree or higher and have worked with clients who may be diagnosed with Internet addiction.
Co-Occurring refers to mental health disorders that are secondary or accompanied by Internet addiction.

Psychosocial factors are daily functioning skills and employment, relationships, criminal justice involvement, and other life experiences.

Assumptions

For the purpose of this study, we will assume Internet addiction is and can be a real diagnosis. This study also assumes that participants are qualified and trained to treat those diagnosed with Internet addiction based on their credentials, education, and licensure standards. This study assumes that each participant is reporting data on clients who have been officially diagnosed within their clinics with Internet addiction or similar behavioral disorders. Finally, this study assumes the majority of clinicians in the field do not have a great understanding of the Internet or Internet addiction.

Justification

This will benefit social work because it will provide awareness to other clinicians about how big/draastic the problem really is. It will assist clinicians in recognizing the symptoms of internet addiction through not only main diagnostic criteria but also co-occurring disorders and other psychosocial factors associated.
Limitations

This study was limited to only survey professionals with higher education degrees. Of these professionals, they must be clinicians located in the United States. These clinicians must identify themselves as having experience working with clients with internet addiction. This is a major limitation because most research done on Internet addiction has been conducted in other countries where the problem has more mainstream recognition.

This survey did not directly involve consumers of the Internet or those who identify themselves as Internet addicts. This study was limited in surveying clinicians working with identified Internet addicts who were actively seeking help. This study did not receive information from the many users who have not gotten help for their excessive use.

The sample size for this research was thirty-seven clinicians and therefore was not large enough to generalize to the general public. This researcher did not conduct interviews in person with participants. Instead, data was collected through an online survey. Data that is self-reported from clinicians have a chance of being somewhat biased. This researcher relied on participants to be honest when reporting data for this project.
Summary

This chapter has introduced the idea that excessive Internet use is likely a real problem that must be addressed by clinicians. What must be understood is that the general population is beginning to see negative consequences due to Internet use. Those who suffer from excessive internet use are struggling to find a solution and perhaps cause to their difficulties with the Internet. An exploration of whether or not one can be addicted to the Internet will be discussed in the following chapter. Also included will be a more in depth discussion of current research available regarding excessive Internet use.
Chapter 2

REVIEW OF THE LITERATURE

Historical Overview

As we explore Western society today the Internet has become more prevalent than it was merely 20 years ago. The amount of Internet users has increased from 500,000 to over 700 million since 1989 (Morahan-Martin, 2005). Many people cannot go for more than a few days without using the Internet. The Internet’s popularity has increased over time due to simplicity of access, affordable costs, and continuous technological advances to distribute information in larger more diverse population with a higher quality of transmission of information (Chou, Condron, & Belland, 2005). We can now pay our bills, read the news, check the weather, do our grocery shopping, and apply for jobs all online. We are connected almost instantly to anywhere in the world through the Internet. The Internet has become such a worldwide phenomenon that is has developed its own culture with a unique language, values, and standards (Beard 2005).

The idea that the phenomenon of Internet addiction exists dates back to the 1990s (Morahan-Martin, 2005). Kimberly Young was the first researcher to acknowledge the Internet could be addicting and in fact could be diagnosed as “Internet Addiction Disorder” (Young 1996; D.NG & Weimer-Hastings, 2005). In most of the early studies conducted Internet addiction was determined based on users self-report of symptoms.
Young came to the conclusion that those with Internet addiction had the same symptoms which include; tolerance, withdrawal, cravings, and negative psychosocial consequences (Young, 1996). Later other symptoms were included in the definition such as failed attempts at reducing the amount of use and significant psychosocial struggles due to excessive use (Morahan-Martin, 2001). Some researchers argue that the idea of the Internet being addictive minimizes the severity of other addictions such as substance abuse (Jaffe, 1990). Jaffe (1990) also believes this negatively impacts treatment options for those with substance related and other compulsive disorders.

Clinicians have described Internet addiction as a type of impulse-control disorder (Widanto & Griffiths, 2006; Korkeila, Kaarlas et. al., 2010). Some have gone as far as linking it to obsessive-compulsive disorder (Walker 1989). Many researchers have found Internet addiction has similar qualities of substance abuse, or gambling addictions (Black et al. 1999; Young, 1998; Morahan-Martin, 2005). Beard (2005) believes that once someone becomes steadily involved in an addictive behavior, neurochemical changes occur in the brain. Over time, the addicted person’s brain adapts to have insufficient amounts of serotonin or dopamine (Beard, 2005). Although clinicians have come to different conclusions about the details of Internet addiction most agree on a similar definition. This definition states that Internet addiction is an uninhibited obsession or...
pleasure seeking activity, which includes an increase of use, withdrawal symptoms, and continued use regardless of psychosocial effects on one’s life (Korkeila, Kaarlas et. al., 2010).

After much research, Young developed a tool still used today to determine if one is addicted to the Internet. Young’s questionnaire included eight questions which touched on the following topics: preoccupation with the internet, increased amounts of use, ineffective attempts to reduce or stop use, feeling irritable when making efforts to reduce use, using Internet longer than intended, loss of significant relationships, jobs, or education, lying to others about use, and using the Internet to escape daily problems (Widyanto & Griffiths, 2006; Young 1996). Those who identified at least five of the eight criteria were determined to have Internet addiction. These eight criteria were selected from the criteria in the DSM-IV for pathological gambling (Young, 1996).

Young (1996) was one of the original clinicians to begin conducting research in the area of Internet addiction. She developed the term dependant who are those found to be addicted to the Internet and non-dependant which are people who were not found to have Internet addiction. Young found that dependants spent an average of 38.5 hours per week browsing the Internet for pleasure or personal interest while non-dependants spent an average of 4.9 hours per week (Young, 1996).
Widyanto & Griffiths (2006) were also among the initial researchers to complete work on Internet addiction. After reviewing literature, they concluded that most clinicians view Internet addiction as a type of technological behavioral fixation that includes person-machine interaction (Widyanto & Griffiths 2006). This means that most clinicians believe that Internet addiction is between a person and their computer, where the consumer has an unhealthy attachment to their computer. Behavioral addictions can also include passive activities such as watching television or activities, which require more involvement such as playing video games. Each of these addictions comes with the typical symptoms, which include salience, mood modification, tolerance, withdrawal, conflict, and relapse (Widyanto & Griffiths, 2006). Chou, Condron, and Belland (2005) came to a different conclusion about the definition of Internet addiction. They believed that clinicians agree the problem does exist however; researchers cannot come to an agreed definition of the addiction (Chou, Condron, and Belland, 2005).

Among the initial researchers in the field of Internet addiction Brenner (1997) developed a test called the Internet-Related Addictive Behavior Inventory (IRABI), which consisted of 32 dichotomous (true/false) items. He was able to collect data from 563 respondents of which the majority was male (73%). Brenner found the average Internet use of his participants was 19 hours per week. He learned that those respondents younger in age reported more psychosocial stressors than older adults. Through this
study, he was able to create the claim that Internet addiction has evidence of tolerance, withdrawal, and craving (Brenner, 1997). Greenfield (1999) developed a different tool called the Virtual Addiction Survey (VAS). This study was posted online and received 17,251 respondents. The VAS included demographic information and gathered descriptive data about Internet use. Of the respondents, 82% were Caucasian and 71% male. In the end, only 6% met their defined criteria for Internet addiction (Brenner, 1997).

Overall Internet addiction is basically defined as one’s uncontrollable compulsion to use and continue to use the Internet, which eventually has negative impacts on psychosocial factors (Yoo, Cho, et al., 2004).

**Nature of the Internet**

Most people are drawn to the Internet because of the fact that one can remain anonymous (Beard, 2005). Users can present themselves in any way they chose. “Users feel safe to take more emotional risks, be flirtatious, give positive and negative feedback to each other, and to express opinions on-line that they are unable to express to others in the real world” (Beard, 2005 pg. 7,8). Internet addiction can affect anyone regardless of interests, education, or socioeconomic status (Griffiths 1998).

