Problematic and Addictive Computer/Video Gaming: Assessment and Treatment

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Introduction

• Computer Engineer (BSEEE)
  • Started first computer company in 1979 (LNW Research).
  • Developed BIOS software used in millions of computers worldwide (Quadtel).

• Clinical Psychologist (MA, Psy.D.)
  • Specialization in Problematic/Addictive Computer Use
  • Founded Computer Addiction Treatment Program of So Cal. Developed specialized tools to treat the disorder.
  • Clinical Training Supervisor for masters and doctoral students at Pepperdine University’s PRYDE Program.
Steve Jobs “It is now 1984. It appears IBM wants it all”
30 Years Later: 2014

- PS4
- Xbox One
- iPotty

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2014: 24/7 Media/Device Availability

“With technology we are bringing boredom to the brink of extinction. Satisfying this with the immediate gratification of media consumption may have tragic consequences for mankind.”

Dr. Kenneth Woog
How Big of a Problem (2007)?

• >2 Million US subscribers to World of Warcraft alone
• Many new games emerging, some targeting younger children
• MMORPG Survey (Yee, 2002)
  • Players report playing 23 hours per week on average.
  • 50% of players self-report being “addicted”
  • 70% report having played 10+ hours straight
  • 18% report playing on-line caused them financial, health, relational or work problems
• On-line limits imposed by government of China
Computer/Video Gaming Industry 2014

- $85B Sales Worldwide, $20B US
  - League of Legends (2009) - Riot Games
    - Almost 1 million players online at any time
    - 27 Million players daily
  - Work of Warcraft (2001) – Blizzard Entertainment
    - 7.5 million subscribers worldwide (same as 2007)
    - Grossed more than $10B (as of 2012)
  - Call of Duty – Activision
    - >100 million copies sold
    - Console and Computer
  - Grand Theft Auto
    - >150 million copies sold
How Big of a Problem? (2014)

- Problem being researched world-wide
- Computer Gaming Addiction recognized as mental disorder in China and South Korea
  - State and private run inpatient “rehab” programs
  - As many as 13% of gamers affected
- Underreported problem in the US
  - Estimates of over 8% of gamers affected
    - Truancy and school failure at middle and high school
    - Widespread problem at US Colleges and Universities
- No standard of care
- Not seeking treatment early

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Make Love, not Warcraft
2002: My Introduction to Computer Addiction

• Coincidentally two 15 y/o males referred to me at the same time
• One attempted to strangle mother with power cord when she unplugged the computer to get him off
• Other had not been attending school for 3 months
• No prior history of mental illness or behavior problems
  • Teens denied addiction and were resistant to counseling
  • Both eventually placed on involuntary psychiatric holds.
  • Cycles of abstinence, behavior contracting did not help cure the addiction or motivate positive change
  • Attempts to help parents reestablish parental authority failed
• Limited success with these clients led me to search for effective treatment methods.
MMORPG Research

I have tried to quit the game but was unsuccessful.

N male = 2760, N female = 406

Percentage of Respondents

Age Ranges

12-17 | 18-22 | 23-28 | 29-35 | > 35

Male:
- 30.0%
- 20.6%
- 11.8%
- 10.4%
- 6.4%

Female:
- 18.8%
- 19.7%
- 9.1%
- 5.3%
- 4.8%

Yee, 2002
Survey of Mental Health Professionals Exposure to Problematic Computer Use

- 5000 MD, Psych, MFT (229 responses)
- Goal: Identify # of patients seen, causes, treatment methods and should it be seen as a distinct disorder
- Results:
  - Clinicians saw 3 clients/yr., avg., 0.66 (11-17)
  - Gaming: #1 endorsed problematic use 11-17 y/o
  - Could it be a distinct disorder?
    - If clients seen >50% said it was/could be a distinct disorder
  - On average, 50% knew someone personally with this problem
Computer Addiction Treatment Methods

- Psychotherapy (CBT) - (45%)
- Family / marital Counseling (34%)
- Behavior Therapy (33%)
- Medication (32%) 11% respondents were psychiatrists
- Abstinence - take away the computer or game (18%)
- 12 step programs, on-line, gameaholics anon (18%)
- Controlled Use (moderation) (17%)
- Parent Counseling (15%)
- Social Skills Training (12%)
- Addiction Counseling (11%)
- Control / Monitoring Software - (8%)
Related Disorders Reported

