

# **Teens and Screens: How Can We Respond Effectively to Problematic use?**

## **The Full Report**



**Author – Zoe Francis**

### **Steering Committee:**

**Zoe Francis**

Senior Health Promotion Officer, Health Promotion Team, EACH

**Liz Senior**

Senior Health Promotion Officer, Health Promotion Team, EACH

**Maggie Palmer**

Health Promotion Manager, Health Promotion Team, EACH

**Jeremy Shub,**

Program Worker, Youth and Family Services, EACH

**Richard Lough**

Program Manager, Youth and Family Services, EACH

**Dom Vigilanti / Vanessa Halge**

Manager, Gamblers Help Eastern & Financial Counselling, EACH

**Linda Bolton**

Community Educator, Gamblers Help Eastern, EACH

# Contents

|   |    |
|---|----|
| Executive Summary.....  | 4  |
| Recommendations for working with young people with problematic use: ..... | 5  |
| Introduction .....  | 6  |
| Background .....  | 7  |
| Rationale .....   | 7  |
| What can EACH do about it?.....   | 9  |
| Long-term Outcomes (outside the scope of the program alone).....          | 10 |
| Program Goals (for young people, parents and professionals) .....         | 10 |
| Community Seminars.....   | 10 |
| Direct Service .....  | 10 |
| Program Logic .....   | 11 |
| Methodology.....  | 14 |
| Direct Service .....  | 14 |
| Community Seminars.....   | 15 |
| Results.....  | 15 |
| Results – Community Seminars .....  | 15 |
| Reach.....  | 15 |
| Satisfaction and improved knowledge.....                                  | 16 |
| Satisfaction.....   | 19 |
| How could the seminar be improved?.....                                   | 21 |
| .....   | 22 |
| Results - Direct Service.....   | 22 |
| Reach and Demographic .....   | 22 |
| Satisfaction (Working Inventory Alliance) .....                           | 23 |
| Use .....   | 23 |
| Evaluation of the program goals.....                                      | 27 |
| Discussion.....   | 30 |
| Conclusion.....   | 32 |
| Recommendations for Community Services.....                               | 34 |
| Recommendations for Parents/ Carers .....                                 | 34 |

Limitations – direct service ..... 34

Limitations of the community seminars ..... 35

References ..... 36

Appendices..... 38

Appendix A – DSM-5 tool..... 38

Appendix B - Parenting strategies tip sheet..... 40

Figure 1 – Recommendations from EACH Parenting Tip Sheet (developed as part of this program) .... 5

Figure 2 - Aims of Program ..... 9

Figure 3 - Program Logic ..... 11

Figure 4 - Risk Factors and Impacts of Problematic Use According to the Literature ..... 13

Figure 5 - Community Seminars Results - Improved Knowledge of Risk Factors ..... 16

Figure 6 - Community Seminar Results - Improved Knowledge of Motivation for Use..... 17

Figure 7 - Community Seminar Results - Recognising Problematic Technology Use..... 17

Figure 8 - Community Seminar Results - Relating to Young People with Problematic Technology Use  
..... 18

Figure 9 - Community Seminar Results - Increased Knowledge of Links between Gaming and  
Gambling..... 19

Figure 10 - Community Seminar Results - Most Helpful Content..... 20

Figure 11 - Community Seminar Results - Least Useful Content ..... 21

Figure 12 - Community Seminar Results - How Could the Seminar Be Improved? ..... 21

Figure 13 - Community Seminar Results - 3 Things You May Change as a Result of the Seminar ..... 22

Figure 14 - Counselling - Results of Satisfaction Survey ..... 23

Figure 15 - Goals of Community Seminars..... 28

Figure 16 - Goals of Counselling..... 28

Figure 17 - Feedback Loop ..... 31

Figure 18 - Motivation For Use As A Starting Point ..... 32



## Executive Summary

Peak health bodies worldwide are calling on the international research community to learn more about problematic use of technology in order to inform this new area of public health concern. This piece of work reports on the findings of an exploratory action-research program at EACH, a community health organisation in Melbourne.

Therapeutic workers at EACH identified an increasing frequency of clients concerned by problematic online behaviours. To meet this need a new prevention and harm minimisation program was created to discover whether or not the social context of social media had grown faster than therapeutic services. Free community seminars and counselling were offered to support community members who considered themselves affected by problematic digital use.

The evaluation of the program revealed that the impact of this program was governed by the degree to which the use was problematic. For parents or carers who felt out of touch with technology and what healthy use looks like, it provided valuable insight and normalisation. For those affected by extreme problematic use often with co-morbid issues, it provided harm minimisation strategies. Both streams of the program, the counselling and the community seminars, provided an opportunity to bring parents and young people together to uncover the motivation for excessive use, often triggered by severe and complex family relationship and mental health issues. The counselling stream of the program attracted clients whose use was more problematic and therefore the program workers approach was predominately one of harm minimisation. It was about encouraging young people and their parents to explore and hopefully recognise the underlying reason for the problematic use as a starting point.

This program provided an increased understanding as to why young people are using the technology excessively and invited them into a conversation about the issue and the solution. While it is undeniable that digital media has an addictive allure, the findings from this small scale program do not align with the somewhat black or white notion that problematic use is a disorder in its own right, but more a symptom of unresolved and complex life issues, a coping mechanism for social, emotional or psychological fractures. Common risk factors of problematic use were conflict, separation, illness or death in the family, sexual, gender and cultural diversity, drug and alcohol or

mental health issues and even torture and trauma in the family. Relationship issues were the strongest co-occurring predictive risk factor.

The impact of problematic use on young people is often the starting point in this field. This is probably because it is the impact which is externally notable; for example sedentary behaviour, isolation and sleep deprivation. Adults commonly grapple with if, when and how to limit the use of the young person. The findings from this program point towards the importance shifting the focus from the behaviour or trying to control it and emphasise the importance of consistently working to build trusting relationships with the young person, as a way of being able to have an open and respectful dialogue into whether or not the use is healthy and appropriate or not.

Figure 1 – Recommendations from EACH Parenting Tip Sheet (developed as part of this program)

## Recommendations for working with young people with problematic use:

- **Be an open channel for communication**  
Be interested and curious about what your children are playing or doing. Ask questions such as "What do you enjoy about this experience?". Be patient and not judgemental.
- **Honest conversation with kids about pitfalls and concerns**  
Have an honest conversation that you are concerned about some of the negative aspects of technology. Find a natural way to have this conversation. Perhaps on the way to school or at the dinner table.
- **Follow the social media, gaming and internet world to have informative conversations**  
Just knowing where to find out about information about these areas can be helpful. Participate in their world of social media.
- **Allow the kids to mentor you**  
Use your time to let your kids show you how to play and engage in their world.
- **Share digital entertainment time with your kids**  
Sharing time with your kids can really help you to bond which will ultimately give you a better understanding about what is going on their lives.
- **Offer opportunities in the real world**  
Play a board game, offer to do an outside activity with your kids or an activity that would really excite them.
- **Model positive behaviour, particularly at night-time**  
Research shows that screen-media in the 90 minutes before bed has an adverse effect on children's sleep patterns (and adults too!) Make sure you practise what you preach.



## Introduction

The internet has become firmly embedded in modern life. Today's teenagers were born in a web connected world and digital connectivity is a significant part of their lives. The online space has brought about a multitude of positive health outcomes, facilitating social connection and education. Despite this the increasing popularity of the internet has also triggered media concern and academic focus on negative health outcomes relating to problematic use (World Health Organisation, 2015). This report focuses on the evaluation of and findings from a new and innovative program at EACH called *Young People – gaming, the internet and social media*. The aim of this action research program was to begin to unpack the impact of problematic use of digital media on young people's well-being and to use the knowledge gained to inform primary, secondary and tertiary prevention. The findings from this small program and literature review suggest that problematic use is a symptom which likely interacts with one or more underlying psycho-social well-being risk factors/ issues. There is no doubt that several platforms of technology are designed to be addictive and alluring, but even despite this it would appear from this small study that problematic use is unlikely to exist independently of other causative or perpetuating factors. It may not be a behavioural disorder in its own right.

This evaluation report includes a brief literature review on the relationship between problematic use and reduced well-being, using national and international research. It then goes on to identify the key strategies employed and details the immediate impacts and overall findings. It concludes with key recommendations and limitations identified as well as feedback from consumers and the key project worker.



