Technological Addictions and Social Media Conditions:

Resources for Parole Officers

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The procedures in this special project are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.

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ABSTRACT

The purpose of developing resources on technological addictions and social media is to provide insight and strategies for parole officers to facilitate their case management duties. Parolees who are addicted to a technological device or service and may have special conditions related to technology during their supervision period can lead to issues for parole officers who are unfamiliar with these concepts. Two manuals were created, one to be used by the agency and the other to be given to the client as a workbook to help in monitoring his behaviour. Both manuals provide a brief literature review, and include strategies to more effectively confront technological addictions. The staff was also given a presentation on Internet addiction, in order to ensure they have a better understanding of the issue and relevant services to increase the efficiency of their monitoring duties. The Technological Addiction Test (TAT) was adapted from Young’s Internet Addiction Test (IAT; 1998) and expanded to include more relevant questions for the offender population which provides a quick measure of the potential severity of a technological addiction.
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Chapter I. Introduction

Internet addiction is noticeably prevalent; Hall and Pearson (2001) established a conservative global prevalence of 6%, while mentioning that the prevalence is likely to continue rising. It is a growing phenomenon that is not only a specific, stand-alone addiction, but can propagate other addictions, such as gambling, sex, and shopping (Cooper, Putnam, Planchon, & Boies, 1999). This can lead to a number of issues and risks for the user, due to the vast amount of stimuli and outlets that the Internet offers. According to Watson (2005), Internet addiction is a psychophysiological disorder that involves the same dimensions as chemical addictions, such as tolerance (same amount of usage evokes less response and so consumption must increase to reach desired effect), withdrawal symptoms (anxiety, tremors, and moodiness), affective disturbances (such as irritability and depression), and social relationship interruptions (decline or loss in quality or quantity).

Evidently, the Internet is host to many forms of criminal activity and content, which can be used to facilitate criminal acts in the real world. Crimes that are enacted through Internet use are known as cybercrimes and include cyberbullying, online sexual assault, online fraud, cybertheft, online intrusion (“hacking” and intentionally spreading computer viruses), and online child pornography amongst others (Henson, Reynes, & Fisher, 2011). It is important to note that Internet related crimes do not always indicate an Internet addiction. For example, someone who commits a single act of identity theft or fraud may be unlikely to be addicted to the Internet, however an Internet sex offender who has spent countless hours amassing a collection of images and video is likely to identify as having an Internet addiction (Quayle & Taylor, 2003). Many individuals who are on probation or parole have special conditions that limit Internet use, either in its entirety or by abstaining from specific types of websites such as dating, gambling, or pornographic sites. Furthermore, they may be required to abstain from cell phone use, as conditions may allow for only one form of telecommunication (computer or cell phone). These are precautionary measures that encourage or facilitate avoiding any further criminal activity or associations. These conditions, however necessary, can engage many of the symptoms of withdrawal, which can lead to re-offences or breach of conditions from the offender, as a means to quell the symptoms.

Internet addiction incorporates video game addiction, as it is considered an online activity and has similar consequences, such as lower scores on life satisfaction and reports of elevated levels of anxiety and depression in the user (Mentzoni et al., 2011). Mobile phone addiction is another form of technological addiction that can interfere with the parole/probation process. Thus, proper coping strategies and awareness of the nature of Internet and other technological addictions and its consequences would be beneficial to parolees and parole officers which could lead to higher rates of successful completion of the parole/probation process.

Internet addiction is not widely accepted as a “true addiction” because it is a relatively new concept and there are a limited number of studies available. However, awareness and acceptance of Internet addiction could lead to a better understanding of the clients as well as more effective strategies to deal with the special conditions that can be enforced during probation and parole periods. Manuals providing information and strategies for effectively handling Internet and other technological addictions will benefit both offender and parole officer. The manuals serve to provide insight and skills to more effectively manage Internet and technological
addictions. The parole officers can increase their confidence and comfort level with the supervision of special conditions that pertain to technological devices while the clients are better equipped to cope with the imposed limitations.

The client manual provides information about Internet and technological addictions as well as coping strategies that can be used to deal with limitations put on communication and any resulting withdrawal symptoms. The manual for the parole/probation officer provides information on Internet addiction, appropriate measures for assessment, and strategies on how to better assist their clients avoid breaches in conditions in regards to technological use. The following literature review acts as an educational tool to highlight the often-ignored impact of Internet addiction and the special conditions that can be put in place for the duration of the probation/parole process. It also highlights areas that are emphasized in the manuals including: assessment/screening measures, addiction symptoms, mobile phone addiction, video game addiction, coping strategies, psychoeducation, and online sex offenders.

The literature supports the need for increased education and training in dealing with technological addictions, claiming a significant need for improvement in the corrections field as there could be improved rates of success with respect to rehabilitation (Bowker & Gray, 2004). Following a review of the empirical literature, the method used for the development of the manuals is described. The results section presents the final products of the thesis, including both the facilitator manual and the client manual, which consist of explanations and suggestions on various concepts that are products of technological addictions, such as triggers, withdrawal symptoms, relapse prevention, and how technology addiction links to the seven domains of parole. Finally, the discussion section elaborates on any limitations or recommendations of the thesis while providing a general summary.
Chapter II. Literature Review

Internet Addiction Overview

Volkow (2007) notes that all types of addictions, such as behavioural and chemical, have much more in common than previously believed (as cited in Wormer & Davis, 2013). Since Internet addiction is not widely accepted as a legitimate addiction, the symptoms (e.g., tolerance, withdrawal, and affective disturbance) may not get the proper attention or intervention which could lead to a multitude of issues for the client and parole officer. It is estimated that nearly one in eight Americans exhibit a minimum of one possible sign of Internet addiction (Aboujaoude, Koran, Gamel, Large, & Serpe, 2006 as cited in Young, 2011). Young identifies the Internet as an escape from the user’s problems, a fantasy world where the user can take on a completely different identity (2011). Young also notes the effect that problematic Internet use (PIU) can have, comparing it to the numbing sensation that individuals with alcoholism describe feeling when they drink (1998). This is equivalent to the behavioural cycle identified by those with alcoholism (bad feelings lead to drinking, which leads to guilt/shame, which leads to more drinking to escape), by just turning the computer on, users with an addiction get negatively reinforced by the escape from their negative or uncomfortable emotional states (Cooper et al., 1999).

Cooper et al. view the addiction as escape-maintained behaviour, which results in stronger feelings of shame, lower self-esteem, and even less control over their actions. Therefore, it is essential for the clients to learn of alternate, appropriate methods of coping, as some should no longer be accessing the Internet while on parole. Furthermore, it is even more beneficial to directly address the issues that the clients are ignoring. LaRose et al. (2001, 2003) hypothesized that Internet addiction leads to deficits in self-regulation, which is an essential skill for offenders to have, especially during the parole/probation period as they must monitor and report their behaviour (as cited in Jenaro, Flores, Gómez-Vela, González-Gil, & Caballo, 2007).

However useful, the Internet hosts a number of vices and makes them readily available. In 2009, Black reported that approximately 70% of individuals receiving treatment for sex addiction also identify problematic Internet use with respect to online sexual activity (as cited in Wormer & Davis, 2013). When dealing with problematic sexual behaviours and the Internet, it is suggested that many rationalize their actions by claiming a decreased chance of prosecution, and that less harm is committed, in regards to others and themselves, than if the sexual behaviours are acted on outside of the Internet (Cooper et al., 1999).

What makes sex, and other features of the Internet so alluring what is known as the Triple A Engine, which is comprised of accessibility, affordability, and anonymity (Cooper 1998a, as cited in Cooper et al., 1999). Although the Cooper et al. study (1999) focuses on online sexual behaviour, the insight and strategies easily generalize to all forms of problematic Internet use. When dealing with problematic online behaviour, Cooper et al. suggest two very important concepts, the first being that individuals should increase their awareness and understanding of their motivations and feelings as well as acquire skills and strategies to identify and modify their behavioural patterns, while the second is countering the Triple A Engine. Cummings, Gordon, and Marlatt (1980) state that 71% of relapses related to addiction (chemical or behavioural) are
preceeded by negative emotional states, interpersonal conflict, or social pressure (as cited in Cooper et al., 1999).

**Assessment**

Internet addiction as a concept provokes debate, mainly due to the concerns regarding the validity of the assessment measures (Widyanto, Griffiths, & Brunsden, 2011). Widyanto et al. analyzed and compared the psychometrics of the two most popular measures, the Internet Addiction Test (IAT) and the Internet-Related Problem Scale (IRPS) both of which have high face validity (2011). The participants who self-identified as addicted to the Internet had higher scores on both measures, and strong correlations were identified between the two measures (2011). Young’s IAT is based on an adaptation of the DSM-IV definition of pathological gambling and originally comprised eight items, however has since been revised and now consists of 20 items (Young, 1998, as cited in Widyanto et al., 2011). Beard and Wolfe (2005) question the objectivity of the IAT and how much of the measure is based on self-report which could affect the accuracy of the diagnosis (as cited in Widyanto et al., 2011). They also state that some of the items in the IAT are too vague and question if pathological gambling criteria is the most appropriate adaptation for Internet addiction (2005, as cited in Widyanto et al., 2011). Despite the criticism, it is important to note that the IAT has demonstrated good internal consistency, was the first assessment measure developed for Internet addiction, and is still widely used (Widyanto et al., 2011).

Widyanto et al. (2011) found that the IAT comprises three factors: psychological/emotional conflict, salience, and time-management issues The IRPS also consists of 20 items and three factors: tolerance, craving, and the negative impacts of Internet use on the individual’s life (Armstrong, Phillips, & Saling, 2000, as cited in Widyanto et al., 2011). Widyanto et al. confirmed that the IRPS has a moderate level of internal consistency and construct validity, which suggests that the items in the questionnaire relate to the construct of Internet addiction, yet the factors are not as easily distinguished and defined as the IAT. Both measures appear to demonstrate adequate to good psychometric properties, although some items in the questionnaires are in need of revision, due to technological advances and vague wording (Widyanto et al., 2011). Both measures are considered useful resources as they measure different subsets of the addiction, while also providing a good measure of general problematic Internet use (Widyanto et al., 2011). With respect to use by parole officers, it may be best to simply use as a general screening measure and, in indicated, to refer the clients to therapists for more in-depth assessment and/or treatment. The IAT seems to be more accessible and easier to use with clear cut off points and so it is the recommended measure for use by parole officers. It is also available online at no cost with an easy-to-use template and automatic scoring key (Young, n.d.).

Davis, Flett, and Besser (2002) validated a scale that focused on productivity and screening in the workplace, known as the Online Cognition Scale (OCS). This can be particularly useful for offenders who are looking to get back into the work force as it identifies the probability of “cyberslacking,” with the scores successfully predicting reprimands at school or in the workplace involving inappropriate Internet use (Davis et al., 2002). The OCS measure comprises of four subscales: loneliness/depression, diminished impulse control, distraction, and social comfort, but can also be a measure of global problematic Internet use (Davis et al., 2002).
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Evidently, Davis et al. state that problematic Internet use is much more than simply spending too much time on the Internet.

The Problem Videogame Playing (PVP; Appendix A) is targeted at adolescents and is self-report questionnaire consisting of nine dichotomous (yes/no) items and is based on the DSM-IV’s criteria for substance dependence and pathological gambling (Salguero & Morán, 2002). A limitation of this scale is that there is no established cut-off score to distinguish problem gamers from recreational gamers, but as the scale was based on a similar scale that had a cut-off of four or more items indicating problem behaviour, it can be assumed that it is also the cut-off for the PVP (Salguero & Morán, 2002).

Assessments that focus on technological addictions are not as vigorously tested as standardized measures that relate to diagnoses found in the DSM-IV, yet can still be used to assess severity and provide a point of reference for open discussion about the issues and problematic behaviours. The included measures are ideal for parole officers as they are relatively short, simple to use, and clearly identify problem areas and the severity of the issue. However, it is important to note that the PVP is designed for use with adolescents 13-18 years old but could still provide some useful information if used with adult offenders.

Internet Sex Addiction

Many users may engage in sexual interests or activities that may never, or rarely, present themselves in the real world, such as some fetishes, which can lead to deficiencies in their offline sex lives, as the online world becomes a substitute (Griffiths, 2012). Griffiths (2012) stresses the importance of distinguishing between consumptive (watching porn) and interactive (sex chats) online sexual behaviour. The Internet allows for increased or full anonymity, creating an opportunity to detach from factors such as gender, age, race, and social class, thus liberating the individual from the fear or hesitation of taking part in something that may be frowned upon or considered taboo in his or her offline life.

Young, Pistner, O’Mara, and Buchanan (1999) developed the ACE model which is comprised of anonymity, convenience, and escape, which are prominent aspects of the Internet (as cited in Griffiths, 2012). This further supports the idea of escape being the main aggravator of Internet addiction and misuse. Online sex use can be both positively and negatively reinforced, by sexual gratification and escaping from everyday stress, respectively (Griffiths, 2012).

It is important to note that Cybersex has the potential for positive impact, and Carnes (2003) believes that it has been more positive than not. Online sexual behaviour contributed to substantial shame reduction in regards to sexuality; some people have been able to form healthy meaningful relationships and find approval from others who share the same sexual interests. That said, the Internet can also be a source of exploitation and compulsion (Carnes, 2003). Carnes also notes that the mere sight of a computer or the tactile response received from a keyboard or computer mouse can lead to arousal in some users. This suggests that complete removal of the computer and its accessories (potential triggers) could reduce the risk and temptation in the user substantially more than filtering programs. However, this does not lend itself to learning restraint and appropriate computer use, which may be essential to joining the workforce as 69% of Internet misuse reported in a workplace setting, regardless of addiction or criminal record derives
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from pornography (Carnes, 2003). Griffiths (2000, 2001) outlines potential hazards of online sexual behaviour, namely the criminal activities, such as displaying, downloading or sharing pedophilic material, as well as cyber-stalking and cyber-bullying (as cited in Griffiths 2012).

**Specifics of Internet Sex Offenders**

Evidently, there are differences between sex offenders and Internet sex offenders (ISO) (Tomak, Weschler, Ghahramanlou-Holloway, Virden & Nademin, 2009). This highlights the need for better understanding of the allure of the Internet, which Young (1998) explained as the *Cheers* lure, where “everybody knows your name,” yet you have the power to create a new identity in anonymity. The research that is available on the link between the Internet and deviant sexual behaviour seems to suggest that online newsgroups, e-mail, chat rooms and games that allow users to create characters to “act out” their fantasies, are satisfying paraphilic appetites (Bates & Metcalf, 2007; Kim & Bailey, 1997 as cited in Tomak et al., 2009).

