Problematic Internet Use

Description/Etiology

The Internet has grown rapidly, from approximately 400 million users worldwide in 2000 to more than 4 billion in 2018 (ITU, 2015; McDonald, 2018). During this time there has also been a tremendous expansion in the types of online activities available to users and in the types of devices with which users can access the Internet. As the Internet has come to play an increasingly prominent role in daily life, some persons report levels of Internet use that are high enough to have a negative impact on other areas of their lives. Problematic Internet use (PIU) is an emerging field of research and clinical practice.

A growing body of literature uses the term “Internet addiction” or PIU to describe persons whose Internet use is characterized by preoccupation with online activities, decreased control over the use to the extent that responsibilities and basic drives are neglected, and continued use despite experiencing distress and/or other negative consequences. Various theoretical models for PIU have been proposed, with some researchers including additional criteria such as craving, tolerance, withdrawal, and use as a means of managing negative moods. However, at this time, there are insufficient data to support inclusion of problematic Internet use in the Diagnostic and Statistical Manual of Mental Disorders, with the exception of one subset of problematic Internet use, Internet gaming disorder, which is included in the DSM-5 as a condition that warrants more research before being classified as a formal disorder.

In the absence of established diagnostic criteria, some self-reporting tests and scales have been developed to identify and measure the prevalence of problematic Internet use. Although the characteristics of problematic Internet use are similar to those of other behavior- and substance-related addiction disorders, currently there is no standard definition, criteria, or procedures for assessment. Some researchers have proposed that problematic use may not be focused on the Internet itself, but rather on specific activities delivered through the Internet, such as gaming, social media, email and texting, and/or sexual activities such as online pornography or cybersex. One proposed term for problems use of activities through the internet is specific problematic Internet use (SPIU), with the exact activity (e.g., gaming, sex, gambling, shopping) added, for example, SPIU shopping. Respondents in one study indicated that they would reduce their Internet use greatly or not use the Internet at all if their preferred activity was no longer available (Pontes et al., 2015). The SPIU model of PIU includes GPIU, generalized problematic Internet use, defined as the overuse of several different types of Internet activity without a focus on any one area of Internet use.

Problematic Internet use is predominantly understood as being similar to obsessive-compulsive and impulse control disorders. Some scholars argue that problematic Internet use is a symptom of an existing disorder such as anxiety, depression, or attention-deficit/hyperactivity disorder (ADHD)(Gmel et al., 2017). For some individuals, Internet use may serve as a maladaptive coping strategy for dealing with boredom, loneliness, low self-esteem, stressors, or general dissatisfaction with life. On a global level, prevalence rates of problematic Internet use are higher in countries in which people have lower levels of self-reported life satisfaction (Cheng & Li, 2014).

Problematic Internet use is linked with several negative consequences, including sleep deprivation, mental distress, diminished performance at school and work, withdrawal from...
other activities, relationship problems, and social isolation. No evidence-based treatment for problematic Internet use is currently identified, in part due to insufficient research (Weinstein & Lejoyeux, 2010). PIU may be treated with individual and family therapy, multi-family group therapy, cognitive behavioral therapy, and psychosocial support. Harm reduction techniques encourage individuals to select alternative activities, set time limits for use, and take regular breaks (Goodtherapy.org, 2016).

**Facts and Figures**

Fifty-one percent of the world’s population was using the Internet in 2017 (Internet world stats, 2017); 95% of the world’s population lives where there is mobile phone coverage; 84% of households in the developed world have Internet access, as do 41% in the developing world and 11% in the least developed countries (ITU, 2016). Investigators report that 89% of U.S. households reported Internet use in 2018 (Pew Research Center, 2018). Internet use was more likely among the younger households, Asians, Whites, persons living in metropolitan areas, and persons with a bachelor’s degree or higher (File & Camille, 2014).

Because there is no standardized definition of problematic Internet use, prevalence rates are based largely on individual self-report on various screening tools, and they vary widely depending on the instrument and cutoff scores used. In a meta-analysis of studies worldwide that used the Young Diagnostic Questionnaire or Internet Addiction Test (IAT) to assess problematic Internet use, the researchers estimated the global prevalence rate of problematic Internet use to be 6% (Cheng & Li, 2014). Researchers in a study of U.S. college students who identified themselves as intensive Internet users found that the students first accessed the Internet at an average age of 9 years, and initially perceived their use as problematic at an average age of 16 years (Li et al., 2015). Overuse of the Internet may have negative effects on response inhibition and impulse control (Li et al., 2014). Researchers in a study of Chinese adolescents described 7.5% as problematic Internet users and noted that these users were found to have lower levels of well-being (Wang et al., 2013). Researchers in a study of Polish adolescents found that 1.8% met the criteria for “Internet addiction” specified by the IAT and 33.2% were considered at risk. Of study participants, over half played violent games and over 40% used pornography sites (Pawowska et al., 2015). Researchers in a study of 1288 adolescents found that students were at a higher risk of PIU who had maladaptive cognitions (e.g., preference to stay in virtual social life) and/or whose teachers displayed discriminatory and hostile behaviors to manage the classroom (Daz-Aguado & Falcón, 2018). Among adolescents, problematic Internet use has been linked with higher rates of both victimizations by and perpetration of cyberbullying and online sexual solicitation (Chang et al., 2015).

**Risk Factors**

Men and women who suffer from depression, anxiety, and/or who have low self-esteem are at risk. Higher rates of problematic Internet use have been found for both adolescent and adult males compared to females, although this may be mediated by specific types of online activity, particularly the online gaming and sexual activities. Parental depression, family conflict, limited mediation of Internet use by parent, and high level of parental Internet use; poor academic performance; poor social relationships, lack of self-efficacy, attention-deficit/hyperactivity disorder; and online gameplay have been linked with higher risk of problematic Internet use in adolescents.