- Depression 67%
- Couples Problems 56%
- Anxiety 42%
- Impulse Control Disorder 28%
- Sex Addiction 27%
- OCD 20%
- ADHD 17%
- Substance Abuse 14%
- Parenting Problems 12%
- Sex Disorder 9%
- Sleep Disorder 7%
- ODD 4%, CD 4%
- Psychosis 1%, Schizoid Personality Disorder 1%
Iowa State University
National Institute of Media and the Family
Survey of Video Game Play (2009)

- Nationwide Harris Poll Online survey
- Sample of 1178 youth 8-18 years of age
- 11 Questions Similar to Criteria for Pathological Gambling:
  - Negative Consequences of Play
  - Avoiding important academic, occupational or social responsibilities
  - Problematic behaviors as a result of play
- 8.5% of respondents met 6 or more criteria
- Pathological use correlated to 25 hours/week of play
State of Current Research: Still Limited

- Majority of research from China, Taiwan, South Korea
- Prevalence and correlational studies
  - US Europe 1.5%-8.2% of gamers in the US, higher in Asia
- No high quality clinical treatment outcome studies
  - Little research done in the US
- Common Treatment recommendations:
  - Inpatient and Outpatient Programs
    - Limiting access to computer/internet
    - Individual psychotherapy, CBT, ACT, Mindfulness Therapies
    - Group psychotherapy, 12 step online group
    - Recreational therapies, career and educational coaching
Common Symptoms Observed

- Lies or in denial about extent of use - (claims 20, actual 60+ hours)
- Stays up late, sneaks game play in the middle of the night
- Steals money to purchase items in game
- Often has trouble getting to school or college – claims anxiety
- Has become isolated, withdrawn from real world friends
- Previously an honor student, now failing classes
- Constant arguments with family member regarding use
- Lack of interest/motivation in anything but gaming
- Repetitive stress injuries, unusual weight gain/loss
- Does not believe there is a problem – if others would leave alone
- Researches game related items when not in the game
- Admits playing helps improve mood, often irritable otherwise
- Thinks about playing many times a day, everyday
- Many failed attempts by parents to limit use, removal of computer
Internet Gaming Disorder
APA Proposed Diagnostic Criteria - DSM-5

Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12-month period:

- Preoccupation with Internet games. (The individual thinks about previous gaming activity or anticipates playing the next game; Internet gaming becomes the dominant activity in daily life).
- Withdrawal symptoms when Internet gaming is taken away. (These symptoms are typically described as irritability, anxiety, or sadness, but there are no physical signs of pharmacological withdrawal.)
- Tolerance—the need to spend increasing amounts of time engaged in Internet games.
- Unsuccessful attempts to control the participation in Internet games.
- Loss of interests in previous hobbies and entertainment as a result of, and with the exception of, Internet games.
- Continued excessive use of Internet games despite knowledge of psychosocial problems.
- Has deceived family members, therapists, or others regarding the amount of Internet gaming.
- Use of Internet games to escape or relieve a negative mood (e.g., feelings of helplessness, guilt, anxiety).
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of participation in Internet games.
How Does One Become Addicted? Patterns

- Increasing game play, starts with a few hours, evolves to most if not all available free time (>35 hours / week)
  - Baby sitter, low cost entertainment
  - “At least he is not going out and getting into trouble”
- Increasing social and team involvement and responsibility to team members - > play, > rewards (loot)
  - i.e. Raids, increasing participation points
- Weekend play binges - 12hrs+ / day
- Decreasing real life social involvement
  - Play commitments often 7 days a week
- Increasing effort made to manage lifestyle
  - Do minimum in school, sports, work, etc.
  - Work around parental controls
Is this a Parenting Problem?

