



#### **Ground Rules**



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- **Be respectful of other participants and panellists**. Behave as you would in a face-to-face activity.
- You may interact with each other by using the participant chat box. As a courtesy to other participants and the panel, keep your comments on topic.
   Please note that if you post your technical issues in the participant chat box you may not be responded to.

Audience tip: If you are having difficulties with the audio, please dial in on 1800 896 323 Passcode: 1264725328#.

#### **Ground Rules cont.**



For help with your technical issues, click the Technical Support FAQ tab at the
top of the screen. If you still require support, call the Redback Help Desk on
1800 291 863. If there is a significant issue affecting all participants, you will
be alerted via an announcement.

Audience tip:
Click the Technical
Support FAQs tab for
help with any technical
issues.

# **Learning Outcomes**



Through an exploration of internet gaming addiction, the webinar will provide participants with the opportunity to:

- recognise clinical effects and harms to mental health related to internet gaming addiction
- increase skills and understanding of managing internet gaming addiction and improve awareness of evidence based interventions
- identify strategies to engage specialist services when treating someone with internet gaming addiction.

Audience tip:
The PowerPoint slideshow,
Jack's story and supporting
resources can be found in
the Resources Library tab at
the bottom right.

# **General Practitioner perspective**



### **Internet Gaming Disorder**

- 65% of Australians play regularly
- 93% of households gaming device
- Pathological video gaming prevalence in adolescents – 6%







# **General Practitioner perspective**



#### **Approach**

- Identifying the issue HEADSS
  - Home
  - Education
  - Activities
  - Drugs
  - Sexuality
  - Suicide/Depression
- Engage patient/Develop Rapport
  - Types of video games / platforms
  - Quantify usage hrs per day
  - Enjoyment factors problem solving, social, reality escape, constant measurable growth

- Comorbid depression/anxiety/psychosocial factors/stressors
- Functional incapacity
  - Relationships
  - Financial online subscriptions/purchases
  - School performance/Work performance
  - Social isolation
  - Mood → DASS 21





Sam Yong

# **General Practitioner perspective**



#### **Management**

- Non judgemental/empathic approach
- Acknowledge merits of video gaming
- Strategies
  - Encourage social play friends
  - Negotiate gaming as a reward for key responsibilities
  - Set total gaming time per day
  - Move devices out of bedroom social areas
  - Encourage coping mechanisms exercise, hobbies co-curricular activities, mindfulness, support, parental engagement



Sam Yong

# General Practitioner perspective Resources Tedx Talk: Escaping Video Game Addiction. Cam Adair Gamequitters podcast Psychology of games podcast Sam Yong