A key study on Internet sex offenders offered testimonials from offenders and provided significant insight into the pathology of problematic Internet use in people with sexual interest in children (Quayle & Taylor, 2003). Quayle and Taylor (2003) distinguish between passive (watching television) and active (video games) technological addictions, and how this is an important factor to consider when dealing with offenders. The anonymity of the Internet is very appealing, which explains the evidence of disinhibition found in almost all forms of Internet use (Quayle & Taylor, 2003). Internet sex offenders can also use rationalization to downplay the impact of their actions, as shown by a testimonial in Quayle and Taylor (2003): “I was finding more explicit stuff on the computer and I was looking at the computer and thinking, oh…they’re doing it…it can’t be that bad…it’s there you know” (p. 98). Quayle and Taylor also noticed that among all sample participants (23 convicted online sexual offenders), there was a reduction in offline social behaviour, due to a rapid increase of time spent on the Internet. The study also supports the idea that Internet addiction, including the sexual component, is primarily due to the escape function, which was expressed in another offender testimonial: “…it was a fantasy world for me…and it was so different from the mundane existence I’d been leading. Here was something that was dangerous…it was exciting… it was new” (Quayle & Taylor, 2003, p. 98). Quayle and Taylor note that not only is the behaviour being reinforced by the individuals own reactions to it, but is also being reinforced by the online community that engage in the same acts. Clearly, a separation from this community is a goal of the special conditions put in place by the parole/probation officers.

Quayle and Taylor (2003) noted that the offenders reported feeling in control and feeling important when engaged in the problematic Internet activity. In the offline world, it would seem that the offenders experience deficits in these feelings, which is one of the many reasons why the online activities that pertain to child pornography are appealing to the offender. Appropriate activities that address these feelings should be encouraged to provide the offender with prosocial ways of attaining the same results. The offenders’ online behaviours resulted in decreased social engagement offline, declines in communication with family and friends, and an increase in depression and loneliness, which all are consequences discussed in previously mentioned studies (Quayle & Taylor, 2003). Evidently, these are not prosocial behaviours or feelings, and should be addressed and understood by the parole/probation officer and the offender.
Mobile Phone Addiction

A Korean study demonstrated that higher levels of anxiety and depression, lower self-esteem, and alexithymia (difficulty expressing emotion) are found in secondary school students who are identified as excessive mobile phone users in comparison to the normative sample (Ha, Chin, Park, Ryu, & Yu, 2008). Alexithymia has also been described as a lack of fantasies and feelings by Keltikangas-Järvinen (1982); it was also found to be common in violent offenders. A South Korean study suggests mobile phone addiction (MPA) is more prevalent than Internet addiction by the National Information Society Agency in 2012 (8.4% and 7.7%, respectively; as cited in Kwon, Kim, Cho & Yang, 2013). However, it is important to note that the majority of cell phones now offer Internet capabilities, which affects the impact of this finding as the lines separating MPA from Internet addiction are very indistinct. Unfortunately, North American mobile phone addiction studies are limited, as most of the research seems to be from Korea. MPA has many similarities to other addictions, including substance and behavioural addictions (e.g., Internet, gambling), leading to cravings, withdrawal, tolerance, and reported daily-life disturbances (Takao, Takahashi, & Kitamura, 2009).

There is general consensus that the individuals who are deemed to have MPA exhibit extraverted qualities and low self-esteem, which is potentially the cause for seeking approval, assurance, and admiration from peers through excessive mobile phone use (Bianchi & Phillips, 2005; Takao, Takahashi, & Kitamura, 2009). Bianchi and Phillips (2005) claim that MPA may also stem from the function of escaping aversive situations. In regards to MPA, escape behaviours could include taking out the phone compulsively, aimlessly using the phone’s functions, pretending to have a phone call to avoid conversation or excuse themselves from a room. This could lead to social deficits and affect productivity as the individual is continually avoiding social interactions or engaging in off-task behaviour. Misuse of mobile phones also brings about social, behavioural, and affective problems (Chóliz, 2010). Chóliz (2010) speaks of mobile phone dependence, as opposed to addiction, and identifies the most common symptoms:

(a) excessive use, manifested in both a high economic cost and in numerous calls and messages; (b) problems with parents associated with excessive use; (c) interference with other school or personal activities; (d) a gradual increase in mobile phone use to obtain the same level of satisfaction, as well as the need to substitute operative devices with the new models that appear on the market; and (e) the need to use the mobile phone frequently, as well as emotional alterations when phone use is impeded. (p. 374)

Previous studies have shown that mobile phone dependence meets the parameters of dependence as defined by the DSM-IV, including a lack of impulse control, use of the phone to avoid unpleasant moods, abuse of the mobile phone (overuse), and the amount of time invested on a daily basis (Chóliz, 2010). These findings have motivated Chóliz to advocate for the inclusion of mobile phone addiction/technological addiction in the DSM-5.

There is higher mobile phone use in females and higher reports of anxiety and insomnia in individuals with MPA across genders (Jenaro et al., 2007). A study by Jenaro et al. including 337 participants revealed that 6.2% of the sample could be deemed addicted to the Internet, 10.4% could be considered pathological mobile phone users, and 3.9% fit both criteria (2007). It
is important to note that all participants were volunteer college students from the same university in Spain and that no random or purposeful sampling was used which limits the ability to generalize the results beyond Spanish populations (Jenaro et al., 2007). The study also demonstrated that contrary to numerous previous studies, there is no significant association between Internet or mobile phone over-use and substance abuse or gambling. Wormer and Davis (2013) claimed that in regards to mobile phone use, a clear correlation exists between high-frequency texting, and high-risk activities in students, such as binge drinking and substance abuse. However, correlation does not equal causation, yet it is worth noting, especially when considering the communication aspect of texting and the conditions that demand offenders abstain from any contact with criminal affiliates or negative influences. Telecommunications can be used to maintain criminal relations or lead to invitations to criminal activity and high rates of texting should be investigated. There seems to be much more evidence that supports the argument that the Internet can aggravate already existing addictions, which has led many to call online poker the “crack cocaine of gambling” (Wormer & Davis, 2013, p. 269). However, the findings that mobile phone over-users are more likely to experience insomnia, somatic complaints, social dysfunction, depression, and anxiety corresponds with the findings of previous studies.

In regards to supervision of offenders in the community, it is not always realistic to expect total abstinence from computers and the Internet, which is why the least restrictive yet still effective conditions are the most advisable (Bowker & Gray, 2004). Probation and parole officers are encouraged to embrace both “high tech” and traditional methods to manage and minimize the risk that is posed by cybersex offenders (Bowker & Gray, 2004).

**Video Game Addiction**

In general, the fewer addictions one has, the more potential there is for productive, prosocial behaviour. Often, parolees must be actively seeking/maintaining employment, which can be impeded by a video game addiction. Video game addictions are often linked to the reward that in-game achievements deliver, which activate dopaminergic neurotransmissions in the brain’s reward circuits (Mentzoni et al., 2011). A survey by Williams, Yee, and Caplan (2008 as cited in Mentzoni et al., 2011) notes that those who play massively multiplayer online role playing games (MMORPG) report higher rates of depression and substance use. In a study by Rehbein, Kleimann, and Moble (2010), video game dependency is shown to increase psychological and social stress levels by evoking lower school achievement, increased truancy, reduced sleep time, and even increased thoughts of suicide. Clearly these are behaviours and consequences that do not promote job seeking and could lead to problems maintaining work once employment is found.

**Treatment Options**

Cooper et al. (1999) suggest steps to help counter the Triple A Engine. For instance, filtering programs such as Safe Surf can block pornographic material which counters the accessibility issue. They also mention that using an Internet service provider that provides filtering software, such as Integrity online which blocks pornography, is a more efficient filtering
method as computer savvy users may be able to disable filtering programs; therefore combining both methods is the best option. This can be an effective aid in preventing special condition breaches, as it blocks access to inappropriate websites, which leads to a disruption in the problematic behaviour pattern, allowing for the use of coping strategies. A suggested strategy for dealing with the affordability aspect of the Triple A Engine is compiling a list of ways the problematic online behaviour is taking a toll, be it time, money, relationships, or the user’s self-esteem (Cooper et al., 1999). The strongest aspect of the Triple A Engine, anonymity, can be countered by discussing results of self-monitoring, and challenging denial (Cooper et al., 1999). The anonymity leads to a detachment from the behaviour, therefore, initiating a safe discussion can lead to acceptance and an increased awareness or insight into the problematic behaviour.

Internet addiction shares similarities with other addictions, and thus should be able to share some of the treatments. Buproprion sustained-release treatment has been used in decreasing cravings in the substance dependent population and has now been applied to Internet and video game addictions (Han, Hwang, & Renshaw, 2011). Buproprion has been used in the treatment of cocaine dependence, nicotine addiction, and pathological gambling (Dannon, Lowengrub, Musin, Gonopolski, & Kotler, 2005; de Lima et al., 2002; Hays et al., 2009; Pettinati et al., 2003; Poling et al., 2006; Thase et al., 2001; as cited in Han et al., 2011). Although the study only included 19 participants over a 6 week period, a variety of measures were used, including magnetic resonance imaging (MRI) to measure brain activity, Beck’s Depression Inventory, self-report of craving on a 7-point visual analogue scale, and Young’s Internet Addiction Scale (Han et al., 2011). The study showed that brain activity in patients with IAG is similar to individuals with substance dependence or pathological gambling when presented with a cue that could evoke cravings. The results demonstrated that Buproprion produced a decrease in cravings, play time, and cue-induced brain activity in the dorsolateral prefrontal cortex. However, the study should be replicated with a larger sample size, and one that is more representative of the IAG population, including participants with comorbid depression or anxiety. Nevertheless, this remains a potential treatment option and could be a simple, easy to adhere to treatment plan if the offender agrees to being medicated.

Cognitive behavioural therapy-Internet addiction (CBT-IA) is the first treatment model for this new disorder and is divided into three phases of treatment, the first being behaviour modification, followed by cognitive-restructuring, and ending with a focus on harm reduction therapy (Young, 2011). CBT-IA focuses on increasing awareness of the issues that lead to compulsive Internet use; the clients are encouraged to collaborate in setting up the treatment and choosing personal goals and strategies that they find useful (Young, 2011).

CBT-IA is effective at reducing the symptoms associated with Internet addiction, and maintains effectiveness (78% sustained recovery at six month follow up; Young, 2013). CBT-IA should still be more extensively studied with larger samples and more varied populations.

Relapse Prevention

Relapse prevention plans should help decrease the probability of being in a high-risk situation, and also provide specific strategies for coping when such situations occur (Cooper et al., 1999). As previously stated, 71% of relapses related to addiction (chemical or behavioural) are preceded by negative emotional states, interpersonal conflict, or social pressure (Cummings
et al., 1980, as cited in Cooper et al., 1999). These negative mood/emotional states trigger the individual to engage in Internet use as a means to avoid/escape their problem as a form of self-medication (Watson, 2005).

Some relapse prevention strategies include training the individual to have improved impulse control by use of prolonged cue exposure (which acts to habituate the individual to cue-evoked cravings and withdrawal symptoms; Marks, 1990). Cue exposure is a way of decreasing the effect of a “trigger” by safely deescalating, or eliminating automatic reactions to troublesome stimuli. Clearly this cannot be done in every offender’s case, such as online sex offenders dealing with children, but could be of use to those addicted to mobile phones, general Internet addiction, and individuals who have video game addictions. Another strategy is to have the offenders identify their triggers and high-risk situations, feelings, and environments and then developing strategies to help them counter or avoid these situations (Marks, 1990). Marks (1990) states that an effective practice to avoid relapses and thus, breaches and suspensions, is nurturing new social relationships and activities that act as appropriate alternatives. It is suggested to visualize the relapse prevention stage as the offender being the “player” while the officer acts as a coach and cheerleader, providing motivation and guidance (Marks, 1990).

Summary

Except when noted, most of the studies have produced similar findings and advocate for the acceptance of Internet addiction and other technological addictions as a genuine addiction that should be included in future DSM editions or revisions. The evidence of powerful consequences and symptoms of technological addictions necessitates promotion of awareness and education with parole officers, parolees, and the general public. The literature seems to agree on the comorbid nature of technological addictions, with respect to anxiety and depression, while also providing a consensus that they are reinforced as a function of escape or avoidance. It is clear that larger studies, with a greater ability to generalize the results, need to be produced to attain the level of attention that technological addictions and its consequences warrant.
Chapter III. Method

Participants

The officer manual and the Technological Addiction Test (TAT) are intended for use by the parole officers, with the exception of the technology addiction workbook, which is a manual that is to be given to parolees at the officers’ discretion or based on TAT results. The TAT can be administered to adult offenders, male or female, regardless of their offense history.

Administrators

The TAT does not require any special training, however it is recommended that those giving the test (likely a parole officer) read the officer manual to supplement knowledge and insight into technological addictions, allowing the administrator to be more comfortable with the material and be able to answer questions that the parolee may have.

Design

The student developed the TAT based on the research compiled in the literature review. The test consists of 28 items that pertain to the same dimensions and issues identified by other assessments and studies that focus on specific technologies, such as Internet or mobile phones. The items were created based on feedback from parole officers, made to identify symptoms, or adapted from items in Young’s IAT (1998). A 6-point Likert scale, ranging from “Never” to “Always”, allows the participant to provide a score on the frequency of occurrence for each item. The range of the scores was adapted from Young’s classification system, but the cut off scores were slightly lowered (to take into account the increased number of test items compared to Young’s IAT) to counter the probable under-assessment of Internet addiction. The range of scores for the TAT can be anywhere from 0 to 140, with scores of 25-44 indicating average use and low risk, scores of 45-79 indicating occasional or frequent issues, and scores of 80-140 indicating the presence of a significant problem that should be addressed.

The TAT serves to provide a general measure of severity of problematic use with respect to technological devices as a whole. However, answers to individual questions also provide the officer with insight into specific problematic areas allowing for guidance and recommendations regardless of which category the client is placed in. Two manuals were created to supplement the TAT. One manual was developed for the parole officer, and the other for the client (which is to be provided if indicated by TAT results, or by request. Both manuals are designed to be educational and also provide strategies to more effectively manage technological addictions from both the parole officer and parolee perspective. The manuals include research literature, symptoms and risks, coping strategies, and resources on the subject of technological addictions, such as Internet, mobile phone, and video game addiction. The manuals are based on empirical, peer-reviewed literature and guided identified staff needs. The staff was provided a Powerpoint presentation (Appendix E) based primarily on the literature of Kimberly Young, one of the leading researchers of Internet addiction, and creator of CBT-IA. The presentation offered quick, and easy to implement strategies to guide reintegration and avoid relapse.
Supporting Information

In addition to the extensive literature review, staff and supervisor input was requested and used in the development of the final product to maximize benefit to the agency. Many staff members expressed a need for further information on technological addictions and supported the project. An external agency, a local community correctional center was also involved, providing feedback on the TAT and Powerpoint presentation.