- Yes and No. Adults can become addicted however...
- Technological Divide makes parents vulnerable
  - “I know he spends too much time gaming but he is a computer genius - it will help his future career.”
- Relatives, friends have lots of advice - they tell parents: “Just take away the computer!” , Why can’t you control your kid? , Just tell him to knock it off!
  - Shame prevents parents from seeking professional help
- Parents have no experience in dealing with an addicted (previously compliant) child: lies, denial, sneaking around
- Rationalization - “At least he is not using drugs”
- Professional advice can be conflicting and confusing
Attempts at Controlling Excesses

- Child Abuses Computer
  - Parents remove keyboard/mouse/power cord/router or install parental control software
  - Child’s obtains hardware or defeats parental control software

- Period of escalating anger, poor school performance, sleep issues
- Child challenged to find covert solution to bypass control

Options:
1. Parents give up
2. Remove computer from home
3. Seek professional tx
Abstinence / Relapse Cycle

- Child Abuses Computer
  - Parents remove computer/game from home
  - Child’s attitude improves
  - Parents return computer to home

Repeated cycles damage relationship

Period of escalating anger, poor school performance, sleep issues

Period of child working to get computer back

Options:
1. Give up
2. Remove computer longer term
3. Seek professional tx
Parent-Adolescent Power Struggle

Period of escalating anger, poor school performance, sleep issues. Parents finally have had enough! Sometimes this is encouraged by mental health professionals.

Period of parents and child locked in power struggle

Options:
1. Give up
2. Seek (new) professional tx
3. Send child to RTC
Treatment: The Science of Addiction

Brain reward (dopamine) pathways

These brain circuits are important for natural rewards such as food, music, and art.
Sufficient Activation Results in Addiction

Brain reward (dopamine) pathways

These brain circuits are important for natural rewards such as food, music, and art.
Gaming Implicated as a Behavioral Addiction

- Experiencing rewards of game play causes significant activation of the reward pathway - PET, fMRI scans observed
- Games are designed to be addicting (“compelling”)
  - Behavioral psychology used - reinforcement schedules
  - Subscription model - no end to play – they go on forever
- Adolescents, young adults sensitive to reward system stimulus with significant brain development
  - Mastery, Success Identity, Autonomy Needs vulnerability
- Hours, hours of play time = significant reward center activation
- Large number of individuals self-report being addicted
- Parents/significant others come to treatment 100% convinced
Theory of Computer Gaming Addiction:

• An individual becomes addicted to computer/video gaming (or other media/devices) when, as a result of use, **sufficient** rewards are applied in **sufficient** quantity through a **sufficient** schedule of reinforcement.

• This theory considers that a net combination of **individual differences** (genetics, developmental characteristics and life experiences), **competing/complementary reward systems** within the individual’s environment and the **net effects of the game’s reward system** will determine who gets addicted and who does not.

• Similar to other addictions, we assume relationships between the risk of addiction and 1) amount of play (> play = > risk), 2) age of onset of play (< age of onset = > risk) and 3) game design qualities (> reward system, > risk)

• **This may begin as entertainment excesses OR a way of regulating mood. The result is the same, treatment may vary.**
Science of Addiction Treatment

• Addiction is a disease where the reward pathway has been hijacked
  • Repeated application of the rewarding behavior

• Treatment involves NEW learning, not merely discontinuance
  • No unlearning - Memory and learning accomplished through neural connections. Connections may fade but are not undone
  • New learning (connections) mediate and supplant old information. “Extinction” - Abstinence alone does not cure addiction!
  • AA, NA - new meaning in life, higher power, helping others
  • Block substance’s effect on the reward system (Naltrexone)
  • Reduce the rewards of game play?
    • Drug to block natural rewards to cure behavioral addictions?
Reward Pathway Guides Behavior

Addictive Behaviors
- Gambling
- Computer/Video Gaming
- Eating/food
- Shopping
- Sexual

Sum of Learning

Reward Pathway

Life’s Rewards
- Academics
- Athletics
- Career
- Relationships
- Success
- Spirituality

Pleasure
Novelty
Reinforcement
Meaning

TREATMENT
Implications for Treatment: Reducing the Rewards of Gaming

• Cannot directly change the game’s reward system, but indirectly we can lower the rewards by reducing the amount of game play:
  • Individual and Team Ranking Declines
  • Participation points - more you play, greater loot
    • Modest reduction dramatically reduces opportunity to gain rewards and status within guild
  • Social rewards
    • Reduction in available computer time = significant reduction in available pre and post activity socializing
• For some this is sufficient for treatment
Harm Reduction Treatment Model

- Addict Uses Computer
- Use is limited each day
- Addict is frustrated or angry about limits. Has extra free time to pursue other activities.