The majority of Internet users claim to go online with the intention of studying and working, which is the main challenge in attaining complete abstinence. Some
researchers report an increase in inappropriate employee Internet use; more specifically of employees visiting websites, which include pornography, online chatting, and gaming. In fact, more employees’ everyday are being disciplined or terminated due to Internet misuse while at work (Korkeila, Kaarlas et. al., 2010). In a study regarding employee Internet use most respondents reported they used the Internet to search for information and receive e-mails (Korkeila, Kaarlas et. al., 2010). Some users seek the Internet for entertainment including playing online video games. Typical online games eventually become repetitive or have a conclusion while massive multiplayer online role playing games (MMORPGs) do not have an end point and continue with an infinite set of goals and achievements (D.NG and Wiemer-Hastings, 2005)

Young (1996) suggests that the Internet may be more addictive when used for interactive purposes. These activities can include virtual contact with other online users in order to create and develop relationships the user may not be able to obtain outside of the Internet. It is most common for those who feel lonely or misunderstood to seek these types of online relationships (Young, 1996). Some professionals disagree with the idea that the Internet can be addicting. These clinicians believe it is no more addicting than watching television or talking on the telephone (Grohol, 1999).

Many parental Internet users find themselves surprised with the amount and type of information that can be shared online. Teachers and parents have found children
accessing websites, which include pornography and pedophiles. There have been many reports of children socializing with those who log onto these sites and ending in tragedy (Morahan-Martin, 2005). Parents should be weary of the types of websites their children are browsing. Some cautious parents can even set up programs that block websites they do not approve. According to recent studies, people in the United States would rather spend their time watching television than browsing the Internet and most parents complain their children waste too much time watching television (Morahan-Martin, 2005).

Researchers have found the Internet to be more addictive than passive activities such as watching television for several reasons. Chatting online and websites that include interactions with multiple users simultaneously seem to be the most addicting (Widyanto & Griffiths, 2006; Young 1996). Young (2006) found that when online activities include interactive tasks they tend to be more addictive.

**Nature of Internet Users**

Young (1996) found that her non-dependant participants reported the only negative side effect of Internet use as poor time management. Users reported when they were online they easily lost track of time. More than 50% of dependant Internet users reported negative consequences including severe impairment with academics, relationships, finances, and occupations (Young, 1996).
The dependants in this study were found to use the Internet from twenty to eighty hours per week with sessions that could last up to fifteen hours. Such long hours spent online has adverse affects on participants health. Some have change in sleeping habits due to staying up all night to browse the Internet (Young, 1996). Internet users claim the most liked features include live chat with other users, simplicity of use, continued increased availability, and massive amount of information that can be found (Chou, 2001). According to one study, 54% of dependent internet users had no intention on reducing amount of time spent online while the remaining 46% had made several unsuccessful attempts of minimizing use (Young, 1996). The development and expression of psychosocial problems related to the Internet, such as forming an online affair in a chat room, are often times hard to distinguish between real life behaviors (Morahan-Martin 2005).

Research has shown that Internet users browse for several different reasons. The most common reason among addicts is to cope with negative moods (Morahan-Martin, 2005). Dependants will more often seek Internet “to escape pressures, to improve their moods when down, anxious, or socially isolated, and to control moods,” (Anderson, 1999 pg 10). Critics say that due to this fact Internet addiction is a cover for other mental illnesses. However, research has shown those with substance abuse are usually self medicating for other compulsive disorders including eating disorders, anxiety, and
borderline personality disorder (APA, 2000; Becona, Lorenzo, & Fuentes, 1996). Another example is that different symptoms can lead to a variety of diagnoses. For example loneliness is a sign of depression, anxiety, several personality disorders (Forsyth & Elliot, 1999) and compulsive sexual activity (Cooper et. al., 1999).

**Internet Addicts Attitudes Towards Computers**

The participants in Young’s (1996) study reported that non-dependants mostly used the Internet to gather information, while dependants generally visited websites used for communication. Such communication websites include chat rooms, online multiplayer games, message boards, and email. These websites allow users to communicate with each other in real time, meaning having a live conversation with the use of typed messages. In addition, non-dependants use the Internet as a means for personal and professional development. Dependants view on the Internet as a way to socialize by meeting new people (Young, 1996).

Multiple researchers have found people seek the Internet to study and complete work projects (Chou, Condron, Belland, 2005; Yellowless, Marks 2007). This is the main reason why addicts report it is difficult to practice abstinence. New research is showing that employees are beginning to increase inappropriate Internet access while at work including pornographic websites, online chatting, and games (Chou, Condron, Belland, 2005). In fact, recent years have shown an increase in disciplinary action or termination
due to abuse of Internet during office hours. Although the most common given reason among employees for Internet use was research for work purposes or checking and responding to e-mails (Korkeila, Kaarlas, et al., 2010).

Studies Adapted from Young’s Material

Young’s (1996) original research on Internet addiction prompted many other studies to be completed. Many researchers have adopted the criteria she felt was necessary to diagnose one with Internet addiction. Beard and Wolf (2001) were amongst the first to change the required scoring of Young’s (1996) original test. They determined symptoms one through five must be present. These symptoms included: becoming preoccupied with the Internet; increased tolerance; ineffective attempts at reducing use; feeling restless, moody, or anxious when reducing use; and using the Internet longer than intended. Next, they determined Internet addicts must have at least one of the following three symptoms: significant impairment in relationships, employment, or education; lying to friends, family or others about use; and using as an escape from other mental health symptom (Beard & Wolf 2001).

Another study done by Shapira (2003) had three main criteria that must be present in order for someone to meet the diagnosis for Internet addiction. First, an addict must have an obsession with the Internet based on one of the following: “Preoccupation with use of the internet that are experienced as irresistible; or excessive use of internet for
periods of time longer than planned.” (Shapira, 2003 pg 210) Second addicts must have significant impairment in daily levels of functioning. The third criteria required states that the internet use is not used only during one phase of a bipolar episode or is not better explained by other axis I mental disorders (Shapira et al., 2003).

Egger and Ruterberg (1996) performed an online study based off Young’s (1996) criteria. They asked participants to determine if they themselves were addicted to the Internet through a series of online questions (Egger and Ruterberg, 1996). This study was different from others because the survey was posted online. Also, participants were asked to rank themselves as opposed to most other studies where participants were diagnosed based on a researcher’s proposed criteria.

Suler (1999) believes that understanding Internet addict’s urges can explain how and why certain individuals become addicted. He identified six needs that can create the urge to use the Internet these include the need for: sex, an altered state of consciousness, achievement and mastery, belonging, relationships, and self-actualization and transcendence of self (Chou, Condron, & Belland, 2005).

Egger and Rauterberg (1996) formulated an online study in which self-identified addicts reported on negative effects of their usage. The majority of complaints included losing time with friends and family, anxious feelings about use, and guilty about overuse (Widyanto & Griffiths, 2006). After his research, Brenner (1997) concluded that there
was significant evidence Internet was addicting due to the fact there was tolerance, withdrawal, and craving. Another online study done by Morahan-Martin & Schumacher (2000) led to the development of a 13-item questionnaire called Pathological Internet Use (PUI). This test found that eight percent of respondents qualified as pathological users. These dependants claim to use the Internet in order to meet new people, gain emotional support, or play interactive video games. Most dependants were also found to be socially disinhibited (Morahan-Martin & Schumacher, 2000). Chen and Chou (1999) found that the higher a student’s addiction score the more likely they were to have a high amount of weekly hourly use. Through research, Kandell (1998) came to the conclusion that Internet addiction is a psychological dependence on the Internet itself and not the activity the user is engaging in once online.

**Users Interactions with the Internet**

Many Internet users seek gratification from others through online interactions, more specifically in MMORPGs. Through a study done by D.NG and Wiemer-Hastings (2005) we have learned that MMORPG users would prefer to spend time in game as opposed to other social activities because they gain more satisfaction and have a more pleasant experience, while they find real life interactions to be more difficult to appreciate. These researchers claim those who play MMORPGs are not addicted, they simply prefer playing online games rather than participating in real life activities. Those
who engage in MMORPGs tend to be labeled as anti-social or introverts however; one can argue they simply view social interactions differently than others. These users chose to spend their time in game and report they can engage in real life social interactions they just prefer online activities (D.NG and Wiemer-Hastings, 2005). Those who are dependent on the Internet often engage in activities other than gaming.

Chou and Hsiao (2000) found that dependents spend three times the amount of hours overall online compared to non-dependents. They also found dependents tend to spend most of their time viewing discussion boards and replying to emails (Chou and Hsiao, 2000). Some have found the Internet to be a new outlet for certain obsessions such as some sexual fetishes. The Internet makes it easier for users to access materials while still remaining anonymous. Those with sexual fetishes find the Internet is easily available; they have a wider selection of partners, and are able to interact sexually in all new ways. Another online obsession that can be acted out in new manners is online gambling (Morahan-Martin, 2005).

