Overview

The Internet Addiction Treatment and Recovery Program provide specialized and expert inpatient medical care to those who suffer from Internet-related problems. Internet addiction has been identified as a type of compulsive disorder that impacts an individual’s psychological, social, academic, and occupational functioning. Activities related to compulsive use of the Internet vary and only a handful of treatment centers in the world understand how to treat the disorder. The program at BRMC is the first to provide adult detox and inpatient addiction recovery from this condition in the US.

Some History on Internet Addiction

Welcome to the Bradford Regional Medical Center! We appreciate that you and your family have taken an important step in your recovery from Internet addiction. We wanted to provide a brief overview of the treatment services that we apply, as the first medically-based recovery program for this condition. Given that Internet addiction is a new form addiction, we also feel it is important to educate our patients and their families on the latest treatment practices that are involved in this rapidly evolving field.

Internet Addiction was first identified by Dr. Kimberly Young, our Program Director of the program, in 1996. She had presented the first paper on Internet addiction at the American Psychological Association’s annual conference held in Toronto, Canada.
that year and soon widespread media attention gave way to the discovery that some people could become addicted to computer technologies and the Internet.

Based on her research, Young developed the Internet Addiction Diagnostic Questionnaire, the first screening tool to describe symptoms of compulsive online use:

1. Do you feel preoccupied with the Internet (think about previous online activity or anticipate next online session)?

2. Do you feel the need to use the Internet with increasing amounts of time in order to achieve satisfaction?

3. Have you repeatedly made unsuccessful efforts to control, cut back, or stop Internet use?

4. Do you feel restless, moody, depressed, or irritable when attempting to cut down or stop Internet use?

5. Do you stay online longer than originally intended?

6. Have you jeopardized or risked the loss of significant relationship, job, educational or career opportunity because of the Internet?

7. Have you lied to family members, therapist, or others to conceal the extent of involvement with the Internet?

8. Do you use the Internet as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)?

Clients are considered addicted when answering “yes” to five (or more) of the questions and when their behavior cannot be better accounted for by a Manic Episode.
While time is not a direct function in diagnosing Internet addiction, addicts generally are excessive about their online usage, spending upwards to 40 to 80 hours per week online. Sleep patterns are disrupted due to excessive use. In extreme cases, caffeine pills are used to facilitate lasting Internet sessions. Such sleep deprivation causes excessive fatigue impairing academic or occupational performance and may decrease the immune system, leaving the addict vulnerable to disease. Using technology for such prolonged periods also means that addicts aren’t getting the proper exercise sometimes leaving addicts at increased risk for back strain, carpal tunnel syndrome, and other medical conditions.

Since Dr. Young’s study in 1996, Internet addiction has been identified in a growing number of countries such as Italy, Germany, Pakistan, and Czech Republic, to name a few. Reports also indicate that Internet addiction has become a serious public health concern in China, Korea, and Taiwan. To battle what has been called an epidemic by some reports, Chinese authorities regularly shut down Internet cafes, many illegally operated, in crackdowns that also include huge fines for their operators. The Chinese Government has also instituted laws to monitor the number of hours adolescents can play online games and opened its first treatment center for Internet addiction in Beijing.

**You are not alone**

Internet addicts often feel alone. This is a new disorder and many are afraid of telling others that they suffer from an addiction to the Internet. They fear others will laugh or ignore what is truly a serious mental condition. It is difficult to estimate how widespread the problem is. Given the popularity of the Internet, detecting and diagnosing Internet addiction is often difficult as its legitimate business and personal use mask
addictive behavior. In a nationwide study conducted by a team from Stanford University’s School of Medicine, they estimated that nearly one in eight Americans suffer from exhibited at least one possible sign of problematic Internet use but many suggest that this is a low estimate and the prevalence of the problem is much higher.