## Background

Concern about our relationship with digital media is not new to social commentary and is debated worldwide. Young people in particular have been identified in academic research and policy documents as a growing demographic for developing risky behaviours online. In Australia in 2014-2015 those aged 15-17 spent an average of 18 hours online a week (ABS, 2015). The internet can become so alluring to young people in particular that like any addictive behaviour they can become fearful of being without access to it (Australian Communications and Media Authority 2016). All over the world governments are seeking prevention policies and response strategies aimed at reducing the negative impacts of virtual environments on well-being (World Health Organisation, 2015).

There is a lack of clarity as to how contributing factors interact in context and currently both the World Health Organisation (WHO) and the American Psychiatric Association (APA) are calling on the international community to explore problematic use, risk factors, impacts and how they interact in order to inform this new area of public health concern (WHO, 2015). Over recent years work has begun towards problematic use becoming a clinical disorder, with the APA including *Internet Gaming Disorder* in the appendix of its Diagnostic and Statistical Manual of Mental Disorders. There is controversy in the literature about whether or not problematic use warrants its own diagnostic category. The findings from this small scale program and from the program's literature review and the program itself do not appear to support the notion that problematic use is a disorder in its own right but more that it is a symptom of underlying social, emotional or psychological fracture which at its most extreme is often related to trauma.

## Rationale

This program emerged out of the work of two separate teams at EACH, Gamblers Help and Youth and Family Team.

In 2015 Community Educators at EACH were presenting a gambling harm awareness session to secondary schools - part of which focused on the '*gamblification*' of gaming and social media content. It examined the increase in the popularity of casino games on social media platforms, gambling advertising, sports betting and simulated gambling in popular video games. The evaluation clearly demonstrated that the topic of gambling harm resonated most strongly with young people through discussion around gambling content in the online platform. Students appeared less able to relate to the relevance of gambling harm offline. The focus on the convergence of the industries appeared to be a good strategy to not only educate young people about gaming and gambling links, gain authentic engagement around gambling harm and problematic use of digital media more broadly.

In the same year therapeutic workers in the EACH Youth and Family Team were recognising increasing numbers of young clients presenting to the service with problematic behaviours which included maladaptive or risky use of gaming and/or social media. Staff questioned whether the social context of social media had grown faster than therapeutic services. In order to respond legitimately to this question a new program needed to connect with young people experiencing problematic use as well as their families. This was a rare opportunity to embark on participatory action research in the field of problematic technology. Prevention and harm minimisation work in this space are rarely offered in a primary health care setting (World Health Organisation, 2015).

After some early research and consultation between departments at EACH a steering committee was created to provide guidance throughout every phase of planning, implementation and evaluation. A project worker was subsequently employed 0.6EFT and thereafter the steering committee was comprised of:

**Service Delivery:** Project Manager and Project Worker (once appointed), Youth and Family Services, EACH

**Project Management:** Program Manager and Community Educators, Gamblers Help Eastern, EACH

**Research and Evaluation:** Health Promotion Officers, EACH

Research shows that effective programs that influence change in environmental and in individual behaviour target interpersonal and community factors. They are multidimensional (Talbot &



Verrinder, 2010). A best practice approach to assist families with these presentations was likely to require a multi-dimensional approach and therefore the following strategies were enacted:

## Program Strategies

- **A 10,000 word literature review to inform the project**  
*‘What is the relationship between problematic use of digital media and well-being?’*
- **Direct counselling service & community seminars:**  
Free information sessions and / or therapeutic counselling for community members affected by problematic digital use. Free support / secondary consultation assisting community members affected by problematic digital use.
- **Ethics Approval & an Evaluation report:**  
The aim of the report was to inform the local community as well as the evidence-base on the relationship between problematic usage of technology and well-being.

## What can EACH do about it?

There is a lack of clinical evidence as to how to prevent as well as treat problematic or addictive use of digital media (The World Health Organisation 2015). This program was an opportunity to use participatory action research to explore the following aims:

- What is the relationship between problematic use of digital media and reduced wellbeing?
- What does maladaptive use look like?
- What the risk factors and the impacts of problematic use?

Figure 2 - Aims of Program



The steering committee mapped out the long term and program goals, listed below:

## **Long-term Outcomes (outside the scope of the program alone)**

Improved mental health in young people participating in the program

Improved family relationships

Increased community participation by young peoples

Improved mental health in parents (families)

Increased gambling harm awareness

Improved knowledge and understanding of issue in academic literature

## **Program Goals (for young people, parents and professionals)**

### **Community Seminars**

- Improved knowledge of possible underlying risk factors for problematic use
- Improved knowledge for the motivation for play / use. Able to understand or relate to why problematic use has occurred
- Increased knowledge and understanding of strategies to recognise when technology use is problematic
- Increased knowledge and understanding of strategies to relate to a young person about their problematic use and to assist effectively in reducing it
- Improved gambling harm awareness in parents (increased knowledge of the links between gaming and gambling).

### **Direct Service**

- Improved family communication on healthy use of the internet and what it looks like, less deceptive use.

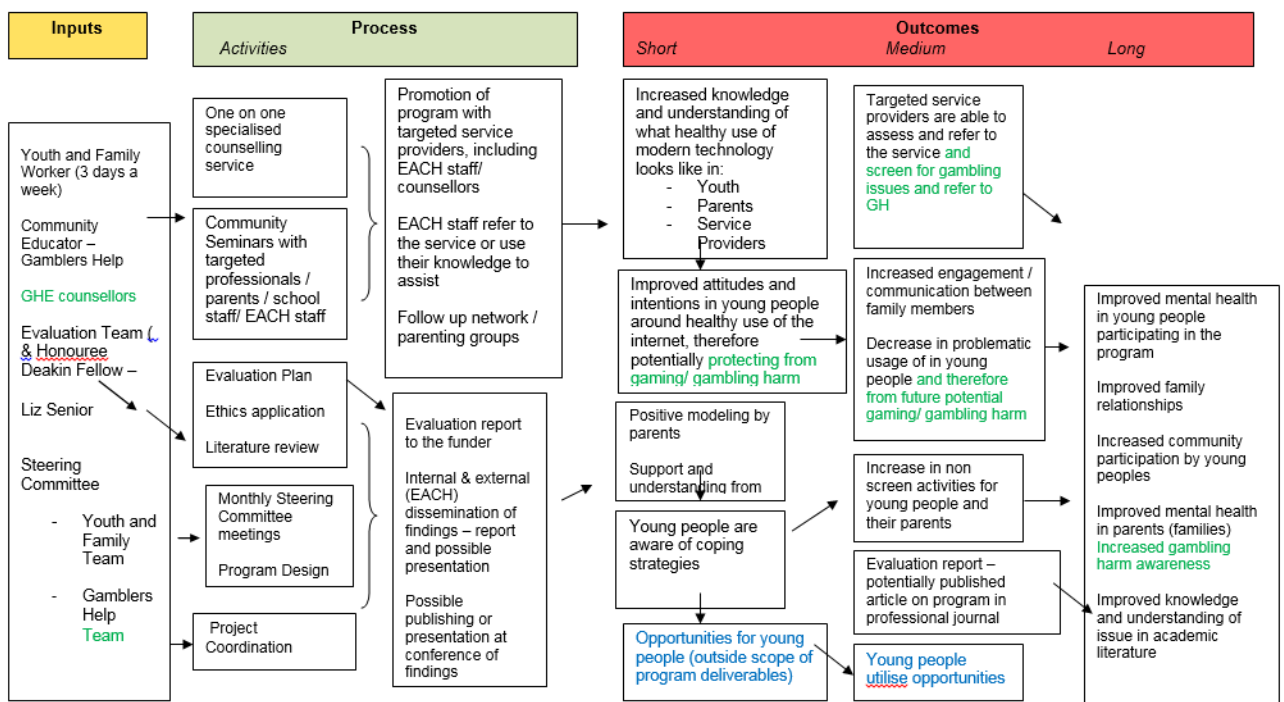
- Reduction in young person in program, using technology to temporarily escape or relieve a bad mood
- Young person able to better control / limit screen time and do not become so distressed without it
- Young person has increased interest in non-screen hobbies, entertainment and family activities/ conversations
- Young person has improved relationships with peers and family, as well as improved commitments to school/ job

### Program Logic

Evaluation of the program was carried about by two staff members from the Health Promotion Team at EACH. Figure 4 is the program logic, a visual mapping technique which allowed the team to check the proposed program design for adequacy of cause and effect, and the reasons or assumptions.