Procedure

The officer manual provides an overview of multiple aspects of technological addictions as well as relevant insight and information on how it relates to corrections. Information on Internet, video game, and mobile phone addiction is supplied as well as specific information on Internet sex offenders and relapse prevention. The manual also provides supervision tips and treatment options while highlighting services of which parole officers should be aware as well as how technological addictions relate to the seven domains of parole. Included in the officer manual is the TAT and instructions for use.

The presentation that is provided to multiple agencies is a summary of the pertinent information provided in Young’s 1998 publication Caught in the Net. It also highlights certain technological services with which parole officers should be familiar and allows for any question on the subject matter to be asked.

Results produced from the TAT place the client into one of three categories, category A representing mild risk, B representing moderate risk, and C representing high risk of Internet addiction. The technological addiction workbook (parolee manual) is designed to accompany the TAT and is to be provided if the results place the parolee in the B or C category. It shares similarities with the officer manual but has a stronger focus on easy-to-implement strategies to reduce use of technology and improve self-monitoring.

In summary, the manuals supply both the staff and the client with an ample amount of information and tools to help better understand any possible technological addiction. The TAT serves a specific need and follows requests made by agency staff in that it is concise, time efficient, and offers recommendations based on the results of the test. The TAT incorporates all forms of technological addiction to provide a general measure of a potential problem. This more inclusive approach was chosen as current technology and its addictive features are available in multiple formats (such as a mobile phone having access to the Internet as well as video games). Upon completion of the presentation, feedback forms were provided to allow staff to make suggestions/comments about the training.

Confidentiality and Informed Consent

No formal means of consent was required for the thesis because there were no participants. The project and its development was guided and based on informal parole officer feedback. The agency has its own established policies in regards to confidentiality and informed consent, thus these practices were applied by the agency if needed during thesis development.
Chapter IV. Results

Final Products

The TAT (Appendix B) was developed as requested by the agency supervisor. This assessment aims to provide an overall measure of the severity of a technological addiction. The TAT is to be applied whenever the parole officer believes it necessary, and is specifically recommended when the client has special conditions imposed related to technological use. Multiple parole officers administered the TAT and provided feedback and suggestions to guide the development of the measure. Although reading the Officer Manual (Appendix C) is not necessary to administer the TAT, it is recommended as a means of ensuring that the material is understood and that answers can be provided to any questions the test-taker may have.

The Officer Manual and the Client Manual (Appendix D) include strategies and tools for guidance and progress evaluation. Daily Internet log sheets are issued in the client manual (if the condition is not total, immediate abstinence) to promote self-monitoring. The manuals act as educational tools to supplement the knowledge and judgment of both the officer and the offender. In summary, the manuals aim to reduce breaches of conditions and diminish stress and withdrawal symptoms in the clients associated with access to technology restrictions/conditions. The Client Manual supports them through the process with various therapeutic aids and explanations. The Officer Manual provides staff members the opportunity to develop a better understanding of what the clients may be experiencing and how to most effectively guide them to a successful reintegration. Both manuals have a strong emphasis on raising awareness of the addictions, while building the skills to better manage problematic use.

The PowerPoint (Appendix E) is an overview of Kimberly Young’s Caught in the Net (1998) with additional information provided on some of the popular social media apps and services that may be used by offenders. The presentation was well received and later presented to the Greater Ontario and Nunavut District (GOND) by request of the District Director who attended the presentation at HTCCC. Feedback sheets were given to evaluate the agency presentation (Appendix F). The results received from the agency staff demonstrated a significantly positive reception (Appendix G). Nine sheets were collected from the attendants, who also all verbalized appreciation and interest in the subject matter.

Evaluation

The manuals and TAT could not be evaluated because of time and research constraints. However, social validity of the manual was obtained by gathering feedback from agency staff during the development of the tools, and changes were made to the project components based on this input. Different parole officers reviewed the project at various points during its development in order to elicit feedback and suggestions. The TAT was given to a parole officer to be administered at a community correctional center as a means of allowing a parole officer to provide feedback and suggestions on the development and administration of the tool. Furthermore, the presentation attendees were given feedback forms to ensure the information was useful and delivered in an appropriate manner.
Program Changes

Initially, the thesis was going to be more comprehensive and in-depth, but upon further discussion with agency staff, it was made clear that their knowledge on the subject of Internet addiction and technology in general was quite limited. Therefore, the focus was modified to offer a simpler, more educational overview of technological addictions and strategies to more effectively work with clients who may have these addictions or technology-related conditions. The thesis was originally going to provide information on supervision and issues related to offender use of dating sites and offender behaviour but preliminary research did not yield any appropriate results. Furthermore, development of a new tool was requested which gave a new direction to the thesis and added substance and utility to the project. Also, the agency supervisor recommended eliminating certain resources as they were deemed too complicated or required too much time for parole use (e.g., the OCS). The TAT was originally conceived as a 25-item test but due to feedback and suggestions from parole officers, three questions were added, making the TAT a 28-item questionnaire.
Chapter V. Discussion

Thesis Summary

The components of this project (manuals, TAT, and PowerPoint presentation) aimed to improve awareness and understanding of technological addictions, while also providing the necessary skills and explanations to enhance professional judgment and supervision. Agency staff all expressed a need and desire for information and training on technological addictions and social media features. The TAT serves a very functional role as an assessment measure of potential technological addiction, and was specifically requested by the supervisor. The TAT was created with parole officers in mind and was revised during its development based on feedback from parole officers who administered the measure. The presentation provided information regarding technological addictions in the hope of garnering interest in the more extensive Officer Manual. The manual acts to support and enhance the use of the TAT, although it is not necessary to have read the manual to administer the measure. Staff satisfaction was measured through the use of a feedback questionnaire to determine how helpful and useful the presentation was perceived to be with questions related to the effect the training had on awareness, confidence in dealing with technological addictions and conditions, education, and supervision methods.

Strengths

This thesis and all its components are based on strong empirical data and research. The manuals were guided by peer-reviewed research, while the TAT and presentation were primarily based on the findings of Kimberly Young, a pioneer and respected figure in the world of technological addiction. Many of the aspects of the thesis were customized for the agency supervisor’s needs and revised on multiple occasions to ensure satisfaction. After the initial presentation, several community agencies requested that the presentation be delivered to their staff at a later date.

Limitations

Due to the nature of the project, only anecdotal data was collected, which is a significant limitation. Time constraints led to major limitations in regards to the TAT and manuals, as they could not be shared and reviewed by more than three staff members. Although the feedback received was positive, this limitation affects the generalizability of these components. Although based on empirical data, the TAT has not been empirically validated, nor has its psychometric properties been tested, its use should be restricted to assessing potential severity of technological addiction and enhancing professional judgment. Until further validation is completed, it would be inappropriate to discuss its findings in official correctional reports. Therefore, concrete conclusions regarding the utility of the TAT cannot be made based on any results obtained from the scale until further testing has been completed. Furthermore, the effectiveness of the manuals should also be measured before formal implementation in correctional settings.
Recommendations for Future Research

Psychometric analyses should be conducted on the TAT. This will allow for the measure to be truly evaluated and accepted as a formal assessment measure. The manuals are a permanent resource for Correctional Services Canada and future research could measure the effectiveness of the manuals and implemented into a pilot program as a means of evaluating the efficacy of all the components (the presentation, both manuals, and the TAT).

Multilevel Challenges to Service Implementation

Client Level

Parolees may be suffering from an addiction to technology, regardless of their offense. The consequences of such an addiction can be especially devastating to those on parole, as they may be at higher risk of breaching or getting suspended if they have special conditions related to technology use. However, denial is common with respect to technological addictions as the behaviours are seemingly socially acceptable. Therefore, clients may not be open to the information and deny that their use could ever be problematic. Also, clients may have many questions or concerns about their technological use, but as the parole officers typically do not receive training on technological addictions and social media, they may keep their concerns to themselves or not receive the help and resources they require. The purpose of providing information on technological addictions is to help raise awareness and sensitivity towards the subject matter. The client can get assessed, and receive a workbook to help guide recovery and harm reduction, while also having a better-informed parole officer.

Program Level

Providing education and training on the subject of social media and technological addictions can be difficult, as the technology advances faster than the research. Also, many are simply unfamiliar with the technological devices or social media services, or even the concept of addiction to technology. Furthermore, because a parole officer’s schedule is very time-consuming, the thesis and its components must be very concise, time-efficient, and easily understood. Therefore, the thesis involves multiple components that were delivered at different times, and consisted of different volumes of information, in order to provide all agency members with the opportunity to gain some knowledge on the subject matter. Also, the assessment measure and Officer Manual is to be made available online as a permanent, professional resource on the CSC website.

Organization Level

Community supervision is an integral part of the management of offenders. As these addictions blossom in the community and become more common, it is important for parole officers to have the skills and knowledge needed to properly supervise and guide the parolee. As previously mentioned, the staff does not receive any formal training on this matter and thus remain either unprepared or unaware of the intricacies of technological addictions. Therefore, the
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project provides staff with presentations and resources aimed at increasing awareness and skills in regards to managing technological addictions.

Societal Level

The issues of technological addictions are causing a significant impact on a societal level. By providing presentations to community agencies and staff, not only will their awareness and skills grow, but it will transfer to the clients and even those in their personal lives, as this subject brings about a lot of interest and discussion. Also, the strategies and information allow for an improved reintegration for the clients and give them the proper information to share with others and their support circle to raise awareness and insight, increasing the chance of success. There is much social stigma around addictions in general, and denial is even more apparent in technological addictions as the behaviours are typically common and socially acceptable.

Contributions the field of Behavioural Psychology

Promotion of best practices, current research literature, assessment, and psychoeducation are key components in the field of behavioural psychology. The thesis is capable of contributing in all these aspects by providing education and training on the most current, empirically-validated and peer reviewed research, while presenting them in an accessible, practical manner. Also, awareness of a relatively new issue in the research and addiction services communities is heightened while some of the frontline workers gain knowledge and resources to improve their services. Technological addictions are a serious problem and are likely to continue to be problematic as the years pass, as technological offerings become more varied and accessible. However, a better-informed society, and improved skills and services offered by community agencies and therapists will lead to better treatment outcomes and a lower prevalence rate in regard to technological addictions.
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References


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Appendix A

PVP with Dimensions of addiction and their correlates in the scale’s items
Page 1606 of Salguero & Morán, 2002

Dimensions of addiction and their correlates in the scale's items.

**Preoccupation**
Item 1: When I am not playing with the video games, I keep thinking about them, (i.e. remembering games, planning the next game, etc.)

**Tolerance**
Item 2: I spend an increasing amount of time playing video games

**Loss of control**
Item 3: I have tried to control, cut back or stop playing, or I usually play with the video games over a longer period than I intended

Item 6: When I lose in a game or I have not obtained the desired results, I need to play again to achieve my target

**Withdrawal**
Item 4: When I can’t use the video games I get restless or irritable

**Escape**
Item 5: When I feel bad, e.g. nervous, sad, or angry, or when I have problems, I use the video games more often

**Lies and deception**
Item 7: Sometimes I conceal my video game playing to the others, this is, my parents, friends, teachers...)

**Disregard for the physical or psychological consequences**
Item 8: In order to play video games I have skipped classes or work, or lied, or stolen, or had an argument or a fight with someone

**Family/schooling disruption**
Item 9: Because of the video game playing I have reduced my homework, or schoolwork, or I have not eaten, or I have gone to bed late, or I spent less time with my friends and family
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Appendix B

Technological Addiction Test

The Technology Addiction Test (TAT) is a 28-item test that measures mild, moderate, and high levels of potential addiction to a technological device. It does not provide any formal diagnosis, but does provide insight into potential issues.

In reference to the use of this test, a technological device is considered as any device with a screen, such as a computer, videogame, or mobile phone.

To assess your level of addiction, complete the following statements using this scale:

0 = Never.
1 = Rarely.
2 = Occasionally.
3 = Frequently.
4 = Often.
5 = Always.

1. I _____ find that I use a device for longer periods of time than I intended
   - Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

2. When out in public, I ______ seek out wifi hotspots (places with free wifi)
   - Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

3. I______ forget or avoid household chores in order to spend more time with a device
   - Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

4. I______ form new relationships exclusively through the use of a device
   - Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

5. I______ prefer the enjoyment offered by a device over intimacy with my partner
   - Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

6. I _____ regret or feel guilty after having used a device
   - Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

7. Friends or family _______ complain about the amount of time I spend with a device
   - Never □ Rarely □ Occasionally □ Frequently □ Often □ Always
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8. My grades or schoolwork ______ suffer because of the amount of time spent procrastinating on a device
   - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

9. I _______ get sexually aroused through the use of a device
   - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

10. I ________ check for notifications on a device before attending to something else
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

11. My job performance or productivity ______ weaken because of procrastination through the use of a device
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

12. I ______ block out disturbing thoughts about my life by thinking of using a device
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

13. I ______ use a device simply because it is available
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

14. I ______ become defensive or evasive when someone asks me what I do with a device or why I use it so much
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

15. I ________ anticipate when I’ll be able to use a device again
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

16. I________ spend more money than intended when shopping online
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

17. I________ fear that life without a device would be boring and depressing
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

18. I________ get agitated, yell, or act annoyed if someone bothers me while I’m using a device
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always

19. I________ up longer than intended because of device use
    - Never  - Rarely  - Occasionally  - Frequently  - Often  - Always
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20. I _______ feel preoccupied with a device when not using it, or fantasize about using a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

21. I _________ say or think “just a few more minutes” when using a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

22. I ________ try to reduce the amount of time I spend on a device and fail
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

23. I _______ introduce others to an app, game, or website that I frequent
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

24. I ________ try to hide how long I’ve used a device in a set amount of time
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

25. I ________ choose to spend time on a device over socializing with others
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

26. I ________ feel depressed, anxious, or frustrated when I am away from a device, but stabilize once I regain access
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

27. I _______ assume a different identity or remain anonymous when using a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

28. I ________ spend more money than intended on a device or its accessories
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always
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Now that the test is complete, add up the scores from each response to obtain an overall score. The higher the score, the greater the level of addiction and problems may be experienced.

The score will place them in one of the following categories:

25 – 44 points: You are an average user at low risk of a serious technological addiction. You may spend a bit too much time on your device at times, but you have control over your usage. No further intervention should be needed. Refer to category A of the following section.

45 – 79 points: You are experiencing occasional or frequent problems because of your device. You should consider the full impact it may be having on your life and consider using behavioural strategies to reduce problematic use or address the feelings you may be using your device to escape from. Refer to category B of the following section.

80 – 140 points: Your device usage is causing significant problems in your life. You should evaluate the impact of the device on your life and address the problems that are directly caused by your use. Therapy or counselling is recommended. Refer to category C of the following section.

Category A: If no services are requested or no interest in reducing use is expressed, no further action should be required.