Researchers have likened Internet addiction to impulse-control disorders. As an impulse control disorder, Cognitive Behavioral Therapy (CBT) has been shown to be an effective treatment for compulsive disorders such as intermittent explosive disorder, pathological gambling, and trichotillomania. CBT has also been effective in treating substance abuse, emotional disorders, and eating disorders. Researchers have suggested using CBT to treat Internet addiction given the compulsive nature and similarity of the condition. However, Internet addiction has been noted to be distinct condition over other compulsive syndromes given the daily and necessary use of the Internet and technology. Therefore, Dr. Young has created CBT-IA, a uniquely designed model for treating Internet addiction applying CBT with Harm Reduction Therapy (HRT).

**Why Use CBT-IA?**

In cases of Internet addiction, abstinence recovery models are not practical, as computers have become such a salient part of our daily lives. Clinicians have generally agreed that moderated and controlled use of the Internet is most appropriate to treat the problem. Behavior therapy should examine both computer behavior and non-computer behavior. Computer behavior deals with actual online usage with a primary goal of abstinence from problematic applications, while retaining controlled use of the computer for legitimate purposes. For example, a lawyer addicted to Internet pornography would
need to abstain from adult web sites, while still being able to access the Internet to conduct legal research and to email clients. In our program, a large part of our care is helping clients develop positive lifestyle changes for life without the Internet.

Using CBT as a framework, CBT-IA is a three-phase model combining cognitive-behavioral therapy with harm reduction therapy. In the first phase, behavior modification is used to gradually decrease the amount of time the addict spends online. In the second phase, cognitive therapy is used to address denial that is often present among Internet addicts and to combat the rationalizations that justify excessive online use. The third phase utilizes harm reduction therapy (HRT) for continued recovery and relapse prevention. As underlying psychosocial factors play a role in Internet addiction, HRT is used to identify and treat those underlying issues co-existing with compulsive Internet use and treat underlying social issues in immediate family and/or marital relationships.

Briefly, CBT-IA examines the behaviors leading to the addiction. Therapy focuses on setting new goals for work and school, while boring to the client, this must be the focus. The main areas to examine are the short-term and long-term consequences for indulging in the behavior. If not, the severe consequences of living with the addiction need to explored as a way of showing the client the serious consequences for not taking action now. For instance, a client may not realize that failing high school will lead to poor opportunities for college. A client might not see how not finding a job now will give him no job skills when he wishes to go to college. A client might not see how losing a sports scholarship will prevent him from even getting into college. These are consequences that need to be pointed out and reinforced. If a client is unable to complete basic household chores, school work, or stay on a job, this will lead to bigger problems down the road.
Initially, the client goes through Detox of the Internet and digital devices for the first 72 hours and is slowly reintroduced to use of the Internet and digital devices through a clear, behavioral modification plan. This plan has been supplemented with therapy designed to moderate and control Internet use by understanding what motivates the client to compulsively use of the Internet. The therapist also talks with the client about developing healthy daily habits such as improved sleep, diet, and exercise. We also focus on what you can do to improve your life outside of treatment and how to set goals for improved school or work performance. Stopping the behavior is only part of treatment.

Addicts falsely assume that just stopping the behavior is enough to say, “I am recovered.” There is much more to full recovery than simply refraining from the Internet. Complete recovery means investigating the underlying issues that led up to the behavior and resolving them in a healthy manner; otherwise, relapse is likely to occur. As we have seen, Internet addiction stems from other emotional or situational problems such as depression, anxiety, stress, relationship troubles, academic difficulties, impulse control problems, and/or sexual abuse. While the Internet offers a convenient distraction, it does very little to help clients cope with the underlying issues that lead to where they are.

The next phase of CBT-IA addresses the maladaptive cognitions that serve as triggers that initiate binge-behavior over the Internet. Maladaptive cognitions such as overgeneralization, selective abstraction, magnification, or personalization are associated with addictive Internet use. For instance, some Internet addicts suffer from distorted thoughts about the self that include rumination (e.g., constantly thinking and worrying about the problems associated with the individual’s online use) and extreme self-concepts favoring the online self, (e.g., “I am worthless offline, but in the online world I am
Someone”). They may also suffer distorted thoughts about the world such as “Nobody loves me offline” and “The online game world is the only place that I am respected.” For instance, a gamer may create and control an avatar (an online game character) who can achieve various goals in online games that he or she then perceives the offline real world as less desirable, as they don’t have that type of power in real life. This increases their dependency on online games to improve or maintain their self-esteem. Internet addicts may also develop a cognitive bias that they are better treated by others in the virtual world and feel psychological discomfort or dissatisfaction with their real lives.