# **Clinical Psychologist perspective**

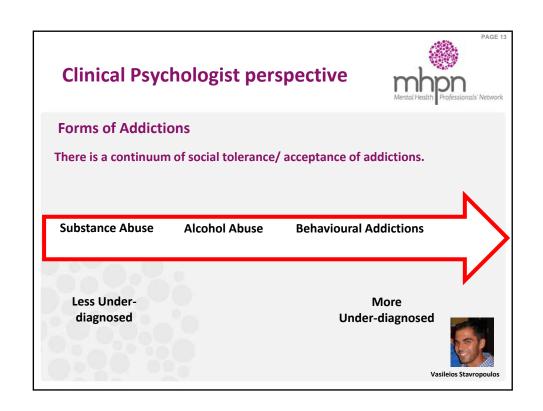


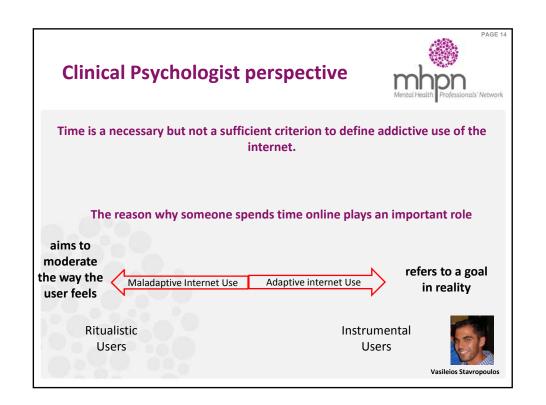
#### **This APS Study Group Goals:**

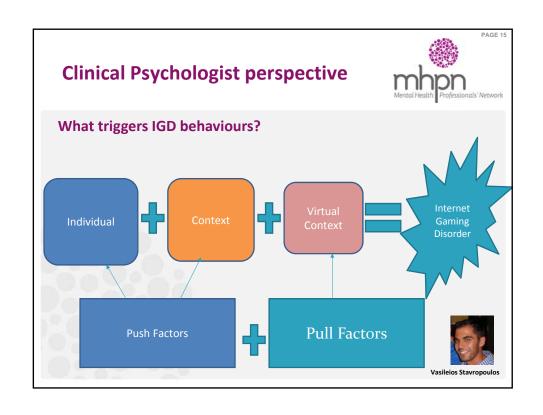
- To introduce six main points/ criteria for identifying behavioural addictions, including Internet Gaming Disorder.
- To introduce a case formulation conceptualization that embraces game related factors.
- To expand the understanding around the Massively Multiplayer Online games context as a high risk internet application.

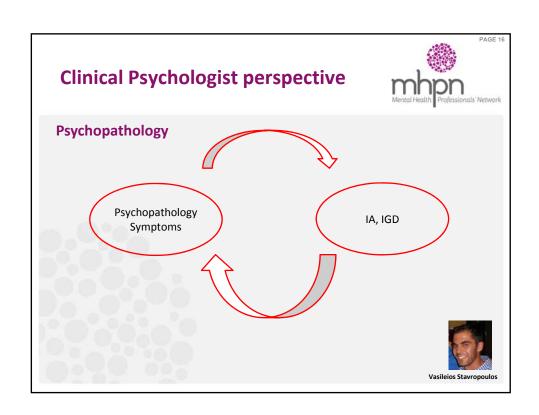


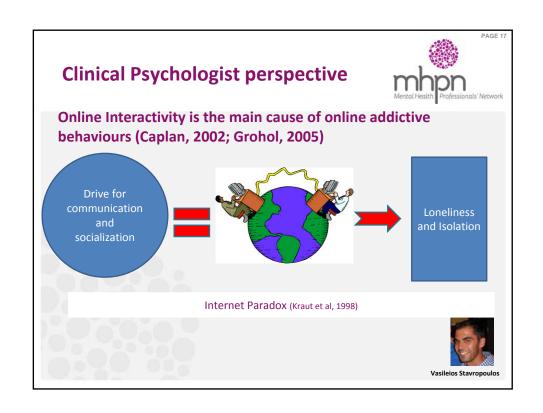
# Clinical Psychologist perspective Griffiths, 1996, 2005 Every behaviour that satisfies the following 6 points constitutes an addiction from an operational perspective: Mood Modification Salience Withdrawal Symptoms Conflicts, Functional Impairement Relapse