Figure 3 - Program Logic

What is the impact of problematic modern technology usage on family relationships, health and wellbeing? How can a community health centre respond most effectively?



## Literature Review

The literature review assisted the key program worker to build expertise in regards to the nexus between use of digital media and reduced well-being. In summary it is currently not clear in the literature where the boundary between engaged and unhealthy use lies (The World Health Organisation 2015, p. 9). Further to this there is controversy in the literature as to whether or not a universally accepted clinical disorder is necessary. In 2013 the American Psychiatric Association introduced *Internet Gaming Disorder* to the appendix of the diagnostic and statistical manual. The alternative voice in the literature highlights the difficulty in having a classified diagnosis.

The literature explored the breadth of the associations between problematic use and public health risks, symptoms and disorders. The results of this review demonstrate that the scope of the risk factors and impacts of problematic use is broad and can be said to sit across four dimensions or context of well-being, namely physical, psycho-social, cognitive and behavioural and situational well-being. The literature demonstrates problematic use and the broad range of factors which contribute to reduced well-being and how they interact, their co-morbidities, but there is no evidence-base to demonstrate direction of causation (Kaess et al. 2014; The World Health Organisation 2015). This might be a gap in the literature, however this author notes that it might be because the relationship between excessive use and reduced well-being might be mutually reinforcing. This will be unpacked in the discussion and conclusion.

### **What are the Risk Factors?**

The literature identified that although media and public concern would seem to centre upon the relevance and prevalence of impacts of excessive use, it is the risk factors which moderate the relationship between problematic use and reduced well-being. It appears that even studies which set out to explore the impacts found a non-directional association then went on to consider predictive factors of problematic use. Overall the analysis of both risk factors and impacts found that stressful life situations result in a higher likelihood of using devices as a coping mechanism (Harwood et al. 2014; Kuss et al. 2013; Wang et al. 2015).

The risk factors revealed in this review include *physical make up* (age, gender, personality), *psycho-social context* (poor real life relationships/ parenting, online relationships, mental health issues, low self-esteem and *environmental context* (access, game design, socio-economic status). An analysis of the literature would suggest that mental health issues and relationships are two of the strongest predictive factors. The fact that they appear in the literature as both an impact and a risk factor may be significant.

**What are the Impacts of Problematic Use?**

The impacts of excessive use are what is most externally visible to society and span public health broadly with the psycho-social context appearing to be the most significant. The impacts range from reduced *physical well-being* (obesity, back pain, eye problems, sleep deprivation, poor diet, insufficient exercise), *psycho-social well-being* (harm to real life relationships, social isolation, depression, social anxiety, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and self-harm and suicidal ideation , violence, and bullying), *cognitive and behavioural* (time-loss, immersion, withdrawal, tolerance, and craving, lying about use and failed attempts to refrain from use) to environmental well-being (social isolation, reduced work or school performance). Figure 4 below is a summary of the main risk and impacts of problematic use according to the literature.

Figure 4 - Risk Factors and Impacts of Problematic Use According to the Literature

| Risk Factors  | Impacts   |
|---|---|
| <ul style="list-style-type: none"> <li>•Gender</li> <li>•Age</li> <li>•Genetic / Neurological Make Up</li> <li>•Personality Type (introversion)</li> <li>•Poor Relationships / Parenting</li> <li>•Allure of Online Relationships</li> <li>•Mental Health Issues</li> <li>•Low Self-Esteem</li> <li>•Social Isolation</li> <li>•Access</li> <li>•Game Design</li> <li>•Socio-Economic Status</li> <li>•Low Life Satisfaction</li> </ul> | <ul style="list-style-type: none"> <li>•Life Satisfaction</li> <li>•Biomedical Factors (obesity/ back pain)</li> <li>•Sleep Deprivation / Disorders</li> <li>•Harm to Real Life Relationships (Social Isolation)</li> <li>•Mental Health Issues</li> <li>•Violence / Aggression</li> <li>•Cyberbullying</li> <li>•Irritation / Tolerance</li> <li>•Time loss / Immersion / Lack of Interest In Offline World</li> <li>•Disruption to Work / School Performance</li> <li>•Gambling Harm</li> <li>•Substance Abuse</li> </ul> |

## **Social Compensatory Hypothesis**

Several of the articles in the literature align their work with social compensatory hypothesis. This is the approach when applied to this field which looks at the reasons behind engaging with technology (Wang et al. 2015). It suggests that motivation to use digital technology is compensatory and a manifestation of underlying low psycho-social well-being or risk factors which become self-fulfilling (Haagsma et al. 2013; Kirby, Jones & Copello 2014; Kross et al. 2013; Van Rooij et al. 2014; Wang et al. 2015; Weinstein et al. 2015). This is the idea that the starting point for prevention and treatment of problematic use is the motivation for use (Boniel-Nissim et al. 2015; Chang et al. 2015; Haagsma et al. 2013; Kuss et al. 2013; Van Rooij et al. 2014; Weinstein et al. 2015).

## **Methodology**

The methodology employed for this program was participatory action research. Without an empathetic understanding of why people behave as they do, we are unlikely to identify the possibilities for change (Green & Thorogood 2004). The data collected was both qualitative and quantitative data and all procedures performed and data collected as part of this program were done in accordance with the ethical standards of Human Research Ethics Committee (Approval HEAG-H 121\_2015), Deakin University, Melbourne, Australia.

## **Direct Service**

The program worker worked with adolescents and or their parents and carers to offer therapeutic support. The data collected from the direct service stream of the program was a combination of both quantitative and qualitative. Data was collected to capture the key themes relating to relationship between problematic use and reduced well-being, as well as the satisfaction of the client. Satisfaction was measured using the *Working Alliance Inventory*, a validated measure of three key aspects of therapeutic alliance; the tasks of therapy, the agreement on the goals of therapy and the development of an affective bond (Munder et al. 2010). The key themes relating to this public health issue were taken from de-identified case notes from counselling sessions as well as from an end of program report from the program worker/ counsellor.

Framework analysis was used to analyse the data which moves from thematic analysis to associations between the concepts (Green & Thorogood 2004).

## **Community Seminars**

The program worker presented community seminars to educate parents or carers, professionals and teachers around the relationship between excessive use and well-being. Data collected from the community seminar stream also used mixed methods. Those who attended the seminars were asked to complete a satisfaction and feedback questionnaire which captured reach, satisfaction, and increased knowledge and skills. The end of program report from the program worker also provided data on the key themes which the worker had come across in his presentations with parents, teachers and health professionals.

## **Results**

This section of the report presents the results of the evaluation of the two streams of the program separately, the community seminars and the direct service. They will then be synthesised into key findings in the section titled '*Findings*'.

### **Results – Community Seminars**

A satisfaction survey given to attendees produced rich qualitative and quantitative data on reach, satisfaction, and increase in knowledge and skills. Each of the five program goals for the community seminars had a corresponding question in the survey, which are mapped out below:

#### **Reach**

A total of 17 of the community seminars were evaluated, over the 12 months that the program ran for. Of these 10 were parent seminars at schools and 7 were seminars for professionals or teachers. A total of 311 people completed the evaluation forms and although not exhaustive sign in sheet records show approximately 400-500 people attended these sessions in total.

## Satisfaction and improved knowledge

1)

|  |
|--|
| <b>Program Aim Number One</b>  |
| Improved knowledge of possible underlying risk factors for problematic use |

Figure 5 - Community Seminars Results - Improved Knowledge of Risk Factors

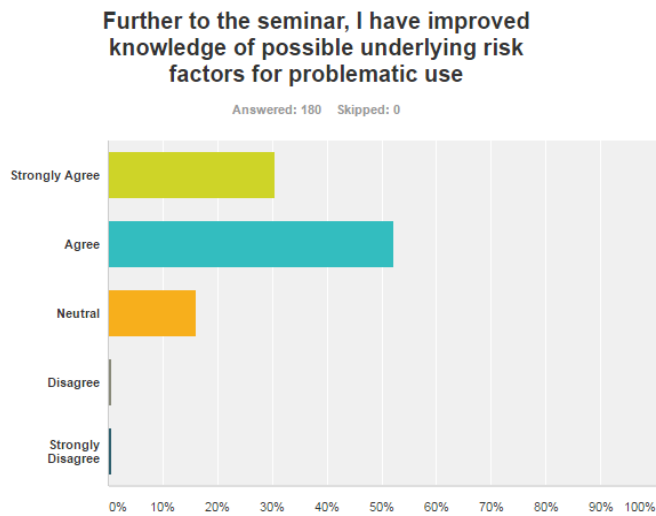


Figure 5 (above), shows that of those who attended the community seminars, 50% reported that they agree that the seminar improved their knowledge of the underlying risk factors of problematic use, with 30% saying they strongly agree.

