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**Article 61**

**Internet Addiction and Students: Implications for School Counselors**

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Academic use of the Internet was originally intended for learning and research. Since the late 1900s, however, use of the Internet has expanded to become an important part of many peoples’ lives, including students (Chou, Condron, & Belland, 2005). The emergence of students’ behavioral addiction to the internet is becoming an issue that school counselors must be prepared to confront. Internet Addiction (IA) for many students has evolved into a potentially debilitating practice that presents a risk to healthy development in all three of the domains of student functioning as indicated by the American School Counseling Association [ASCA] (academics, personal/social, career; ASCA, 2005).

Research shows that IA is a real phenomenon with a significant and broad impact, worthy of a standardized definition and of diagnostic criteria. Griffiths’ (1998) research found that, although not all excessive use of internet is an addiction, IA is a real and concerning psychological impairment. When students’ grades drop because of an excessive amount of time spent surfing the web or when students avoid early morning classes because they have not gotten enough sleep, this behavior becomes invasive and maladaptive and can lead to failure in academic areas (Chou et al., 2005), personal/social areas, and eventually to career development. The purpose of this paper is to present possible methods of identification, intervention, and prevention strategies that can be used by the school counselor when faced with this emerging problem.

**Problem Defined**

**Internet Addiction (IA)**

Young (1999) describes how IA mirrors substance addictions by providing a self-medicating effect, allowing for avoidant behavior and brief emotional relief. He suggests that there are four types of triggers that act as the initiation of excessive Internet use: 1) applications—a particular online function is particularly problematic for the addict; 2)
emotions—being online is gratifying and calming, while blocking pain, uncertainty, or discomfort; 3) cognition—the internet acts as relief from maladaptive thoughts and catastrophic thinking; and 4) life events—dissatisfaction with one or multiple areas of life (including absence of meaningful or intimate relationships). Young believes that singularly or in combination, these conditions could lead a person to be more prone to addiction. Griffiths (1998) found that IA has six core components in common with other types of addiction: 1) salience (domination of thinking, feeling, and behavior), 2) mood modification (internet as coping mechanism), 3) tolerance (increasing amounts of internet activity needed to achieve former effects of pleasure), 4) withdrawal symptoms (unpleasant feelings or physical effects when activity is reduced or discontinued), 5) conflict (between the addict and other people, other activities, or within themselves), and 6) relapse (tendency to repeat excessive use patterns after abstinence or control). Overall, researchers acknowledge IA as a growing threat in ways that other addictions impact an individual’s quality of life (Chou et al., 2005).

**Co-morbidity**

There are other psychological conditions that may need to be addressed before or in concert with IA (Block, 2008). Social anxiety, sexual disorders, pathological gambling, other addictions, and depression may all be related to IA; therefore, these possibilities should be considered when choosing an appropriate approach to treatment. For example, in looking at the four previously mentioned triggers of Internet binges, an integrated approach to treatment methodology may prove to be a better approach to working with students (Kim, 2007). A combination of behavior modification, emotionally focused intervention, cognitive restructuring, or crisis management could be considered depending on the student’s presenting problem.

IA has also been linked with a number of psychopathologies and social deficits. Young and Rodgers (1998) found that there was an association between depression and Internet use. Their findings implied that low self-esteem, poor motivation, fear of rejection, and the need for approval associated with depression contribute to internet use. Particularly, the anonymity and less threatening social interaction possible when online are attractive to users. A correlation has been established between level of shyness (discomfort and inhibition in the presence of others) and IA in “net generation” participants (Chak & Leung, 2004). Furthermore, participants who can be categorized as having IA tended to have a more external locus of control. Significant associations between Attention Deficit Hyperactivity Disorder (both Inattentive and Hyperactivity-Impulsivity domain) and IA have been established, indicating ADHD may be a risk factor in developing pathological Internet use (Yoo et al., 2004).

**Intervention**

Due to the relatively recent emergence of this psychological disorder, there has not been a single established best theory to treat IA. However, given its success with other forms of addiction, Cognitive Behavior Therapy seems to be a likely choice for the best approach. Some intervention strategies suggested by Young (1999) that could be a part of Cognitive Behavior Therapy include: a) reconstructing schedules or time pattern to reduce amount of time on the Internet; b) using concrete places, people, or things to do as prompts to stop Internet use, and c) attaining a sense of control by setting clear and
attainable goals that help develop new Internet-use schedules that may prevent withdrawal and relapse.