There are several different subtypes of Internet addiction according to Widyanto and Griffiths (2006). The first subtype is cybersexual addiction, which includes compulsive viewing of pornographic websites for pleasure. The next is cyber-relationship addiction or being overly immersed in online relationships. Next, there are net compulsions involving obsessive gambling or online shopping. Furthermore, there is
information overload, which means compulsive online browsing. The final subtype is called computer addiction, meaning obsessively playing computer games (Widyanto and Griffiths, 2006).

**Identifiable Problems Related to Excessive Internet Use**

Beard (2005) discusses two different perspectives on becoming and staying addicted to the Internet. First, he presents the psychological view, which discusses how classical conditioning has a main role in adapting a user’s behavior to become more addicted. Next Beard (2005) proposes the social view that suggests that certain cultural dynamics associated with the Internet promote excessive internet use. He continues to discuss how many addicts have difficulty seeking treatment due to these two views because they believe clinicians will not consider their struggles as serious as other disorders (Beard, 2005).

Scherer (1997) conducted a study in which he had 49 people who qualified as Internet dependent of which 35 were men and 14 women. He found that 13% of his respondents reported that internet use had interfered with their academic work, professional performance, or social lives while 2% of respondents seemed to believe the internet had had an overall negative effect on their activities of daily living.

Egger and Ruterberg (1996) found that self-reported addicts claimed negative psychosocial factors as struggles in relationships with friends and family, anxious
feelings regarding use, and guilt over excessive use. Greenfield (1999) concluded that the variables that make the Internet more appealing include: intense intimacy (41% total, 75% dependents) disinhibition (43% total, 80% dependents) loss of boundaries (39% total, 83% dependents) timelessness (most replied sometimes, most dependents replied almost always) and out of control (8% total, 46% dependents).

Gender Differences

Brenner (1997) formulated the Internet-Related Addictive Behavior Inventory (IRABI), which consists of 32 dichotomous (true/false) questions. The majority of his respondents were male and reported they used on average of 19 hours per week. He also found that the older users reported fewer negative psychosocial effects when compared to younger users (Brenner, 1997).

As with any addiction, there are populations that tend to be more at risk than others. Scherer (1997) believed college students to be most at risk due to their age and amount of time spent in front of computers. He conducted research with 531 students at the University of Texas at Austin. In the end, he found that thirteen percent of participants could be considered Internet addicts in whom 71 percent were male and 29 percent women (Scherer, 1997). Anderson (1998) also studied college students from schools in the United States and Europe with a total of 1,302 participants. They reported the students’ average approximately 100 minutes of online use per day, with six percent
of his respondents considered high users (above 400 minutes a day). High end users reported more negative consequences than those who reported less amounts of use (Anderson, 1998).

With gender, it is important to consider who is more likely to become addicted or suffer from excessive Internet use. Korkeila, Kaarlas et al (2010) found that significantly more men use the Internet for chat rooms and reviewing discussion board. These men also had negative consequences related with their social support networks (Korkeila, Kaarlas et al (2010). In Young’s (1998) study, she was able to study a total of 496 Internet dependents. She reported having difficulty recruiting men even though her findings indicated they were more often addicted than females. Overall researchers have concluded that men are more likely than females to become Internet addicts (Chou and Hsiao, 2000; Korkeila, Kaarlas et al 2010).

**Excessive Internet Use and Other Psychosocial Variables**

Psychosocial variables include any negative consequence that could stem from excessive Internet use. Chou and Hsiao (2000) found that Taiwan college students who could be identified as dependants reported negative impacts on their study and daily life routines. They also found there were no differences between dependant groups’ assessment and non-dependants groups’ assessment of impacts on relationships with friends/schoolmates, parents and teachers (Chou and Hsiao, 2000).
Young (1996) determined that normal users reported little negative effects of internet use while dependents reported significant impairment in many areas of their lives, including health, occupation, social and financial. Shapira et al (2000) was among the few researchers to implement a face-to-face standardized psychiatric evaluation. They found the problems associated with Internet overuse included: significant social impairment, marked personal distress over their behaviors, vocational impairment, financial impairment, and legal problems (Shapira et al 2000).

Co-Occurring Mental Illnesses

Often times it can be hard to determine whether Internet addiction develops on its own or if it is prompted from another underlying, co-morbid psychiatric illness. Many researchers agree that excessive Internet use has a correlation with material and psychological consequences (Widyanto & Griffiths, 2006). Researchers have found that individuals who abuse the internet are more likely than others to have other underlying co-morbid issues such as depression (Young & Rodgers, 1998), bipolar disorder (Shapira, Goldsmith, Keck, Khosla & McElroy, 2000), sexual compulsivity (Cooper et al., 1999), and loneliness (Kubey, Lavinm & Barrows, 2001; Morahan-Martin 2000).

We can learn more about dual diagnosis symptoms when interviewing the clients directly. Shapira, Goldsmith, Keck, Khosla and McElroy (2000) interviewed twenty participants and learned they all had at least one additional lifetime DSM-IV Axis I
diagnosis. They found that 70% had a diagnosis of bipolar disorder, 85% had previous mental health treatment, with 75% being treated with psychotropic meds, and 95 percent of their family members had been diagnosed with other mental illnesses (Shapira et al., 2000).

Depression is a common co-occurring mental disorder with any type of addiction. Morahan-Martin (2005) stated that those who report being lonely and/or depressed may turn to the Internet to alleviate painful feelings because they can find support in others online which they may be lacking in real life. Young (1996) reported that dependants spent more hours online than non-dependants because of increased tolerance. This theory is similar to tolerance of those with substance abuse issues in which they must increase levels of their drug of choice in order to continue to receive their desired effect (Young, 1996).

Personality disorders can be speculated as another common diagnosis when working with addiction. Young and Rodgers (1998) believe certain personality traits may predispose individuals to develop problematic internet use. Armstrong, Phillips, and Saling (2000) examined the idea that sensation seeking and low self-esteem could lead to more overall Internet use. They concluded that self-esteem was a better predictor of internet addiction than impulsivity. However, individuals with low self-esteem seem to spend more time online (Armstrong, Phillips, and Saling, 2000). Petrie and Gunn (1998)
studied the connection between internet addiction, sex, age, depression, and introversion. They found that self-reported dependents indicated high internet use and positive attitude toward the internet. They also learned that dependents had higher levels of depression and were more likely to be introverted (Petrie and Gunn, 1998).

Black et al. (1999) examined the demographic, clinical features and psychiatric co-morbidity in individuals who identified themselves as dependents. They found that 50 percent of participants met the criteria for an additional disorder with the most common being substance abuse, then mood, anxiety, and psychotic disorder. Overall 25 percent of their population had a current depressive disorder along with Internet addiction while 38 percent had at least one additional mental illness with the most common being compulsive buying, then gambling, pyromania, and compulsive sexual behavior. They found eleven participants, which met the criteria for at least one personality disorder with the most frequent being borderline, followed by narcissistic and anti-social personality disorder (Black et al., 1999).

ADHD is widely accepted by researchers to be a major risk for substance abuse among adolescents. Yoo, Cho, Ha, et al., (2004) conducted research with attention deficit hyperactivity disorder (ADHD). Clinical observation of children and adolescents with ADHD tend to prefer activities such as watching television, playing video games, and Internet use instead of participating in events that require sustained mental effort. Yoo et
al., (2004) conducted a study with 752 elementary school students (4th-6th years levels) in South Korea. They created a questionnaire which included: The total Internet usage (hours) per week, years of Internet use, the main purpose of Internet use, the influence of the Internet, personal and family histories of addictive behaviors for other activities and substances including alcohol. They came to the conclusion that the Internet addiction group had significantly higher scores in inattention, hyperactivity-impulsively than the non-addiction group, both in parent’s and teacher’s ratings. However, there were no reported significant differences in school competence, total social competence, and emotional lability. The ADHD group reported more of a history of other addictive behaviors in the past (25.5%) than the non-ADHD group (Yoo et al., 2004).

