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## **"INTERNET ADDICTION"**

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# INTERNET ADDICTION

## 3 CEU Credit Hours

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### **Course Description:**

Is "Internet Addiction" real? Or is it just another psycho-babble-fad? This course will help you understand and assess the differences, and provide targeted strategies for treating numerous unhealthy activities - both online and off.

### **Course Objectives:**

At the conclusion of this course the professional will be able to:

- 1.) Understand the behavioral and social issues labeled by some professionals as "Internet Addiction"
- 2.) Create a helping framework for resolving client treatment needs
- 3.) Assist clients in altering destructive life patterns through healthy attainment of long and short-term needs.
- 4.) Educate clients and families in behaviors to reduce anxiety, decrease impulsivity and manage obsessive thought patterns.

### **Purpose of this course:**

The purpose of this CEU course is to provide a current understanding of issues relevant to the mental health counselor concerning what pop-psychology is calling "Internet Addiction". Current information is provided to assist counselors in understanding client condition, treatment options and providing patient education.

### **Course Outline:**

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

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### **3 Clock Hours / CE Credits**

If you ever have any questions concerning this course, please do not hesitate to contact **PeachTree at (800) 390-9536**.



Your instructor is **Richard K. Nongard**,  
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# **Internet Addiction?**

**Questions and Answers  
for  
Professionals**

## INTRODUCTION

This course was written in the year 2002, a time of marvelous technical advances, but also a time of fear and confusion for many professionals, families, and society in general. While reading, you may notice a little cynicism and skepticism in the text. This stems from my frustration over the lack of understanding among many (but fortunately not most) professionals on the subject of Internet addiction. Because *you* are taking this course online and are then likely to be a net savvy therapist, I am probably preaching to the choir, but perhaps you can help convince some of your peers to take this course, in hopes it will alter their perspectives.

**Generational differences affect not only Internet use, but also the overall perception of the Internet and other new technologies.**

In the 8 years I have been doing training and meeting professionals, I have made a few observations. First, many people become a counselor after doing something else first. A lot of therapists were, for example, teachers or accountants, and then went back to school and became counselors out of personal desire or professional growth. Consequently, as a profession, we are an older group. Demographically, this group is not likely to be very computer literate, and has not yet incorporated the Internet into daily living.

In the year 2002, I am amazed at the number of workshop registrations I continue to receive via snail mail. It baffles me that people don't simply register online. It's faster, easier, and probably more secure than mailing a check or credit card number. The reason goes back to the demographics of our profession: we are a group that traditionally mails registrations. E-mailing is a new and foreign concept, and therapists, like anyone else, are often uncomfortable with change.

The second observation I have made is that we fear the Internet, and this fear stems from what pop-psychology calls "Internet Addiction". Again, as a profession we are not a technologically literate group that feels comfortable using a computer in everyday life. On top of that, we hear one horror story after another on how the Internet has devastated individuals and families. This concept given credence by media reports of pedophiles, perverts and pathological gamblers bringing harm and ruin to communities through compulsive behaviors manifested online. Remember, this is a profession where we spend all day hearing what's wrong, not what's right. As a result, our perception of the Internet is that it's a scary and dangerous place.

**It takes only a few bad media apples to spoil the bunch of online benefits.**

Although I too graduated from high school before computer labs and email existed (my son recently asked how many video tapes I had as a kid, and I had to explain to him that when I was his age, they hadn't yet invented the VCR...) I have been forced through my business ventures to become a very technologically literate person. As a result, my first inclination is to surf a website and download information, or to email a registration. Likewise, since this course is being offered online, you, the reader of this material, have probably become far more comfortable with the Internet than many of our professional peers.

**There is a current cultural tendency to label all impulsive or impairing behaviors as "addiction" — Even if it does not meet the accepted diagnostic criteria for addiction.**

My third observation is that since 12-step programs and abstinence have worked to impact compulsive drinking behaviors, all other behaviors with a compulsive nature are now labeled as 'addiction'. It may seem like splitting semantic hairs, but I believe our profession should accurately label client conditions, and so I have put together a course on "INTERNET ADDICITON" in order to tell professionals that I do not believe in Internet addiction as a diagnosis.

I do, however, believe that many problems may arise in therapy settings related to clients' use of the Internet. *These* are the issues we will deal with. When I hear professionals refer to Internet addiction I usually don't quibble over their words. I do understand what they mean. The problem isn't actually 'addiction' as defined by the classic definition, and if we mislabel or misdiagnose client condition, we will always provide the wrong treatment.