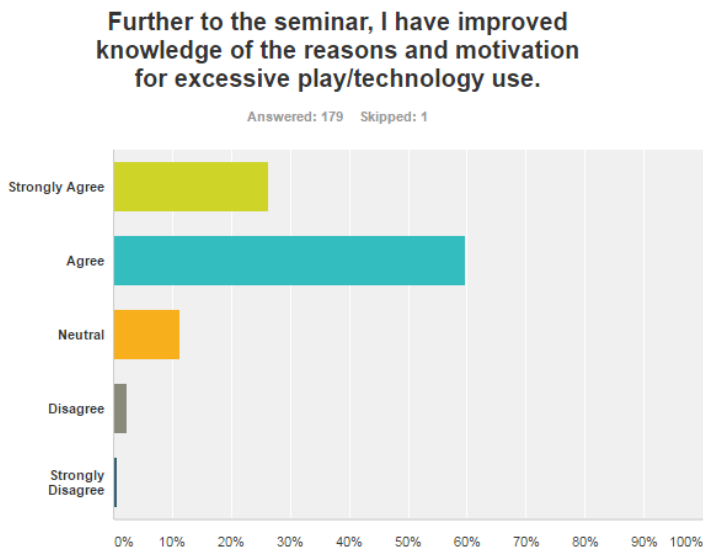
2)

|  |
|--|
| <b>Program Aim Number Two</b>  |
| Improved knowledge for the motivation for play / use. Able to understand or relate to why problematic use has occurred |

Figure 6 (below), shows that of those who attended the community seminars, 60% reported that they agree that the seminar improved their knowledge of the motivation behind problematic use, with 25% saying they strongly agree.



Figure 6 - Community Seminar Results - Improved Knowledge of Motivation for Use



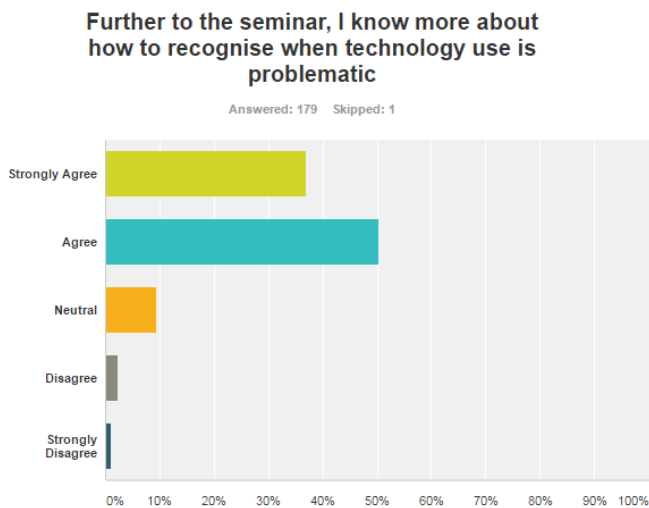
3)

**Program Aim Number Three**

Increased knowledge and understanding of strategies to recognise when technology use is problematic

Figure 7 (below), demonstrates that of those who attended the community seminars, 49% reported that they agree that the seminar improved their knowledge of how to recognise problematic use, with 36% saying they strongly agree.

Figure 7 - Community Seminar Results - Recognising Problematic Technology Use

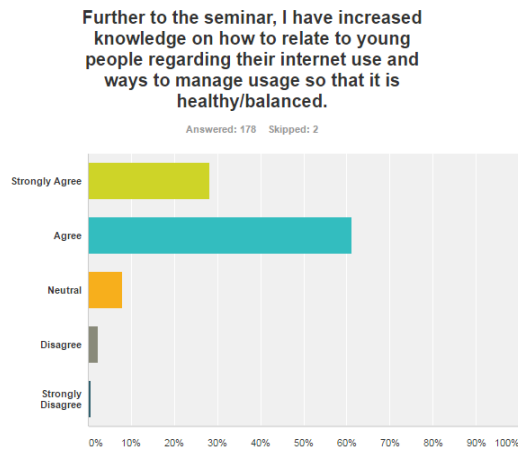


4)

**Program Aim Number Four**  
 Increased knowledge and understanding of strategies to relate to a young person about their problematic use and to assist effectively in reducing it

Figure 8 demonstrates that 60% of community seminar attendees reported that they agree that the seminar improved their knowledge of how to relate to young people regarding their problematic use, with 28% saying they strongly agree.

Figure 8 - Community Seminar Results - Relating to Young People with Problematic Technology Use

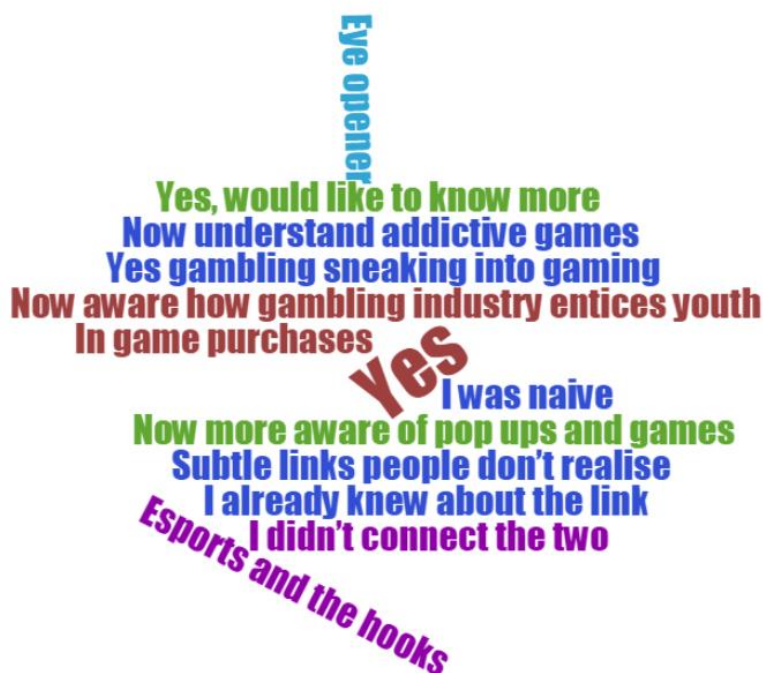


5)

**Program Aim Number Five**  
 Improved gambling harm awareness in parents (increased knowledge of the links between gaming and gambling)

Figure 9 shows that 96% of attendees reported that yes the seminar improved their knowledge of the underlying risk factors of gambling in gaming, with the comments made summarised in the word cloud below. The larger the text the more common the response.

Figure 9 - Community Seminar Results - Increased Knowledge of Links between Gaming and Gambling



## Satisfaction

### What content did you find most useful?

Figure 10 (overleaf), shows the strongest theme in the evaluation of the community seminars was the need for both insight into the online space and parenting strategies. Attendees wanted to know what young people are doing online, why, when it is unhealthy or even addictive in nature and how to proceed with setting boundaries. The evaluation of the community seminars strongly requested more focus on parenting strategies and less information on the games and platforms young people might be on. As a result of this the steering committee put together a parenting tips sheet which was then given out at the end of community seminars (See Appendix B). Further to the seminar attendees acknowledged that a key learning was the importance of developing their individual relationship with the young person. The importance of spending time to get to know the young person's online and offline worlds, building trust, accepting and respecting their online behaviour and then to use this respectful approach to open up discussion about motivation for use, healthy use and boundaries collaboratively.

Figure 10 - Community Seminar Results - Most Helpful Content



**What content did you find least useful?**

Figure 11 (overleaf), is a visual representation of what attendees felt was the least useful content of the seminar. The most popular response was ‘nothing’, suggesting people who attended were satisfied with the content. The next most notable theme which came through in response to this question was the link between gaming and gambling. Some people commented that gambling doesn’t affect them. This may be down to lack of knowledge of the prevalence of gambling content online, or it may be due to the stigma associated with gambling. In any case the seminars were an upstream / early intervention action, taken to prevent online risky behaviours, including gambling harm.

Figure 11 - Community Seminar Results - Least Useful Content



How could the seminar be improved?

