

Daria J. Kuss
Halley M. Pontes

Advances in Psychotherapy –
Evidence-Based Practice

Internet Addiction



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Internet Addiction

About the Authors

Dr. Daria J. Kuss is a chartered psychologist, chartered scientist, and program leader of the new MSc Cyberpsychology at Nottingham Trent University, UK. She is an award-winning author and internationally recognized expert on Internet addiction, and is regularly invited to deliver keynotes on her research around the world. This is her third book.

Dr. Halley M. Pontes is a chartered psychologist (CPsychol) and founder of the Portuguese Society of Behavioral and Technological Addictions. He is a lecturer in psychology and his main research interest relates to the issue of psychometric assessment of behavioral addictions (e.g., Internet addiction, Internet gaming disorder, and social networking addiction). Dr. Pontes has published over 70 refereed studies, including empirical studies, book chapters, and conference presentations.

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Internet Addiction

Daria J. Kuss

Nottingham Trent University, Nottingham, UK

Halley M. Pontes

Nottingham Trent University, Nottingham, UK



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SALES & DISTRIBUTION

USA: Hogrefe Publishing, Customer Services Department,
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Dedication

To Henry
D.J.K.

To Emilia
H.M.P.

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1

Description

The concept of addiction has expanded considerably in recent years to include many types of excessive and addictive behaviors, and is now no longer restricted to behaviors related to the misuse of substances. The use of different Internet applications and videogames has become increasingly popular among people. Although there are indeed many benefits and advantages the Internet brings to all of us, there is a growing concern among several stakeholders (e.g., governments, clinicians, etc.) in relation to potential detrimental and addictive effects of the Internet for a minority of individuals. The term *Internet addiction* entered the medical lexicon in the mid-1990s, and since then, an increasing number of scientific reports about excessive and addictive use of this medium has been published in the literature. We discuss the nature of Internet addiction, including its terminology, definition, motivational factors, epidemiological status, potential risk factors, and methods for treatment. This book is a guide for professionals, academics and researchers working in the field, as it combines up-to-date research evidence with practical guides for how to run clinical and psychotherapeutic sessions, using an evidence-based treatment approach.

1.1 Terminology

Since the mid-1990s, a wide range of terms have been adopted to describe excessive and detrimental use of the Internet. In most cases, heterogeneity in the terminology results either from (a) the theoretical premises that the authors identify, and/or (b) the way in which Internet addiction was clinically assessed. Some of these terms used include *Internet addiction disorder*, *pathological Internet use*, *compulsive Internet use*, *virtual addiction*, *problematic Internet use*, *generalized pathological Internet use*, and *Internet use disorder*, etc. In this book, the term *Internet addiction* will be used for the sake of consistency to describe generalized (nonspecific) addictive use of the Internet. Other specific terms such as *videogame addiction*, *Internet gaming disorder* (IGD), and *social networking addiction* will also be used to refer to specific types of Internet addiction.

When studying the psychological implications of excessive Internet use, the primary object of addiction is the experience that is stimulated by the contents found online and/or the interactive experience of gaining access to this material or these applications online. Research on Internet addiction has investigated a wide range of online behaviors, their potential addictive properties, and how

The best nomenclature for defining Internet addiction is still unclear

such behaviors can result in functional impairments. One example of these behaviors is online gaming and the associated detrimental effects emerging from videogame addiction. The literature on videogame addiction has adopted a broad range of terminologies to define the phenomenon, including *computer game dependence*, *problem videogame playing*, *videogame addiction*, *Internet gaming addiction*, *pathological videogame use*, *online gaming addiction*, *problematic online game use*, *video game dependency*, *pathological gaming*, *problematic online gaming*, and more recently, *IGD*, and *gaming disorder*.

Social networking addiction is also an emerging issue within the Internet addiction literature. Previous scholars have used different terms to characterize this phenomenon, such as *social network addiction*, *online social networking site addiction*, *Facebook addiction*, *addiction to social networking sites*, *social network site addiction*, *social network disorder*, *social media addiction*, and *social media disorder*. Throughout this book, the term *social networking addiction* will be adopted for the sake of consistency.