Category B: Provide the client with a Technological Addiction Workbook. The workbook will provide information as well as simple to use strategies to reduce use and more effectively self-monitor behaviour. Follow up with client once workbook has been completed and discuss plan of action (progress, therapy).

Category C: Therapy or counselling is recommended. Refer to addiction services for CBT or CBT-IA treatment.

Regardless of TAT results, if a client requests services or the workbook, or self-identifies as having a technological addiction, they should be provided with the resources.
Appendix C
Officer Manual

Technological Addictions and Social Media Conditions:
A Parole/Probation Manual

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A thesis submitted to the School of Community Services
in partial fulfillment of the requirements
for the degree of
Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College
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Canada
April 13th, 2015

The procedures in this staff training manual are meant to be used by agency staff, as part of the
broader services they provide, or under supervision of agency staff.

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Introduction

With seemingly endless technical advances, it is easy to be overwhelmed by technology. This manual aims to provide knowledge and strategies on how to effectively manage clients that have special conditions regarding the use of technological devices, and who may be at increased risk due to technological addictions. The manual provides information on the nature of such technological addictions, including Internet, videogame, and mobile phone addiction. A variety of assessment/screening measures are presented to provide insight into the offender’s issues. Also, a list of possible withdrawal symptoms and consequences of the addictions are supplied to invite a more educated discussion with the offender, allowing for increased awareness into potential consequences of his or her problematic technology use. Strategies are presented so the officer is able to provide the offender with instructions on how to more effectively adhere to the special conditions, while minimizing the chance of committing a breach or relapsing (which could lead to criminal activity). The manual also compiles a variety of options to aide in the supervision of the parole/probation period.

Profile of an Internet Addict

This section provides a brief profile of a typical problematic Internet user. Please keep in mind that there are many who may not fit this profile and that many preconceived stereotypes of Internet addicted individuals are false (Young, 1998). Clearly Internet addiction does not have the same visual identifiers as drug addictions (track marks, impaired motor skills, etc.). However this section describes many of the symptoms, risk factors, and identifiers associated with Internet addiction.

Many individuals with Internet addiction report poor sleep and hygiene (Douglas et al., 2008, as cited in Recupero, 2010). This can appear for a number of reasons, such as those who use cognitive enhancers (like Modafinil) which allow for the users to stay awake longer to engage in Internet binges (Recupero, 2010). Individuals who are physically disfigured or have a physical handicap are more likely to be attracted to the allure of the Internet, as it may lead to less shaming or embarrassment than what can potentially be experienced in the offline world (Recupero, 2010). This supports the claims that Internet use is primarily reinforced by escape and avoidance functions, which will be discussed further in the manual.

Studies have shown that having alexithymia, which incorporates four very distinct characteristics (difficulty identifying/describing feelings, difficulty distinguishing feelings from corporal sensations, decreased ability to fantasize, poor introspection), increases the risk of developing an addiction to the Internet (Berardis et al., 2009). It is important to note that alexithymia is also common in violent offenders (Keltikangas- Järvinen, 1982). Those with Internet addiction are often guarded or in denial when asked about their Internet use (Recupero, 2010). Individuals with social anxiety or social phobia are often attracted to the anonymous nature and physical distance from others that the Internet provides (Recupero, 2010). Internet addiction can also evoke compulsive behaviour, such as repetitively engaging in social media sites (Recupero, 2010). When engaged online, depersonalization can occur which can lead to overidentification with virtual characters or online identities, which can cause conflicts in regards to the objectivity of their offline world and that of the subjective reality in which they
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engage online (Recupero, 2010). In simpler terms, there may be a distortion or transfer between what is happening in the offline and online worlds.

Analyzing the online behaviour of the user can identify deficits in insight and judgment. For example, impaired judgment can be identified in users who fail to understand the inappropriate nature of storing sexual material on an easily accessible or shared computer in a residence where small children are present, or not understanding that their employment was terminated as a result of gambling online, online shopping, or viewing pornography while at work (Recupero, 2010). It is suggested that individuals who are addicted to the Internet typically meet the impulse control disorder not otherwise specified (ICD-NOS) criteria (Shapira et al., 2000, as cited in Recupero, 2010).

Many Internet addicts are former alcohol or drug abusers and suffer from significant emotional and/or psychiatric problems before the Internet addiction even begins (Young, 1998). It is common for individuals with an Internet addiction to create a new persona for their online interactions, which upon further inspection can provide valuable insight into the psyche of the offender (Young, 1998).

Assessments

The first step in assessment is to have an open discussion about Internet use and online activities. If your client has special conditions that pertain to technological devices it may be important to assess previous use patterns and allow for self-identification of problematic behaviour. This provides the perfect opportunity to present the client with the Internet addiction test (IAT) developed by Kimberly Young (1998). It must be clarified that the measure does not offer a definite diagnosis but is simply used to provide insight into a potential problem, while assessing the severity of the problematic behaviour. The actual test can be found on Young’s website, which provides a variety of resources free of charge1 (Young, n.d.). The IAT was the first measure of Internet addiction and remains one of the most widely used measures in the field of problematic Internet use to this day (Widyanto, Griffiths, & Brunsden, 2011).

A second assessment measure for Internet addiction, the online cognition scale (OCS) is to be used when the Internet’s effect on productivity (known as cyberslacking) needs to be measured (Davis, Flett, & Besser (2002). The OCS was designed with workplace screening in mind, and could be used when seeking or maintaining employment is imposed as a condition of parole. The scale also measures four different subsets: loneliness/depression, diminished impulse control, distraction, and social comfort, as well as providing a general measure of Internet addiction (Davis et al., 2002). This scale offers some insight into potential areas of concern and allow for open discussion about productivity and the benefits of certain special conditions.

The Problem Videogame Playing (PVP) (Appendix A of Appendix C) scale is a dichotomous, self-completed nine-item questionnaire targeted at ages 13 to 18 and is based on the DSM-IV’s criteria for substance dependence and pathological gambling (Salguero & Morán, 2002). A limitation of this scale is that there is no cut-off point established to distinguish

1 http://netaddiction.com/internet-addiction-test/
problem gamers from recreational gamers, but as the scale was based on a similar scale that had a cut-off of four or more items indicating problem behaviour, it can be assumed that it is also the cut-off for the PVP (Salguero & Morán, 2002). Therefore if the score is four or above, it is most likely evidence that the behaviour is problematic.

**Internet Addiction**

Internet addiction is not that different than other addictions (chemical or behavioural), as all addictions have much more in common than previously believed (Volkow, 2007, as cited in Wormer & Davis, 2013). Internet addiction is a psychophysiological disorder that involves the same dimensions as chemical addictions, such as tolerance (same amount of usage evokes less response, thus consumption must increase to reach desired effect), withdrawal symptoms (anxiety, tremors, and moodiness), affective disturbances (such as irritability and depression), and social relationship interruptions (decline or loss in quality or quantity) (Watson, 2005). Clearly these effects can have a significant impact and lead to numerous issues during the parole sentence.

Young (the creator of the IAT) considers this addiction to be based on an escape function of behaviour, that is to say that the individual with the addiction is consciously or subconsciously using the Internet to self-medicate for a variety of possible reasons (e.g. trauma, stress, uncomfortable emotions, depression), and uses the Internet as a portal to a fantasy world without any of the problems they experience in their offline world (Young, 2011). When speaking with the client, it would be wise to ask about any potential problems or trauma he or she may be trying to escape or ignore. Young (2011) also states that when problematic users engage in their preferred online behaviour, they experience similar sensations to those reported by individuals with alcoholism, which has been described as a numbing feeling, essentially drowning out other stimuli.

Due to the immense amount of stimuli associated with computers and Internet use, Internet addiction has many “triggers” that must be accounted for, such as the sound of a keyboard being used, or a computer being turned on (Cooper et al.1999). Websites often have many ads that could advertise sensual/sexual material or gambling services which could trigger emotions and compulsions that could be problematic. Their behaviour is said to be both positively and negatively reinforced, by the distraction and the escape aspects of the behaviour, respectively (Cooper et al., 1999). Thus a discussion with the offender about why they may be in need of a distraction or escape, and recommending alternative prosocial behaviours, would be beneficial as the reinforcement provided by Internet use leads them to stronger feelings of shame and lower levels of self-esteem and self-control (Cooper, et al., 1999).

The Internet facilitates indulgence in a number of vices, such as sex, which can be substantially more alluring than engaging in them in the offline world due to what is known as the *Triple A Engine* which is comprised of three factors: accessibility, affordability, and anonymity (Cooper, 1998, as cited in Cooper et al., 1999). This coincides with the main allure of the Internet, which Young (1998) explained as the *Cheers* lure, where “everybody knows your name” or in this case, your username as you have the power to create a new identity while remaining anonymous. When dealing with problematic Internet use or addiction, it is suggested
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that individuals should increase their awareness and understanding of their motivations as well as acquire skills and strategies to identify and modify their behavioural patterns, while learning concrete skills for countering the Triple A Engine (Cooper et al., 1999). Therefore limiting the accessibility of the devices, the budget allocated to the devices, and use of aliases would be beneficial.

Online Sex Addiction

‘‘anything that can safely, quickly, and completely satisfy such a basic human desire [sex] is bound to be addictive to some’’ (King, 1996, as cited in Griffiths, 2012 p.113)

A 2009 study revealed that approximately 70% of individuals who receive treatment for sex addiction state problematic Internet use in regards to sexual involvement online (Black, as cited in Wormer & Davis, 2013). It is important to realize that many engage in online sexual behaviour as there may never be an opportunity to in the offline world, such as some fetishes, which leads the online sex becoming a substitute for the deficiencies experienced in their offline sex lives (Griffiths, 2012).

It is important to distinguish if the offender is engaging in consumptive (i.e. watching pornography) or interactive (i.e. sex chats) online sexual behaviour (Griffiths, 2012). The Internet allows for the disserverment of identity, creating a detachment from gender, age, race, social class, etc., liberating the individual from the fear or hesitation of taking part in something may be frowned upon or considered taboo in their offline life (Griffiths, 2012). Sexual behaviour that takes place on the Internet can actually aggravate existing addictive/compulsive tendencies as well as trigger new offline compulsions (Carnes, 2003). The Internet can act as a catalyst, escalating compulsive sexuality that was strictly offline, by increasing the likelihood of eroticization and making resources to support such behaviours much more accessible (i.e. escort services, prostitution) while some problematic users even note having no history of sexual compulsion until engaging in Internet use (Carnes, 2003).

It is stated that merely seeing a computer or hearing/feeling the tactile response from a keyboard or computer mouse can evoke arousal in some users (2003). This suggests that complete removal of the computer and its accessories reduces the risk and temptation in the user substantially more than filtering programs, which are explained further in the Supervision Tips section of the manual. This may be a good strategy for the early stages (if agreed upon), however it does not promote learning restraint and appropriate computer use, which may be essential to joining the workforce, as 69% of Internet misuse reported in a workplace setting derives from viewing pornography (Carnes, 2003).

Video Game Addiction

Parolees may have to be actively seeking/maintaining employment and it must be understood that their progress can easily be impeded by a video game addiction. Videogame addictions are often linked to the reward that in-game achievements deliver, which activate dopaminergic neurotransmissions in the brain’s reward circuits (Mentzoni et al., 2011). A survey by Williams, Yee and Caplan (2008, as cited in Mentzoni et al. 2011) notes that massively multiplayer online role playing games (MMORPG) players have higher reports of
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depression and substance use. In a study by Rehbei, Kleimann, and Moble (2010), video game dependency is shown to increase psychological and social stress levels by evoking lower school achievement, increased truancy, reduced sleep time, and even increased thoughts of suicide. Clearly these are behaviours and consequences that do not promote job seeking and could lead to problems maintaining work once employment is found. A casual discussion about video game habits could lead to significant information about the offender, as well as an opportunity to alert them of the potential hazards that problematic gaming can evoke.

Mobile Phone Addiction

Unfortunately, North-American mobile phone addiction (MPA) studies are limited, as most of the research seems to be from Korea. One such Korean study found that excessive mobile phone use in secondary school students is linked to higher anxiety and depression, lower self-esteem, and a higher prevalence of alexithymia when comparing to regular users (Ha, Chin, Park, Ryu, & Yu. 2008). A South Korean study done by the National Information Agency in 2012 revealed that Mobile phone addiction is actually more prevalent than Internet addiction, with prevalence rates at 8.4% and 7.7% respectively (as cited in Kwon, Kim, Cho & Yang, 2013).

It is important to note that MPA shares many similarities with other chemical or behavioural addictions, and so one must be prepared for dealing with cravings, withdrawal, and daily-life disturbances (Takao, Takahashi, & Kitamura, 2009). Like many other addictions, MPA is believed to be reinforced by its ability to provide and escape from aversive situations, which could lead to social deficits and affect productivity, two areas that are targeted during parole (Bianchi & Phillips, 2005). A 2010 study revealed multiple consequences that relate to MPA, such as social, behavioural, and affective problems, while the most common symptoms were identified as:

(a) excessive use, manifested in both a high economic cost and in numerous calls and messages; (b) problems with parents associated with excessive use; (c) interference with other school or personal activities; (d) a gradual increase in mobile phone use to obtain the same level of satisfaction, as well as the need to substitute operative devices with the new models that appear on the market; and (e) the need to use the mobile phone frequently, as well as emotional alterations when phone use is impeded. (Chóliz, p.374)

The same study revealed that problematic mobile phone use, with its lack of impulse control, overuse, and escape function, meets the parameters of dependence as defined in the DSM-IV. Although MPA is more common in females, both genders experience higher levels of anxiety and insomnia than those without MPA (Jenaro, Flores, Gómez-Vela, González-Gil, & Caballo, 2007).

Evidently the symptoms and consequences linked with MPA are undesirable and can complicate the parole process. It is important to be able to have a discussion with the offender about why certain conditions are enforced and the benefits that can result from adherence as well as understand why the offender may be so irritated by the condition.
Specifics of Internet Sex Offenders

Internet sex offenders (ISO) are different from offline sex offenders (Tomak et al., 2009). Internet sex offenders often use online newsgroups, e-mail, chat rooms and even games that allow them to create a character to “act out” their fantasies as a means to satisfy their paraphilic appetites (Bates & Metcalf, 2007; Kim & Bailey, 1997 as cited in Tomak, Weschler, Ghahramanlou-Holloway, Virden & Nademin, 2009). Many users rationalize their actions by claiming that the Internet offers a decreased chance of prosecution while allowing for less harm to be committed to themselves or others, than if the behaviour was committed in the offline world, as there is no contact (Cooper et al., 1999).