This type of impaired thinking gives them permission to engage in the Internet. CBT-IA uses cognitive restructuring to break this pattern. Cognitive Restructuring is a useful tool for understanding and turning around such negative thinking. It will help put the client’s thoughts “under the microscope” by challenging them and in many cases re-scripting the negative thinking that lies behind them. In doing this, CBT-IA helps you understand that you are using the Internet to avoid difficult or painful situations or feelings. For instance, our moods are driven by what we tell ourselves, and this is usually based on our interpretations of our environment. Using cognitive restructuring will help you re-evaluate how rational and valid these interpretations are. For instance, what if you use gaming as a way to build self-esteem through power and dominance in the game. Therapy helps you find healthier ways to build esteem without using the game and in turn you can develop better real life relationships and feel more fulfilled in your present life.

For most clients, Internet addiction often stems from other emotional or situational problems such as depression, anxiety, stress, relationship troubles, marital problems, and/or career difficulties. While the Internet offers a convenient distraction
from these problems, it does very little to actually help clients cope with the issues that lead to where they are today. As a final phase of treatment, Harm Reduction Therapy (HRT) is used to identify the underlying issues contributing to the addiction.

Internet addicts often become dependent upon the Internet because it provides an instant and permissible means of avoiding life problems. They can turn on the computer and with a click of button make whatever other problems that are going in their lives, disappear. In the same way people can use alcohol, food, drugs, or gambling to avoid life’s problems, so does the Internet addict use the Internet to escape from problems.

While in a structured setting, symptoms and co-existing clinical problems or disorders can be more easily managed. Upon discharge, the focus is to continue symptom management of both presenting problems and any underlying issues. As part of CBT-IA, HRT is used to address the co-existing issues in the Internet addicts’ lives. HRT in practice with Internet addicts involves several things. First, HRT involves identifying and treating underlying psychiatric issues co-existing with compulsive Internet use by using, when indicated, appropriate medications and therapies. Dual diagnosis with depression, anxiety, or obsessive-compulsive disorder is common among Internet addicts, as well as co-morbid addiction to alcohol or drugs, so these are also treated, if present.

HRT also examines the harmful consequences of the addiction to the user and the community. In doing so, harm reduction accepts small, incremental steps in the direction of reduced harm once back in a home environment where old maladaptive patterns of addiction are likely to emerge through new coping strategies. Harm reduction focuses on the client’s strengths and capacity to change as the starting point for success once home.
Recovery is an ongoing, lifelong process. Learning to manage life's daily stresses and developing strategies to deal with the challenges that arise are important skills to develop in maintaining recovery and preventing relapse. A large part of the program is to stabilize the client while in treatment and then to give clients tools for insight and success once home. We also encourage families to be an active part of the recovery process. We want to help you overcome your addiction and focus on the positive, healthy aspects of your life. With expert care, we feel this program can help be your guide in every way.

There is Hope

Internet Addiction can impact people in so many different ways, from chat rooms, instant messaging systems, interactive games, virtual casinos, online auction houses, news groups, to social media, and each person has different needs to achieve full recovery. We individualize the program to the needs of each patient to ensure that maximum care is provided. We also provide discharge planning and aftercare so that the adjustment home is a smooth transition. We are glad that you have taken this important choice in your own recovery, remember that we are with you each step of the way!

For More Information

Visit www.netaddiction.com for a listing of Dr. Young’s educational tools on Internet addiction recovery, which include her books: Caught in the Net (Wiley) and Internet Addiction: A Handbook and Guide for Evaluation and Treatment (Wiley).