1.2 Definition

The definition of Internet addiction has been extensively debated and developed considerably over the past 20 years. Notwithstanding such debates, a minority of users will become addicted to the Internet; this addiction is regarded as a behavioral addiction often associated with serious health-related impairments. In broad terms, Internet addiction can be defined as a behavioral pattern of Internet use encompassing a dysfunctional craving for the use of the Internet for unregulated and excessive periods of time, with accompanying significant psychosocial and functional impairments that are not accounted for by any other disorder. Weinstein, Feder, Rosenberg, and Dannon (2014) defined Internet addiction by excessive or poorly controlled preoccupation, urges, and/or behaviors regarding Internet use that lead to impairment or distress in many life domains. Initial theoretical efforts to define Internet addiction saw it as similar to pathological gambling, further defining it as an impulse-control disorder not involving the ingestion of psychoactive intoxicants (Young, 1998b). Furthermore, Internet addiction has been defined as a compulsive-impulsive spectrum disorder involving online and/or offline computer usage patterns featuring excessive use, withdrawal symptoms, tolerance, and negative outcomes (Block, 2008). Internet addiction is also a type of technological addiction, which is conceptually operationalized as a nonchemical (behavioral) addiction involving excessive human–machine interactions (Griffiths, 1995). In this context, technological addictions, such as Internet addiction, represent a subset of behavioral addictions encompassing six key components that are common to all addictive behaviors (Griffiths, 2005; also see Section 2.3).

The lack of robust formal diagnostic criteria to assess Internet addiction represents a methodological shortcoming, as researchers tend to adopt modified criteria for pathological gambling to assess Internet addiction. Pontes, Kuss, and Griffiths (2015) argued that although Internet addiction may share some commonalities with other substance use disorders, the suitability of such criteria in the assessment of Internet addiction is questionable. A study

**Internet addiction
can lead to serious
mental and physical
health-related
impairments**

1.3 Epidemiology

Although Internet addiction affects a minority of users, addicted users experience a wide range of impairments in their daily lives, and studies have reported different prevalence rates of Internet addiction worldwide. Despite this, it is important to note that not all types of Internet addiction have received official recognition from medical bodies such as the APA or WHO, and previous studies assessing the extent of the problems caused by Internet addiction in the general population (epidemiological studies) produced inconsistent findings given the lack of objective clinical criteria and the heterogeneity in the assessment of Internet addiction across time and different populations. Furthermore, most epidemiological reports published to date were based on nonrepresentative samples, making it impossible to generalize their findings to the wider population (Pontes, Kuss, et al., 2015). This is a well-known shortcoming that applies to other specific types of Internet addiction, such as videogame addiction, online shopping, online gambling, and also social networking addiction.

Prevalence rates from epidemiological studies that have used robust (large and representative) samples reported that Internet addiction can range from a minimum of 1% in the German population (Rumpf et al., 2014) to a maximum of 18.7% among Taiwanese adolescents (Lin et al., 2014). Table 1 summarizes the findings from recent international studies that estimated the prevalence rates of Internet addiction using nationally representative samples.

Prevalence rates of Internet addiction reported in robust studies are usually < 5%

Table 1
Prevalence Rates of Generalized Internet Addiction Found in Large Epidemiological Studies

Supporting research	Prevalence	Country	Sample	
			No.	Survey group
Rumpf et al. (2014)	1.0%	Germany	8,132	General population
Tsitsika et al. (2014)	1.2%	7 countries ^a	13,284	Adolescents
Blinka et al. (2015)	1.4%	25 countries ^b	18,709	Adolescents
Müller et al. (2017)	2.6%	Germany	9,293	Adolescents
Lee et al. (2016)	2.6%	South Korea	221,265	Adolescents
Heo et al. (2014)	2.8%	South Korea	57,857	Adolescents
Macur et al. (2016)	3.1%	Slovenia	6,282	General population
Wartberg et al. (2014)	3.2%	Germany	1,744	Adolescents
Ridders et al. (2016)	3.9%	Australia	2,967	Children
Kaess et al. (2014)	4.2%	11 countries ^c	11,356	Adolescents

Table 1 (continued)