Internet addiction can be classified as an impulse control disorder. Korkeila, Kaarlas et al (2010) established that harmful use of the Internet could be defined as uncontrolled preoccupation or pleasure-seeking activity with increased tolerance, withdrawal symptoms and use despite the impairment and distress associated with it. Shapira et al. (2000) found that most subjects with problematic Internet use satisfied criteria of a mood disorder. They also found that every other subject met the criteria for impulse control disorder (Shapira et al., 2000). Greenfield (1999) argues that Internet addiction carries the same characteristics as substance abuse such as tolerance, withdrawal, pre-occupation, unsuccessful attempts at cutting back, and feeling restless
when attempting to cut back. Young (1996) proposes that future research should focus on the prevalence, incidence, and the toll of this type of behavior in other established disorders such as depression, bipolar, obsessive compulsive disorder, ADD/ADHD, and impulse control disorder.

**Summary**

Through this collection of research, it can be noted that the Internet is increasing not only in size and in availability but having negative impacts on society at large (Brenner, 1997; Blaszczynski, 2006; Chou, Condron, and Belland, 2005; and Griffiths, 1998). Chou, Condron & Belland (2005) came to the conclusion that if most of the information we need in our daily lives can be easily and cheaply obtained from the internet, and if activities can also be carried out from the Internet, then we can come to the conclusion that the phenomenon of Internet addiction will continue to grow as a problem. However, Young (1998) concludes that the Internet itself is not addictive, but specific applications embedded within, such as interactive games, play a significant role in the development of pathological internet use.

When excessive Internet use becomes a problem for individuals, they have minimal options available to turn to for help. The first online support group was started by Ivan Goldberg as a joke because he did not believe people could become addicted to the Internet. He formed the online Internet Addiction Support group, which is still widely
used today by self-described Internet addicts (Suler, 1999). In order to provide Internet users with more options for treatment and in order to inform the general public of such problems research needs to be done. This study will gather further information on the many areas of excessive Internet use.
Chapter 3

METHODS

Introduction

This chapter discusses the design and methods used for this research project. The purpose of the study is to determine factors associated with excessive Internet use. For the purpose of this study Internet addiction or excessive Internet use is defined as preoccupation or pleasure seeking experience with use as well as an increased tolerance, withdrawal symptoms and continued use regardless of negative consequences and distress it creates (Korkeila, Kaarlas, et. al. 2010). The following sections discuss the design with a justification of why it was chosen, a description of the participants, statement regarding the research question, and data gathering procedures. Furthermore, a data analysis plan is discussed along with human subject protections and rights.

Design

The purpose of this study is to determine the most prevalent disorders co-occurring with excessive Internet use. The questions will focus on clinician’s caseloads regarding those with Internet addiction and other co-occurring disorders. This is an exploratory study, which will help clinicians in the field of mental health gain knowledge and develop a better understanding of co-occurring disorders that may be associated with Internet addiction (Yuen, Terao, and Schmidt, 2009). There is much research to be found...
on the topic of Internet addiction however (Young, 1996; Chou, Condron, Belland, 2005; Griffiths, 1998; Korkeila et al, 2010) there is little research on other mental health disorders that may occur along with Internet addiction (Chih-Hung et al, 2008; Ha, Yoo, et al, 2006). This type of research study is also beneficial because it allows for study with a small sample size. There are limited amounts of professionals that work with clients who may have Internet addiction; therefore, this study will have a small sample size.

The study includes both qualitative and quantitative questions for the purpose of gathering clinician’s perceptions of clinical factors associated with excessive Internet use. This study is more qualitative due to the fact that it is gathering information in the area of Internet addiction in order to form a theory based on co-occurring disorders rather than testing a hypothesis. However, this study is also quantitative in that it is more objective and outcome-orientated rather than focusing on the process (Yuen et al, 2009). This type of research study will allow the analysis of this research to be based on both specific reports from individual clinicians as well as statistical analysis. In addition, the data will explain new areas of the field of Internet addiction along with critically analyzing the data through descriptive statistics.
Participants

The participants of this study were recruited using a snowball sample. Participants will have identified themselves as clinicians with advanced degrees who work with adults who have Internet addiction within the United States. Each participant must be over the age of 18. Initial participants were recruited from reSTART Internet Addiction Recovery Program in Washington. Additional participants were recruited by sending emails to various clinicians who were known for working with clients with Internet addiction across the United States. All participants were found through a Google search for clinicians who work with clients with Internet addiction. This researcher contacted the site director at several different facilities across the country and spoke with them regarding distributing the survey to their employees. Since there is a limited population of clinicians in the United States who work with those who may have internet addiction this study has a small sample size of 37 participants.

This researcher used a snowball sampling method initially sending the survey to approximately 116 clinicians. Each of those individuals reported they sent the survey to at least 500 additional clinicians. The survey was open online from January 3, 2011 through March 6, 2011. During this course of time, a total of 37 clinicians participated. By taking the survey participants agreed that they were clinicians who have worked with those who could be diagnosed with Internet addiction; they are all located within the
Data Collection Plan

Participants were asked to take an online survey through Survey Monkey. There were not any inducements offered upon completion of this survey. However participants were informed that participating in this study would help with gathering more information on Internet addiction. This researcher avoided conflicts of interest by not sending the survey to potential subjects that were friends, family members, or professional colleagues of the researcher. The researcher also only used data collected via Survey Monkey.

The procedures of this study involve collecting data through the online website Survey Monkey. The survey was available online from January 3rd, 2011 through March 6th, 2011. Participants and/or site directors were sent a recruitment email, which included a link to the survey. A statement in this email encouraged participants to send the survey to others who they felt met the criteria. Participants then received follow up emails reminding them to take the survey if they had not already done so and to pass the reminder email along to others they sent the link. This researcher also made follow up phone calls and took any extra effort to encourage participants to respond to the survey request.
Instrument

This researcher created a survey that was available online (see Appendix C). The survey consists of forty-two Likert scale and open-ended questions. The survey asked questions regarding clinician’s perspectives on certain factors that link with Internet addiction among adults including: possible co-occurring disorders, Internet addiction, diagnostic criteria, nature of Internet users, and treatment modalities. Part I of the survey was regarding co-occurring disorders that are found in connection with excessive Internet use (Chih-Hung, et al, 2008; Chou et al, 2005; Cooper et al 1999; Ha et al, 2006; Scealy et al 2002). Part II related to criteria clinicians use to diagnose their clients with Internet addiction. This section was based on the criteria based from Young’s (1996) study. Section III was regarding the nature of Internet users whom appear to be addicted or have excessive use. This information was demographic and included information based on the findings from (Widyanto, and Griffiths, 2006). The final section IV included information regarding treatment methods being used within the agencies of the clinicians. The treatment modalities mentioned in this section were from information from several of Young’s (1999, 2009) studies. The open-ended questions provided an opportunity for clinicians to express their personal style of therapy along with items they had noticed among their caseloads that were not included in the questions.

The literature this researcher focused on greatly influenced the development of the
instrument. The studies conducted around Internet addiction had similar themes relating associated factors. These themes were combined and brought out in the survey. Many of the questions were based on the findings from several different researchers. The section regarding diagnosing criteria came from a study done by Kimberly Young (1996). Other questions discussing psychosocial factors relating to Internet addiction were based on research done by Suler (1999). Finally, questions concerning various treatment modalities were from Young’s 1999 and 2006 research studies.

Data Analysis

The data gathered was analyzed using common methods found in mixed qualitative and quantitative studies. The data was analyzed with frequency statistics to determine if there is a statistically significant correlation between Internet addiction and any of the symptoms specified in this study.

Protection of Human Subjects

The researcher submitted a Human Subjects Application to the California State University, Sacramento Division of Social Work Committee for the Protection of Human Subjects. The study was approved with an identification number of 10-11-052 and is considered “no risk” (See Appendix A). This level of “no risk” indicates that participants were not subjected to any questions which would cause them physical or emotional distress. The human subjects committee also approved a Consent Form (See Appendix B)
which introduced the purpose of the research study, and discussed the procedures, risks, and benefits. This form also explained confidentiality and the participant’s right to withdraw from the survey at any time.

Informed consent was electronically obtained from the participants through an electronic document participants read before beginning the survey. Each participant consented to the survey by clicking “next” at the bottom of the screen with the consent form. Signed written consent was not obtained because the participants completed the survey through an online medium and it was more efficient to protect confidentiality by completing an online consent form. This also ensured the identity of participants was protected as the researcher was unaware of who has taken the survey. The survey itself included “next” and “exit survey” buttons on the website for participants to click their choice of whether or not they consented to participate. By clicking on the link and beginning the survey, subjects were agreeing to participate in the study. Subjects were informed that they had the option of exiting the survey at any time and in doing so their data was eliminated.

