

# each

Teens Stuck to Screens:  
How can Professionals  
Respond Effectively?





## Introduction

This report provides an overview of the findings of an exploratory pilot project undertaken by personnel from EACH (a national health and social services organisation) in the Melbourne region.

This exploratory action-research project set out to understand more about the relationship between problematic digital media use and reduced well-being, in order to inform the development of an effective intervention framework. Internet use is now ubiquitous in modern society, and its benefits to users are overtly evident. By contrast, the social costs of problematic use of digital media are somewhat less apparent. Peak health bodies worldwide are calling for more research on immersive use of digital technology and wellbeing.

## Background

Therapeutic workers at EACH identified an increasing frequency of clients presenting with problematic online behaviour. To tackle this relatively new public health issue, EACH introduced an evidence-based prevention and harm minimisation pilot project. This provided a unique chance to connect with young people, professionals, parents and carers affected by excessive use of digital media. It provided an opportunity to discover whether education, parenting and therapeutic services were adequate to meet the health and social challenges posed by increasing digital media usage. Interventions including cost-free community seminars and counselling were also offered to community members affected by immersive digital media usage.

### FEEDBACK & QUESTIONS & REFERENCES

We welcome your feedback, questions and requests for references. You can contact Zoe Francis directly on [zoe.francis@each.com.au](mailto:zoe.francis@each.com.au) or via:

WEBSITE:  
[www.each.com.au](http://www.each.com.au)

PHONE:  
1300 00 EACH  
(1300 00 3224)

HEAD OFFICE:  
2/254 Canterbury Road,  
Bayswater North Vic 3153

**each**

### **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*

**Leanne Khan**  
*Coordinator Community Education/  
Development, Gamblers Help  
Eastern, EACH*

**Rhianna Perkin**  
*Program Lead – Practice Methods  
Youth & Family Services*

# What is Problematic Internet Use According to The Literature?

Key findings in the relevant academic literature centre around a significant controversy as to what problematic use is and whether or not it constitutes a *bona fide* clinical disorder (The World Health Organization, 2015). In 2013 the American Psychiatric Association (APA) proposed a diagnosis for *Internet Gaming Disorder* (IGD), framing this as an addiction characterised by diagnosable criteria. However, an alternative opinion in the academic literature highlights difficulties in applying a diagnostic nosology, suggesting that problematic use does not constitute a disorder *per se* but instead functions as a symptom of low life satisfaction.

Indeed, the relevant literature documents extensive negative impacts on psycho-social and physical well-being (social anxiety, social isolation, sleep deprivation, bullying, physical inactivity, violence and aggression, disruption to school or work), and also focuses significantly on the risk factors which make problematic use more likely to occur (gender, age, access, game design, personality type, poor relationships, social isolation, mental health issues, and low life satisfaction). A substantial number of researchers conclude that extreme use functions as an attempted coping mechanism, a way of escaping complex life issues or poor relationships. The online world is perceived by the user to be full of endless possibilities.

## Methodology

The program is divided into two streams: a *Community Seminar Stream*, and a *Counselling Stream*. The research into and evaluation of these two streams received formal human ethics approval from Deakin University.

The data collected from both streams 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.

The Community Seminar Stream was evaluated using a feedback survey including multiple choice and open questions. The Counselling Stream was evaluated using several tools, one of which was the American Psychiatric Association (APA) diagnostic tool for *Internet Gaming Disorder*. Key findings from the counselling stream were drawn out using an analysis of the results of using this APA tool pre and post care, as well as from de-identified case notes and a de-identified report from the project worker. The project aimed to find out what young people were doing online (use), why they were hooked on their screens (risk factors), and what effect it was having upon them (impacts) (see Figure 1 below).

Figure 1

PROBLEMATIC USE, RISK FACTORS AND IMPACTS



# Results – Counselling Stream

## Reach and Demographics

The project worker offered counselling services to a total of seventeen participants over the course of twelve months. Nearly all participants (94%) were parents and carers of young people with problematic use, with the young person attending alongside them at least once. The remaining 6% of participants were parents or carers with no single attendance from the young person.

In 94% of cases the young person with problematic use was male (predominantly gaming), with the remaining 6% being female (predominantly social media use).

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

Of these participants, fifteen were identified as severe cases of excessive use, using the DSM-5 tool for *Internet Gaming Disorder* proposed by the American Psychiatric Association. These fifteen participants were also assessed as being vulnerable young people presenting with a multi-factorial range of psycho-social issues.

The project worker also provided counselling sessions for two parents who presented at the service describing online behavior in the young person which was assessed as reflecting relatively “normal” use. These sessions focused on what constitutes healthy or balanced digital media use in Australia, and addressing cultural and generational disparities between the young person and their parents/carers.

## Risk Factors and Impacts

Figure 2 provides a visual representation of the risk factors and impacts of problematic use which evolved as key themes throughout the project.

**Figure 2**  
RISK FACTORS  
AND IMPACTS  
OF PROBLEMATIC  
USE

### RISK FACTORS



- Gender
- Age
- Genetic / Neurological make up
- Personality type
- Poor relationships / Parenting
- Allure of online relationships
- Mental health issues
- Low self-esteem
- Social isolation
- Access
- Game design
- Socio-economic status
- Low life satisfaction

### IMPACTS



- Life satisfaction
- Biomedical factors (obesity / back pain)
- Sleep deprivation
- Harm to real-life relationships (social isolation)
- Mental health issues
- Violence / Aggression
- Cyberbullying
- Irritation / Bullying
- Time loss / Immersion / Lack of offline interests
- Disruption to school / work performance
- Gambling harm
- Substance use

It was the qualitative data (de-identified case notes and report), which provided the most rich insight into the issue and the solution. The qualitative data revealed not only what young people were doing online (use) and what effect it was having upon them (impacts), but most importantly why they were hooked on their screens (risk factors). The risk factors were the most significant findings.

