

# **Manulised treatment for video-game addiction: A pilot trial for youth aged 12-20 years**

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## Background:

Schools, health services and parents frequently ask for help as they encounter youth that have lost control over their computer gaming behavior, and whom continues their gaming despite serious negative consequences in terms of school- and work performance, health and social life.

At the time of project start, there were no national or international published treatment studies or trials addressing specific treatment methods for video game addiction

«The Governmental Action plan» stated that the knowledge on video game problems should be increased

# Video game addiction

- *“Excessive and compulsive use of computer or video games that results in social and/or emotional problems; despite these problems, the gamer is unable to control this excessive use” (Lemmens, et al., 2009).*
- *“Excessive use of video games resulting in various negative psychosocial and/or physical consequences (Porter, et al., 2010).*

# PREVALENCE

- Survey among Norwegians aged 16 years and older: > 4 hours daily gaming found among 2.2% (Wenzel et al., 2009).
- Survey among Norwegians aged 16-40: prevalence of video game addiction estimated to 0.6% (conservative estimate) and to 4.1% (liberal estimate) (Mentzoni et al. 2012).

TABLE 4. PREVALENCE OF PROBLEM VIDEO GAME USE BY GENDER AND AGE GROUP

<i>Category</i>	<i>Problem VGU %</i>
Male	
16-21	15.4
22-27	9.7
28-33	1.1
34-40	2.8
Female	
16-21	2.5
22-27	1.1
28-33	0
34-40	1.6

VGU, video game use.

# A treatment manual for video game addiction

- A manual based on 13 sessions. Included is also a mini-review about video game addiction and a guide to the perspectives and structure of the sessions.
- The manual is based on brief strategic family therapy, cognitive-behavioral therapy and motivational interviewing.
- Session structure:
  - Introduction / theory / background
  - Goals
  - Interventions / working methods
  - Homework
- Challenges
  - Individual vs. family based interventions
  - Symptom related vs. global focused interventions
  - The overall ecological perspective

## RECRUITMENT

- RECRUITMENT THROUGH NEWSPAPER ADS AND THROUGH RADIO AND TELEVISION
- «NO REFERRAL NEEDED» AND FREE TREATMENT (no costs)
- TOTAL RECRUITMENT: 22 YOUTHS WITH THEIR FAMILIES, EQUALLY SHARED BETWEEN BORGESTADKLINIKKEN (SKIEN) AND STIFTELSEN BERGENSKLINIKKENE (BERGEN)
- A POSSIBILITY FOR DIRECT PARENTAL OR PATIENT CONTACT THROUGH PHONE (LOW THRESHOLD)
- QUESTIONNAIRES ASSESSING BACKGROUND INFORMATION AND THE GAME ADDICTION SCALE WERE SENT BY POSTAL MAIL. THE PASIENT AND FAMILY ANSWERS' AND THE QUESTIONNAIRES WERE RETURNED FOR EVALUATON OF APPLICABILITY FOR PARTICIPATION
- 13 SESSIONS IN TOTAL: 7 FAMILY BASED AND 6 INDIVIDUALLY

## ASSESSMENT AND TESTING PRE-, POST TREATMENT AND AFTER THREE MONTHS

### PATIENTS:

- BACKGROUND INFORMATION (pretreatment only)
- THE GAME ADDICTION SCALE
- THE PROBLEM VIDEO GAME PLAYING SCALE
- THE HOSPITAL ANXIETY AND DEPRESSION SCALE
- THE BUSS DURKEE AGGRESSION SCALE
- THE ROBERTS REVISION OF THE UCLA LONELINESS SCALE
- SLEEP RELATED QUESTION FOR YOUTH

### PARENTS:

- PROBLEM VIDEO GAME PLAYING
- THE BEHAVIOR RATING INDEX FOR CHILDREN

### THERAPIST:

- THE CLINICAL GLOBAL IMPRESSION (posttreatment only)

## TEMATIC OVERVIEW OF THE SESSIONS

- 1: ASSESSMENT **F**
- 2: ASSESSMENT AND PARENTAL INVOLVMENT **F**
- 3: BENEFITS AND DISADVANTAGES OF VIDEO GAMING, EXPLORATION OF AMBIVALENCE **P**
- 4: GOAL SETTING **P**
- 5: FEEDBACK FROM THERAPIST BASED ON ASSESSMENT **F**
- 6: GOAL CLARIFICATION, NEGOTIATIONS AND CONTRACTING **F**
- 7: SLEEP AND SLEEP REGULATION **F**
- 8: IMPULSE REGULATION
- 9: BEHAVIORAL EXPERIMENTS WITH VIDEO GAME BEHAVIOR **P**
- 10: AFFECT AWARENESS AND RELAXATION TECHNIQUES **P**
- 11: PERIOD AFTER TREATMENT / CONTRACT **F**
- 12: RELAPSE PREVENTION **P**
- 13: CONCLUSION, SUMMARY AND EVALUATION **F**

**F: FAMILY BASED    P: PATIENT INDIVIDUALLY**



## CLINICAL CHALLENGES AND DILEMMAS

- PARENTS VIEW VIDEO GAMING AS A SIGNIFICANTLY LARGER PROBLEM COMPARISON TO THEIR CHILDREN. OFTEN THE PATIENT DID INITIALLY NOT HAVE ANY INTENTIONS TO CHANGE HIS/HER GAMING BEHAVIOR.
- HOW TO PLAN FOR THE FUTURE WITH YOUTH WHO PREFER TO LIVE IN THE PRESENT?
- THE PATIENTS OFTEN STATED THAT THEY VIEWED PARTICIPATION IN THE PROJECT AS UNVOLUNTARY, WHILE WE INFORMED THEM THAT THEIR PARTICIPATION IS VOLUNTARY. THE ETHICAL COMMITTEE ALSO SET VOLUNTARISM AS A PREREQUISITE FOR PROJECT APPROVAL.
- HOW TO INCREASE AFFECT AWARENESS IN PATIENTS WHEN EMOTIONS ARE SOMETHING THEY DO NOT WANT TO ADDRESS AND TALK ABOUT?

## PLANNED PUBLICATIONS

- **YOUTHS TREATED FROM VIDEO GAME ADDICTION: demographic and clinical characteristics?**
- **CLINICAL CHALLENGES AND DILEMMAS IN THE TREATMENT OF VIDEO GAME ADDICTED YOUTHS.**
- **TREATMENT EFFECT FOR VIDEO GAME ADDICTION: A PILOT STUDY (quantitative outcome measures)**