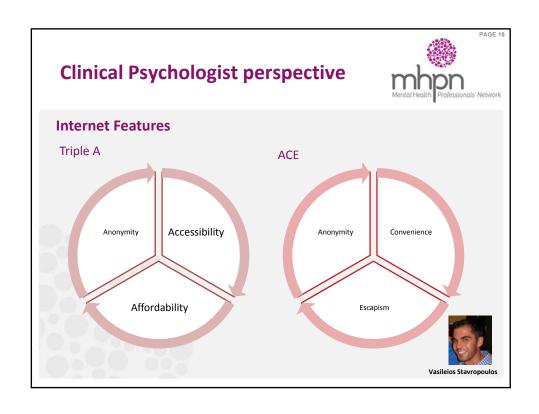


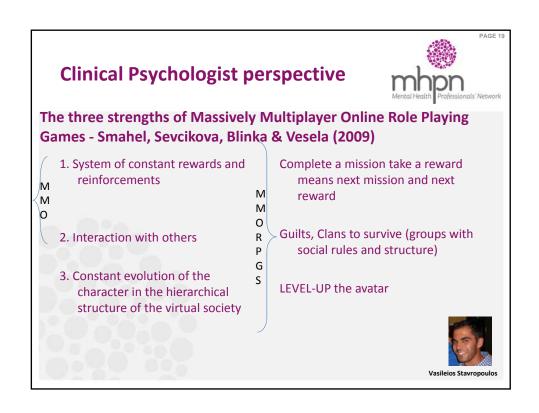


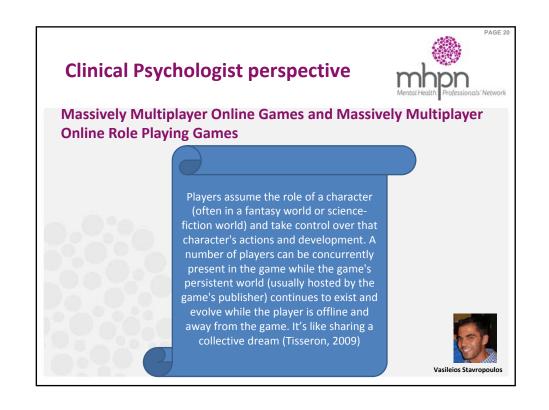


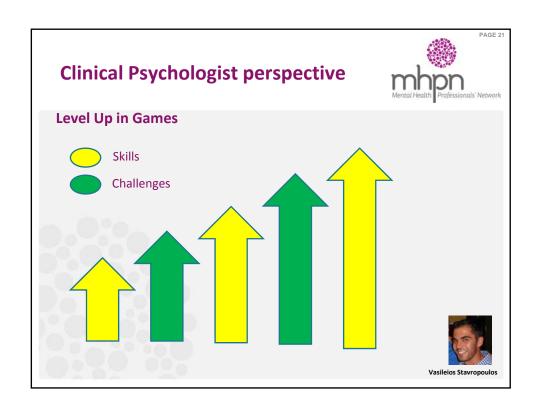


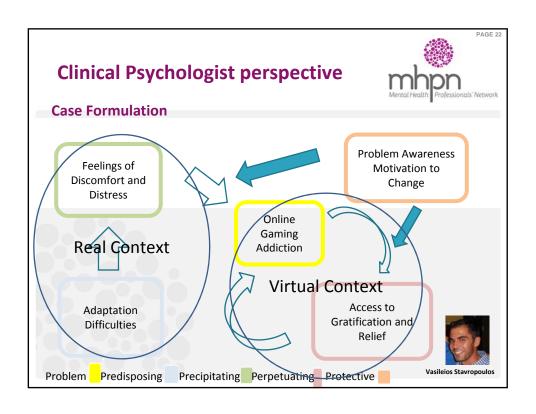


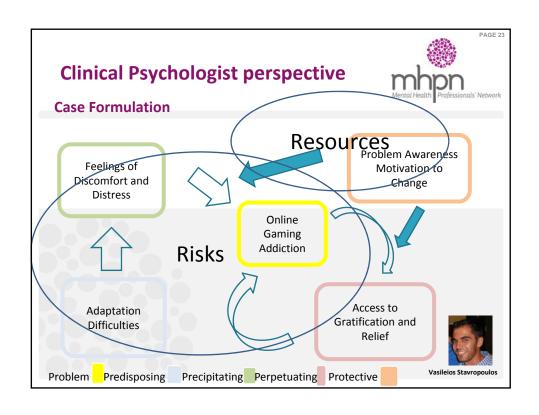


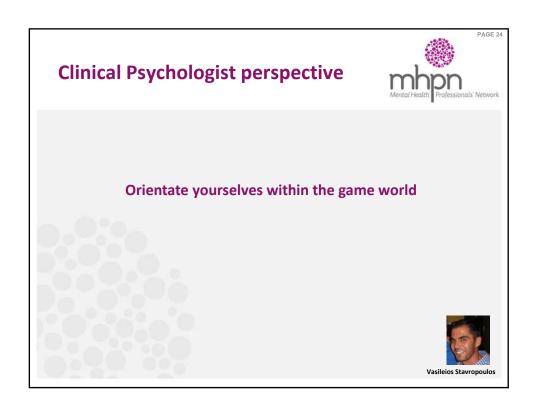
















# **Psychiatrist perspective**



#### Five tips to help a young person with IGD:

- Move devices out of the bedroom
- Schedule activities
- If there is an age classification, use it
- Log into account online, look at hours logged
- Aim for abstinence, as abstinence creates awareness



# **Psychiatrist perspective**



# Effectiveness of Brief Abstinence for Modifying Problematic Internet Gaming Cognitions and Behaviors

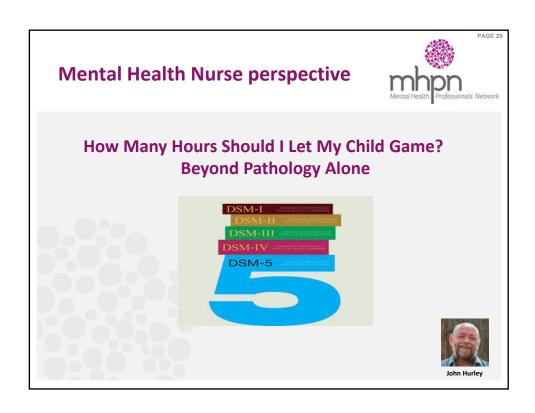
Daniel L. King, 1 Dean Kaptsis, 2 Paul H. Delfabbro, 1 and Michael Gradisar 2