Subjects’ rights to privacy and safety were protected through a secure transmission from Survey Monkey. Each question in the online survey included the option “prefer not to respond” if the respondent chose to skip a question for any reason. The identity of participants is unknown and therefore confidential. The data was also kept confidential
through online sources (described in detail below). This researcher stored the data on a home computer, which can only be accessed via a password that only this researcher knows. The computer was also kept in a locked room. Once the research is completed this researcher will destroy the data completely from the computer using a data wiping program.

The software provides the researcher with a record that captures the participant’s consent before starting the survey. This record will be recorded with a date and time stamp. The survey software from survey monkey uses https encryption, which is a service provided by the company that ensures the data transferred is not able to be seen by those who have not been granted access. When the researcher selects the https encryption option all surveys will be completed in that format. The respondent will be re-routed to an https encrypted page. Access to the database will be limited to this researcher and her advisor (Dr. Bankhead) with a username and password. The software company agrees to neither access nor disclose the information contained in research databases without consent from the researcher. The servers that contain the research data are located in a data center that has physical security and environmental controls. The building is under 24 hour surveillance with armed guards on duty. The data is backed up nightly. The researcher can create a limited time period in which a deleted dataset can still be retrieved but after which the data will be permanently destroyed. This researcher
will choose to have the data permanently destroyed in May upon completion of the project. The researcher will select an option where the respondent’s IP addresses will be masked from Survey Monkey and this researcher.

This research study is considered to be of no risk because the survey is asking questions regarding clinician’s perceptions of their clients. There are no questions involving ethical practices of the clinicians or agency polices.
Chapter 4

FINDINGS

Introduction

This chapter presents the results of the online questionnaire developed by this researcher. First, the demographics of the participants and their clients will be discussed. Then this researcher will explore the most common types of Internet addiction and the reasons behind them. The next section will review the most commonly reported co-occurring mental illness associated with Internet addiction followed by a discussion of accompanying psychosocial factors. The final section will explore frequently used treatment programs and their reported effectiveness.

Demographics

Clinicians reported that the majority of clients on their caseload tend to be male (78.4%); while only 2.7% reported female clients. Widyanto and Griffiths (2006) state that anything above 300 minutes of use per day is considered addictive behavior. Table 1 shows the frequency and valid percent of respondents who reported on minutes of use per day. This research found that clinicians reported the most common amount of time online per day was between 301 to 400 minutes (24.3%) with the second most common being a tie between 201 to 300 (18.9%) and 100 to 200 (18.9%) minutes.
Table 1 *Minutes of Use per Day*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>Between 100 and 200</td>
<td>7</td>
<td>18.9</td>
</tr>
<tr>
<td>Between 201 and 300</td>
<td>7</td>
<td>18.9</td>
</tr>
<tr>
<td>Between 301 and 400</td>
<td>9</td>
<td>24.3</td>
</tr>
<tr>
<td>More than 400</td>
<td>6</td>
<td>16.2</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 1 shows the minutes of use per day in the form of a pie chart. Here it is shown that more than half of the clinicians reported their clients use the Internet between 201 and 400 minutes per day. Only a small percentage (16.20%) reported extreme amount of use with over 400 minutes of use per day.
Figure 1. Minutes of Use per Day

Diagnosing Internet Addiction

According to Young (1996) there are eight questions to use when diagnosing someone with Internet addiction which include: 1) preoccupation with the internet, 2) increased use over time, 3) unsuccessful efforts to control use, 4) feeling restless moody or depressed when not using, 5) using for a longer time than intended, 6) loss of significant relationships, 7) lied about use to family or friends, and 8) use as an escape mechanism.
As shown in Table 2 participants agreed that most of their clients tend to lie about the extent of their Internet use (72.7%). Clinicians also agree that in order to determine a diagnosis their clients must exhibit signs of increased use over time (69.7%) and loss of significant relationships (69.7%). The least common criteria that clinician’s agreed was important were unsuccessful efforts to limit use (48.4%). More than half of the respondents reported that they require each diagnostic criterion to be present when making a diagnosis except for unsuccessful efforts to limit Internet use.

Table 2 *Internet Addiction Criteria*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Percent of Participants who Agree</th>
<th>Percent of Participants who Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lied about use</td>
<td>72.7</td>
<td>12.1</td>
</tr>
<tr>
<td>Increased Use</td>
<td>69.7</td>
<td>12.1</td>
</tr>
<tr>
<td>Loss of significant relationships</td>
<td>69.7</td>
<td>9.10</td>
</tr>
<tr>
<td>Escape mechanism</td>
<td>65.7</td>
<td>12.5</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>63.7</td>
<td>12.1</td>
</tr>
<tr>
<td>Feel restless</td>
<td>60.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Use longer time</td>
<td>60.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Unsuccessful attempts</td>
<td>48.4</td>
<td>18.2</td>
</tr>
</tbody>
</table>
In Figure 2 the difference between the amount of clinicians that agreed and disagreed with the diagnostic criteria is easily shown. We can see an obvious difference in the amount who agreed and disagreed with each individual diagnostic criterion. The amount of clinicians that disagreed with each criterion is under 20% on each item. This shows that each factor is itself significant to participants when determining a diagnosis of Internet addiction.

![Internet Addiction Criteria](chart.png)

*Figure 2. Internet Addiction Criteria*
Clinicians were able to report additional criteria they use to diagnose Internet addiction within their clinics. Three clinicians reported they use the standard internet addiction criteria and if their client meets the target they diagnose them with impulse control disorder. One of these clinicians uses criteria for process addiction, another uses an Internet addiction test found at the center for online addiction, while the third does a diagnostic interview. An additional clinician uses a “20 point checklist” to determine if their clients meet the requirements for Internet addiction. Another clinician claims the diagnosis “depends on the length, the frequency, and the impairment to the person’s life.” A final clinician reported they use a tool they developed called the Video Game Assessment Tool (VGAT). This data shows that there are a variety of other treatment methods available for excessive Internet use than the ones presented in this study.

**Common Types of Internet Addiction**

People use the Internet for a variety of reasons and to allow various needs to be met. Those with Internet addiction tend to use the Internet to satisfy different mental health needs. Clinicians were asked whether or not their clients have certain types of Internet addiction as defined by Widyanto and Griffiths (2006). Table 3 shows the results of clinicians’ perspectives of significant types of Internet addiction. Clinicians reported the most common type of Internet addiction among their clients is cyber sexual (59.50%)
and computer addiction (59.50%). They reported the least common as cyber relational with only 21.60% reporting it as common among their clients.

Table 3 Types of Addiction

<table>
<thead>
<tr>
<th>Types of Addiction</th>
<th>Percent of Participants who Agree</th>
<th>Percent of Participants Who Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyber Sexual</td>
<td>59.5</td>
<td>24.3</td>
</tr>
<tr>
<td>Cyber Relational</td>
<td>21.6</td>
<td>62.2</td>
</tr>
<tr>
<td>Net Compulsions</td>
<td>32.4</td>
<td>48.6</td>
</tr>
<tr>
<td>Information Overload</td>
<td>29.7</td>
<td>54.1</td>
</tr>
<tr>
<td>Computer Addiction</td>
<td>59.5</td>
<td>24.3</td>
</tr>
</tbody>
</table>

Figure 3 shows a pie chart of the different types of internet addictions that clinicians reported were significant within their caseloads. Here we can see that more than half of participants reported their clients struggle with cyber sexual and computer addiction.
In addition to types of addiction, clinicians were asked to report on other factors regarding the type of addiction such as commonly visited Internet sites. Table 4 shows the frequency data on clinician’s perspectives of commonly visited sites by their clients. Clinicians reported their clients most often use the Internet to explore social networking and chat rooms (78.40%), pornography (59.50%), and game forums (54.10%). Social networking and chat room categories can be combined because they both fulfill the need
for relationships and create a sense of belonging. The categories news and media were also combined because they are used as similar ways of gathering information. Clinicians reported the least common site visited while using the Internet was email with only 8.10% stating their clients often use email when online.