Supporting research	Prevalence	Country	Sample	
			No.	Survey group
Wartberg et al. (2017)	4.7%	Germany	1,000	Parents
Kim et al. (2017)	6.3%	South Korea	3,212	Adult population
Hsieh et al. (2016)	6.4%	Taiwan	6,233	Children
Morioka et al. (2017)	8.1%	Japan	100,050	Adolescents
Li et al. (2014)	11.7%	China	24,013	Adolescents
Rücker et al. (2015)	11.7%	Switzerland	3,067	Adolescents
Király et al. (2014)	15.5%	Hungary	2,073	Adolescents
Evren et al. (2014)	15.9%	Turkey	4,957	Adolescents
Wang et al. (2016)	16.0%	China	9,518	Adolescents
Lin et al. (2014)	18.7%	Taiwan	9,510	Adolescents

Note. ^aGreece, Spain, Poland, Germany, Romania, The Netherlands, and Turkey; ^bAustria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, The Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Turkey, and the UK. ^cAustria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia, and Spain.

Internet addiction is a phenomenon that affects both sexes equally

Numerous risk factors and individual differences can affect prevalence rates of Internet addiction. For example, sex has been found to affect these estimates in different ways, and a large number of studies reported slightly higher prevalence rates of Internet addiction in males. Conversely, a nationally representative study in Japan with over 100,000 Internet users found that Internet addiction was more prevalent in females (Morioka et al., 2017), and another report from Germany using parental ratings of Internet addiction symptoms found no difference in prevalence rates across both sexes (Wartberg, Kriston, Bröning, et al., 2017). There may be several factors influencing these findings, such as the country in which the study was conducted, the age of the participants, and the penetration rates of Internet use in those countries.

Prevalence rates of Internet addiction are usually higher in Asian countries

The extent of Internet addiction across different geographical areas has also been investigated. Cheng and Li (2014) conducted a systematic review and meta-analysis of a total of 80 empirical studies from 31 countries across seven world regions to estimate the global prevalence rate of Internet addiction in different countries, and they reported a global prevalence of Internet addiction around 6%, with the highest rates being found in the Middle East (10.9%), and lowest rates being found in Northern and Western Europe (2.6%). Although this study represents an important effort toward estimation of the global prevalence of Internet addiction, several potential limitations were present in the study, with the most evident being the fact that not all studies reviewed had

Theories and Models of Internet Addiction

Scholars have sought to explain the development and maintenance of Internet addiction using a wide range of conceptual and theoretical models, and several theories have been formulated to explain, predict, and further understand Internet addiction as an addictive behavior. It is important to note that all models of Internet addiction complement each other and help us understand the etiology, treatment, and prevention of Internet addiction.

2.1 The Cognitive-Behavioral Model

Davis's cognitive-behavioral model was the first CBT-Based model

The cognitive-behavioral model (Davis, 2001) addresses the definition, conceptualization, and treatment of Internet addiction, which is referred to as *pathological Internet use* within this model. The cognitive-behavioral model of pathological Internet use distinguishes between *specific pathological Internet use* (SPIU) and *generalized pathological Internet use* (GPIU).

This distinction comes from the idea that Internet use can serve multiple purposes and goals. For instance, SPIU is broadly defined as a type of pathological Internet use whereby individuals become dependent on using a specific function or application of the Internet, whereas GPIU relates to a more general, multidimensional behavioral overuse pattern of pathological Internet use. According to this model, maladaptive cognitions play a key role in both development and maintenance of pathological Internet use.

Distal and proximal factors explain the etiology of the phenomenon

The cognitive theory of pathological Internet use utilizes the concepts of distal and proximal contributory causes of pathological Internet use to better illustrate the nature of the cognitive theory of pathological Internet use. Accordingly, distal causes include preexisting psychopathology (depression, social anxiety, substance dependence, etc.) and behavioral reinforcement that is provided by the Internet itself throughout the experience of new functions and situational cues that contribute to conditioned responses. Proximal causes in turn involve maladaptive cognitions, which are regarded as a sufficient condition with the potential to lead to both GPIU and SPIU and also cause the set of symptoms associated with pathological Internet use (Davis, 2001).