A key study on Internet sex offenders offered testimonials from offenders and provided significant insight into the pathology of problematic Internet use in people with sexual interest in children (Quayle & Taylor, 2003). Internet sex offenders rationalize to downplay the impact of their actions, as shown by a testimonial in Quayle and Taylor (2003): “I was finding more explicit stuff on the computer and I was looking at the computer and thinking, oh...they’re doing it...it can’t be that bad...it’s there you know” (p.98). There is typically a reduction in offline social behaviour, due to a rapid increase of time spent on the Internet (Quayle & Taylor, 2003). Once again, it was found that Internet addiction, including the sexual component, is primarily due to the escape function, which is expressed in another offender testimonial; “...it was a fantasy world for me....and it was so different from the mundane existence I’d been leading. Here was something that was dangerous...it was exciting... it was new” (2003, p.98). Internet sex offenders are not only reinforced by their own actions, but also by the online sex offender community (Quayle & Taylor, 2003). Therefore the separation from this community is essential in rehabilitation and reintegration into the community. This fact provides you with more evidence to support the need of imposing the conditions that limit access to the Internet. It is also evokes more of a protective feeling than punitive feeling, which may be better received by the offender.

Internet sex offenders typically have deficits in self-control and often feel unimportant, which they seem to cope with by engaging in their online behaviours (Quayle & Taylor, 2003). Therefore, speaking with the offender about appropriate alternatives that may address these feelings should encourage and provide socially acceptable and legal ways of attaining the same results. For example, self-control issues and feelings of being insignificant can be addressed with self-improvement and community involvement, such as following a work-out and diet routine or volunteer work. Typically, Internet sex offenders find themselves with decreased social engagement (in the offline world), declines in communication with both family and friends, and an increase in depression and loneliness (Quayle & Taylor, 2003) which do not generally lead to prosocial tendencies. Quayle and Taylor supplied a model of potential problematic Internet use that focuses on child pornography and offers some insight into the nature and behaviours of online child pornography ((Fig. 1, p.97, 2003; Appendix B of Appendix C).

The Internet allows for quicker means of collecting due to the relatively easy way to share material online and the “networking” style of the online sex offender community. For example, in just six months one offender was able to expand his collection from 3000 images to 40 000 (Taylor & Quayle, 2003, as cited in Aiken, Moran, & Berry, 2011). The National Center
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for Missing and Exploited Children (NCMEC) estimated in 2011 that before reaching the age of 18, 1 in 5 girls and 1 in 10 boys are sexually victimized in some form or another; the NCMEC believe social networking, webcams, and technological accessibility are the leading causes for the increased prevalence (NCMEC, 2011, as cited in Aiken, Moran, & Berry, 2011). Young’s previously mentioned work in regard to Internet addiction (1998) is specifically recommended for consideration in the context of online sex offending (Aiken, Moran, & Berry, 2011).

Online sexual offenders, as opposed to offline sexual offenders, have fewer criminal convictions, yet higher levels of sexual fantasies and cognitive distortions (Howitt & Sheldon as cited in Aiken, Moran, & Berry, 2011). They also display higher self-esteem than offline contact offenders, but with more emotional isolation (Bates & Metcalf, 2007, as cited in Aiken, Moran, & Berry, 2011).

**Supervision Tips**

Recupero (2010) provides a list of technological devices that can be used to aid in mental state evaluations, however, this list is useful to parole officers as they provide a list of potential ways an offender may be committing, collecting, or hiding, criminal activity or behaviour that could breach an imposed condition (Table 4, p.21; Appendix C of Appendix C).

As previously mentioned, the Triple A Engine (TAE) is a strong aggravator of Internet addiction, and proper countering strategies should be employed. Filtering programs like SafeSurf, which blocks pornographic material, addresses the accessibility component of the TAE (Cooper et al., 1999). It is also possible to use an Internet service provider (ISP) that has built in filtering software, such as Integrity online, which provides a more efficient filtering method, as some offenders who are proficient with computers could disable the filtering programs (Cooper et al., 1999). Evidently, combining both methods would be most efficient. This method disrupts the behavioural pattern that can form with technological addictions and allows for the potential prevention of a breach, while not being overly restrictive.

In regards to the affordability aspect of the TAE, compiling a list of the “cost” of the offenders problematic online behaviour, such as time, money, relationships, or even the offender’s self-esteem could help the parolee better understand the consequences of his or her behaviour (Cooper et al., 1999). When countering the anonymity component, it is suggested to discuss the results of self-monitoring, and challenge any denial statements (Cooper et al., 1999) The self-monitoring can be accomplished with the use of a daily internet log (Appendix D of Appendix C) which is a tool used in Cognitive Behavioural Therapy-Internet Addiction (CBT-IA) a treatment model specifically designed for the treatment of Internet addiction which supplies the activities, situations, and emotions that are most likely trigger Internet binges (Young, 2011). The offender records the date and specific time of each Internet session, as well as any antecedent events and the actual activity engaged in while online. This counters the detachment that is often experienced due to the anonymity component, therefore allowing an open, honest discussion to take place which leads to improved insight and awareness of the problematic behaviour and patterns of engagement.
**Treatment Options**

The following includes quick overviews of some treatment options are described, allowing you to make informed recommendations.

Buproprion sustained release treatment has been used in decreasing cravings in the substance dependent population and has now been applied to Internet and video game addictions (Han, Hwang, & Renshaw, 2011). Buproprion has been used in the treatment of cocaine dependence, nicotine addiction, and pathological gambling (Poling et al., 2006, de Lima et al., 2002; Hays et al., 2009; Pettinati et al., 2003; Thase et al., 2001, Dannon, Lowengrub, Musin, Gonopolski, & Kotler, 2005, as cited in Han et al., 2011). The study showed that brain activity in patients with Internet addiction is similar to individuals with substance dependence or pathological gambling when presented with a cue that could evoke cravings and the results demonstrated a decrease in cravings, play time, and cue-induced brain activity in the dorsolateral prefrontal cortex (Han et al., 2011). This remains a relatively dramatic treatment option but may be useful in extreme cases regarding online sexual offenders, if the offender agrees to being medicated. It can be seen as a means of trigger management in individuals who are easily triggered. This treatment option would need to be approved following a referral to a physician or mental health professional.

CBT-IA is the first treatment model that was specifically created for Internet addiction and is divided into three treatment phases: behaviour modification, cognitive-restructuring, and harm reduction (Young, 2011). It focuses on providing the participant with an increased awareness of the issues that lead to compulsive and binge Internet use, and encourages clients to collaborate in the treatment process by choosing personal goals and their preferred strategies (Young, 2011). An overview of the treatment model can be found in Appendix E of Appendix C. Once again, this option would occur by referral to a mental health professional who could properly provide the therapy.

**Relapse Prevention:**

Relapse prevention techniques are taught to the parolee to provide strategies to avoid high-risk situations, or alternatively, how to more effectively deal with high-risk situations as they occur. Relapse prevention can be seen as a collaborative approach:

Relapse prevention has also been likened to a car journey on which the driver must plan ahead carefully, anticipate rough roads, dangerous curves, critical intersections and alternative routes, know the limitations of his/her skills and of the vehicle, and obtain help from an instructor[sic], guide or experienced traveller (Cummings, Gordon & Marlatt, 1980, as cited in Marks, 1990, p.1392)

In the metaphor provided above, the parolee is the driver, while you act as a guide for his or her travels (the relapse prevention phase).
Some relapse prevention strategies include training the individual to have improved impulse control by use of prolonged cue exposure (which acts to habituate the individual to cue-evoked cravings and withdrawal symptoms; Marks, 1990). This cannot be done in every offender’s case, such as online sex offenders dealing with children, but could be of use to those addicted to mobile phones, general Internet addiction, and individuals who have videogame addictions. Another strategy is to have the offenders identify their triggers and high-risk situations, feelings, and environments then working on countering, or avoiding these situations (Marks, 1990). An effective practice to avoid relapses and thus, breaches and suspensions, is nurturing new social relationships and activities that act as appropriate alternatives (Marks, 1990). It is suggested to visualize the relapse prevention stage as the offender being the “player” while you act as a coach and cheerleader, motivating and offering guidance (Marks, 1990).

In regards to supervision periods, it is not always realistic to expect total abstinence from computers and the Internet, which is why the least restrictive yet still effective conditions are the most advisable (Bowker & Gray, 2004). Probation and parole officers are encouraged to embrace both “high tech” and traditional methods to manage and minimize the risk that is posed by cybersex offenders (Bowker & Gray, 2004). The high tech methods include the filtering programs while traditional methods include the following time management strategies.

Time management strategies are essential in relapse prevention with respect to technological addictions. Young (1998) lists many techniques that help curb the addiction and could prevent a relapse; she suggests cultivating an alternate activity such as adopting a new hobby or joining a gym, as well as finding external stoppers and using those to schedule Internet use periods. An example of this would be only using the Internet or other technological medium an hour before having to attend work, class, a meeting or appointment, or a “lights out” period. Young (1998) also suggests incorporating planned Internet time in the form of a weekly schedule, allotting a weekly goal of usage and suggesting adoption of an adaptation of the well known mantra “one day at a time” by embracing the idea of “one time a day”.

Another great recovery strategy is carrying positive reminder cards which consists of writing out two lists on an index card; on one side the individual is to list five (5) major problems that the addiction has caused while making a list on the other side which notes the five major benefits that result from cutting down use of the technological device, which is then kept in a wallet or purse or placed on the problem device as a deterrent (Young, 1998).

**Services That May be of Concern**

**TOR**

According to the theory of deindividuation, anonymity can generate unethical, violent, or deviant behaviour (Guitton, 2013). The web browser TOR offers improved measures of privacy and anonymity, which is why it is often used for illegal, unethical content (Guitton, 2013). TOR removes all censorship and makes the servers that are hosting the content virtually untraceable (Dingledeine, Mathewson, & Syverson, 2004, as cited in Guitton, 2013). This facilitates the transfer of child pornography and narcotics transactions.
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Snapchat

Snapchat is an application that can be downloaded to most current phones which lets users send and received images, videos, or texts, that disappear within a few seconds (Gross, 2013). It is often cited as being primarily used for “sexting”, as Snapchat seemingly offers an outlet that has no fear of reprisal (Gross, 2013). However, the users are capable to take a screenshot of the image, text, or video still (if their phone allows it) although Snapchat does send a notification once a screenshot has been taking (Gross, 2013). It is important to note that the notification does nothing but alert the sender that a screenshot has been taken, the image remains saved on the recipient’s phone.

Tinder

Law enforcement agencies are actively monitoring dating sites as they are a relatively new tool for criminals to engage with potential victims (Saltzman, 2014). Tinder is a hugely popular phone dating application that uses GPS to identify potential matches in the nearby area, while providing a short profile of the user (Saltzman, 2014). Tinder sends a profile and picture to your phone, giving you the option to swipe left to discard, or swipe right to potentially enter a chat room with the other user (The other user has to also have swiped right on your profile).

Video Game Consoles

All consoles released in the last 10 years or so have access to online features with users able to speak and send messages with strangers or preferred contacts. Some consoles allow access to certain websites such as Youtube and Facebook, while also providing services like Skype.

Viber and WhatsApp

These two apps offer messaging services that would not show up on a bill. The apps require the input of the mobile phone’s number in order to create an account. However, messages only appear in the app and thus if a parole officer is required to monitor messages but is not aware of these apps, the offender could be circumventing the condition. The apps icons are simply green or purple phones and should be easy to identify.

Burner

Burner supplies the mobile phone with a disposable mobile number to provide anonymous use for the small fee of $2, which provides 60 text messages and 20 minutes of talk time, with the option to purchase more texts or minutes (Worthram, 2012)

Implications with Respect to the Seven Domains of Parole

Employment Education Domain

As previously stated, technological addictions can have a significant impact on productivity and due to withdrawal symptoms, conflicts can arise in the workplace (Davis, Flett, & Besser, 2002). Therefore, coping strategies and treatment may be essential to parolees as they reintegrate into the community.
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Marital/Family Domain
A support circle can be essential to the successful reintegration of an offender. Technological addictions can cause rifts in relationships because the parolee spends more time and attention on the devices and online relationships than those in his offline world.

Associates Domain
The technological addictions mentioned in the manual all offer opportunities to communicate with others. Furthermore, technology facilitates covert communication, which can make the monitoring of the associates condition even more difficult. In regards to sex offenders, it is said that their online community is quite supportive and reinforces active participation (Quayle & Taylor, 2003). Distance from this online community is ESSENTIAL to successful reintegration.

Substance Abuse Domain
Wormer and Davis (2013) claimed that in regards to mobile phone use, a clear correlation exists between high-frequency texting, and high-risk activities in students, such as binge drinking and substance abuse. Also, as previously mentioned, TOR can be used to order narcotics. Depending on how easily triggered the offender is, it is possible that alcohol advertisements seen online or in videogames could lead to a relapse or breach.

Community Functioning Domain
When considering community attachment, it’s important to note the detachment that individuals with Internet/video game addictions may experience (Griffiths, 2012). There can be a shift in priorities leading to social isolation. Also, when considering financial stability, it must be taken into account that many of those of who have technological addictions could also be suffering from impulse control issues, thus rendering the accessibility of online shopping a potential risk. Furthermore, cell phone bills can become quite costly and are sometimes directly correlated to the amount of use (which can be troublesome to those with a mobile phone addiction).

Personal/Emotional Domain
Technological addictions have a high rate of dual diagnosis with anxiety, depression, or obsessive-compulsive disorder, as well as comorbid drug or alcohol addictions (Young, 2011).

Attitude Domain
Individuals with technological addictions may experience general apathy, edginess, or irritability when away from their device of choice (Cybershakes; Young, 1998). These symptoms can lead to negative attitudes, impulse decisions, and general issues during and after the duration of their parole.

The Technological Addiction Test (TAT)
The TAT consists of 28 items on a 6-point Likert scale (Appendix F of Appendix C). The items were created based on the research and findings of the symptoms that can be evoked by Internet addiction, videogame addictions, and mobile phone addictions to provide a general measure for technological addiction as a whole. The TAT included items that have been adapted
TECHNOLOGY ADDICTION

from Young’s IAT (1998) and provides additional items to make it more relevant to the offender population. The TAT was revised and modified based on parole officer feedback. The higher the score, the more severe the potential addiction may be. The score produced by the TAT corresponds to one of three categories, either A, B, or C, which themselves come with recommendations for further action if needed. Category A is considered low risk, B is considered moderate risk, and C is considered high risk, in regards to having a technological addiction. A manual created for the actual parolee participant (the Technological Addiction Workbook) is available and recommended for those who find themselves in the B or C categories.

Summary

Evidently, technological addictions are a legitimate concern and can complicate and disrupt the reintegration process of parolees. With better insight, acceptance, and coping skills with respect to technological addictions, the parole process should have a better chance at success. As technology continues to advance, it is important to try and stay up to date with what is available as a resource, but also being aware of what may be used to circumvent special conditions. If possible, familiarize yourself with whatever may be used by the offenders that could constitute a breach (latest apps, Facebook features, phone capabilities). Be mindful of the influence a technological addiction could have on an individual, and how the special conditions may affect the parolee. It is important to be comfortable having an open discussion about technological addictions and being able to make the right recommendations.