Although I am not a believer in absolutes, I am a believer in general principles. One general principle a therapist must recognize in treating "Internet addiction" is that the Internet is here to stay, unplugging the computer is *not* a viable intervention. I have heard therapists recommend that the client unplug their computer from the Internet, or even get rid of it altogether. This intervention may be easy for the technologically illiterate therapist to prescribe, but for the client who is 27 and has fully incorporated the Internet into his daily life (maybe even as a job function), this intervention is as effective as asking a client who drives to the local bar to sell his car and start taking a horse to work.

As providers, we have to create interventions that deal with the root problem often mislabeled as Internet addiction, and develop strategies that can help the client despite the ongoing presence in the Internet in their home or office. Telling clients to stop using the Internet is about as effective as telling the alcoholic to stay away from grocery stores that sell beer. In reality, every gas station, grocery store and neighbor has a cooler full of beer. Learning to stay sober DESPITE the presence of beer is the key to recovery, not eliminating access to the beer. And this is the approach we will take in this course to tackle the issue mislabeled as "INTERNET ADDICTION".

I hope you enjoy this course!

~~ Richard K. Nongard, LMFT



## **SECTION 1:**

### **THREE TRUTHS—DESPITE THE HYPE**

- ☞ **The Internet really is a safe place.**
- ☞ **Clients can choose to use the Internet in healthy or unhealthy ways.**
- ☞ **'Internet Addiction' is not an accurate diagnosis**

**Behaviors alone do not qualify as "addiction" even if they are impairing.**

#### **TRUTH #3 :**

**'Internet Addiction' is not an accurate diagnosis.**

#### **DEFINING ADDICTION**

We are going to skip ahead and tackle this third truth first. There is no such thing as "Internet Addiction" because behaviors and emotions cannot be addictions. Behaviors (shopping, sex, gambling) can follow the same course and have the same prognosis as addiction, and they can even utilize many of the same treatment interventions, but behaviors alone (online or offline) cannot be addiction. Addiction requires an "external unnatural" to be internalized, resulting in physiological and psychological dependence. While this may sound confusing, read that last sentence again, and then let's look it in a little more detail.

We are born with a natural affinity to drink only water and milk. All other beverages are "externals", in that we can live forever without beer or cola, but we must have water and milk. We are made of water. You can never be "addicted to water", but you can become addicted to beer. Beer is an acquired taste. It is acquired, not because it actually tastes good, but because it changes brain chemistry. If you put enough of the substance in the body over a long enough period of time, psychological and likely physiological dependence is the result. When the alcohol is removed (detoxification), even if a psychological desire to drink remains, the body is no longer physiologically dependent. This means that a person can develop addiction at any time in life, and recover from addiction through detoxification at any time (even though the psychological dependence/desire may be strong). The reason is simple: Alcohol (or caffeine) is an external unnatural and can actually be removed from the body and lifestyle.

**We are sexual people, even if we do not engage in sexual activities.**

Sex is a natural. It is an "internal natural". In fifth grade we all learned about the blood system, bone system, respiratory system, and the reproductive (sexual) system. In all, we learned there are seven vital body systems. Sex is 1/7<sup>th</sup> of who we are. Even if a person is celibate, they will

always be sexual. Even if a person refrains from sexual thoughts or actions, they are still sexual. It is impossible to be addicted to something we always were and always will be. Eating addiction (another pop psychology concept) is the same. Although eating disorders do exist, notice the DSM-IV classifies them in their own section of the DSM - not wedged between alcoholism and nicotine dependency. I understand Twinkies are not natural, but eating is. Without food a person will die. It is impossible to become "addicted" to something a person must have to exist.

Now, on to the Internet debate. I am not making a case that the Internet is natural and that we must have it for existence. But broadly speaking, when we are looking at gambling "addiction", anger "addiction" or "Internet addiction" we are looking at emotions and behaviors. Emotions and behaviors (although they can be unhealthy) are natural. It is impossible to be emotionless or to take no action in life. When a person acts out pathological gambling or "Internet" addiction, it is simply a behavioral manifestation of the emotions an individual is experiencing, and emotions are normal. You can't be "addicted" to emotions or the behaviors associated with them. However, you can be obsessive about them, and you can be compulsive about them. Which means the *impulse disorder model* (that's where pathological gambling is classified in the DSM-IV – not the addiction section) or the Obsessive-Compulsive model of understanding mental illness is probably a more accurate descriptor of the characteristics we have labeled in pop psychology as "INTERNET ADDICTION"

**Most behaviors that end up labeled as "Internet Addiction" would better suit an Impulse Disorder model than an Addiction model.**

I have tried to be concise in my definition of addiction and hope I have made the point clear. I believe that as professionals we must accurately define the problem we are treating in order to provide accurate interventions, and that too often our definitions are too broad or too encompassing. In one of our other home study courses, *Addiction Answers*, the subject of what is and what is not an addiction is covered in more detail. Although some helpers will continue to disagree with me, I hope to have at least provided food for thought, and thinking always benefits our clients.