Figure 12 (below), is a visual representation of the comments from attendees and include ideas that the seminar could have been longer, involved more discussion and interactivity and should have been run for young people. Role playing, suggested parenting strategies and advice on communication style was also requested, as well as case studies and examples of misuse. Despite being steered away from set rules around screen time and hours of use, parents often commented that they wanted advice on screen time and where to draw boundaries.

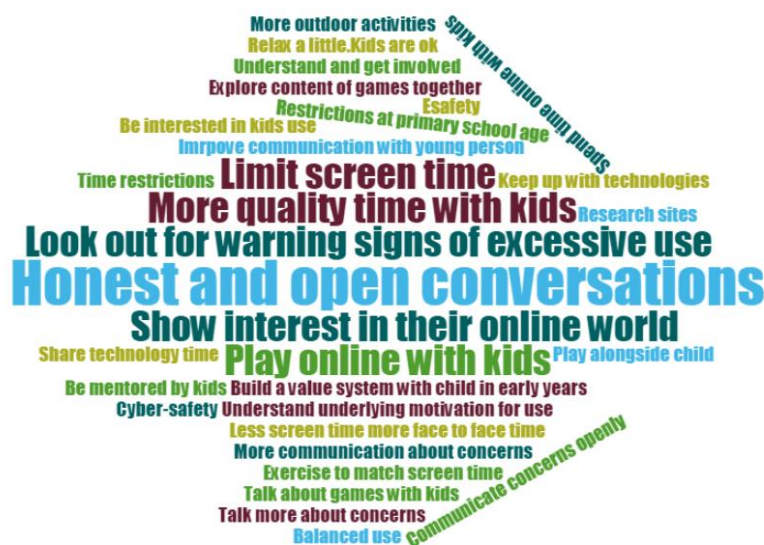
Figure 12 - Community Seminar Results - How Could the Seminar Be Improved?



Please list 3 things you might implement/change as a result of this seminar.

The word cloud below (Figure 13), shows that the three most popular things attendees will change as a result of coming along to the seminars were; More honest and respectful conversations, more quality time together online with kids, and looking out for warning signs of overuse (motivation behind the use).

Figure 13 - Community Seminar Results - 3 Things You May Change as a Result of the Seminar



## Results - Direct Service

### Reach and Demographic

Over the period of 12 months the program worker saw a total of 17 clients for counselling services. 94% of cases were affected others (parents and carers of young people they were concerned for) who attended alongside the young person, 6% of cases were parents or carers without any one attendance from the young person.

In 94% of cases the young person with problematic use was male, with the remaining 6% being female.

64% of the direct clients were mothers, 12% were fathers, 12% were grandparents and 12% were carers. 42% of care episodes included some outreach due to the young person not being able or not willing to travel to the service.

## **Satisfaction (Working Inventory Alliance)**

The satisfaction with the counselling service was measured using the Working Inventory Alliance, a validated tool for measuring satisfaction with therapeutic intervention. The results are shown below:

**Figure 14 - Counselling - Results of Satisfaction Survey**

|  |
|--|
| <p><i>The program worker and I agree about the things I will need to do to improve my situation:</i></p> <p>43% said often, 28% said very often</p> <p><i>The session gives me new ways of looking at my problems</i></p> <p>57% said often, 14% said very often</p> <p><i>I believe the way we are /were working with my problem is correct.</i></p> <p>27% said often, 43% said very often</p> |
|--|

## **Use**

Of the clients who accessed the counselling services 88% of clients (young people or affected others), presented with problematic use of gaming and 12% with use of social media.

Of the 17 young people around whom the counselling sessions were focused, 15 could be classified as vulnerable young people with multi-factorial psycho-social issues, one of which is excessive use of technology, but who require multi-factorial attention or help. The remaining 2 young people had relatively normal use and the counselling session was centred on building knowledge for parents and carers of what healthy use looks like in Australia. This was necessary in these two cases due to a cultural or generational disparity between the parent/ carer and the young person.

This program tested the feasibility of the DSM-5 proposed diagnostic tool for internet gaming disorder (see Appendix A). Where possible clients were asked to complete the 9 question internet gaming disorder criteria about the individuals usage/ relationship with modern technology over the last 12 months. The tool itself explains that by modern technology we meant any online or offline

use of gaming, online shopping, social media use, text messaging on a laptop, screen, gaming console or any other device. This program anticipated using this tool pre counselling on intake and post counselling on being discharged to show evidence of the influence of the counselling on clients behaviour. The program aspired to gather this data in order to track whether the program was achieving the program goals. As the program unfolded it became clear that there were two challenges with this thinking. The first challenge was operational. It was not always possible to know when a client’s last session was to give them the post tool. Secondly the average number of sessions which clients came along to was a lot smaller than anticipated. This was noted at the steering committee meetings and the evaluation team noted that relying on this tool alone would be a mistake. It became clear that it would be unlikely that the program worker could gather both completed forms and even if this were possible, with an average of three sessions it was unlikely that the data would produce incidences of improved behaviours. This program found that the rich findings came from the qualitative data and not the quantitative diagnostic tool. Evidence refers to significant pieces of data that show the issue in action (McNiff & Whitehead 2009, p. p95). The learnings about the importance of motivation for play and the underlying co-occurring risk factors as a starting point came from qualitative data, ultimately giving the program worker the courage to let go of the expectation of transforming use to that of harm minimisation.

### DSM-5 Internet Gaming Disorder - Proposed standardised diagnostic instrument

*Internet Gaming Disorder – positive diagnosis with a score higher than 5 ( red = more than 5, green less than 5)*

| Client no | pre | post |
|-----------|-----|------|
| 1         | nil | nil  |
| 2         | 0   | 0    |
| 3         | nil | 9    |
| 4         | nil | 9    |
| 5         | n/a | n/a  |
| 6         | 5   | 9    |
| 7         | nil | 9    |
| 8         | n/a | n/a  |
| 9         | 9   | 9    |
| 10        | 9   | 9    |
| 11        | nil | nil  |
| 12        | 7   | 9    |
| 13        | nil | 9    |
| 14        | nil | nil  |
| 15        | nil | nil  |
| 16        | 0   | 0    |



**Typical use of media (in order of popularity)**

First Person Shooters – Counterstrike, Team Fortress, Global Offensive

Massive Multiplayer Online Games - World of Warcraft, War Thunder, League of Legends, Smite

Sandbox games – Minecraft

Strategy Games - Planet Annihilation, Total War

Video platforms and distribution platforms - Twitch, Steam, Red Dragon

Action-adventure - Grand Theft Auto

Social Media – Facebook, Messenger, Snapchat, YouTube, Instagram,

Other – Anime porn, Watpad

**Risk factors**

Several co-morbid risk factors were present in most cases

- Death of a family member (disproportionately so)
- Illness or long term condition in client or a family member
- Perceived neglect due to illness or condition in a sibling
- Drug or alcohol abuse in parent/ carer
- Family conflict / separation
- Mental health issue (anxiety, social anxiety, depression)
- Living with foster parents or grandparents
- Mental health issues in client or family member
- Trauma, torture and abuse
- Sexual, gender and cultural diversity
- Bullying (cyberbullying)

## Negative Impacts

The impacts below are suggested impacts and many are co-occurring. The

- Relationship issues, distancing from parents, carers and offline social networks
- Sleep deprivation
- Anxiety and depression
- Absenteeism from school / reduced school performance
- Over spending or stealing money (gaming / gambling)
- Poor hygiene ( urinating in bottles in bedroom, smoking in room)
- Poor diet (storing and consuming processed foods)
- Shouting, swearing, aggressive play/ use
- Lying about use
- Inappropriate relationships online / cyber-bullying
- Cutting

## Case study – Young Male – account from the program worker

*“It was with this client that I figured out about the surface level manifestation is actually not the issue, it’s the fracture underneath which needs therapeutic intervention.*

*I met parents first and they described the use. It was gaming and the level of problematic use was extreme, up to 16 hours a day. The young man was playing World of Warcraft and League of Legends. His sister was diagnosed*

*with anorexia and he had the awareness of linking the gaming disorder to the anorexia and sister having had suicidal attempts. He was able to say I do this because of that. He felt neglected and was also anxious of losing the sister who has been in and out of hospital. The parent’s had a dysfunctional relationship. The client said he was gaming to escape the emotional overload.”*