Unfortunately, technological addictions are not easily categorized and concrete, situation-specific strategies do not exist. However, in regards to what steps should be taken with respect to the results the TAT produces, it is recommended to follow the classifications offered by the test. Therefore, if a client scores in the mild (25-44) range, no treatment should be needed, if moderate (45-79), the technological addiction workbook should be supplied and goals should be made in regards to reduction of use, and if high (80-140), meeting with a therapist may be needed. CBT-IA may not be easily found as an option in the community; however most therapist and counselors who are familiar with general cognitive behavioural therapy should be able to adapt the CBT-IA treatment model with ease. Due to the intricacies of technological addictions, use of professional opinion must be relied on. The offender may not have been honest during the TAT, thus it cannot be the only means of assessment to dictate a formal decision. It is important to identify any of the symptoms (compiled in list form in Appendix G of Appendix C) and use your knowledge of technical addictions to make a professional judgment as different interventions may lead to the best results for your parolee. A shortcut list has been provided to be kept at the desk to allow for quick overview of available resources (Appendix H of Appendix C).
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References


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Appendix A of Appendix C
Problem Videogame Playing scale (PVP)
Page 1606 of Salguero & Morán, 2002

Dimensions of addiction and their correlates in the scale's items.

**Preoccupation**
Item 1: When I am not playing with the video games, I keep thinking about them, i.e. remembering games, planning the next game, etc.)

**Tolerance**
Item 2: I spend an increasing amount of time playing video games

**Loss of control**
Item 3: I have tried to control, cut back or stop playing, or I usually play with the video games over a longer period than I intended

Item 6: When I lose in a game or I have not obtained the desired results, I need to play again to achieve my target

**Withdrawal**
Item 4: When I can’t use the video games I get restless or irritable

**Escape**
Item 5: When I feel bad, e.g. nervous, sad, or angry, or when I have problems, I use the video games more often

**Lies and deception**
Item 7: Sometimes I conceal my video game playing to the others, this is, my parents, friends, teachers...)

**Disregard for the physical or psychological consequences**
Item 8: In order to play video games I have skipped classes or work, or lied, or stolen, or had an argument or a fight with someone

**Family/schooling disruption**
Item 9: Because of the video game playing I have reduced my homework, or schoolwork, or I have not eaten, or I have gone to bed late, or I spent less time with my friends and family
Appendix B of Appendix C
Quayle and Taylor’s Model of Potential Problematic Internet Use
Appendix C of Appendix C
Potential Resources Used to Circumvent or Breach Conditions

Internal and external computer hard drives
Digital archives and/or backup disks and drives
Media storage devices, such as zip drives, USB flash drives, CD-Rs, and DVD-Rs
Archives maintained by ISPs or stored on networks
Cached Web browser files and/or logs of Web browser activity, including search terms used on search engine sites (e.g., how to make MDMA (methamphetamine)); lists of URLs visited with the dates and times of access
Hidden files or files “deleted but not gone”; any available information on documents that may have been destroyed
Archived e-mails and chat logs; records of e-mail discussion groups such as Usenet; messages stored or accessed through newsgroup reader software
Websites, including personal homepages, blogs, profiles on social networking sites, and bulletin boards or other Web-based discussion groups
Cell phone/smart phone records of calls and text messages, videos, and images
Personal and work computers; cookies, malware, or applications stored on the evaluatee’s computer
Material stored on hand-held personal digital assistants (PDAs) or other portable electronic devices
## Appendix D of Appendix C
### Daily Internet Log

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<th>Date and Time</th>
<th>Event</th>
<th>Online Activity</th>
<th>Duration</th>
<th>Outcome</th>
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Appendix E of Appendix C
Guide to CBT-IA

**Phase 1: Behaviour Modification**

It is important to create a specific goal-oriented plan that will modify computer habits, and so, it is important to first assess the client’s current Internet use behaviour. A Daily Internet Log can provide a baseline measure of the behaviour.

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<th>Date and Time</th>
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<th>Online Activity</th>
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This log supplies the activities, situations, and emotions that are most likely to trigger Internet binges. The client records the date and specific time of each Internet session, as well as any antecedent events and the actual activity engaged in while online. Use duration recording for the most accurate representation. After the session has ended, have the client describe the outcome in terms of what was completed, felt, and ignored (such as household tasks). Identification of high-risk situations and goal setting can follow this exercise.

In the first phase, it is beneficial to go through what is called *Computer Restructuring*, in which the client deletes bookmarked (“favourited”) sites or high-use files, such as sex sites, gaming sites, online casinos, chat rooms or online shopping sites like eBay or Amazon. Next, time management goals must be set with the client, such as routine breaks or an alarm of other kind of reminder that acts as a prompt to leave the desk for a few minutes and socialize. Any behaviour that disrupts the pattern of Internet binging is useful at this stage. Filtering software may be needed (such as Net Nanny, SurfControl) to block off certain sites. Clients often compare this to a cold shower, and it typically disrupts the trance-like binging behaviour.

**Phase 2: Cognitive-Restructuring**

The second phase of the model addresses the maladaptive thoughts and cognitions that can serve as a trigger to initiate Internet binging. These include overgeneralization, selective abstraction, magnification, and personalization. Prevalent maladaptive cognitions amongst heavy Internet users include rumination and extreme self-concepts (“When I’m online, I matter, but when I’m offline I’m worthless”). Evidently, the client may be experiencing a multitude of cognitive distortions, which is why CBT-IA uses cognitive restructuring. This helps the client challenge his thoughts, as well as recognize that he is most likely using the Internet to avoid situations or feelings. A great revelation is when the client realizes and accepts that the online world is only temporary. It is also beneficial for the client to identify the consequences that are brought forth by the Internet addiction. This can be done by having the client generate a list of the five major problems caused by the Internet use, as well as five major benefits to abstaining or reducing Internet time.
A key feature of this phase is the focus on the denial that is often associated with Internet addiction. IA clients are often quite ambivalent about treatment, rationalizing/minimizing their use.

Phase 3: Harm Reduction Therapy

The final phase of CBT-IA uses Harm Reduction Therapy (HRT) to identify and address factors that may be coexisting within the development of the Internet addiction. These factors include: personal, social, situational, occupational, or psychiatric issues. The factors are included, as many clients often believe that they are fully recovered by simply abstaining or reducing Internet use, but there is much more to be addressed to reach a true, full, recovery. And so, in this 3 phase, the underlying issues that led up to the compulsive behavior and resolving those issues in a healthy manner in order to reduce the probability of relapse. Not surprisingly, the Internet can be used as a distraction from anxiety, stress, depression, relationship troubles, and career difficulties, but does not actually address or help the client with these issues. Harm Reduction Therapy is key to identifying underlying issues that could be contributing to the addiction. HRT is based the idea that the addiction forms through a unique interaction of psychological, biological, and social factors. This nonjudgmental approach helps to reduce the impact that the Internet addiction has on the client’s life. The first step of HRT is to identify and treat any underlying psychiatric issues that coexist with the impulse Internet use by using, when indicated, appropriate medications. Amongst Internet addicts, dual diagnosis with anxiety, depression, or obsessive-compulsive disorder is common, as well as comorbid drug or alcohol addictions, all of which would need to be treated as well. HRT places the client’s strengths and capacity to change as the starting point.

CBT-IA focuses on increasing awareness of the issues that lead to compulsive Internet use. The clients are encouraged to collaborate in setting up the treatment and choosing personal goals and strategies that they find useful.
Appendix F of Appendix C
Technological Addiction Test

The Technology Addiction Test (TAT) is a 28-item test that measures mild, moderate, and high levels of potential addiction to a technological device. It does not provide any formal diagnosis, but does provide insight into potential issues.

In reference to the use of this test, a technological device is considered as any device with a screen, such as a computer, videogame, or mobile phone.

To assess your level of addiction, complete the following statements using this scale:

0 = Never.
1 = Rarely.
2 = Occasionally.
3 = Frequently.
4 = Often.
5 = Always.

1. I _____ find that I use a device for longer periods of time than I intended
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

2. When out in public, I ______ seek out wifi hotspots (places with free wifi)
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

3. I_______ forget or avoid household chores in order to spend more time with a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

4. I_______ form new relationships exclusively through the use of a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

5. I_______ prefer the enjoyment offered by a device over intimacy with my partner
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

6. I ______ regret or feel guilty after having used a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

7. Friends or family ________ complain about the amount of time I spend with a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always
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8. My grades or school work _____ suffer because of the amount of time spent procrastinating on a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

9. I ________ get sexually aroused through the use of a device
   ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

10. I __________ check for notifications on a device before attending to something else
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

11. My job performance or productivity _______ weaken because of procrastination through the use of a device
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

12. I _______ block out disturbing thoughts about my life by thinking of using a device
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

13. I ________ use a device simply because it is available
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

14. I _______ become defensive or evasive when someone asks me what I do with a device or why I use it so much
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

15. I ________ anticipate when I’ll be able to use a device again
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

16. I__________ spend more money than intended when shopping online
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

17. I__________ fear that life without a device would be boring and depressing
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

18. I_________ get agitated, yell, or act annoyed if someone bothers me while I’m using a device
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always

19. I_________ stay up longer than intended because of device use
    ○ Never ○ Rarely ○ Occasionally ○ Frequently ○ Often ○ Always
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20. I_______ feel preoccupied with a device when not using it, or fantasize about using a device
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

21. I________ say or think “just a few more minutes” when using a device
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

22. I________ try to reduce the amount of time I spend on a device and fail
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

23. I_______ introduce others to an app, game, or website that I frequent
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

24. I_______ try to hide how long I’ve used a device in a set amount of time
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

25. I_______ choose to spend time on a device over socializing with others
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

26. I_______ feel depressed, anxious, or frustrated when I am away from a device, but stabilize once I regain access
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

27. I_______ assume a different identity or remain anonymous when using a device
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always

28. I_______ spend more money than intended on a device or its accessories
   □ Never □ Rarely □ Occasionally □ Frequently □ Often □ Always
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Now that the test is complete, add up the scores from each response to obtain an overall score. The higher the score, the greater the level of addiction and problems may be experienced.

The score will place them in one of the following categories:

**25 – 44 points**: You are an average user at low risk of a serious technological addiction. You may spend a bit too much time on your device at times, but you have control over your usage. No further intervention should be needed. Refer to category A of the following section.

**45 – 79 points**: You are experiencing occasional or frequent problems because of your device. You should consider the full impact it may be having on your life and consider using behavioural strategies to reduce problematic use or address the feelings you may be using your device to escape from. Refer to category B of the following section.

**80 – 140 points**: Your device usage is causing significant problems in your life. You should evaluate the impact of the device on your life and address the problems that are directly caused by your use. Therapy or counselling is recommended. Refer to category C of the following section.

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**Category A**: If no services are requested or no interest in reducing use is expressed, no further action should be required.

**Category B**: Provide the client with a Technological Addiction Workbook. The workbook will provide information as well as simple to use strategies to reduce use and more effectively self-monitor behaviour. Follow up with client once workbook has been completed and discuss plan of action (progress, therapy).

**Category C**: Therapy or counselling is recommended. Refer to addiction services for CBT or CBT-IA treatment.

Regardless of TAT results, if a client requests services or the workbook, or self-identifies as having a technological addiction, they should be provided with the resources.
Appendix G of Appendix C
Symptoms Checklist

**Internet addiction**
- [ ] Poor sleep
- [ ] Deteriorating hygiene
- [ ] Denial statements
- [ ] Social anxiety or social phobia
- [ ] Compulsive Internet use
- [ ] Overly identifies with virtual characters
- [ ] Tolerance (Internet use increases to reach satisfaction),
- [ ] Withdrawal symptoms (such as anxiety and agitation)
- [ ] Affective disturbances (irritability, depression),
- [ ] Social relationship interruptions (decline or loss in quality or quantity)
- [ ] Withdrawal from social activities and events
- [ ] Apathetic and irritable when not able to access the Internet
- [ ] Lies about time spent online, or tries to conceal use

**Mobile Phone Addiction**
- [ ] Excessive use (Going over plan, or needing expensive, over-budget plan to cover use)
- [ ] Interference with personal activities (school, work, hobbies)
- [ ] Tolerance (gradual increase in mobile phone use to obtain the same level of satisfaction)
- [ ] Feeling a need to upgrade to the newest phone as it releases
- [ ] The need to use the mobile phone frequently, as well as emotional alterations when phone use is impeded
- [ ] Friends, family, or employer have expressed issues with excessive use
- [ ] Compulsively checking phone for notifications
- [ ] Insomnia or other issues with sleep
- [ ] Anxiety related to phone use
The Internet addiction test (IAT) can be found at http://netaddiction.com/internet-addiction-test/

Daily Internet Logs are a good way for clients to self-monitor and report technological use (Appendix E of manual).

Symptom Checklist can be found as Appendix H of manual

The technological addiction test (TAT; Appendix F) can help establish the severity of a problem and provides insight and guidance for a variety of technological addictions

List of where to find potential evidence (Appendix C of Appendix C)
Appendix D

Client Manual (Technological Addiction Workbook)

Technological Addiction Workbook
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**TECHNOLOGY ADDICTION**

**Introduction**

With seemingly endless technical advances, it is easy to become overwhelmed by technology. This manual aims to provide knowledge and strategies on how to address a possible technological addiction. The manual provides information on the nature of such technological addictions, including Internet, video game, and mobile phone addiction. Also, the symptoms and consequences of the addictions will be discussed so that you know how the problematic use may have already had an impact on your life and what may be experienced from withdrawal once the special conditions are enforced. The manual can act as a resource, allowing you to become better informed with respect to what you may be experiencing, while providing you tips and strategies for day-to-day improvement.

**Assessment**

Please note that the Technological Addiction Test (TAT) does not offer a definite diagnosis but is simply used to provide insight into a potential problem, while assessing the severity of the problematic behaviour. It has not received any testing and is simply meant to help you identify any problem areas. An alternative test, Young’s Internet addiction test (IAT) which focuses solely on Internet addiction, can be accessed online\(^2\), and the website, http://netaddiction.com, provides many other tools and education on the subject of Internet addiction. The IAT is the first measure of Internet addiction and remains one of the most widely used measures (Widyanto, Griffiths, & Brunsden, 2011).

The Problem Videogame Playing (PVP; Appendix A of Appendix D) scale is a simple, self-completed, nine-item questionnaire for anyone ages 13 to 18 and is based on the criteria for substance dependence and pathological gambling (Salguero & Morán, 2002, p. 1606). Although the scale was designed with adolescents in mind, it can still provide great insight into a potential addiction. A weakness of this scale is that there is no cut-off point established to separate problem gamers from recreational gamers, but as the scale was based on a similar scale that had a cut-off of four or more items indicating problem behaviour, it can be assumed that it is also the cut-off for the PVP (Salguero & Morán, 2002). In other words, if you answer “yes” to four or more of the questions, it is possible that there is cause for concern in regards to your video game habits.