The data demonstrated a strong association between excessive digital media use and complex life issues, often including trauma. Clients had extreme levels of use combined with several co morbid risk factors. These elements were all commonly underpinned by problematic relationship issues and low life satisfaction.



## Effective Service Delivery - According to the Project Worker

The project worker reported that most of the cases who presented for counselling were extreme cases of overuse, with young people playing for up to 16 hours a day. He reported that he came to realise that a harm minimisation approach through a strong focus on relationship development, would deliver the best outcome possible in these cases. The project worker spent time with the parent or carer highlighting the importance of building positive rapport through demonstrating respect for the young person's online world, since this appeared to be the most effective way of connecting with them. Figure 3 below is a quote from report from the project worker.

### Figure 3

#### QUOTE FROM PROJECT WORKER

'At the beginning of the project 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..."I've joined a team in Counterstrike", and he was really proud. He had a moment of sharing with someone whom 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 hang out.'

PROJECT WORKER



# Conclusion

The findings of this project are naturally limited by the fact that this was a small exploratory study. Notwithstanding the small homogeneous sample, the obtained data clearly corroborates the view that excessive use of digital technology can be 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).

Indeed, in many cases the “problematic” nature of maladaptive technology use only becomes apparent when viewed in the context of a broader bio-psycho-social constellation of factors.

The obtained data also reflects a phenomenon wherein - under certain circumstances - problematic modern technology use can serve to reinforce (or accelerate) a negative developmental trajectory for mental health issues and deteriorating family relationships. To be clear, this is not to assert that modern technology usage **causes** those issues *per se*, but rather, that a maladaptive profile can emerge under circumstances where a constellation of factors are both present and interacting (including family separation conflict; psychological trauma; history of family addictive behaviour; etc.). In some cases, technology misuse can also be seen as engendering a reinforcing or “holding” impact which serves to maintain a maladaptive cycle of psychosocial issues and problematic digital media use. It is arguable that such a cyclic, reinforcing pattern was evident for many of the individuals who participated in individual counselling as part of this project.

From these present learnings, as well as from findings articulated in the existing research literature, this project would recommend that the most effective service delivery and parenting focuses strongly on relationship development.

We have found that both parents/carers can use this approach to prompt further interaction and learning. Pending more research, it may also be helpful for parents and professionals to consider including this approach in any core education parenting support programs.

During the course of the project, a Parenting Tip Sheet was developed in order to provide a quick reference point regarding the importance of digital media use (see Figure 6, on the next page).



Figure 6  
EACH TIP SHEET

# EACH Tip Sheet



## Recommendations for Parents / Carers / Professionals

- **Follow social media, gaming, and the online digital space in order to have informative conversations**  
Being familiar with the online digital space can help you make informed decisions about what healthy use is.
- **Be an open channel for communication**  
Be interested and curious about what the young person is playing or doing. Ask questions such as "what do you enjoy about this experience?" Be patient and non-judgemental.
- **Allow young people to mentor you**  
Ask young people to demonstrate what they are doing. Be respectful of it and take the opportunity to learn about their online world.
- **Share digital entertainment time with young person**  
Sharing time with young people online allows you to connect with them. It can be a very good opportunity to develop mutual respect / deeper conversations and even for fostering more respect for screen time limits later on.
- **Offer offline time / company**  
Ask the young person what they would like to do and encourage offline activities, preferably outdoors.
- **Model positive online behaviour, particularly at night-time**  
Research shows that screen-media in the 90 minutes before bed has an adverse effect on sleep patterns. Make sure you practise what you preach!
- **Honest conversations with kids about pitfalls and concerns**  
If you are concerned about some aspects of the young person's technology use, have a conversation about it. Choose a good time to share your concerns, like on the way to school or at the dinner table.
- **If you are concerned, explain to the young person how you feel**  
Choose 'I' statements, rather than 'you'. So 'I am concerned...' rather than 'You are playing...'

## Recommendations for Community Services / Professionals

- Community services providing family support are encouraged to include a foundational knowledge of technology use/misuse within their core education parenting support programs.
- Direct service staff working with clients who are affected by maladaptive technology use should be trained in trauma-informed practice. Knowledge and theory of the impacts of trauma should be used to inform future service planning.
- Community workers also need to ensure they have a foundational knowledge of how to treat the existing causative issues, in addition to a solid understanding of the impacts of maladaptive technology.
- Counselling services for young people who are experiencing excessive or problematic use of digital media should include scope for outreach, as co-occurring issues (e.g. social anxiety) frequently function to inhibit such young people from accessing or engaging with public services.
- Community seminars on this public health issues can evoke strong emotions for parents or carers who are concerned about a young person's excessive or immersive use. The presence of a therapeutic worker among the team presented is recommended.
- Future action research in this space should consider using qualitative research methodology. Understanding the whole-of-person-and-situation context behind problematic use appears to be the most effective way to build the evidence-base for effective intervention. Qualitative data appears to be the best provider of this information.