<sup>1</sup>The University of Adelaide <sup>2</sup>Flinders University

Objective: This pilot study tested the efficacy of a voluntary 84-hour abstinence protocol for modifying problematic Internet gaming cognitions and behaviors Method: Twenty-four adults from online gaming communities, including 9 individuals who screened positively for Internet gaming disorder (IGD), abstained from Internet games for 84 hours. Surveys were collected at baseline, at daily intervals during abstinence, and at 7-day and 28-day follow-up Results: Brief voluntary abstinence was successful in reducing hours of gaming, maladaptive gaming cognitions, and IGD symptoms. Abstinence was highly acceptable to participants with total compliance and no study attrition. Clinically significant improvement in IGD symptoms occurred in 75% of the IGD group at 28-day follow-up. Reliable improvement in maladaptive gaming cognitions occurred in 63% of the IGD group, whose cognition score reduced by 50% and was comparable to the non-IGD group at 28-day follow-up. Conclusions: Despite limitations of sample size, this study provides promising support for brief abstinence as a simple, practical, and cost-effective treatment technique for modifying unhelpful gaming cognitions and reducing

King, D. L., Kaptsis, D., Delfabbro, P. H., & Gradisar, M. (2017) Journal of Clinical Psychology.





# **Mental Health Nurse perspective**



- Faster task related working memory
- More accurate update of working memory
- Improved visual searching
- First Person Shooters (FSP) increased cognitive flexibility
- Greater grey matter and hippocampal and occipital volume
- Ease of keeping up social contacts and supports
- Academic performance improved
- Can be used to increase mental health

- literacy
- Allows young person (yp) to experiment with other parts of self
- Less depression in moderate game players
- Stress reduction in moderate play
- Sense of exploration and achievement
- Better problem solving skills in real life
- Enhanced creativity
- Friendship generation for shy YP
- Youth identity development.



#### **Mental Health Nurse perspective**



- Pathological gaming predicted higher levels of depression, anxiety, social phobia, and poor school performance
- Reading performance lowered
- Lower self-concept
- Exacerbation of anxiety
- ADHD high levels of addiction
- Psychopathology and suicidal behaviours are strongly related to pathological use
- Higher levels of aggression
- Weight gain in adolescent girls

- Sleep disruption
- ADHD/OCD/depression risk for addiction
- Lower age risk for addiction
- Less creative thinking
- Less moral reasoning.



# **Mental Health Nurse perspective**



# Assessment: Are they running away from something, or not?

#### Gaming is ALL about the flow:

- Extreme focus; a sense of active control; a loss of self-awareness; distortion of the experience of time
- "Sheer joy of complete engagement" (Csikszentmihalyi 1997)
- Key assessment is to differentiate between addiction and strong engagement
- There is also currently no uncontested way to differentiate between strong engagement with a game and addiction to gaming (Kuss et al., 2017).



### **Mental Health Nurse perspective**



#### Use in engagement & relationship

- Therapeutic Alliance (TA) has a causal effect on symptomatic outcome of a psychological treatment, and poor TA is actively detrimental (Goldsmith et al., 2015)
- YP as teacher and expert
- · YP as accepted, not pathologised
- Not being just another adult telling them how to be
- Clinician has enhanced credibility to respectfully challenge.



# **Mental Health Nurse perspective**



#### Some considerations for intervening

- Replacement not banning too busy to play.
- Open parental communication & building parental closeness more effective than regulating (Choo et al., 2015; Van den Eijnden et al. 2010)
- Adopt a social capital lens as well as a pathology lens.
- Approximately two hours per day.
- Wider IT based applications have benefit and socially constructing gaming as only being a new disorder is an opportunity missed.





# Thank you for your participation



- Please ensure you complete the feedback survey before you log out
- Click the Feedback Survey tab at the bottom of the screen to open the survey
- Certificates of Attendance for this webinar will be issued within four weeks
- Each participant will be sent a link to the online resources associated with this webinar within two weeks

Audience tip:
Your feedback is important
– please click the Feedback
Survey tab to open the
survey