## TRUTH #1 : The Internet really is a safe place.

### THE INTERNET — AN ONLINE CITY

**There is no more danger online on the Internet than there is offline in a real world city.**

When I do training in Dallas I often use a hotel located near Love Field. It is a convenient location, the facilities are adequate, the price is right, and the sales manager is flexible. I like staying here because the Chinese restaurant delivers until 4am and the nearby restaurants serve breakfast 24 hours a day. One other really cool thing about this hotel is its proximity and easy access to cultural activities, museums, historical districts and centers of education.

The hotel is also located directly across from the largest adult bookstore in Dallas, and at least three "tanning and lingerie salons" are located within two blocks. Crack whores and pimps cross the parking lot each night as a shortcut from Harry Hines to the liquor stores on Mockingbird, and escort girls regularly stop by and give the bellman their numbers.

My point is simple. The Internet is just like Dallas, Houston, Tulsa, Mayberry or any other city. If you want trouble and unhealthy activities you can find them, and usually on just about any street corner. Even though these opportunities for an illegal card game, drugs or illicit sex are readily available in any city, most people don't take advantage of them, and those providing the opportunity usually stay away from those who aren't seeking their services. The Internet is just like every other city. If you want drugs, sex, gambling, compulsive shopping or anything else, you can find it, usually just a search engine and a click away. One would not say Dallas is a bad place because of the unhealthy activities that go on there. One could find the same activities plus a meth-lab in a city of ANY size, even in a village of only a few hundred people. Likewise, one should not say that the Internet is a bad place because of some of the activities that go on there.

**You can learn to avoid undesirable websites just as you learn to avoid undesirable neighborhoods.**

Like the big city, if you watch where you're going and seek healthy activities you will find them on the Internet. I do not fear Dallas, Houston or Mayberry, and professionals and parents should not fear the Internet. I let my kids (ages 6-12) surf the net whenever they want to. I teach my children in the city to stay on the sidewalks, don't talk to strangers, and come to Dad when there is a problem. I have not depended on "family filters" to protect my children. I instead depend on teaching them good judgment and to make responsible choices. And yes, they have learned the hard way on occasion, just like we all do, like when they clicked on "see Brittany Spears Naked" and the computer locked up with porn spam and made the game they were playing stop working. What did they learn? They learned those selling porn will barrage you with spam and lock up your game and when dad has to come close out the windows, there are consequences (like your game is now over and Dad won't restart it) that outweigh the benefits of trying to see Brittany Spears naked.

I love Dallas! And I love the Internet. I do not fear either one.

## **TRUTH #2 : Clients can choose to use the Internet in healthy or unhealthy ways.**

### **'FREE WILL' IS NOT JUST A RELIGIOUS CONCEPT**

**Online in a virtual world or offline in the real world, a person can exercise their free will and choose to seek out and engage in healthy activities or unhealthy ones.**

We have free will. We are able to make choices. In the addiction model, the physiological dependence is a powerful factor that eliminates free choice until the physiological craving is met. When we are talking about "Internet addiction", free will always remains. There may be a strong psychological desire to engage in unhealthy activities, but never a *physiological* dependence like in heroin addiction or cocaine addiction.

Every now and then I meet a therapist who is so bent on applying the addiction model to all human behavior that they make claims such as, "When the Internet addict clicks to start the "anonymous instant message" the rush of endorphins and other brain chemicals alter brain chemistry to a point where free will has become slave to the physiological dependence on these brain chemicals...."

Because of limited space I do not have time to rebuff these outlandish claims that see addiction models as a religious belief, but the brain, although it may change with behaviors, does not work in such a totally powerful way without introduction of external chemicals like heroin. A couple extra endorphins are not going to take away the free will to click on stock quotes instead of Brittany Spears naked.