- Reduce amount of ALL computer time according to agreed upon limits on a daily basis.
- Addict learns to tolerate feelings of frustration cravings, while accruing significant real-life rewards

- Reduce gaming rewards through reduction of game play time
  - Rate of reduction and end use limits based on individual’s goals
  - Reduces chance of serious abreaction, depression, self-harm

- Psychotherapy to gain mindfulness and acceptance skills
- Enrichment activities to increase real-life rewards
Gaming Addiction Treatment Settings

• Inpatient (reStart avg. stay is 53 days)
  • Rehab Model, most expensive but best for tough cases
  • Aftercare support a must (i.e. sober living)

• Outpatient (weekly therapy)
  • Least expensive, least successful
  • Most difficult to engage unwilling clients
  • Requires expertise not available everywhere

• Weekend Inpatient with Local Psychotherapy
  • 1/ Month 3-day weekend inpatient (6 months/weekends)
  • Enrichment setting with outdoor experiences
  • Life skills training, group process
  • Client sees local therapist with remote coaching
Inpatient Treatment

• Widely Available in China and S. Korea
  • Chinese 6 months, Korea 2 week typical inpatient stay
  • Goals for treatment: Abstinence from gaming

• reSTART Program (Seattle, WA)
  • Dr. Hillary Cash - Wellness Model (45-90 day), Nature Setting
  • Tx Goals: Game Abstinence, Responsible computer use
  • Life Skills training, coaching, limit access to technology
  • Psychotherapy taken to local therapist’s offices
  • Starting a Parent Support / Codependency Program in 2015

• Bradford Regional Medical Center (Bradford, PA)
  • Dr. Kimberly Young – Hospital Based Model (10 day)
  • Goals for treatment: Responsible use, digital diet
  • First hospital-based recovery program in the US
Elements of Inpatient Treatment

- Restriction from technology
  - Detox, allows the individual to start feeling their feelings
- Improved diet and exercise
- Monitor other psychiatric disorders
  - Medication as required
- Enrichment activities
- Psychotherapy – mindfulness, CBT
- Group Therapy / 12 Step Groups
- Career and academic planning
- Life skills training
  - Learning how to cook, do laundry, become self-sufficient
Computer Addiction Treatment Program
Outpatient Treatment Model

• Evolved over the past 10 years
• Identified that reduction in gaming time applied over a sufficient amount of time helps moderate even after limits are removed
  • Reported by PC Moderator customers, however no research
• The use of Acceptance and Commitment Therapy (ACT) ideal:
  • Easy to understand and accepted by clients
  • Addresses many of the skills, developmental deficits
• Found the early involvement of parents/significant others reduced dropout, improved outcomes
• Goals for treatment should be chosen by the client and be realistic: game abstinence or moderated use
• Coaching parents and counseling clients at the same time difficult but not impossible
Outpatient Treatment Protocol: Intake Assessment

• Assess the problem – questionnaires, interviews
  • Identify the negative impact on health, academic, occupational and social domains (Motivational Interviewing)
  • Identify the impact on the family/couple
  • Assess for related mental health issues
    • Depression, anxiety, system, developmental delays, other
  • Identify the amount and times of play AND pseudo-play

<table>
<thead>
<tr>
<th>Little Impairment from gaming</th>
<th>Serious Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not addicted</td>
<td>Likely Addicted</td>
</tr>
<tr>
<td>Addicted</td>
<td></td>
</tr>
</tbody>
</table>

hrs/week

5  15  25  35  45  55  65
Outpatient Treatment Protocol: Intake Assessment (continued)

- Brief psycho-education
  - Science of Addiction, game culture, treatment methods
- Discuss goals for behavioral treatment
  - Ask both parents/spouse and addict separately:
    - “What do you think is a reasonable amount of time?”
    - “What are important responsibilities that have been taking a back seat to the gaming?”
  - Negotiate to starting point - how much and when each day
  - Discuss reasonable expectations for parents/significant others
- Develop the treatment plan
  - Educate client and family
  - Seek buy-in from client
Outpatient Treatment Protocol: Behavioral Structuring