Young (1999) also recommended that those with IA a) carry reminder cards of what they want to avoid and what they want to accomplish; b) create a list of what people and life activities that have been neglected since the IA emerged; c) organize supportive people to help decrease dependence on online social connections; d) get involved in therapy for addicts whose relationships have been disrupted by Internet use; or e) get involved in group therapy—entering a support group may help addicts feel more comfortable talking about the addiction, seeing the universality of the issue, and build their support system. These interventions are a combination of time management strategies, techniques to build awareness of the problematic nature of Internet use, positive coping strategies, and strengthening of real life support system.

Hurr (2006) strongly advocates for using a multimodal intervention approach that considers individual, social, and environmental factors. He also points out that single interventions (such as parental or in school) will most likely not succeed. A final clinical technique that has shown success in research is Motivational Enhancement Therapy, where there is a collaborative, non-confrontational effort by the person facing IA and the therapist to create an individualized treatment plan and attainable goals (Chou et al., 2005, & Orzack & Orzack, 1999).

Prevalence

Though the lack of standardized definitions and terminology make IA statistics somewhat unreliable, some research has been conducted regarding its prevalence. Statistics reported from The Center for Internet Addiction’s website (2006) show that approximately 5-10% of the population using the Internet suffer from IA. In South Korea, prevalence of IA is reported at 2.1% of the population (210,000 children may have IA) and are in need of treatment including psychotropic medications and/or hospitalization (Block, 2008). Research conducted by Kaltiala-Heino, Lintonen, and Rimplea (2004) found that about 2% of adolescents ages 12-18 were displaying multiple symptoms of IA. Though this prevalence represents a small portion of the population, these researchers believed that this figure will increase dramatically as adolescents’ daily use of the Internet increases.

The School Counselor’s Role

Impact on Students

Internet Addiction, similar to other substance and behavior addictions, has widespread negative impact upon people who have this condition. Young (1996) researched Internet abuse effects in 396 Internet dependent participants and found that excessive use of Internet for “surfing irrelevant websites” had broad negative consequences. Most of the students in the study had severe academic impairments including poor grades, academic probation, and expulsion from school. The participants also faced mild to severe relationship, financial, and occupational problems. Some participants experienced physical impairment related to excessive Internet use as well. There were also numerous reports of daily chores or activities being neglected from mundane tasks like mowing the lawn to more important requirements, such as a mother
forgetting to pick her children up after school or making her children dinner. The
participants often demonstrated impulsivity control and experienced intense cravings to
get on the Internet when they attempted to restrict themselves.

Research by Ko et al., (2006) demonstrated that participants who had IA shared
some personality traits (e.g., high novelty seeking, high harm avoidance, and low reward
dependence) with persons addicted to chemical substances. Findings in their research
revealed that members of the IA group are more likely to have used substances than the
non-addicted participants. The Center for Internet Addiction (2006) website also reports
that over 50% of people who suffer IA have also reported struggling with other
addictions such as illegal drugs, alcohol, cigarettes, and sex. IA clearly presents a
significant threat to many facets of life. Coupled with the fact that addicts are often
unwilling or unable to seek professional help, IA makes it especially threatening to
healthy development of students.

School counselors are charged with not only direct service to students with
academic, personal/social, and/or career problems (ASCA, 2005), but also are to be
responsible for the prevention of maladies by responding to identified evolving social
issues that prove to be a danger to students. The first step is to identify the problem.

Identification

Warning signs. Students experiencing problematic Internet use may manifest
symptoms in a number of different ways, and school counselors need to be prepared to
recognize these signs and symptoms in their students. Excessive Internet usage can be
hard to assess while a student is at school due to the limitation of unstructured time
available during a school day. However, students may spend lengthy amounts of time on
the Internet such as during lunch, homeroom, or possibly after school (Kim, 2007).
Teachers and school counselors should be cognizant of behavior patterns of these
students and intervene as soon as they believe Internet usage is becoming problematic.
While there is no set number of hours of Internet usage that constitute an addiction, an
unusually large amount of time such as forty to eighty hours a week could be observed
and should be brought to the student’s attention (Young, 1999).