It is important to recognize that seeing Brittany naked, or bidding on EBay is perhaps simply more exciting than downloading mp3's. The free will to choose our behaviors online is a concept the clinician must remember. It is our responsibility to teach our clients that they can choose to act in healthy, responsible ways.

## Cyber-Addiction

**The  
“Internet”  
is a  
delivery  
mechanism  
for  
information  
and  
content  
-  
just like  
bottles,  
syringes,  
or  
magazines.**

**Without  
the  
Internet,  
people  
would  
still  
seek out  
and use  
the  
information  
and  
content  
provided  
in  
bottles,  
syringes  
or  
magazines  
—  
for  
both  
healthy  
and  
unhealthy  
purposes.**

What we typically label as “cyber-addiction” or “Internet addiction” is actually a manifestation of one of the following obsessive-compulsive or impulsive behaviors:

- 1.) **Sexual Compulsivity**
- 2.) **Pathological Gambling**
- 3.) **Compulsive Shopping (Auctions)**
- 4.) **Information Escape**
- 5.) **Lottery Syndrome**

People are no more “addicted to the Internet” than they are to beer *bottles*. The Internet is the container that the above five are served in, just like bottles and cans serve beer. The Internet is the mechanism of delivery like a hypodermic needle is to a heroin addict. But remember, bottles and needles can be also used for packaging baby food and sports drinks, and administering lifesaving drugs. The Internet is not the problem, and treating the Internet as if it were the problem does our clients a true disservice. We would not tell the alcoholic to stay away from aluminum cans, and telling clients to stay away from the Internet is no more reasonable or effective.

Additionally, none of the behaviors listed above meet the criteria for addiction. As such, treatment plans need to be created that address the root issues. Before the Internet existed we had sexually compulsive individuals, pathological gamblers and “shop-aholics”. Chances are pretty good that our clients experienced these kinds of problems prior to their Internet use, although the ease of access has promoted increased levels of maladaptive behaviors. And, if we unplug the Internet, the sexually compulsive individual (or other “addiction”) will probably continue to manifest behaviors in destructive ways, offline.

Consider Fred, the alcoholic. If the bar he drinks at closes, Fred will still drink. He will just have to drive to another bar, or drink at home. Do people in “dry” counties really think alcohol abuse is curbed by making the behavior more difficult to carry out? I bet the percentage of alcoholics in dry counties across the nation closely matches the percentage of alcoholics in wet counties. The treatment plans we create should deal with the root causes, not the mechanism that unhealthy behaviors are delivered.

**Unhealthy Sexual compulsivity does not develop nor does it manifest simply because of the existence of the Internet — there are other life factors involved, such as the inability to distinguish or accept the differences between fantasy and reality.**

## 1.) Sexual Compulsivity

The root of sexual compulsions may be the inability to distinguish fact from fantasy, physical wants, anxiety management, or desperate attempts to achieve intimacy and/or avoid emotions of abandonment. Other issues may certainly be at the heart of sexually compulsive behaviors, but these are probably the primary factors to address in therapy.

The Internet clearly adds to or enhances sexual compulsiveness by making porn accessible in a way that it wasn't prior to the 1990's, and allows people to communicate in ways that before the Internet were less common. Nevertheless, the reality is that the Internet is not the problem. Sexual compulsivity is the problem.

The sexually compulsive individual, as a pattern, will obsess on the emotions and physical aspects of an expected sexual encounter. They are then compelled to act on this obsession to find restoration of psychological equilibrium. Since all people do this at one time or another (even in monogamous relationships), what separates the healthy person from the unhealthy person is the ability to accept reality and give up the compulsion to find relief.

*Here is a typical scenario:*

Bob is married to Bertha. Bob has the fantasy that his wife will recognize his hard day at work and resulting weary body. As he finishes his work, he sees a beautiful lady on the cover of a magazine on a coworkers desk, and he fantasizes about what it will be like with his wife when he goes home. He obsesses on finishing his work quickly so that he can partake of the sensuous relaxing massage Bertha is going to give him later tonight, and he creates a visual image of the orgasmic relief she will provide as she brings him marital pleasure. But... When Bob finally arrives home, Bertha doesn't have the aromatherapy candles burning and isn't wearing the special lingerie from Wal-Mart that she bought last week. She too has had a tiring day, and is half-asleep wearing an old NASCAR t-shirt. Through heavy eyelids she smiles, glad to see Bob, and he crawls into bed, snuggling down next to the woman of his dreams, but without getting any nookie.