• Create a life structure encouraging real world success
  • Reduce the amount of play time to agreed upon levels:
    • Children/younger teens – limit setting parental controls/software. Adults – allow attempts at self monitoring/limiting first, then strong limit setting tools if not successful
      • Reduces the indirect reward from play
      • Reduces the amount of pseudo-play time
      • Reduces social rewards from game play
      • Increases sleep, available “free” time, positive health impact
    • Gradual or rapid decrease as needed/ deemed safe
• Ongoing process throughout treatment, adapting
  • Much of this work may commence only after psychotherapy well underway and relationships solidified

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Outpatient Treatment Protocol: Behavioral Structuring (continued)

• Create enrichment opportunities for life rewards
  • Increase positive, pro-social activities and rewards
    • Career, academic coaching, values exploration
    • Improvements in school, work, **relationships** = greater satisfaction
    • Academic counseling, career guidance, life goal setting
    • Coaching parents/significant others

• Behavioral Contracting
  • Use computer time as reward for participation in competing activities
  • Sports, extracurricular, social activities
Reliable Limit Setting

- Consolidate all gaming/media use to one \textit{DESKTOP} system
  - Other user’s computers/tablets/smartphones must be secured (password protected, locked away)
  - Addict’s laptop(s) must be removed
    - Allows secretive use and use in bed, bathroom, etc.
  - Addict’s other devices - Ipads, Ipods, Iphones must be removed
    - No more Tablets, Smartphones
    - Gaming Console Stations must be removed
  - If possible move desktop system into a public place
  - For adults, allow attempt to self regulate other devices first then negotiate giving up other devices

- Install/configure limit setting tool on Desktop System
  - Set to agreed upon limits if user cannot self-limit (definition of addiction)
Limit Setting Tools

• Parental Controls for the Game or Application
  • Limits application time (i.e. World of Warcraft)
  • Playstation, XBOX and other consoles
  • Limited to application (pseudo play?)
• Router Control Applications
  • ISP Usually free software, often controlled remotely
• Parental Control Software with Time Limit Features
  • Parents must be System Administrator, potential for hacking
• Windows 8 and Mac OS allow when and daily limit settings
  • Limits use, Parents/Significant Others are System Administrators
• Self-Limiting Software Tools
  • Rescue Time, Stop Procrastinating
• Partner with technical resource provider
Limit Setting Difficulties

• What helped cause the problem in the first place
  • Poor monitoring, Family/marital issues - differences
  • Parental mood disorder, ADHD, crisis
  • Lack of computer knowledge and subject to manipulation
  • Unable to tolerate an upset, angry child / young adult
  • Unreasonable expectations
    • “Child is old enough to monitor themselves!”

• Technical Limitations
  • Motivated Tech Savvy Addict
    • Reinstall OS or Windows OS on a USB Stick Drive
  • Security limits of hardware and applications
    • Many backdoor ways of bypassing security
Computer Addiction Treatment Device
PC Moderator™ (2005)

- For adults or difficult cases with tech savvy / defiant addicts
  - Locks on, cannot be removed even by opening computer case.
  - Feature set specifically designed to aid clinician/parents
    - Records amount of time used, by day: reports
    - Limits set for when and for how long computer can be used
    - Taper down schedule automates limit changes
    - Setup can be done prior to installation
- No longer available for retail sale
Sentinel Gaming Systems™ MK 1
High Performance Remote Managed Gaming Computer
Available Q1 2015

- Full Performance Gaming PC
  - Up to Intel I7 CPU
  - High end graphics, multiple monitor support
  - Windows 8 OS

- Remotely Configurable / Managed
  - Hardware imposed operating limits- independent of OS
  - Users may remain System Administrator of the Computer System
  - Web Based controls can be operated from anywhere with internet
  - Usage settings for when and how long users allowed on the system
    - Flexible controls, multiple users/modes, taper down schedule
    - Usage Monitored with logs available on-line

- Highly Secure – Tamper and Hack Resistant
  - If hardware tampered, unit will no longer operate without remote restore
  - Email/text alerts warn of unit being tampered, moved, unplugged
Outpatient Treatment Protocol: Psychotherapy

- Psychotherapy
  - ACT or other mindfulness-based cognitive therapies
    - Anxiety, Depression, OCD, PTSD, Grief
  - Family counseling
    - Damage done to the relationships due to the addiction
  - Parent Counseling/Coaching
  - Marital Counseling

- Refer out to specialists or other clinicians as necessary

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Outpatient Treatment Protocol: Psychotherapy

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- Parent Counseling/Coaching
- Marital Counseling

- Assessment and revised treatment planning is ongoing

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Implications to Consider for Outpatient Treatment:

- Gaming may be greatest single motivator in person’s life:
  - If possible, make play contingent on completing other day-to-day responsibilities and non-play activities
  - Start slow and increase non-game activities over time

- Stop complementary rewards
  - Magazine subscriptions, new computer equipment, etc.