Table 4 *Commonly Visited Sites*

<table>
<thead>
<tr>
<th>Site</th>
<th>Number of Participants who Agree</th>
<th>Percent of Participants who Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Network &amp; Chat Rooms</td>
<td>29</td>
<td>80.2</td>
</tr>
<tr>
<td>Pornography</td>
<td>22</td>
<td>59.5</td>
</tr>
<tr>
<td>Game Forums</td>
<td>20</td>
<td>54.1</td>
</tr>
<tr>
<td>News and Media</td>
<td>11</td>
<td>29.7</td>
</tr>
<tr>
<td>Gambling</td>
<td>10</td>
<td>27.0</td>
</tr>
<tr>
<td>Shopping</td>
<td>6</td>
<td>16.2</td>
</tr>
<tr>
<td>Email</td>
<td>3</td>
<td>8.1</td>
</tr>
</tbody>
</table>

Figure 4 shows a pie chart of the frequently visited sites by excessive Internet users. Here we have a visual perspective of these websites and can see that email and shopping sites are least often abused. We also can gather a visual understanding of the
amount of clients who use social network and chat rooms, pornography, and game forums sites excessively.

![Commonly Visited Sites](image)

**Figure 4. Commonly Visited Sites**

**Co-Occurring Mental Illness**

One of the main hypotheses for this research project was regarding co-occurring mental illnesses that are commonly associated with excessive Internet use. Table 5 displays the co-occurring mental illnesses that clinicians reported are commonly associated with excessive Internet use. Clinicians reported they have found among their clients the most often co-occurring mental illnesses to be ADD or ADHD (62.10%) and sleep disorders (59.40%). These were followed by substance abuse or dependence
(56.70%), impulse-control disorders (56.70%), and anxiety disorders (56.70%). One clinician reported since Internet addiction is not an official DSM diagnosis their clinic uses impulse control disorder as their main diagnosis. Two additional participants wrote that they often find clients to be diagnosed with Asperger’s disorder, while one other claimed bipolar disorder is common.
Table 5 *Co-Occurring Disorders*

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percent of Participants who Agree</th>
<th>Percent of Participants who Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD or ADHD</td>
<td>62.1</td>
<td>13.5</td>
</tr>
<tr>
<td>Sleep Disorders</td>
<td>59.4</td>
<td>10.8</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>56.7</td>
<td>16.2</td>
</tr>
<tr>
<td>Impulse Control Disorders</td>
<td>56.7</td>
<td>16.2</td>
</tr>
<tr>
<td>Substance Abuse or Dependence</td>
<td>56.7</td>
<td>18.9</td>
</tr>
<tr>
<td>Depressive Disorders</td>
<td>54.0</td>
<td>18.9</td>
</tr>
<tr>
<td>Other Mood Disorders</td>
<td>48.6</td>
<td>13.5</td>
</tr>
<tr>
<td>Cluster A Personality Disorders</td>
<td>35.3</td>
<td>8.8</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>29.7</td>
<td>27.0</td>
</tr>
<tr>
<td>Cluster B Personality Disorders</td>
<td>29.4</td>
<td>11.7</td>
</tr>
<tr>
<td>Cluster C Personality Disorders</td>
<td>29.1</td>
<td>9.7</td>
</tr>
</tbody>
</table>
Figure 5 displays a visual graph on clinicians’ perspectives of co-occurring mental illnesses commonly associated with excessive Internet use. It is shown that clinicians significantly agreed upon each mental illness listed as being co-occurring except agoraphobia.

Figure 5. Co-Occurring Disorders
Psychosocial Factors

Clinicians were asked questions regarding psychosocial factors they see impacting their clients diagnosed with Internet addiction. Table 6 shows that they reported the most common psychosocial factor with a negative consequence on the client was low self-esteem (80.60%) followed by depression (71.00%) and loneliness (71.00%). Closely following were use and gratification (67.70%) and pleasure experience (61.30%). These frequencies were all close in agreement amongst clinicians.

Table 6 Psychosocial Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of Participants who Agree</th>
<th>Percent of Participants who Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Self-Esteem</td>
<td>25</td>
<td>80.6</td>
</tr>
<tr>
<td>Depression</td>
<td>22</td>
<td>71.0</td>
</tr>
<tr>
<td>Loneliness</td>
<td>22</td>
<td>71.0</td>
</tr>
<tr>
<td>Use and Gratification</td>
<td>21</td>
<td>67.7</td>
</tr>
<tr>
<td>Pleasure Experience</td>
<td>19</td>
<td>61.3</td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>14</td>
<td>45.2</td>
</tr>
</tbody>
</table>

Displayed in Figure 6 are the psychosocial factors that clinicians reported are commonly associated with excessive Internet use. Here it is shown that there is not a significant difference between each factor.
Figure 6. Psychosocial Factors

Clinicians reported their views of the reasons why their clients had excessive internet use. They were asked whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following reasons for use: to fulfill the need for sex, an altered state of consciousness, achievement and mastery, sense of belonging, relationships, and self-actualization and the transcendence of self. Table 7 shows clinicians report on reasons for excessive Internet use. Clinicians agreed that when using the Internet their clients were attempting to satisfy their need to achieve a sense of belonging (80.70%), and fulfillment of relationships (77.40%). These were closely
followed by the need for sex (67.80%), achievement and mastery (67.80%) and altered state of consciousness (64.50%). Most clinicians did not disagree with any statement as each was fewer than 15%.

Table 7 Reasons for Internet Use

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of Participants who Agree</th>
<th>Percent of Participants who Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Belonging</td>
<td>25</td>
<td>80.7</td>
</tr>
<tr>
<td>Relationships</td>
<td>24</td>
<td>77.4</td>
</tr>
<tr>
<td>Achievement and Mastery</td>
<td>21</td>
<td>67.8</td>
</tr>
<tr>
<td>Sex</td>
<td>21</td>
<td>67.8</td>
</tr>
<tr>
<td>Altered State of Consciousness</td>
<td>20</td>
<td>64.5</td>
</tr>
<tr>
<td>Self-Actualization</td>
<td>13</td>
<td>44.8</td>
</tr>
</tbody>
</table>

Figure 7 shows the data collected on clinicians perspectives of reasons for excessive Internet use. Here we can see a significant difference in the amount of clinicians who agreed versus disagreed with each item.
Figure 7. Reasons for Internet Use

Treatment

Clinicians were asked questions regarding treatment of Internet addiction. The questions were about commonly used treatment methods used by researchers and additional questions regarding methods clinicians use in their agencies. Table 8 displays the results for types of treatment. Clinicians reported they strongly agree or agree that cognitive behavioral therapy (93.30%) is the most effective form of treatment closely
followed by strong social supports (83.40%). They also reported commonly used treatments include family therapy (79.30%), personal inventory (76.70%), setting goals (73.30%), and using a daily Internet log (70.00%). Clinicians strongly disagreed or disagreed with the following methods of treatment reminder cards (20%), personal inventory (13.30%), and practice the opposite (13.30%).

Table 8 Types of Treatment

<table>
<thead>
<tr>
<th>Types of Treatment</th>
<th>Number of Participants who Agree</th>
<th>Percent of Participants who Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Therapy</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>Social Support</td>
<td>25</td>
<td>83.4</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>23</td>
<td>79.3</td>
</tr>
<tr>
<td>Personal Inventory</td>
<td>23</td>
<td>76.7</td>
</tr>
<tr>
<td>Setting Goals</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>Daily Internet Log</td>
<td>21</td>
<td>70.0</td>
</tr>
<tr>
<td>Moderated and Controlled Use</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>External Stoppers</td>
<td>17</td>
<td>56.6</td>
</tr>
<tr>
<td>Practice the Opposite</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Reminder Cards</td>
<td>12</td>
<td>40.0</td>
</tr>
</tbody>
</table>
Displayed in Figure 8 is the difference between those clinicians who agreed and disagreed with each type of treatment method. We can see that there is a significant difference within each item.

*Figure 8. Types of Treatment*
Clinicians were also asked what methods of treatment are commonly practiced at their agencies. One reported “insight-oriented talk therapy, voice dialogue work, psychoeducation about addiction and recovery.” Another clinician stated “gratitude journals, meditation, daily support calls with people experiencing the same issues.” Several reported they recommend their clients to attend 12-step meetings, work with a sponsor, and go through the steps. An additional clinician identified hypnosis as an appropriate treatment method. One clinician reported, “Identifying what behaviors related to the internet are problematic and developing a definition of what abstinence would mean for the client. Also, having the client distinguish between ‘needs’ versus ‘wants’ related to the use of the internet.” A final clinician reported, “The treatment plan I use is always based after triaging a client based on age, self-referral, family referral versus 5150 hospitalization, and whether the addiction meets criteria for substance abuse or dependence. If it is abuse, I work on maintenance schedules. If it is dependence, we plan for abstinence. For video game addicts, I refer to OLGA for support group, though they are mostly online.”