Academic, personal/social, and occupational difficulties can be attributed to any
number of factors with students in high school (ASCA, 2005). Therefore, it is important
to ask questions about Internet use, communicate concerns with parents, and use
appropriate assessment tools. Physical symptoms may be evident (e.g., students may look
overly tired or sleep in class because of all-night Internet sessions). Other possible
physical ailments include carpal tunnel syndrome, back strain, and eye strain from the
long periods of sedentary computer use (Young, 1999). They may be depressed,
withdrawn, irritable, or anxious as a result of both the physical and psychological toll of
the IA.

Academic issues include decrease in study habits, missing classes, and a
significant drop in grades. Students may also be less involved in extracurricular and
social activities. Familial and relationship problems are also extremely common with
people who are addicted to Internet and should be considered another warning sign
(Young, 2006). School counselors’ vigilance, knowledge, and ability to assess
problematic Internet use are key components of identifying students and getting them help.
Assessments. School counselors need assessment tools that accurately and quickly evaluate student’s current and potential risk for IA. Without clear diagnostic criteria there is no single assessment that conclusively predicts IA. However, some assessments are available to school counselors for identifying students with IA symptomology and can be found online for public domain use. One assessment created by Young (2007) is a 20-item Internet Addiction Test (IAT) found at www.netaddiction.com and includes scoring parameters. This instrument is used to measure differing levels of IA ranging from mild to severe and is designed to examine symptoms of IA such as a user’s preoccupation with Internet use, ability to control online use, extent of hiding or lying about online use, and continued online use despite consequences of the behavior.

Another assessment tool found in public domain is an eight question Internet Addiction Diagnostic Questionnaire also developed by Young (1996), but is a shorter and more simplified assessment tool than the IAT (Appendix A). If a student checks yes to five or more of the eight questions, and this score cannot be attributed to a manic episode, they may be experiencing IA and may be in need of more intensive professional intervention.

Therapeutic Interventions for School Counselors
Once a student has been identified with IA, Cognitive Behavioral Therapy techniques have been shown to be effective in decreasing thoughts and behaviors related to compulsive Internet use both in the short-term assessment and six-month follow-up (Young, 2007). Young used cognitive restructuring techniques to address negative beliefs, cognitive distortions, and rationalizations and to effectively manage primary symptoms. Behavioral Therapy interventions were used to help “relearn how to use the Internet to achieve specific outcomes, such as moderated online usage and, more specifically, abstinence from problematic online applications and controlled use for legitimate purposes” (Young, 2007, p. 673).

Reality Therapy has been used widely in the treatment of addictive disorders such as drugs, sex, food, and may work as well with IA (Kim, 2007). The choice theory aspect of Reality Therapy is particularly important as it works to help addicts make choices that allow them to control their behavior, while still meeting their needs and wants. Kim stressed group therapy as the best way to implement Reality Therapy for IA. Therapeutic factors such as universality, support, confrontation, and insight in group counseling can be effective in dealing with addictions.

Cognitive Behavioral Therapy and Reality Therapy were indicated as preferred intervention modalities because of their empirically-supported effectiveness, flexibility, brief nature, and generalizability to various cultures and populations (Kim, 2007). They also are developmentally appropriate for the typical student who may have IA that would be most often referred to school counselors for help.

Prevention is the Key
Chou et al. (2005) suggested that part of the difficulty in treating students with IA is the identification of the problem and breaking through the denial of the addiction. He suggested that identification and prevention programs be initiated, especially in school settings where this duty falls upon administration and student support staff such as school
In order to increase effective preventative intervention programs, Chou recommended a team approach to systematically increase awareness of the issue. Information about the symptoms of IA and referral sources should be readily available to school counselors, administrators, faculty and staff, and parents (Chou et al., 2005).