**Signs and Symptoms/Clinical Presentation**

Signs and symptoms of problematic use include a preoccupation with the Internet, use of the Internet as a means of coping with mood states or stress, a need to spend increasingly long periods online, neglect of one’s basic needs and responsibilities, persistent and/or unsuccessful attempts to reduce use, tension, irritability or depression when reducing Internet use, impaired physical health (e.g., sleep disorders, obesity), time-management problems, withdrawal from relationships and activities, problems at work or in relationships with family and/or friends stemming from one’s Internet use, deception regarding time spent online and types of activities pursued, and excessive fatigue (Li et al., 2016).

**Social Work Assessment**

› **Client History**
  • A biopsychosocial-spiritual assessment will assist in understanding the nature of the problematic Internet use within the individual’s ecosystem and help direct interventions
    – Ask about the individual’s patterns of Internet use, time spent on the Internet, and possible negative consequences of Internet use
    – Assess for social supports, friendships, etc.
    – Assessment should include screening for depression and anxiety

› **Relevant Diagnostic Assessments and Screening Tools**
• The Internet Addiction Test (IAT) has 20 items that measure mild, moderate, and severe levels of addiction
• The Internet Addiction Diagnostic Questionnaire (IADQ) consists of eight criteria for problematic Internet use
• The Compulsive Internet Use Scale (CIUS) has 14 items evaluated on a Likert scale
• The Internet Addiction Scale (IAS) is a 20-item questionnaire in which each item is rated on a 5-point scale; higher scores correspond with a higher degree of Internet addiction
• The Chen Internet Addiction Scale (CIAS) is a 26-item self-report questionnaire

› Laboratory and Diagnostic Tests of Interest to the Social Worker
• There are no laboratory tests of interest

Social Work Treatment Summary
A complete biopsychosocial-spiritual assessment is helpful to understand the extent and nature of PIU and its interaction with other areas of life; which is essential for careful diagnosis, appropriate case management, and successful treatment. A comprehensive treatment plan may include psychotherapy (typically with a cognitive behavioral therapy [CBT] focus), client education, and group therapy. Introspective psychotherapy combined with CBT is beneficial to help clients understand what drives their behavior and learn coping skills and a way to reduce PIU. A harm reduction model may be appropriate for clients, as eliminating internet use totally is not likely.

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt methodologies that reflect their knowledge of the cultural diversity of the communities in which they practice, which is especially important when assessing delusions and hallucinations. What may be considered delusional in one culture (e.g., witchcraft) may be a commonly held belief in another culture. For some people in certain cultures and religion, visual or auditory hallucinations with religious content such as hearing the voice of God can be a normal part of religious experiences.

Social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which they practice (IFSW, 2012). For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. They should become knowledgeable of the NASW ethical standards as they apply to problematic internet use and practice accordingly (NASW, 2015).

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<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
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<td>Problematic use of the Internet</td>
<td>Decrease Internet use, increase individual’s self-esteem, increase alternative activities</td>
<td>Support the client and ask about Internet use. Identify problematic Internet activities. Explore the client’s motivation to change Internet use. Explore any underlying issues driving the excessive use. Help the client identify situations or cognitions that trigger problematic Internet use and plan alternative strategies and activities. Assist the client in identifying appropriate time limits for Internet use. Assess for depression, anxiety, and any other suspected disorders. Refer for mental health services if necessary</td>
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<td>Problematic Internet use is related to a specific activity</td>
<td>Decrease Internet use related to that activity</td>
<td>Determine appropriate treatment for specific activity and either start treatment or refer the client to a provider who can provide treatment</td>
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Applicable Laws and Regulations
› Employees with problematic Internet use whose employment was terminated for Internet abuse at work have sued for wrongful termination under the Americans with Disabilities Act
› Each country has its own standards for cultural competence and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (e.g., in the United States the National Association of Social Workers, in England the British Association of Social Workers) and practice accordingly
› Social workers should practice with awareness of, and adherence to, the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles

Available Services and Resources
› The Center for Internet Addiction has information and resources for professionals, http://netaddiction.com/
› The Network for Internet Investigation and Research Australia has information and resources available for professionals and the public, https://www.niira.org.au/
› Restart offers treatment and resources for problematic Internet use, https://www.netaddictionrecovery.com/

Food for Thought
› The American Psychiatric Association considers the research to be insufficient to diagnose problematic Internet use as an addiction conclusively and recommends more research
› There is evidence that the use of computers can increase brain function in older adults (Klimova, 2016)
› Findings from various imaging studies have linked problematic Internet use with changes in brain structure and activity (Zhu et al., 2015)

Red Flags
› Heavy use of the Internet is not necessarily problematic use
› Family members may rationalize an adolescent’s Internet use as a “phase”
› Completely stopping all Internet use is especially difficult in a computerized society
› DSM-5 discusses only the Internet gaming disorder as a condition warranting more research, but many researchers feel that cybersex, social media, online shopping, and information search should be included as areas of risk for problematic Internet use
› There have been multiple studies that have linked problematic Internet use with co-occurring psychiatric conditions, including alcohol use issues, attention-deficit/hyperactivity disorder, depression, and anxiety (Ho et al., 2014)
› PIU among adolescents can lead to leaving education early and unemployment (Daz-Aguado & Falcón, 2018)

Discharge Planning
› Individuals may need ongoing support and referral for counseling
› If a specific problem is identified, refer for treatment of that problem

References