**Internet Addiction**

Internet addiction is not that different from other addictions (chemical or behavioural), as all addictions have much more in common than previously believed (Volkow, 2007, as cited in Wormer & Davis, 2013). Internet addiction is a psychophysiological (mind and body) disorder that involves the same dimensions as chemical addictions, such as tolerance (same amount of usage is less satisfying, thus consumption must increase to reach desired effect), withdrawal symptoms (anxiety, tremors, and moodiness), affective disturbances (such as irritability and depression), and social relationship interruptions (decline or loss in quality or quantity; Watson, 2005). Young considers Internet addiction to be based on an escape function of behaviour, that is

\(^{2}\) Access the website [here](http://netaddiction.com) for more information.
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to say that the individual with the addiction is consciously or subconsciously using the Internet to “self-medicate” for a variety of possible reasons (trauma, stress, uncomfortable emotions, depression, etc.), using the Internet as a portal to a fantasy world without any of the problems they experience in their offline world (2011). She also states that the when problematic users engage in their preferred online behaviour, they feel a similar sensation to one reported by individuals who have alcoholism, which has been described as a numbing feeling (2011). It can be helpful to take the time to ask yourself why you may be in need of a distraction or escape, and think of alternative, more productive behaviours.

Due to the overwhelming amount of stimuli associated with technology and Internet use, Internet addiction has many “triggers” that must be accounted for, such as the sound of a keyboard being used, or a computer being turned on (Cooper et al., 1999). Try to be conscious of your environment if you are easily triggered, and avoid high-risk situations. It may be necessary to completely remove the devices from sight to decrease the accessibility (thus impulsive access) of the devices. Basically, making it harder to engage with the technological devices should decrease the amount of time spent with the technology.

The Internet is host to an abundance of illegal activities, and due to what is known as the Triple A Engine (accessibility, affordability, and anonymity), many users participate in these activities even if they usually would not in the offline world (Cooper, 1998, as cited in Cooper et al., 1999). Try and think of one strategy to address each of the 3 components of the Triple A Engine. How could you challenge these addicting features? Ask your P.O. for help if needed.

Accessibility: _______________________________________________________

Affordability:_______________________________________________________

Anonymity:________________________________________________________

Online Sex Addiction

A 2009 study revealed that approximately 70% of individuals who receive treatment for sex addiction report problematic Internet use in regards to sexual involvement online (Black, as cited in Wormer & Davis, 2013). Many users rationalize their inappropriate actions by claiming that the Internet offers a decreased chance of prosecution while allowing for less harm to be committed to themselves or others, than if the behaviour was committed in the offline world (Cooper et al., 1999).

The Internet allows for anonymity, creating a detachment from gender, age, race, social class, etc., liberating the individual from the fear or hesitation of taking part in something that may be frowned upon or considered taboo in their offline life (Griffiths, 2012). Sexual behaviour that takes place on the Internet can actually aggravate existing addictive/compulsive tendencies, as well as trigger new offline compulsions (Carnes, 2003). The Internet can actually act as a catalyst as some problematic users note having no history of sexual compulsion until engaging in Internet use (Carnes, 2003). In other words, an individual who has no problematic sexual behaviours in the offline world could develop issues as a result of technological use.
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It is stated that merely seeing a computer or hearing/feeling the tactile response from a keyboard or computer mouse can arouse some users (Carnes, 2003). This suggests that complete removal of the computer and its accessories reduces the risk and temptation for the user. However, be aware that it does not necessarily teach restraint and appropriate computer use which may be essential to joining the workforce, as 69% of Internet misuse reported in a workplace setting derives from using computers to access pornography (Carnes, 2003).

Video Game Addiction

You may have a special condition that enforces seeking or maintaining employment, which can be seriously affected by a video game addiction. A survey by Williams, Yee, and Caplan (2008, as cited in Mentzoni et al., 2011) notes that MMORPG (massive multiplayer online role-playing game) players have higher reports of depression and substance use. In a study by Rehbein, Kleimann, and Moble (2010), video game dependency is shown to increase psychological and social stress levels by evoking lower school achievement, increased truancy, reduced sleep time, and even increased thoughts of suicide. Clearly these are behaviours and consequences that do not promote job seeking and could lead to problems maintaining work once employment is found. If you believe that you are spending too much time playing videogames, decreasing the accessibility of the games could be essential. In other words, once you are done playing on your console, completely disconnect all the wires and hide them from sight, thereby decreasing the ease of impulsively engaging in videogame use. The task of having to completely reconnect the console every time you wish to play may be enough to decrease your use, as your craving may subside while preparing to play (depending on the severity of the addiction).

Mobile Phone Addiction

Unfortunately, North-American mobile phone addiction (MPA) studies are limited, as most of the research seems to be from Korea. One such Korean study found that excessive mobile phone use in secondary school students is linked to higher anxiety and depression, and lower self-esteem, when comparing to regular users (Ha, Chin, Park, Ryu, & Yu, 2008). A South Korean study done by the National Information Agency in 2012 revealed that mobile phone addiction is actually more prevalent than Internet addiction, with prevalence rates at 8.4% and 7.7% respectively (as cited in Kwon, Kim, Cho, & Yang, 2013).

It is important to note that MPA shares many similarities with other chemical or behavioural addictions, and so one must be prepared for dealing with cravings, withdrawal, and daily-life disturbances (Takao, Takahashi, & Kitamura, 2009). Like many other addictions, MPA is believed to be reinforced by its ability to provide an escape from aversive situations, which could lead to social deficits and low productivity, two areas that are targeted during parole (Bianchi & Phillips, 2005). A 2010 study revealed multiple consequences of MPA, such as social, behavioural, and affective problems, while the most common symptoms were identified as:

(a) excessive use, manifested in both a high economic cost and in numerous calls and messages; (b) problems with parents associated with excessive use; (c) interference with other school or personal activities; (d) a gradual increase in mobile phone use to obtain
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the same level of satisfaction, as well as the need to substitute operative devices with the new models that appear on the market; and (e) the need to use the mobile phone frequently, as well as emotional alterations when phone use is impeded (Chóliz, p.374).

Do you have any of these symptoms?

If so, it may be a good idea to speak with your parole officer who may be able to help. Although MPA is more common in females, both genders experience higher levels of anxiety and insomnia than those without MPA (Jenaro, Flores, Gómez-Vela, González-Gil, & Caballo, 2007). Clearly, the symptoms and consequences linked with MPA are undesirable and can complicate the parole process. It is important to consider why certain conditions may be enforced and the benefits that can result from reducing or abstaining from these troublesome devices.

Specifics of Internet Sex Offenders

A key study on Internet sex offenders offered testimonials from offenders and provided significant insight into the pathology of problematic Internet use in people with sexual interest in children (Quayle & Taylor, 2003). There is typically a reduction in offline social behaviour due to a rapid increase of time spent on the Internet (Quayle & Taylor, 2003). Once again, it was found that Internet addiction, including the sexual component, is primarily due to the ability to “escape” by engaging online (Quayle & Taylor, 2003). Internet sex offenders are not only motivated by their own actions, but also by the online sex offender community (Quayle & Taylor, 2003). Therefore, the separation from this community is essential in rehabilitation and reintegration into the community. This is why it is important to create distance and why such conditions as avoiding computer use or any form of pornography may be imposed by the parole board.

Internet sex offenders typically have deficits in self-control and often feel unimportant, which they seem to cope with by engaging in their online behaviours (Quayle & Taylor, 2003). Therefore, engaging in appropriate alternatives that may address these feelings should encourage and provide socially acceptable and legal ways of attaining the same results. For example, self-control issues and feelings of being insignificant can be addressed with self-improvement and community involvement, such as following a gym and diet routine or volunteer work. Typically, Internet sex offenders find themselves with decreased social engagement (in the offline world), declines in communication with both family and friends, and an increase in depression and loneliness (Quayle & Taylor, 2003).

Tips and Strategies

Self-monitoring can be accomplished with the use of a daily Internet log (Appendix B of Appendix D) which is a tool used in Cognitive Behavioural Therapy-Internet Addiction (CBT-IA), a treatment model specifically designed for the treatment of Internet addiction which supplies the activities, situations, and emotions that are most likely to trigger Internet binges (Young, 2011). You are to record the date and specific time of each Internet session, as well as any antecedent events (what were you doing prior to going online) and the actual activity engaged in while online. This counters the detachment that is often experienced due to the anonymity and compulsive components of the Internet, therefore allowing improved insight and
awareness of the problematic behaviour and patterns of engagement. The daily Internet logs could help you realize the reason you may be turning to the computer more often than you would like, or why other areas of your life may be affected or ignored. You may also use this in regards to the use of other devices.

**Time management techniques**

In her book *Caught in the Net* (1998), Young outlines many easy to use strategies and provides strategies for success, such as these time management techniques:

1) Cultivate an alternative activity: Engage in a hobby you have always wanted to try (joining a gym, rekindling an old friendship, learning how to play a musical instrument, etc.). This helps break the cycle of use you may be engaging in. By broadening your activities and interests, you will have more options when choosing what to do with your time.

2) Identify usage pattern and practice the opposite: Take time to consider your current Internet habits and motivate yourself to engage in alternate behaviours. For example, if you are accessing Facebook and Twitter first thing in the morning, try to change your pattern and have breakfast and a shower before allowing yourself access to those services. If your device use is affecting your sleep, try giving yourself a technology curfew, or finding alternative, typically less stimulating, late night activities (such as reading or writing).

3) Find external stoppers: Establish concrete times that are not flexible, such as only using the Internet before having to attend work, class, or a meeting. This way, you have a concrete commitment that should be powerful enough to disengage you from your device. Another simple to use strategy is to program a timer with an appropriate amount of time and place it away from your device, requiring you to leave the device to turn off the alarm. This breaks the pattern and numbing engagement offered by the device.

4) Incorporate planned Internet time into your weekly schedule: Set a reasonable goal of usage per week. “One day at a time” becomes “one time a day.” This allows for a sense of control over your use and the formation of a schedule.

5) If you often get your news online, try switching to a newspaper to avoid having to access the Internet. The newspaper has an “end,” while the Internet does not, leading to a risk of spending more time than anticipated or finding yourself straying from news and accessing problematic websites. Although the Internet offers many useful resources, it may be wise to seek their offline counterparts.

**Carry Positive Reminder Cards (Young, 1998, P.80)**

Make a list of 5 major problems caused by your device. Now, make a separate list of the five major benefits of cutting down your device use. Transfer the lists to an index card that you can keep in your pocket, purse, or wallet. Carry this on you and look it over when feeling cravings or the urge to use your device. It can also be beneficial to place the list on the actual device (such as a keyboard, mouse pad, videogame console, or cell phone case. This can be enough to halt the compulsive use, reminding you of the consequences of use.
CBT-IA

CBT-IA is the first treatment model that was specifically created for Internet addictions and is divided into three (3) treatment phases, behaviour modification, cognitive-restructuring, and harm reduction (Young, 2011). It focuses on providing the participant with an increased awareness of the issues that lead to compulsive and binge Internet use, and encourages clients to collaborate in the treatment process by choosing personal goals and their preferred strategies (Young, 2011). If this is something you are interested in, speak with your parole officer about potential treatment options.

Implications with respect to the seven domains of parole

Employment Education Domain

As previously stated, technological addictions can have a significant effect on productivity and due to withdrawal symptoms, conflicts can arise in the workplace (Davis, Flett, & Besser, 2002). In order to maximize the chance of a successful reintegration, employment and/or education can be essential, thus reducing problematic use may be necessary.

Marital/Family Domain

A support circle can be essential to your successful reintegration. Technological addictions can cause rifts in relationships for a number of reasons, such as giving more time and attention to the devices and online relationships than those in offline world.

Associates Domain

The technological addictions mentioned in the manual all offer opportunities to communicate with others. In regards to sex offenders, it is said that their online community is quite supportive and reinforces active participation (Quayle & Taylor, 2003). Distance from this online community is ESSENTIAL to successful reintegration. As these devices facilitate communication, it may be harder to avoid certain associates.

Substance Abuse Domain

Wormer and Davis (2013) claimed that in regards to mobile phone use, a clear correlation exists between high-frequency texting, and high-risk activities in students, such as binge drinking and substance abuse. Depending on how easily triggered an individual may be, it is possible that alcohol advertisements seen online or in videogames could lead to a relapse or breach.

Community Functioning Domain

When considering community attachment, it’s important to note the detachment that individuals with Internet/video game addictions may experience (Griffiths, 2012). There can be a shift in priorities leading to social isolation. Also, when considering financial stability, it must be taken into account that many of those who have technological addictions could also be suffering from impulse control issues, thus rendering the accessibility of online shopping a potential risk. Furthermore, cell phone bills can become quite costly and are sometimes directly correlated to the amount of use (which can be troublesome to those with a mobile phone addiction).
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*Personal/Emotional Domain*

Technological addictions have a high rate of dual diagnosis with anxiety, depression, or obsessive-compulsive disorder, as well as having drug or alcohol addictions (Young, 2011).

*Attitude Domain*

Individuals with technological addictions may experience general apathy, edginess, or irritability when away from their device of choice (Young, 1998). These symptoms can lead to negative attitudes, impulse decisions, and general issues during, and after, the duration of your parole.

*Denial*

Denial is common with technological addictions as the behaviours are typically socially acceptable. There are many kinds of statements that are indicative of denial. Have you ever caught yourself saying any of these? The following is a checklist found in the publication *Caught in the Net*, by Kimberly Young (p.84, 1998). Go through the statements on the following two pages and check them off if you have ever thought or said them (or something similar) in defense of your device use:

**Stonewalling**

[ ] I don’t have a problem with the Internet
[ ] I’m not hurting anyone by doing this
[ ] I can quit anytime I want

**Minimizing**

[ ] Sure I use it a lot, but it’s not a big deal
[ ] It’s just a machine
[ ] At least the internet is not as bad as_______

**Blaming**

[ ] It’s not the internet, it’s all the stress in my life
[ ] My spouse drives me to spend all my time online
[ ] I need to use the internet to deal with_______

**Excusing**

[ ] After a long day, it helps me relax
[ ] It’s not like I’m doing bad at school or work
[ ] Life is so hectic, it’s the only fun thing I can do

**Rationalizing**

[ ] I deserve a reward after today
[ ] It’s not as bad as drinking or doing drugs
[ ] I don’t know why my spouse complains, it’s not like we spend much time together
Attacking

[  ] I’ll stop using the Internet when you stop throwing money away or get a job
[  ] You got a lot of nerve talking about MY internet usage
[  ] Why don’t you clean the house instead of worrying about my internet usage

The more you checked off, the more severe your denial may be. Denial is present if 3 or more statements are identified

Denial plays a big part in technological addictions as we see those behaviours (constantly checking your phone, Internet and videogame use) as socially accepted. However, this is due to the behaviours being so common, not because they are harmless.