**Case Study – Young Male – account from the program worker**

*Grandfather attended the youth clinic as his grandson's use of gaming is severely disrupting his school attendance and he has a very small social network, only one friend. He games all day and all night. The boy's father has died and when he was alive he was on drugs and in jail. The young male boy lives with grandparents. The worker subsequently went out to visit the house where the boy lives with his grandparents on 6 occasions. I asked the young person why he games to excess and he said he didn't know initially but then reported it was to help him with his anxiety. He has no motivation for anything except for gaming.*

*He shared that his baby brother has been born. His mother used heroin and is in recovery and the brother is in foster care. He shared his anxiety that his baby brother is not allowed to live with his mother. He plays first person shooter, Counterstrike. He is on medication for anxiety and depression, doesn't attend school and has sleep issues. His grandparents have to turn off the modem at 10pm to try to control his gaming. He uses Twitch too, where professional gamers go to watch others game. He shared a bit about his grief and trauma. He has thoughts of suicide.*

## **Evaluation of the program goals**

### **A synopsis of the goals of the Community Seminars**

The data from the evaluation of the community seminar stream of the program demonstrates that the five goals set out at the beginning of the program which were met. The responses to the satisfaction survey revealed on average 70% of attendees agreed or strongly agreed that they had improved knowledge, awareness, and understanding of risk factors, motivation for use, strategies to recognise problematic behaviour, how to relate to a young person around their use and lastly improved gambling harm awareness . These goals (seen below in Figure 15) were process and evaluation based, making them more realistic to achieve.



Figure 15 - Goals of Community Seminars

|  |
|--|
| 1. <i>Improved knowledge of possible underlying risk factors for problematic use</i>   |
| 2. <i>Improved knowledge for the motivation for play / use. Able to understand or relate to why problematic use has occurred</i>                               |
| 3. <i>Increased knowledge and understanding of strategies to recognise when technology use is problematic</i>  |
| 4. <i>Increased knowledge and understanding of strategies to relate to a young person about their problematic use and to assist effectively in reducing it</i> |
| 5. <i>Improved gambling harm awareness in parents (increased knowledge of the links between gaming and gambling)</i>   |

**A synopsis of the aims of the direct service (counselling)**

In contrast the goals of the direct service stream (see Figure 16), were impact evaluation based, which for a 12 month program was unrealistic. The provision of a direct therapeutic service in a community health setting for 12 months was not enough to demonstrate meeting the five goals below were met:

Figure 16 - Goals of Counselling



|   |
|---|
| 1. <i>Improved family communication and less deceptive use</i>                                  |
| 2. <i>A reduction in the young person using technology as a mood modifier/ coping mechanism</i> |
| 3. <i>An increase in young people’s ability to control or limit screen time</i>                 |
| 4. <i>An increase in offline hobbies / entertainment</i>  |
| 5. <i>Improved relationships with peers and family and commitment to school / work</i>          |

Firstly these goals are in fact long-term objectives which imply cause and effect are unrealistic without strict experimental control, something which a small scale 12 month health promotion

program cannot implement. Without experimental control these five strategies are complex to measure. Risks to well-being do not exist in isolation (World Health Organisation, This is due to the influence of a wide variety of external factors outside of the programs control. Secondly these goals were not written up as SMART goals, making it difficult to assess the success in meeting them in the evaluation.

Thirdly and most significantly the data collected demonstrated very clearly that the majority of those who sought help were complex cases, extremely complex. Saturation was reached very early on in the analysis of the findings as clients had extreme levels of use combined with several comorbid risk factors. The program worker specified that he realised very early on in the program that a harm minimisation approach was going to be the best outcomes possible and most likely to be achieved through positive rapport and having respect for the young person's online life.

### **What does effective help / treatment look like?**

*'At the beginning of the program I felt confused and frustrated, why can't I help these people, now I understand that being there is helping. I understand that there is so much complexity to this, it is not just a case of here's a person who games too much, let's fix them. There is a lot happening and I am just a speck of dust out there, a minute intervention in their lives. Those who game excessively are going to do so, I am there to help minimise the impact of that by accepting the person and their gaming. As an example of this in one session the client and I went for a walk up the mountain, we came back, he didn't talk much and then he said to me on the way back I've joined a team in Counterstrike and he was really proud. He had a moment of sharing with someone who I think he valued. He couldn't share it with anyone else in his world and here was this person who shows up and says you're ok, let's hangout. I became a significant adult in that young person's life who he can speak with'*

**Jeremy Shub – Program Worker**



## Discussion

### **Problematic Use is on a broad continuum**

Like all problematic behaviour, problematic use of digital media is on a continuum. The two streams of the action research program were exposed to this broad continuum. The reason for attendees coming along to the community seminars ranged from one of interest to one of extreme concern, with most somewhere in the mid-range. The key findings from the community seminar stream were primarily the importance of respectful parenting, a good relationship with the young person both on and offline and the normalisation of the use of digital media for adults who may have experienced a cultural or generational gap.

The reason for clients coming along to the direct service stream of the program was more acute. According to the DSM-5 tool (see Appendix B) which was trialled as part of this program, 88% of young people who were the focus of the counselling sessions had *Internet Gaming Disorder*.

### **Complex co-occurring life issues**

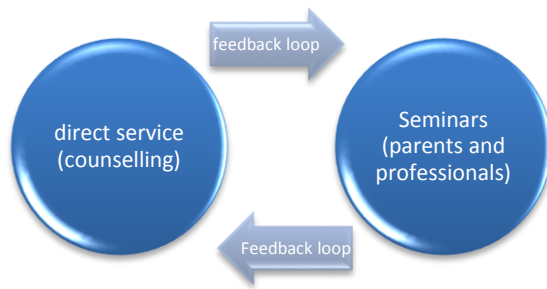
Extreme and disordered use seen in the counselling sessions appears to be a symptom of underlying social, emotional or psychological fracture and at its most extreme often due to trauma and family separation and death. The literature demonstrates that common risk factors are grief, loss of a parent, drug and alcohol use in parents, illness or serious health conditions in a sibling or parent, living away from parents, family separation, and mental health issues in parent or carer. The program also found that the majority of clients presenting with excessive use of technology had several severe co-morbid presentations. Serious and complex issues often related to mental health issues or conditions in the young person, family relationship issues, breakdown, loss and grief and often mental health issues in parents and carers.

### **Feedback Loop**

The counselling service created a feedback loop back to the community seminar stream of the program (see figure 17). It became evident that problematic use, to largely varying degrees, can be a symptom of dysfunction in the home and that solutions should centre on building open communication and healthy relationships with young people which are respectful of their online lives. It appears from analysing the result of this small study as well as the literature, that despite the level of risky use and associated risk factors, young people who are experiencing problematic use wish their parents or carers would engage them in honest and open conversations, through

spending time with them both on and offline and ensuring that concerns around excess screen time are communicated with respect and from already having spent time with them and understanding their online world.

Figure 17 - Feedback Loop

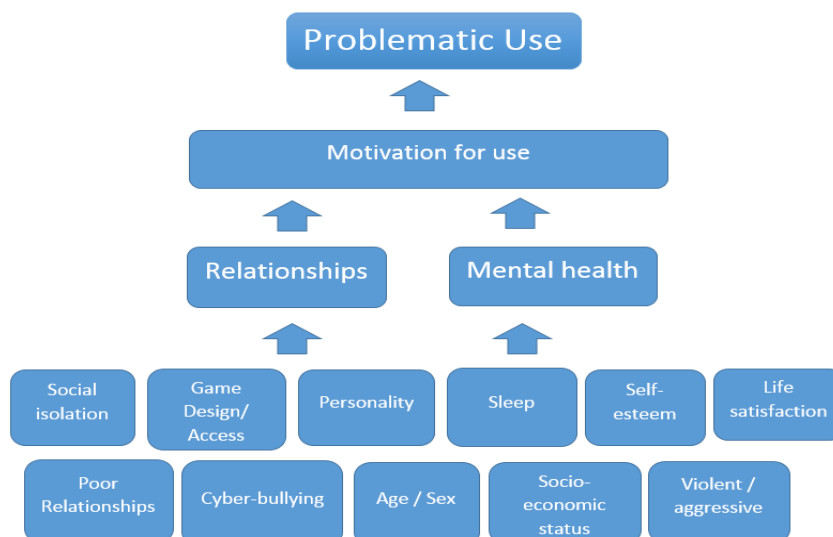


### Protective Factors / Treatment

If we are to understand why young people are using the technology excessively then it's essential to invite them into the conversation about the solution. The direct service (counselling) stream of the program allowed insight into the motivation for use (see figure 18 below) and highlighted the importance of a shift from a didactic parenting or professional approach to peer-based collaborative learning. The direct service allowed the program worker insight into the world of young people using technology excessively and reasons why this pattern of use had occurred. This created the feedback loop seen in Figure 17 above. The advice to adults from young people in counselling sessions was to 'enter into their world', and this was passed onto adults in the community seminars. The key to understanding the young person's world is to spend time in it, both on and offline. This in turn is likely to pave the way towards the underlying reason for the excessive or unhealthy use.