The cognitive-behavioral model posits that GPIU involves spending abnormal amounts of time on the Internet, either wasting time with no direct purpose and/or spending excessive amounts of time in online chat rooms. For this reason, procrastination is also assumed to play an important contributory role toward the development and maintenance of GPIU. The cognitive-behavioral

model argues that symptoms of pathological Internet use derive primarily from individuals' maladaptive cognitions (Davis, 2001). According to Davis (2001), these symptoms relate more to cognitive symptoms and include obsessive thoughts about the Internet, diminished impulse control, inability to cease Internet use, and a generalized feeling that the Internet is the only place where individuals feel good about themselves. Other symptoms may include thinking about the Internet while offline, anticipating future time online, decreasing interest in other activities or hobbies, and social isolation (Davis, 2001).

The cognitive-behavioral model remains a very influential way of understanding Internet addiction at both theoretical and measurement levels. In fact, the cognitive-behavioral model has also received extensive support from scholars in the field who have sought to operationalize the model within a psychometric framework (see Caplan, 2010). In addition, the model has been used in, and served as the basis of, treatment protocols for Internet addiction, such as the cognitive behavior therapy for Internet addiction (CBT-IA).

2.2 The Syndrome Model of Addiction

The syndrome model of addiction (Shaffer et al., 2004) is based on the idea that specific objects of addiction play a less central role in the development of all addictive disorders because there is evidence of multiple and interacting biopsychosocial antecedents, manifestation, and consequences (in both behavioral and substance-based addictions) that reflect an underlying addiction syndrome. Indeed, technological addictions such as Internet addiction can be defined within a syndrome model of addictions that is organized into three primary areas: (1) shared neurobiological antecedents, (2) shared psychosocial antecedents, and (3) shared experiences (manifestations and sequelae; Shaffer et al., 2004).

According to this model, syndromes and their respective signs and symptoms serve as identifying characteristics of the underlying condition (addiction). Moreover, given the potentially recursive nature of syndromes and their sequelae, the consequents of the addiction syndrome can influence existing antecedent factors (or become new antecedents) to change the existing risk matrix associated with developing different manifestations of the syndrome (Shaffer et al., 2004). This model suggests many commonalities occur across the different expressions of addiction, and these commonalities reflect a shared etiology.

The syndrome model of addiction developed by Shaffer et al. (2004) posits that all addictions develop via comparable distal antecedents (risk factors, including neurobiological and contextual factors), which render individuals more vulnerable to addictions. Given the presence of the identified distal antecedents, proximal antecedents precede the development of addictions, and may include negative events and stress experiences and the sustained use of a substance or persistent engagement in a particular behavior. The syndrome model of addiction also suggests that addictions only differ in their actual manifestation, and that given the distal and proximal risk factors, some individuals may develop an addiction to a substance, whereas others may develop an addiction to a specific behavior, such as Internet use.

Internet addiction can also be defined as a syndrome

Treatment

4.1 Methods of Treatment

Different methods of treatment can be applied to alleviate the symptoms of Internet and gaming addiction, including psychological therapy, psychopharmacological therapy, and combined treatment (Kuss & Lopez-Fernandez, 2016). Psychological therapy for Internet and gaming addiction frequently involves group therapy, which is a particularly efficacious approach. It allows for the development of a support network of clients with related problems, establishing perspective for clients regarding other clients' experiences, while providing a safe environment that encourages openness and acceptance, vicarious learning opportunities, and coping skill enhancement (American Psychological Association, 2015). Moreover, integrating the client's family within the therapeutic process is specifically efficacious for young clients, given that their families are integral in their psychosocial development and maturation.

CBT is the most commonly applied and most cost-effective psychotherapeutic method to treat Internet and gaming addiction, and its evidence base is growing continually. CBT aims to modify thoughts and behaviors associated with addictive Internet use. The cognitive-behavioral model of pathological Internet use (Davis, 2001) indicates variables related to maladaptive thinking are of prime significance in the initiation and maintenance of Internet and gaming addiction. Research provides strong evidence that CBT is effective in lowering cognitive impairment linked with Internet addiction (Ge et al., 2011). Given the proven effectiveness and efficacy of CBT, we will present a psychological treatment plan using CBT principles to treat Internet and gaming addiction.