Relapse Prevention

To have a successful and enduring recovery, it is important to learn how to avoid high-risk situations, or alternatively, how to more effectively deal with high-risk situations as they occur. Relapse prevention is a collaborative approach. It can help to visualize relapse prevention as a journey, where you are the driver and must plan the trip carefully, anticipating and preparing for the rough roads while being aware of the limitations of the vehicle, while not being afraid to ask for guidance or directions from experienced travellers (Cummings, Gordon, & Marlatt, 1980, as cited in Marks, 1990).

It is essential to recognize your triggers and modify your environment and interactions accordingly. A great way to avoid a relapse (or a breach/suspension) is to nurture new or existing social relationships and activities that act as appropriate alternatives (Marks, 1990). In some situations, filtering programs may be helpful. If using the Triple A Engine (TAE) perspective of Internet addiction, accessibility, anonymity and affordability must be countered or addressed to improve the chances of successfully preventing any relapses. Filtering programs such as SafeSurf block pornographic material, limiting the accessibility of sexual imagery which could be a potential trigger (Cooper et al., 1999). It is also possible to use an Internet service provider (ISP) that has built in filtering software, such as Integrity online, which provides a more efficient filtering method, as some offenders who are proficient with computers could disable the filtering programs (Cooper et al., 1999). Evidently, combining both methods would be an even stronger protective factor other than complete removal of the device or Internet connection.

HALT, is an acronym used in relapse prevention and stands for Hungry, Angry, Lonely, or Tired, which are feelings that are identified as universal triggers, in that they apply to almost everyone (the national institute of drug abuse (1994a) as cited in Miller, 2005). Remembering the HALT acronym act as a reminder to try to monitor and counter these feelings to avoid being vulnerable.

Another acronym that is designed to help with stressful situations is TIPS; Truth is to inspire the person with addiction to be honest with others about the struggle, Information is to encourage gathering facts rather than relying on assumptions, Priorities is to focus on the goal of reducing time spent online, Support reminds the individual to ask others for support when dealing with cravings and difficult situations (the national institute of drug abuse 1995a as cited in Miller, 2005).
Being mindful of these acronyms can be the factor that allows you to triumph in high-risk or vulnerable situations. In relapse prevention, making others aware of your goals can be essential. This allows for support and awareness of your triggers from those around you. If needed, you can ask that your friends not use the computer around you, or that they not take out their phone. As previously mentioned, the mere sight of a device is enough to trigger symptoms and withdrawals.

Summary:

These addictions can be overwhelming and hard to accept. However, being aware of the issues that problematic technology use can cause can the tipping point for acceptance on a personal and societal level. Working on these addictions, however mild or intense they may be, leads to self-improvement and a sense of control. Regardless of the TAT result, these strategies can improve your self-esteem, sense of control, and better your chances at a successful reintegration. If you have conditions that require you to abstain from telecommunication devices, the relapse prevention techniques can be used to help guide you through your parole sentence. As a last activity, please fill out the following sentences that are adapted from Young’s *Caught in the Net*:

Before I use my device I feel ____________________
When I use my device I feel ____________________

This will allow you to identify what feelings you may be trying to escape from, and also what you feel you are gaining from engaging with the device. This information could be essential in identifying your needs and personalizing your treatment, if deemed necessary.
References


Dimensions of addiction and their correlates in the scale's items.

**Preoccupation**
Item 1: When I am not playing with the video games, I keep thinking about them, i.e. remembering games, planning the next game, etc.)

**Tolerance**
Item 2: I spend an increasing amount of time playing video games

**Loss of control**
Item 3: I have tried to control, cut back or stop playing, or I usually play with the video games over a longer period than I intended

Item 6: When I lose in a game or I have not obtained the desired results, I need to play again to achieve my target

**Withdrawal**
Item 4: When I can't use the video games I get restless or irritable

**Escape**
Item 5: When I feel bad, e.g. nervous, sad, or angry, or when I have problems, I use the video games more often

**Lies and deception**
Item 7: Sometimes I conceal my video game playing to the others, this is, my parents, friends, teachers...)

**Disregard for the physical or psychological consequences**
Item 8: In order to play video games I have skipped classes or work, or lied, or stolen, or had an argument or a fight with someone

**Family/schooling disruption**
Item 9: Because of the video game playing I have reduced my homework, or schoolwork, or I have not eaten, or I have gone to bed late, or I spent less time with my friends and family
## Appendix B of Appendix D
### Daily Internet Log

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Event</th>
<th>Online Activity</th>
<th>Duration</th>
<th>Outcome</th>
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Appendix E

Powerpoint Presentation

OVERVIEW OF KIMBERLY YOUNG’S CAUGHT IN THE NET

Presented by Adam Labelle
INTERNET ADDICTION

- Internet addiction is a psychophysiological disorder
- Same dimensions as chemical addictions
- Tolerance
- Withdrawal symptoms
- Affective disturbances
- Social relationship interruptions
- One in eight Americans exhibit a minimum of one possible sign of Internet addiction

CYBERSPACE LURE

- “Cheers” allure
- Could be only time they feel desired
- Many are unhappy in the offline world
- Escape Behaviour
- Similar to numbing sensation reported by individuals identified as having alcoholism.
- Feelings of guilt lead to a pattern similar to that found in alcoholism
TOP 10 LIST OF THE MOST COMMONLY MENTIONED ACTIVITIES THAT SUFFER DUE TO EXCESSIVE INTERNET USE
(P.46)
- Time with partner or family
- Daily chores
- Sleep
- Reading
- Watching TV
- Time with friends
- Exercise
- Hobbies
- Sex
- Social events

RECOVERY STRATEGY 1: RECOGNIZE WHAT YOU’RE MISSING
(P.47)
- Make a list of what you’ve cut down on or completely cut out due to time spent on the internet
- Once you’ve completed the list, rank them on a 3 point scale:
  - 1=Very Important
  - 2=important
  - 3= Not very important

Reflection on value of activities
TECHNOLOGY ADDICTION

RECOVERY STRATEGY 2 ASSESS YOUR ON-LINE TIME (P.52)

- Chat rooms: Identify all of the different ones the client frequents
- Interactive games: How many hours and what games
- Email: How many hours a week and how many messages sent or received
- Newsgroups: Identify the website
- World Wide Web: Identify favourite general subjects
- Other internet Usage: Identify other applications and hours spent (Facebook, Twitter)

RECOVERY STRATEGY 3 USE TIME-MANAGEMENT TECHNIQUES (P.56)

- Cultivate an alternative activity: Hobby they’ve always wanted to try (join a gym, rekindle an old friendship, etc.)
- Identify usage pattern and practice the opposite: Take time to consider current Internet habits and practice the opposite. (Facebook and Twitter first thing in the morning = breakfast and a shower before login on)
- Online news: Try the newspaper.
- Find external stoppers: Establish concrete times that are unflexible (Internet use before having to attend a class)
- Incorporate planned Internet time into your weekly schedule: Set a reasonable goal of usage per week. “One day at a time” becomes “one time a day”
1) Many internet addicts suffer from significant emotional or psychiatric problems before they ever go online: \textbf{TRUE}

2) Many Internet addicts are former alcoholics or drug abusers: \textbf{TRUE}

3) The young male computer-savvy techie is the prototype internet addict: \textbf{FALSE}

4) Male and female Internet Addicts use the on-line world exactly the same way: \textbf{FALSE}

5) Many internet addicts adopt new personas on-line: \textbf{TRUE}

6) Introverts are more likely to get hooked to the Internet: \textbf{FALSE}

7) When confronted, most internet addicts will admit they have a problem: \textbf{FALSE}
RECOVERY STRATEGY 5 RECOGNIZE YOUR ADDICTIVE TRIGGERS: (P.70)

> Many users go on-line once they feel themselves dealing with strong emotions:

> Complete the sentence: Before I turn to the Internet, I feel ______________

> When I am engaged in my favorite Internet activity, I feel ______________

RECOVERY STRATEGY 6 CARRY POSITIVE REMINDER CARDS (P.80)

> Make a list of 5 major problems caused by your addiction
> Make a separate list of the five major benefits of cutting down your internet use
> Transfer the lists to a index card that you can keep in your pocket purse or wallet

> Internet Problem list:
> - No job-hunting
> - Loss of sleep
> - Ignoring real-life friends
> - Not facing causes of anxiety
> - Hurting relationship with significant other
List of benefits to reducing on-line time:

- Pursue job leads
- Better rested
- Time to make new real-life friends (or sustain friendships)
- Find new ways to relieve stress
- Improve relationship with significant other

RECOVERY STRATEGY 8 VOICES OF DENIAL (P.84)

- Stonewalling:
  - I don’t have a problem with the Internet
  - I’m not hurting anyone by doing this
  - I can quit anytime I want

- Minimizing
  - Sure I use it a lot, but it’s not a big deal
  - It’s just a machine
  - At least the internet is not as bad as____
  - It’s not extramarital sex it’s just words on a screen
  - My grades are poor cause class is boring, not because of the internet

- Blaming
  - It’s not the internet, it’s all the stress in my life
  - My spouse drives me to spend all my time online
  - I need to use the internet to deal with____
TECHNOLOGY ADDICTION

- **Excusing**
  - After a long day, it helps me relax
  - It’s not like I’m doing bad at school or work
  - Life is so hectic, it’s the only fun thing I can do

- **Rationalizing**
  - I deserve a reward after today
  - It’s not as bad as drinking or doing drugs
  - I don’t know why my spouse complains, it’s not like we spend much time together

- **Attacking**
  - I’ll stop using the internet when you stop throwing money away or get a job
  - You got a lot of nerve talking about MY internet usage
  - Why don’t you clean the house instead of worrying about my internet usage

2 or 3 statements are indicative of denial

THREE PHASES OF ESCAPE (P.115)

- **Phase 1: Engagement:**
  - You gain access to the Internet, you start finding sites, chatrooms and games that appeal to you. You develop an identity on these sites

- **Phase 2: Substitution.**
  - You get so deep into the internet community that it becomes a substitute for something you didn’t have or couldn’t find in the real world. This enables stimulation, trust, support. It has become a stand-in for reality.

- **Phase 3: Escape:**
  - You turn to the community more often and for longer periods of time. The feelings felt on-line act as a temporary antidote to the distress you experience in real life. You are escaping from something that you can no longer change due to your escape.
LIST OF CONTRIBUTING FACTORS TO RAMPANT INTERNET OVERUSE IN POST-SECONDARY STUDENTS (177):

- Free and unlimited Internet access
- Huge blocks of unstructured time
- Newly experienced freedom from parental control
- No monitoring or censoring of what they say or do online
- Desire to escape stressors
- Social intimidation and alienation

SIGNS OF TROUBLE SEEN IN THE COLLEGE NETHEAD:

- Lack of sleep/ excess fatigue
- Declining Grades
- Less investment in romantic relationships
- Withdrawal from social activities and events
- General apathy, edginess, or irritability when offline (Cybershakes)
- Denial
- Lying about time spent online
- Trying to quit completely when threatened with expulsion, yet slip right back into habits
RECOVERY STRATEGY 15: ASSISTING THE INTERNET ADDICT

- Educate yourself about the problem: Ask them questions about what they get out of it, familiarize yourself with the game or website.

- Eliminate your most destructive Internet Habits:

  - Engage into social activities

  - Visit Library for resources instead of the web

RECOVERY STRATEGY 18: CONSIDER LONG-TERM CONSEQUENCES(218):

- Who are you hurting?

- Where do you see yourself in regards to school or work, in one year?

- Where can you find greater rewards for your time, effort and energy

- Who were you before this obsession, and do you really want to continue to lose that person?

- Assess how much time is wasted?
RECOVERY STRATEGY 19: TIPS FOR THE JOURNEY TO RECOVERY (223):

- Avoid Relapsing
- Give credit for trying
- Tune in to Addictive Triggers
- Get loved ones on board

RESOURCES

- Assessments are available (IAT, OCS, PVP)
- CBT-IA (Treatment Model)
TECHNOLOGY ADDICTION

SERVICES YOU SHOULD BE AWARE OF

Snapchat, 2014
Tinder, 2014
TOR, 2014

TOR

- Anonymity can generate unethical, violent, or deviant behaviour

- TOR removes all censorship and makes the servers that are hosting the content virtually untraceable
TOR

- legal-to-use web browser
- It enables access to sites that do not appear in search engines.
- weapon purchases, narcotics delivery, and child pornography
- If this is seen on an offender's computer, inquiries should be made.

SNAPCHAT

- Lets users send and received images, videos, or texts, that disappear within a few seconds.
- It is often cited as being primarily used for “sexting”.
- However, the users are capable to take a screenshot of the image, text, or video still (if their phone allows it)
- The notification does nothing but alert the sender that a screenshot has been taken, the image remains saved on the recipient’s phone.
TINDER

- Relatively new tool for criminals to engage with potential victims
- Uses GPS to identify potential matches in the nearby area, while providing a short profile of the user

VIDEO GAME CONSOLES

- All consoles released in the last 10 years
- Users able to speak and send messages with strangers or preferred contacts.
- Access to certain websites such as Youtube and Facebook, while also providing services like Skype.
WHAT WILL THE MANUAL PROVIDE

- Education on nature and potential causes of technological addictions
- Assessments
- Supervision Tips
- Relapse Prevention Strategies
- Treatment Options

- Will provide you with better insight to guide professional judgement

Technological Addiction Test (TAT) assessment measure

REFERENCES

Appendix F
Feedback Sheet

Below are a few general statements about the training you have taken part in. There are no right or wrong responses to any of these statements. Please indicate the degree to which you agree or disagree with each statement by circling the appropriate number below the statement. This feedback will be anonymous.

Circle “1” if you strongly disagree with the statement;
Circle “2” if you moderately disagree with the statement;
Circle “3” if you disagree slightly more than agree with the statement;
Circle “4” if you agree slightly more than disagree with the statement;
Circle “5” if you moderately agree with the statement;
Circle “6” if you strongly agree with the statement.

1. Overall, I found the presentation I received helpful?
   1 2 3 4 5 6

2. After receiving this presentation, I feel I have a better understanding of technological addictions and how to guide offenders to successful completion of probation/parole in regards to technological special conditions
   1 2 3 4 5 6

3. I liked the format in which this material was presented
   1 2 3 4 5 6

4. I felt the content provided in the presentation was at an appropriate level for me
   1 2 3 4 5 6

5. I feel the information provided to me is useful in my daily responsibilities as a parole officer
   1 2 3 4 5 6

6. I feel the interactions with the clients I work with will improve as a result of this presentation
   1 2 3 4 5 6
Appendix G
Results from Feedback

Average Score per Item on Feedback Sheet for Presentation