Figure 18 - Motivation For Use As A Starting Point



## Conclusion

From the study described in this report it is apparent that modern technology use can be both problematic in its own right (e.g. overuse leading to sleep deprivation) and problematic due to interaction with other issues (e.g. as a coping strategy that masks a deeper trauma). The “problematic” nature of maladaptive technology use only becomes apparent when viewed in the context of a broader bio-psycho-social constellation of factors. It is pertinent here to reflect on the role of technology in the lives of Australians more broadly. In itself, this project does not assert the position that technology is either good nor bad - the pros and cons associated with internet, gaming or social media use for instance are too numerous to list. However, there is no doubt that modern technology has influenced social patterns and behaviours, to the extent that a consistently expanding speed of psychological gratification is desired in many spheres of web-connected interaction (e.g. faster games speeds, more “likes” on Facebook or Tinder in less time, instant messaging, the ability to bet on multiple sporting events at once etc.).

The program described in this report appears to describe a phenomenon where, under certain circumstances, problematic modern technology use is serving to reinforce (or accelerate) a negative developmental trajectory of mental health issues and deteriorating family relationships. To be clear, this is not to assert that modern technology usage causes those issues but rather, where other factors exist and interact to support the development of these issues (e.g. family separation conflict,



psychological trauma, history of family addictive behaviour), technology misuse can have a reinforcing or “holding” impact. It is indeed possible that a reinforcing pattern exists for many of the individuals seen for individual counselling in this project. For example a family suffers a trauma and relationships are strained, technology is used as a psychological coping mechanism by an individual which then becomes problematic for one or more members of the family - and relationships deteriorate even further. Further research is needed to confirm this pattern of reinforcement.

The preliminary learnings from this project suggest several considerations for counselling service providers. Firstly, this project employed a project worker to work specifically with issues associated with problematic technology use. In contrast to parents or carers, it appears that it was a rare occurrence both for a young person to wish to access help directly in relation to technology use and it was rare that the young person currently considered technology use a problem in its own right that needed addressing. This view is supported by the fact that problematic technology use appeared to occur in situations where other obvious causative risks to psychological and social health were already present. This suggests that counsellors need a foundational knowledge of how to treat the existing causative issue as well as understanding the impact that technology use can have on that issue. Being a “technology expert” was useful in building initial rapport, attendance and engagement but ultimately appears less important ultimately than good mediation, an available and supportive presence, and competent counselling and family support skills.

Secondly, in the limited sample size of this program, problematic technology use often manifested in the context of poor communication between parents/carers and young people (in some cases the communication had ceased to exist). Whether the use caused the poor communication, or the poor communication the use, is not entirely clear and may well be particular to each unique family’s situation. The approach employed by the project worker in direct support of these families was to encourage using technology as a mutual topic of interest via which parties can learn more about each other and through which deeper conversations can then be brokered. The project indicates that, in the main, this approach of “technology conferencing” was seen to be valuable by program participants. This suggests that approaches which use technology therapeutically to help address negative impacts of technology misuse (such as e-health approaches) may be effective and achieve some resonance with different family stakeholders. To lend further support, the demand for information about gaming, internet and social media use was strong, evidenced by many well attended community seminars. Pending further research it may be beneficial for community services that provide family support to consider including this approach as part of any core education parenting support programs.

## **Recommendations for Community Services**

- Community services that provide family support are encouraged to include the importance of a foundation knowledge of technology, in core education parenting support programs.
- Future direct service staff should be trauma-informed trained. Knowledge and theory of the impacts of trauma should be used in future service planning.
- Counsellors need a foundational knowledge of how to treat the existing causative issue as well as understanding the impact that technology use can have on that issue.
- Counselling services for young people who are experiencing excessive or problematic use of digital media should include scope for outreach as co-occurring issues such as social anxiety inhibit such young people from accessing public services.
- Future action research in this space should be use qualitative methodology. Understanding the context behind the problematic use appears to be the most effective way to build the evidence-base and qualitative data is the best provider of this.

## **Recommendations for Parents/ Carers**

- Parents/ carers concerned about excessive digital media are encouraged to use technology to bridge the generation gap, learn more about each other and hopefully develop deeper conversations/ relationships.
- Parents/ carers are encouraged to model healthy online behaviour themselves.
- Parents / carers are encouraged to engage in real-time off line activities with the young person
- Before getting to the stage of limiting or removing devices, parents / carers are encouraged to spend time online being mentored by the young person. An authentic interest in their online world improves the likelihood of them respecting limits later on.

## **Limitations – direct service**

- Findings are limited due to the very small scale of this program. There were a total of 17 clients, making any statistical findings of low power.

- Findings from the quantitative aspects of the evaluation were limited. This was due to several factors. Firstly an initial lack of consistency from the program worker in ensuring that both pre and post counselling *Internet Gaming Disorder Diagnostic tool* was completed. Secondly it was hard to know when to ask clients for the post counselling Internet Gaming Disorder tool to be completed as the program worker did not always know which session was going to be the last. Clients often make another appointment and then do not return. This made it very difficult to collect quantitative data and perhaps further underlines the importance of the qualitative approach to both the findings and the evaluation of this kind of small scale social action research program.
- The evaluation design of the counselling stream should not have been impact evaluation based. Meeting the objectives in the program plan would require a demonstration of cause and effect which is impossible in the absence of powerful experimental design where evaluators have full control over influencing factors. Above all single studies alone cannot demonstrate cause and effect.

### Limitations of the community seminars

- Not everyone in the community had an equal chance of completing their evaluation forms. We had a session for the Chinese community and although the responses which were written in script were translated by an EACH worker, it was the case that some attendees did not complete their evaluation form as they did not understand the questions to be in a position to respond.
- Sessions were only an hour and a half long and attendees commented that they could have been longer and ongoing. They wanted more time for discussion and commented on the value of sharing the issue with other parents/ carers and professionals in the same position.



## References

Australian Communications and Media Authority 2016, *Aussie Teens and Kids Online*, ACMA, retrieved 25 October 2016 2016, <<http://www.acma.gov.au/theACMA/engage-blogs/engage-blogs/Research-snapshots/Aussie-teens-and-kids-online>>.

Boniell-Nissim, M, Tabak, I, Mazur, J, Borraccino, A, Brooks, F, Gommans, R, van der Sluijs, W, Zsiros, E, Craig, W, Harel-Fisch, Y & Finne, E 2015, 'Supportive communication with parents moderates the negative effects of electronic media use on life satisfaction during adolescence', *International Journal of Public Health*, vol. 60, no. 2, pp. 189-98.

Chang, JS, Kim, EY, Jung, D, Jeong, SH, Kim, Y, Roh, M-S, Ahn, YM & Hahm, B-J 2015, 'Altered cardiorespiratory coupling in young male adults with excessive online gaming', *Biological Psychology*, vol. 110, pp. 159-66.

Green, J & Thorogood, N 2004, *Qualitative methods for health research*, Introducing qualitative methods, London : SAGE, 2004.

Haagsma, M, Pieterse, M, Peters, O & King, D 2013, 'How Gaming May Become a Problem: A Qualitative Analysis of the Role of Gaming Related Experiences and Cognitions in the Development of Problematic Game Behavior', *International Journal of Mental Health & Addiction*, vol. 11, no. 4, pp. 441-52.

Harwood, J, Dooley, JJ, Scott, AJ & Joiner, R 2014, 'Constantly connected—The effects of smart-devices on mental health', *Computers in Human Behavior*, vol. 34, pp. 267-72.

Kaess, M, Durkee, T, Brunner, R, Carli, V, Parzer, P, Wasserman, C, Sarchiapone, M, Hoven, C, Apter, A, Balazs, J, Balint, M, Bobes, J, Cohen, R, Cosman, D, Cotter, P, Fischer, G, Floderus, B, Iosue, M, Haring, C & Kahn, J-P 2014, 'Pathological Internet use among European adolescents: psychopathology and self-destructive behaviours', *European Child & Adolescent Psychiatry*, vol. 23, no. 11, pp. 1093-102 10p.