School counselors could take the lead on gathering and distributing information about IA and problematic Internet use in their school and community through leadership activities such as workshops and faculty seminars. Teacher and school staff in-services and parental training could be provided periodically. These events should provide basic information about IA, a discussion of warning signs, a simple assessment, and resources, both local and web based. School counselors should also provide strategies to parents for monitoring and restricting Internet use as needed. The school counselor could begin collaborative relationships and open communication with local addiction support groups and mental health agencies to learn about appropriate referrals. Furthermore, school counselors should provide classroom guidance activities to inform students about IA and to generate referrals from teachers and the student population. Providing this crucial educational information to students and parents about IA may help to identify students in need of assistance. Educating the stake holders is a vital step in prevention (Kaltiala-Heino, et al., 2004).

Kim (2007) recommends that school counselors provide small group and/or individual counseling for students with IA if they receive referrals from teachers, parents, and students. Structured Reality Therapy-based individual and group counseling has shown to be effective in working with students as part of the Comprehensive Developmental School Counseling Programs responsive services (Kim, 2007).

Collaboration with parents and local mental health agencies may be necessary for effectively treating IA. As the concern for IA continues to grow, school counselors need to be prepared to take preventative steps that reach all students. This involves working collaboratively within the school and within the community to meet the needs of students who are struggling with problematic Internet use.

**Resources for School Counselors**

The following websites contain important information, referral sites, and resources for school counselors to utilize when working with a student with IA or who excessively use the Internet:

- The Center for Internet Addiction Recovery: (www.netaddiction.com). This is a comprehensive website with information for individuals and professionals. The program is created by Dr. Young and has treatment services, recovery resources, assessments (including the IAT), support groups, recommended readings, and suggestions for media resources.

- Virtual-Addiction (http://www.virtual-addiction.com). This website was created by Dr. Dave Greenfield and provides information about Internet Addiction, links to resources, and information about professional training.

- Texas State University Counseling Center (http://www.counseling.txstate.edu/selfHelp/bro/interadd.html). This website, is specifically tailored to college students, and has warning signs, strategies for self help, and other useful information about Internet Addiction.
• Daily Strength (http://dailystrength.org/c/Internet-Addiction/support-group). An online Internet Addiction support group with discussion boards, a feature that can be used to track goals, and links to treatment news.

• Psych Central (http://psychcentral.com/netaddiction/). This website contains an article by Dr. John Grohol that provides a counter argument to treating problematic Internet use as an addictive disorder.

Conclusion

Preparing students to use technology is a part of the responsibilities of educators. Another important aspect of preparing students for a modern world is helping them with self-control and balance when using technology. Research demonstrates that IA is a real, prevalent, and threatening phenomenon among students that needs to be addressed in the schools. The potential negative impact is severe, thus school counselors must be ready to address this issue in their schools. This includes prevention tactics, methods for assessment, comprehensive identification methods that consider the possibility of comorbidity, and appropriate intervention strategies. IA can be addressed with broad collaborative services involving the school counselor, the administration, faculty and staff, and parents to have a positive impact on their schools’ population. The use of empirically supported responsive interventions and tactics for prevention for students whose academic, personal/social, and career development is in danger because of their Internet use can be initiated. Cognitive Behavioral and Reality Therapy techniques have been shown to be effective for treating addiction and can be modified by school counselors for school-based interventions with IA disorder. This problem most likely will become more widespread and diverse as technology advances. The school counselor must take the lead in his or her school to educate others and to implement strategies that address the looming problem facing a surprising number of student populations.

References


Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm
Appendix A

Diagnostic Questionnaire

Criteria for pathological gambling were used to provide the questions for addictive Internet use.

1. Do you feel preoccupied with the Internet (think about previous on-line activity or anticipate next on-line session)?
2. Do you feel the need to use the Internet with increasing amounts of time in order to achieve satisfaction?
3. Have you repeatedly made unsuccessful efforts to control, cut back, or stop Internet use?
4. Do you feel restless, moody, depressed, or irritable when attempting to cut down or stop Internet use?
5. Do you stay on-line longer than originally intended?
6. Have you jeopardized or risked the loss of significant relationship, job, educational or career opportunity because of the Internet?
7. Have you lied to family members, therapist, or others to conceal the extent of involvement with the Internet?
8. Do you use the Internet as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)?

Respondents who answered “yes” to five or more of the criteria are classified as addicted Internet users (dependents).