- Competing responsibilities/activities should offer their own rewards:
  - Social, academic, employment, athletic, artistic

- Behavioral interventions have face validity for treatment
  - Game play is a behavioral intervention
Tip the Scales toward Real World Rewards

• Use assessment to identify areas needing help
  • Academic, social, family relations, etc.

• Parents / Significant Others must work aggressively
  • Encourage a success identity- real life rewards
  • Work to improve family relationships - quality time

• Parents / Significant Others must be patient
  • Withdrawal can be minimized, however irritability, depression, anxiety are possible issues to emerge
  • Game rewards have overtaken real life rewards - it will take time for new learning

• Parents / Significant Others must be consistent
  • Stick with behavioral interventions to the letter
  • Clear message to child / significant other

• Seek additional professional help as needed
  • Parents may need technical help
Life Balance Worksheet

Recommended Changes to Balance Life’s Rewards For

TV, Internet and Computer/Video Gaming

Real-life rewards

List Media Interests

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Key:
+ increase
- decrease
x remove
* no change

Academics / Education
Athletics / Exercise
Career Goals and Success
Close Friendships
Family Relationships
Financial Success
Other Hobbies and Interests
Romantic Relationships
Spirituality / Philosophy
Travel

_________________________
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Weekend Inpatient Program  (Feb. 2015)

• 3 Day Weekends (Friday, Saturday, Sunday)
  • Typical 6 Month Treatment Program (refresher weekends available)
  • Technology-free mountain cabin at Big Bear Lake, California
  • Assessment and individualized treatment planning, interventions
  • ACT psycho-education and group based mindfulness therapy
  • Life skills and healthy lifestyles education
  • Outdoor adventure enrichment experiences
  • Guest educators on various academic/career topics
    • Computer science, computer/video game industry and more

• Between Weekend Support
  • Sentinel Computer option to monitor/limit between weekends.
  • Between weekend consultation and activities
Outpatient Case Study - 17 years old

• 17 y/o male WOW Addiction
• Declining / failing grades
• School refusal began after demand for improvements
  • Parent: “2 weeks of attending school and doing h/w, get computer back”
  • Child: “Give me back computer or I won’t go to school
  • 30 days later… still not in school
• Setup PC Moderator with computer time allowed for attending school, even part day
  • 1 hour school= 1/2 hour computer time
• Back in school full time within 1 week
  • Limits set to daily (2 hours) and weekend (5 hours) use and contingent on doing h/w each weekday
Outpatient Case Study - 19 years old

• 19 y/o male WOW addiction, 91 hrs/week maximum
• Failed college
  • Attended 1 year at local university, dropped out moved home.
  • Failing first term at local community college
• Set conditions for continued financial support by parents
  • PC Moderator on computer
    • Parents were “custodians” of the device
    • PC Moderator helped with denial and negotiated limits
  • Reasonable use limits 3 hrs./day + weekend = 25 hrs./week
  • Attend local college, successfully passing courses
• Enrolled in college, passed first courses, got job and was successful at balancing work, school and fun within 4 months
Credits / References / Resources

• DSM-5 (2013) American Psychiatric Association


Credits / References / Resources

• Southpark - Comedy Central, Season 10, “Make Love, Not Warcraft”
  http://www.pcmoderator.com/wooglabs3_018.htm
• Yee, N. (2002) Ariadne - Understanding MMORPG Addiction, retrieved from
  http://www.nickyee.com/hub/addiction/home.html

US Based Computer Addiction Treatment Programs

Hillarie Cash, Ph.D. - Internet/Computer Addiction Services
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Lake Forest, Ca 92630, (949) 422-4120

Kimberly Young, Ph.D. - Center for Internet Addiction Recovery
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814-451-2405
Questions?