The healthy person is able to adapt their expectations to reality. The healthy person is able to recognize that even though there was no sex, there is instead a long-term relationship that brings about a different kind of satisfaction. The healthy person is able to accept that when the workweek is done, they will probably have loving and passionate sex on the weekend.

The unhealthy person, however, obsesses on the failed expectation of the moment. The failure to experience fantasy as reality drives an unhealthy Bob to become compelled to find sexual relief. With or without the Internet, this Bob is probably going to masturbate, and then use his dissatisfaction over the lack of actual sex with his wife to justify his future

behaviors, such as going to a topless joint this weekend or surfing porn sites on the Internet, in order to experience a new sexual obsession. These cognitive errors and obsessions, impulsivity and poor judgment are the real issues to address, not the Internet.

**Pathological Gambling and Compulsive Shopping are Impulse Disorders — not addictions — and while the Internet may increase ease of access to engage in these activities, they existed long before the Internet, and would continue to exist without it.**

## **2.) Pathological Gambling**

Opportunity really does have much to do with what behaviors are chosen to restore an individual to psychological equilibrium. There are likely more pathological gamblers in Vegas than in Dallas, and there are likely more gamblers in Dallas where at least the lottery is legal than in Oklahoma, where the only legal gambling is Indian Bingo. But, even though legal gambling does not exist in Oklahoma, I guarantee you I can find an illegal card game, a golf game bet or sports pool within 15 minutes of leaving my office.

Pathological gambling is a problem with or without the Internet. The DSM-IV identifies it as an Impulse Disorder. In the model of impulse disorders, the action (whatever it is, in this case gambling) creates distraction or change from the negative emotions or feelings that overwhelm an individual. The man facing financial stressors and family problems drives by the video poker palace on his way home, and even though he only has \$20 in his pocket, for a few minutes in the dark electronic casino, he is a powerful and successful millionaire.

The same scenario can be painted without the video poker palace. It can be created with the Internet. In this example, instead of stopping off at the poker palace, our client walks in the house, passes by the certified mail pick-up notice from the IRS, and logs onto the computer. As he checks his email, a spam from an online horse track betting place shows up on the screen. With the click of his mouse he is watching live horseracing in Australia and using his debit card to bet trifectas.

With or without the Internet, Pathological Gambling is a problem, and impulsivity seems to be at the heart of the therapeutic issue.

## **3.) Compulsive Shopping (Auctions)**

Everyone likes to be a winner!! Online shopping can be a quick fix for emotional dissatisfaction. The moment you win, you feel great—even if you can't afford or don't need the item. I actually go to a lot of real live auctions, and I hate not coming home with something (hence the plethora of lamps in my home—they are always cheap). The Internet does make the thrill of being 'a winner' easy, and eBay.com, Amazon.com, eroticbid.com and other auction sites like this make it painless to feel the rush of excitement followed by the need to cough up the cash.

However compulsive shoppers existed long before the Internet, and getting

**Feeling a need to 'escape' from the stressors of real life and wanting to 'Get Rich Quick' are no more prevalent now with the Internet than in the past without it.**

**Again, for these situations and behaviors, the Internet is merely the vessel providing access, just like TV, Video Tapes, Bingo Games, Soap Sales, or a State Lottery.**

a bargain is a socially accepted way to experience escape. So again, the issue isn't the Internet, but the behavioral choices (back to free will) unhealthy people manifest both online and offline.

#### **4.) Information Escape**

Another form of behavior we see online is what I call "Information Escape". For the compulsive individual, the Internet is a great source of increased anxiety, as it provides news from around the world, stock quotes and catastrophes 24/7. Hey—it's kind of like cable TV news channels! Back to the same issue.... With or without the Internet, people will find a way to detach, isolate and self-destruct.

#### **5.) Lottery syndrome**

I am convinced that a lot of people have the same beliefs about the Internet as they do about the lottery: They believe that the Internet will be a fast way to achieve wealth and prosperity.

I have been online selling goods and services since 1996, and even though we offer all kinds of courses and products online, I could not pay my bills if they were the only sales we had. For most companies, the Internet is just like a rented office building, and it's the marketing and advertising and daily work of the owners and employees that leads to success. However, for some reason many people believe that the next "Internet idea" will be the one that makes them rich. So they engage in email chain letters promising money from Bill Gates, or buy portals to established porn sites, or start a multi-level marketing adventure using Internet services.