Kirby, A, Jones, C & Copello, A 2014, 'The Impact of Massively Multiplayer Online Role Playing Games (MMORPGs) on Psychological Wellbeing and the role of play motivations and problematic use', *International Journal of Mental Health and Addiction*, vol. 12, no. 1, pp. 36-51.

Kross, E, Verduyn, P, Demiralp, E, Park, J, Lee, DS, Lin, N, Shablack, H, Jonides, J & Ybarra, O 2013, 'Facebook Use Predicts Declines in Subjective Well-Being in Young Adults', *PLoS ONE*, vol. 8, no. 8, pp. 1-6.

Kuss, DJ, van Rooij, AJ, Shorter, GW, Griffiths, MD & van de Mheen, D 2013, 'Internet addiction in adolescents: Prevalence and risk factors', *Computers in Human Behavior*, vol. 29, no. 5, pp. 1987-96.

McNiff, J & Whitehead, J 2009, *All You Need to Know About Action Research*, 2009 edn, Sage Publications, London, UK.

Munder, T, Wilmers, F, Leonhart, R, Linster, HW & Barth, J 2010, 'Working Alliance Inventory-Short Revised (WAI-SR): psychometric properties in outpatients and inpatients', *Clinical Psychology & Psychotherapy*, vol. 17, no. 3, pp. 231-9.

The World Health Organisation 2015, *Public Health Implications of Excessive Use of the Internet, Computers, Smartphones and Similar Electronic Devices - Meeting Report*, Geneva, Switzerland.

Van Rooij, AJ, Kuss, DJ, Griffiths, MD, Shorter, GW, Schoenmakers, MT & Van De Mheen, D 2014, 'The (co-)occurrence of problematic video gaming, substance use, and psychosocial problems in adolescents', *Journal Of Behavioral Addictions*, vol. 3, no. 3, pp. 157-65.

Wang, J-Lwgc, Wang, H-Z, Gaskin, J & Wang, L-H 2015, 'The role of stress and motivation in problematic smartphone use among college students', *Computers in Human Behavior*, vol. 53, pp. 181-8.

Weinstein, A, Dorani, D, Elhadif, R, Bukovza, Y, Yarmulnik, A & Dannon, P 2015, 'Internet addiction is associated with social anxiety in young adults', *Annals of Clinical Psychiatry*, vol. 27, no. 1, pp. 4-9.

# Appendices

## Appendix A – DSM-5 tool

Internet Gaming Disorder – Proposed Diagnostic Criteria – Parent or Carer

---

### Modified Internet Gaming Disorder 9 criteria (DSM-5) (APA, 2013)\*

---

Instructions: Below are some questions about the individuals usage/ relationship with modern technology over the last 12 months. Please kindly answer yes or no to each question.

By modern technology usage we mean any online or offline use of modern technology. This could be gaming, online shopping, social media use, text messaging etc and could be on a computer, laptop, screen, gaming console, or any other devise (mobile phone, tablet etc).

---

1. Does the young person seem to be preoccupied with technology? (The individual thinks about previous usage or anticipates the next time. It's the dominant activity in their daily life)

**YES / NO**

2. Does the young person feel or demonstrate feelings of irritability, anxiety or even sadness when they try to either reduce or stop this activity?

**YES / NO**

3. Does the young person seem to need to spend increasing amount of time engaged in technology time, in order to achieve satisfaction or pleasure?

**YES / NO**

4. Does the young person fail to control or cease their problematic technology usage?

**YES / NO**

5. Have they seemed to have lost interest in previous hobbies and other entertainment activities as a result of their engagement with the technology?

**YES / NO**

6. Have they continued problematic usage despite knowing it was causing problems between them and other people?

**YES / NO**

7. Has the young person deceived any of your family members, therapists or others regarding the amount of screen time?

**YES / NO**

8. Does the young person seem to spend time using technology in order to temporarily escape or relieve a negative mood (e.g., helplessness, guilt, anxiety)?

**YES / NO**

9. Has the young person jeopardised or lost an important relationship, job or an educational or career opportunity because of your immersion in technology?

**YES / NO**

---

**It would be helpful to know what kind of technologies the individual uses. Which of the following types of media / technology would you say they use most days?**



Social Media (Facebook, Snapchat, Instagram, Messenger etc) **YES / NO**

Watching videos or/ TV (Television / YouTube/ Netflix/ TV on demand) **YES / NO**

Mobile Phone Text Messaging **YES / NO**

Phone Aps (Games/ Music / News)/ **YES / NO**

Online shopping / education/ researching / banking **YES / NO**

Online Gambling / Casinos / Sports Betting **YES / NO**

Simulated Gambling (e.g. slots) **YES / NO**

Handheld games (Gameboy etc) **YES / NO**

TV games (Nintendo, Xbox, Playstation) **YES / NO**

Computer Games

- Massively multiplayer online role-playing games (MMORPG's) **YES / NO**
- Simulations **YES / NO**
- Adventure **YES / NO**
- Real Time Strategy **YES / NO**
- Puzzle **YES / NO**
- First Person Shooter **YES / NO**
- Sports **YES / NO**
- Role Playing (RPG) **YES / NO**
- Educational **YES / NO**

## Appendix B - Parenting strategies tip sheet

### PARENTING TIPS AROUND ONLINE USE

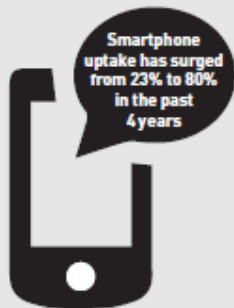
It's a fact of life that teenagers experiment.

You may be concerned about your child and their excessive **screen time**. Here are some tips that may help.

#### TIPS



#### Signs of excessive use



- Time warp - losing track of time
- Lying about tech activities
- Changes or disruption to sleeping patterns
- Craving tech use
- Withdrawing from family and friends
- Losing interest in their usual activities
- Poor performance at school
- Dramatic changes in physical health
- Eating meals at the computer

*(Adapted from DSMV (2013) More than 5 of these behaviours may suggest excessive use).*

### STRATEGIES

#### ● Be an open channel for communication

Be interested and curious about what your children are playing or doing. Ask questions such as "What do you enjoy about this experience?". Be patient and not judgemental.

#### ● Honest conversation with kids about pitfalls and concerns

Have an honest conversation that you are concerned about some of the negative aspects of technology. Find a natural way to have this conversation. Perhaps on the way to school or at the dinner table.

#### ● Follow the social media, gaming and internet world to have informative conversations

Just knowing where to find out about information about these areas can be helpful. Participate in their world of social media.

#### ● Allow the kids to mentor you

Use your time to let your kids show you how to play and engage in their world.

#### ● Share digital entertainment time with your kids

Sharing time with your kids can really help you to bond which will ultimately give you a better understanding about what is going on their lives.

#### ● Offer opportunities in the real world

Play a board game, offer to do an outside activity with your kids or an activity that would really excite them.

#### ● Model positive behaviour, particularly at night-time

Research shows that screen-media in the 90 minutes before bed has an adverse effect on children's sleep patterns (and adults too!) Make sure you practise what you preach.



## PARENTING TIPS AROUND ONLINE USE

**Online resources**  
 EACH Youth & Family Services - [www.each.com.au](http://www.each.com.au)  
 eSafety Commissioner - [www.esafety.gov.au](http://www.esafety.gov.au)  
 Manningham YMCA—Parent's guide to Gaming—[youthservices.ymca.org.au](http://youthservices.ymca.org.au)  
 Headspace - [headspace.org.au](http://headspace.org.au)  
[www.parentline.com.au](http://www.parentline.com.au)  
[www.lifeline.org.au](http://www.lifeline.org.au)  
[www.mensline.org.au](http://www.mensline.org.au)  
[cybersafetysolutions.com.au](http://cybersafetysolutions.com.au)  
 Internet | TED.com



For information about these popular apps go to the website [www.esafety.gov.au](http://www.esafety.gov.au) and click on the icon name



This tip sheet is provided by:  
**EACH Social & community Health** supporting families to have healthy relationships  
 for further information please contact  
 Youth and Family Service - 9871 1802 Or email: [Linda - lbolton@each.com.au](mailto:Linda - lbolton@each.com.au)