Research on psychopharmacological treatments suggests using medications to treat Internet addiction, such as selective serotonin reuptake inhibitors (SSRIs), norepinephrine-dopamine reuptake inhibitors (NDRIs), benzodiazepines, antipsychotics, and methylphenidate, is efficacious in improving symptoms of Internet and gaming addiction, and leads to decreases in time spent using these technologies (Han, Hwang, & Renshaw, 2010). Therapists must perform a cost-benefit analysis of prescribing medication in the treatment of Internet addiction because the side effects of particular psychopharmaceuticals may have negative consequences regarding whether the treatment is acceptable and how likely clients are to adhere to it.

recognizes relevant risk situations. Joint and detailed discussions are necessary to discuss what support looks like, because otherwise the client and their significant others may have different views of what is more or less useful in the therapy context. The therapist must also address the possibility that relapse can occur because the ensuing disappointment and blame may exacerbate the client's situation. Therefore, a realistic approach should be adopted through group discussion to use the resources available through the client's stable social support system. Groups are advised to think about how relapse occurs, and what kinds of factors, attitudes, and behaviors are associated with relapse. Subsequently, the jointly developed model can be used in the context of the client's former individual relapse episodes, and possibilities of intervention can be identified using specific examples (Wölfling et al., 2013).

Stimulus control should be discussed by the group, and the following questions need to be asked: (1) Where is the computer and/or Internet-enabled device supposed to be located in the home? (2) Should a child safety lock be used? (3) Are games present in the home, and what should be done with them? (4) How do family and friends use Internet-enabled devices, including computers, tablets, and smartphones? (Wölfling et al., 2013).

4.1.3 Group Therapy

Group CBT for Internet addiction typically involves a cost- and time-efficient set of 12–15 therapy sessions. These sessions are summarized in Table 9 and discussed subsequently in detail as based on the program developed by Wölfling and colleagues (2013).

Session 1: Getting To Know Each Another, Therapy Contract, and Therapy Goals

This session allows clients to get to know each other and motivates them to decrease their use of problematic Internet applications. Furthermore, individual therapy goals are established, and a binding agreement is set up that culminates in developing and signing a therapy contract.

In the first therapy session, (1) all clients should be integrated into the therapy group, (2) exclusion of clients should be prevented, and (3) the development of a comfortable and trusting group atmosphere should be encouraged (Wölfling et al., 2013).

Clients should be motivated to abstain from excessive Internet use (which is often linked to the use of specific Internet applications, such as gaming) for a period of 6 weeks, as this timeframe has been shown to be successful in treating Internet addiction (Cash, Rae, Steel, & Winkler, 2012). The client's desire to use the Internet needs to be taken seriously by the therapist, and the client's associated motives need to be discussed in detail. The client should be clearly shown that decreased Internet use and abstinence from using problematic Internet applications is the best long-term method to avoid relapse and to overcome dysfunctional Internet use behavior. Following this, individual therapy goals can be formulated, and should be realistic, positive, concrete, and achievable (Wölfling et al., 2013). Therapy goals such as "I need to lose weight" or "I will never use the Internet again" should be avoided. The

following are better examples: “I will go swimming once a week for an hour” or “I will do work-related Internet tasks in my job and use the computer in my office to access the Internet only for job-related information searches.”

Table 9
Group Therapy Session Overview

Session	Content
1. Getting to know one another, therapy contract and therapy goals	<ul style="list-style-type: none"> • Introduction to the therapy program • Getting to know one another and introductory round • Discussing abstinence endeavors for following week • Individual therapy goal finding, and developing therapy contract for each participant • Self-monitoring using the weekly protocol
2. Addiction triggers and maintaining factors	<ul style="list-style-type: none"> • Abstinence round: Abstinence evaluation • Evaluation of weekly protocols • Development of vicious circle model
3. Resources and alternative strategies	<ul style="list-style-type: none"> • Abstinence round: How well did clients abstain from addictive behaviors? What worked well (or not)? • Collecting alternative strategies • Identifying and writing down resources using flip charts (observational learning)
4. Psychoeducation	<ul style="list-style-type: none"> • Abstinence round • Psychoeducation using the comparison among behavioral addiction, substance-related addiction, and gambling addiction • Cost-benefit analysis of addictive behavior and abstinence
5. Developing an individual illness development model	<ul style="list-style-type: none"> • Abstinence round • Development of a biopsychosocial model: Introduction using an example (e.g., depression) • Development of an individual problem model using the biopsychosocial model
6. Developing an individual situation-organism-reaction-consequence-model I	<ul style="list-style-type: none"> • Abstinence round • Introduction to the SORC model: Developing an individual microanalysis by using the individual weekly protocol • Particular attention is paid to the emotion-regulating function of the addictive behavior using the “emotion-related technology use” variable in the SORC model
7. Developing an individual situation-organism-reaction-consequence-model II	<ul style="list-style-type: none"> • Abstinence round • Continued development of the individual microanalysis using the individual weekly protocols • Repeating cost-benefit analysis of the dysfunctional behavior