**Summary**

The information presented in this chapter describes the data that was collected by this researcher. This chapter examined the demographics reported by the clinicians for the clients they work with who have been diagnosed with Internet addiction. Next, it
explored information regarding ways to diagnose those with Internet addiction. Clinicians were able to report on methods used in their agencies as well as personal preferences. There are likely a variety of types of Internet addiction and this chapter gathered information on the common types clinicians find among their clients. Excessive Internet use has been linked to a variety of co-occurring mental illnesses and psychosocial factors; clinicians were able to report which ones they found most common. Finally this chapter reported the data on treatment methods clinicians are currently using with their clients. The data is simply reported based on clinician’s self-report of identified information. The next chapter will discuss the significance of these findings.
Chapter 5
DISCUSSION

Introduction

This project shows those in the field of social work, psychology, and related areas of study that excessive Internet use is real and becoming a serious problem among today’s population. This chapter will provide a discussion regarding the findings from the data collected, implications for social work, and recommendations for future research. The results presented in the previous chapter will be compared to predictions made by this researcher. Next, there will information presented on excessive Internet use implications on all levels of care. Finally, this chapter will end with recommendations for further research based on the information gathered and limitations from this study.

Discussion of Findings

This study provides needed quantitative information regarding the consequences of excessive internet use. It also speaks to the fact that excessive internet use is a real and continually growing problem that must be addressed in order to prevent future larger scale problems. This section will compare the outcomes with the researcher’s predictions as well as information presented in the literature review.

The first research question answered was regarding co-occurring mental illness and additional psychosocial factors associated with excessive Internet use. This
researcher predicted that the most commonly occurring mental illnesses would be ADD or ADHD, anxiety, and depression. This research found that clinicians reported the most common were ADD or ADHD, sleep disorders, substance abuse or dependence, impulse control, and anxiety. This partly supports this researcher’s original hypothesis. This researcher predicted sensation seeking, loneliness, and pleasure experience as psychosocial behaviors associated with excessive Internet use. The data showed that this hypothesis was correct on only one behavior. Clinicians reported low self-esteem, depression, and loneliness as psychosocial factors.

This data shows that the psychosocial factors could be different and not necessarily based on the co-occurring mental illnesses reported. For example, the psychosocial factors all seem to be related to mood disorders however, clinicians reported depression as the third co-occurring mental disorder. However, it could be argued that the psychosocial factors reported are side effects of substance use or sleep disorders. It is nearly impossible to determine which came first the symptoms or the mental illness. This is also true with excessive internet use, current research has yet to determine if a different mental illness came first and the internet use is a result or side effect or vice versa.

The second research question was regarding methods clinicians use for diagnosing internet addiction within their agencies. This researcher did not make a prediction on this topic because it was an exploratory subject and this researcher was
merely looking to gather more data. More than half (50%) of clinicians agreed with all of Young’s (1996) diagnosing criteria except with unsuccessful attempts at controlling use. Many reported they use a tool with the same or similar diagnosing criteria.

The final research question discusses practical treatment methods being used by clinicians who responded to the survey. This researcher predicted cognitive behavioral therapy and social support would be the best treatment methods because of the variety and balance these two options offer. Clinicians reported cognitive behavioral therapy, social supports, as well as family therapy were all commonly practiced forms of treatment within their agencies. Cognitive behavioral therapy allows for change in thoughts about the Internet while identifying the client’s need for use and changing distortions around thinking. The social support is useful once the cognitive behavioral therapy has begun in order to enforce the new tools the client has learned as well as being there encouraging continued recovery. Overall clinicians reported that each method of treatment listed was helpful and could be successful if applied correctly.

Implications

The research gathered has implications on micro, meso, and macro levels of care within the field of social work. The impact on micro level care regards the individual and how the Internet has affected their lives. The meso level relates to family members of the client who struggles with excessive Internet use. The macro level of care refers to the
broader sense of social work and implementing Internet addiction into the DSM as an official diagnosis.

Clinicians often focus only on the micro level of care when working with clients in treatment or recovery. This study reports important information that can be used when working with someone who struggles with excessive Internet use. For example, this research provides data for possible co-occurring mental illnesses and psychosocial factors that the client could be challenged with. This data provides areas to explore with clients and what information can be worked into a treatment plan. In addition, many clinicians are not familiar with treatment planning for clients with excessive Internet use, which this study provides information. Clinicians can look at popular treatment methods currently being used based on this data reported and integrate it into their treatment goals.

On the meso level of care involves the families and primary care providers of those who struggle with excessive Internet use. It is important for families to recognize the signs and symptoms of excessive Internet use so they can in turn help their loved ones get the services they need. These include lying about Internet use, increased use over time, and loss of significant relationships due to excessive amount of use. The family members can also use methods in this study to encourage users to seek services. For example, they can reach out to find a counselor who specializes in the use of cognitive behavioral therapy with addiction. Alternatively, family members can be a strong support
system for the person who is overusing. They can do this by addressing underlying psychosocial issues such as depression or loneliness. Family members and care providers can also look to this study for data regarding signs of addiction as well as other factors that might be influencing the user. They could work on underlying issues or co-occurring mental illness that could be provoking their excessive Internet use such as ADD or ADHD.

Implication for the macro level of care relates to the broader sense of social work in that this has data that shows excessive Internet addiction is a growing problem that affects many people and needs to be addressed. This study can provide further data to show that this diagnosis needs to be added to the DSM so Internet users are able to receive the care they need to improve their quality of life.

**Recommendations for Further Research**

Based on the information gathered in this study, the limitations, and difficulties with methods there are several recommendations that can be made for further research. Due to information learned from this study this section will explore options for future research and limitations acquired in this one.

The data collected was limited due to the rigidness of internal review board protocols for human subjects and time constraints. Initially this researcher sent the survey via email to approximately 50 clinicians overall whom reported they would send the
survey to an additional 500 or more staff within their professional networks. This researcher sent reminder emails and followed with phone calls to several of the agencies. After over one month of attempting to collect data only thirty-seven participants had responded.

Further research should begin by sending a similar survey to anyone in the general population who feels they might excessively use the Internet. This study would ask questions to determine if the participant does in fact have an addiction to the internet based on Young’s (1996) criteria. The survey would continue by determining if the participant has any of the top five most commonly found co-occurring mental illnesses. Then it could ask questions regarding most commonly found psychosocial stressors as discussed in this study.

This future study would allow for a greater sample size due to increased access to people who meet the criteria and would be easier to generalize to the greater population. It was the intention of this researcher to perform this type of study however, the review board deemed the study to be at risk if the participants were Internet users themselves. Due to time constraints this researcher chose not to pursue the at risk study. This would have involved gaining approval from the university review board rather than the department subcommittee. Therefore, this study was limited by surveying only clinicians whom work with those that could have excessive Internet use.
Another idea for future research would be similar to that discussed in the previous section where researchers would find a way to determine if excessive internet is a side effect of another underlying mental illness or a precursor or a separate addiction in itself. This also leads to answering the question of how Internet addiction is diagnosed. There is much research creating tools for this (Beard and Wolf, 2001; Chou, Condron, and Belland, 2005; and Young, 1998) however, it would be helpful to determine which tools are the most accurate and not just which ones are used most often.

Regarding treatment methods it would be interesting to explore more details about how the three most commonly used techniques are successful in different settings and with different populations. Clinicians reported that most of their clients are male so the data in this study is more relevant to men than women.