8

Appendix: Tools and Resources

Appendix 1: Information Sheet on Internet Addiction

Appendix 2: Internet Gaming Disorder Test (IGD-20 Test)

Appendix 3: Internet Gaming Disorder Scale–Short Form (IGDS9-SF)

Appendix 4: Weekly Protocol for Internet Use

Weekly Protocol for Internet Use

Date/ Time	Situation	Thoughts	Feelings	Body	Craving	Time on Internet (mins)
Thursday 7:30	Just got up	Got plenty of time to check my Facebook and Instagram pages before work	Bored	Tired, lack of energy	50%	75

Adapted from Wöfling et al., 2013.

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An accessible, compact guide to the assessment and treatment of Internet addiction – with group CBT session plan!

This book examines how you can identify, assess, and treat Internet addiction in the most effective manner. Internet use has become an integral part of our daily lives, but at what point does it become problematic? What are the different kinds of Internet addiction? And how can professionals best help clients? This compact, evidence-based guide written by leading experts from the field helps disentangle the debates and controversies around Internet addiction, including social media addiction and Internet gaming disorder, and outlines the current assessment and treatment methods. The book presents a 12–15 session treatment plan for Internet and gaming addiction using the method and setting with the best evidence: group CBT. Printable tools in the appendix help clinicians implement therapy. This accessible book is essential reading for clinical psychologists, psychiatrists, psychotherapists, counselors, social workers, teachers, researchers, as well as students and parents.

“For the researcher, clinician, or anyone who has concerns about how the Internet is shaping our lives, this is an essential collection of the latest research evidence and thinking on Internet addiction. Exploring causation, assessment, therapeutic approaches, and prognosis, there is much to guide and inform both the health practitioner and academic researcher in our unprecedented times. Excellent!”

Dr. Richard Graham, Consultant Child & Adolescent Psychiatrist, Technology Addiction Service, Nightingale Hospital, London, UK; Clinical Director, Good Thinking – The London Digital Mental Well-Being Service; Executive Board, UK Council for Child Internet Safety (UKCCIS)

“Kuss and Pontes’ Internet Addiction provides not only a much-needed history of the evolution of Internet disorders and their global prevalence, but also teaches clinicians how to tackle their treatment. This is a book to include on the reading list for any mental health professionals wanting to know more about one of the ‘new’ addictions.”

Dr. Henrietta Bowden-Jones, FRCPsych, BA(Hons), DOccMed, MD(Imperial), Royal College of Psychiatrists Spokesperson on Behavioural Addictions, London, UK

“This is an excellent overview of Internet addiction, one of today’s most exciting and pressing mental health issues. This book provides a comprehensive overview of research done on Internet addiction and related disorders over the past two decades and, crucially, introduces therapeutic interventions that have been shown to work.”

Zsolt Demetrovics, PhD, Professor of Psychology at ELTE Eötvös Loránd University, Budapest, Hungary; Editor-in-Chief, *Journal of Behavioral Addictions*

“This excellent book is a pleasure to read. At a time when clinicians are scrambling to learn what they can about the rapidly developing problem of Internet addiction, this book offers them an excellent place to start.”

Hilarie Cash, PhD, Chief Clinical Officer and Co-Founder of reSTART Life, PLLC, Fall City, WA – the first residential treatment program for Internet addiction in the US

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Internet Addiction

Series editors

Danny Wedding

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