Summary

Research regarding excessive Internet use or Internet addiction has only just begun. There have been many studies since the early 1990s discussing the Internet itself and the possibilities it might bring to future generations (Anderson, 1998; Anderson 1999; Armstrong, Phillips, and Saling, 2000; Black, Belsare, and Schlosser, 1999; Chou, Condron, and Belland, 2005; Eijnden, et al., 2010; Griffiths, 1996; Ha et al., 2006; Korkeila et al., 2010; Mathy and Cooper, 2003; and Scherer, 1997). This study is the beginning of research in the field of Internet addiction treatment and co-occurring
disorders. There is much further information to be collected before we can have a better understanding of the Internet and its effects on consumers. As well as more information from clinicians, we need to collect data from Internet consumers themselves. Their input is needed in order to have a better grasp as how we as professionals in the social work field can assist those who struggle with this type of addiction.
TO: Lisa Rosenthal
FROM: Committee for the Protection of Human Subjects

RE: YOUR RECENT HUMAN SUBJECTS APPLICATION

We are writing on behalf of the Committee for the Protection of Human Subjects from the Division of Social Work. Your proposed study, “Clinician’s perceptions of clinical factors associated with Internet addiction.”

_ X__ approved as _____EXEMPT   ___ NO RISK   ____ MINIMAL RISK.

Your human subjects approval number is: 10-11-052. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Professors: Jude Antonyappan, Maria Dinis, David Demetral, Susan Eggman, Serge Lee, Kisun Nam, Maura O’Keefe, Sue Taylor, Santos Torres

Cc: Dr. Teiahsha Bankhead
Dear Participant:

My name is Lisa Rosenthal and I am a graduate student in the Master of Social Work Program at California State University, Sacramento. I am currently working on my master’s project and would greatly appreciate your help. This is an exploratory study consisting of both qualitative and quantitative questions with the purpose of gathering clinician’s perceptions of clinical factors associated with Internet addiction.

This study is considered “no risk.” Your involvement in this research project is voluntary and involves participating in an internet based survey. The questions are based on clinician’s perspectives on certain factors that link with Internet addiction among adults, Internet addiction diagnostic criteria, nature of Internet users, and possible treatment modalities. You may skip questions if you feel uncomfortable or stop your participation at any time, for any reason. If after your participation in the survey you wish to seek support, you may contact your local county mental health agency.

There is no compensation being offered for your participation. The results of the research project may be published, but your name will not be used. Your responses will be kept confidential to the degree permitted by the technology used. However, no absolute guarantees can be given for the confidentiality of electronic data. If you complete the anonymous survey and submit it, the researcher will be unable to remove anonymous data from the database should you wish to withdraw it.

The results of this research project will be available after May 2011. If you would like to see a copy of the results, read the finished product, or if you have any concerns regarding your participation, you may contact me by telephone at (818) 438-5026 or by email at lmr238@saclink.csus.edu. For specific inquiries or concerns pertaining to this study or your participation, you may also contact my thesis advisor, Dr. Teiahsha Bankhead, by telephone at (916) 278-7177 or by email at bankhead@csus.edu.

By completing this survey, you are agreeing to participate in the research. Please print this page for future reference of contact information. Thank you for your participation.
APPENDIX C

Survey

Survey: Clinician’s perceptions of clinical factors associated with Internet addiction
Part I
It has been shown in literature there are certain factors that link with Internet addiction among adults. Please rate how much you agree or disagree with the following statements:

1. Clients I work with could be diagnosed with ADD or ADHD.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

2. Clients I work with could be diagnosed with anxiety disorders.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

3. Clients I work with could be diagnosed with depressive disorders.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

4. Clients I work with could be diagnosed with other mood disorders.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree
5. Clients I work with could be diagnosed with other impulse control disorders.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

6. Clients I work with could be diagnosed with agoraphobia.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

7. Clients I work with could be diagnosed with substance abuse or dependence.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

8. Clients I work with could be diagnosed with sleep disorders. Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

9. Clients I work with could be diagnosed with cluster A personality disorders.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree
10. Clients I work with could be diagnosed with cluster B personality disorders.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

11. Clients I work with could be diagnosed with cluster C personality disorders.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

12. What, if any, other diagnoses have you seen with your clients?

   _____________________________________________________
   _____________________________________________________
   _____________________________________________________

Part II Questions 13-20 based off Young’s (2009) Internet Addiction Criteria

13. Most of the clients I work with report they feel preoccupied with the Internet (think about previous online activity or anticipate next online session).
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

14. Most of the clients I work with report they feel the need to use the Internet with increasing amount of time in order to achieve satisfaction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree
15. Most of the clients I work with report they have repeatedly made unsuccessful efforts to control, cut back, or stop Internet use.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

16. Most of the clients I work with report they feel restless, moody, depressed, or irritable when attempting to cut down or stop Internet use.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

17. Most of the clients I work with report they stay online longer than originally intended.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

18. Most of the clients I work with report they have jeopardized or risked the loss of significant relationship, job, educational, or career opportunity because of the Internet.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree
19. Most of the clients I work with report they have lied to family members, therapists, or others to conceal the extent of involvement with the Internet. 
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

20. Most of the clients I work with report they use the Internet as a way of escaping from problems or of relieving a dysphoric mood. 
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

21. How do you determine if your client should be diagnosed with Internet addiction? 
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

Part III The nature of Internet users

22. I have found the majority of clients diagnosed with Internet addiction tend to be: 
   a. Male
   b. Female
   c. Other ______________________

23. On average my clients are on the Internet 
   a. Less than 100 minutes per day
   b. Between 100 and 200 minutes per day
   c. Between 201 and 300 minutes per day
   d. Between 301 and 400 minutes per day
   e. More than 401 minutes per day
24. What are the three most common types of websites visited by your clients?
   a. Social Networking Sites (MySpace, Facebook, Twitter, etc.)
   b. Game Forums
   c. Chat Rooms
   d. Gambling Websites
   e. News (CNN, Fox, NBC, etc.)
   f. Pornography Sites
   g. E-mail
   h. Shopping (E-Bay, Amazon, etc.)
   i. Media (Youtube, LastFM, etc.)
   j. Other ___________

25. What are the most common forms (as defined by Widyanto and Griffiths 2006) of Internet addiction with your clients? Check up to 3.
   a. Cybersexual addiction – compulsive use of adult websites for cybersex and cyberporn
   b. Cyber-relationship addiction – over involvement in online relationships
   c. Net compulsions – obsessive online gambling, shopping, or day trading
   d. Information overload – compulsive web surfing or database searches
   e. Computer addiction – obsessive computer game playing
   f. Other

26. What are some psycho-social factors you see impacting your clients? Select all that are relevant.
   a. Low Self-Esteem
   b. Sensation Seeking
   c. Pleasure Experience
   d. Use and Gratification
   e. Loneliness
   f. Depression
   g. Other ____________________________
Suler (1999) identified 6 needs that illuminate how and why certain people may become addicted to the Internet. State whether you agree or disagree with the following factors.

27. The clients I work with go online to satisfy their need for sex.
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

28. The clients I work with go online to satisfy their need for an altered state of consciousness.
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

29. The clients I work with go online to satisfy their need for achievement and mastery.
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

30. The clients I work with go online to satisfy their need for belonging.
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

31. The clients I work with go online to satisfy their need for relationships.
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree
32. The clients I work with go online to satisfy their need for self-actualization and the transcendence of self.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

Part IV Treatment
State whether you agree or disagree with the following treatment methods. Treatment modalities in questions 33-35 were taken from Young (2009), 36-42 were taken from Young (1999)

33. Cognitive behavioral therapy is an effective treatment for those with Internet addiction. Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

34. Moderated and controlled use of the Internet is appropriate to treat Internet addiction. Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

35. Using a Daily Internet Log is effective to evaluate computer behavior and establish a baseline for clinical treatment.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree
36. Practice the Opposite: Constructing a new reduced schedule or time pattern for using the Internet is an appropriate treatment for Internet addiction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

37. External Stoppers: Use of concrete tasks as prompters to sign off is an appropriate treatment for Internet addiction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

38. Setting Goals: Setting goals to developing new Internet use schedules is an appropriate treatment for Internet addiction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

39. Reminder Cards: Reminder cards stating consequences of excessive Internet use and cards stating benefits of controlled use is an appropriate treatment for Internet addiction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree
40. Personal Inventory: Creating a list of activities that have been neglected or ignored due to internet addiction is an appropriate treatment for Internet addiction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

41. Social Support: Organizing support groups specifically for clients' life circumstances is an appropriate treatment for Internet addiction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

42. Family Therapy: Therapy for clients whose relationships have been negatively impacted is an appropriate treatment for Internet addiction.
   Strongly disagree
   Disagree
   Neither agree nor disagree
   Agree
   Strongly agree

43. What are some other forms of treatment have you found useful?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

44. Comments regarding this study:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
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