An LPC actually called me in my hotel room once at 6:00am to say he was coming to my workshop that day, and that he wanted to spend a little time with me talking to me about an "opportunity" to change my life. At the time, the only opportunity I wanted to change my life was an extra hour of sleep. When he showed up, he had a CD-ROM for me to review, the contents of which offered a tremendous "ground floor opportunity" in the new paradigm of Internet communications. That was five years ago. He still comes to my workshops, and he still goes to work every day as a therapist, because whether it is a soap selling pyramid or a Ponzi scheme based on technology, it is still an annoying way to try to meet new people and build a business. (I threw the CD-ROM away, I don't want a different opportunity. I am a therapist and an educator because this *IS* what I like doing. So if you are an MLM'er, please don't call or email me on this subject. I do not want to sell soap, phone cards or laundry balls. I just want to do therapy, teach and write.)

A lot of people become consumed by the Internet and its vast potential to impact and communicate with people. The Internet is the perfect forum for anyone who seeks instant wealth from their living room, and the person

who dreams of making money while they sleep. Although these things are possible on the Internet, just as they are also possible in other businesses, they are not likely scenarios. The lure of quick wealth and easy money draws those seeking escape through fads, schemes, and pipe dreams. It's the ideal escape for the zealot who doesn't mind selling snake oil.

**As a counselor, you are encouraged to study the issue of "Internet Addiction" from a variety of perspectives, taking in the opinions and intervention ideas of those on both sides of the argument, in order to better form your own educated opinion.**

## Summary

These five subjects (gambling, sex, shopping, information and wealth) are the major areas of life where people have problems associated with the use of the Internet. As we move towards creating interventions, we are not going to blame the Internet. We will create interventions that can actually help people manage their thoughts and feelings in healthy ways, despite their use of and the presence of the Internet in daily life.

At this point, I actually believe the attitudes I have outlined so far are the minority opinion. There are professionals who want "Internet Addiction" to qualify under the Americans with Disabilities Act, and want Internet Addiction defined as a legal defense, much like the Insanity defense.

One interesting website - [www.netaddiction.com](http://www.netaddiction.com) - provides a perspective on "Internet addiction" that greatly varies from my own opinions and experiences. I am a believer in exploring the issue beyond this short continuing education course, and encourage you to visit this site as well as others that offer differing opinions, because I also believe that the responsible counselor can and should evaluate both opinions they agree with and disagree with. My hope is that you can benefit from exploring a variety of opinions. Even when I disagree with other's opinions, I am usually able to find some ideas and truths that can help me in my work.

Other interesting sites on this subject include:

<http://www.addictionrecov.org/Internet.htm>

<http://onlinesexaddict.org/>

## **SECTION 2:**

### **THE POWER OF THE INTERNET**

**The Internet has changed many people's lives in many ways, primarily through the ease of access to people, places, things and information that were more restrictive before due to time, distance or knowledge.**

**But in most cases, it is still a "virtual" world.**

Day-trading stocks used to require that you live in New York and have millions of dollars to play with. Getting porn used to require that you drive to the "seedy" section of town and risk having your neighbors see your car (and what were *they* doing in that neighborhood to see you there?). Just a decade ago, slot machines were only found in Vegas and Atlantic City, and auctions were held only on Saturday mornings. Today the Internet has changed all of this.

The pathological gambler can day-trade stocks with an opening balance of \$500, and do it in real-time from home. Virtual slot machines and table games can be found online, and wagers are placed and paid via a debit card. EBay (one of my favorite websites) runs millions of auctions ending every second of every minute, 24 hours a day. The power of the Internet has brought access, immediacy, control and excitement to the living room of America.

These four concepts: **Access, immediacy, control and excitement** are the concepts that fuel the Internet as a tool for popularizing self-destructive impulses.

*Consider the following:*

A couple of years ago I was working on material for a workshop on psychosexual disorders (now one of our audio-based home study courses), and I ran into a national group representing affiliated swingers clubs throughout America. [www.lifestyles.org](http://www.lifestyles.org) was a travel information website that is part of this national swingers' organization. As I surfed the site I found something interesting: A licensed psychologist headed the group! To this point, the only thing I knew about swingers was what I had seen in the cinema-comedy "Eating Raul" starring Jamie Lee Curtis, and that "swingers" were probably relics of the 1960s years of 'free love'.

Being an inquisitive type, and noting that the director of the organization was a licensed mental health professional, I called him. I said, "Hi! I'm a therapist in Oklahoma and ran across your website. Can I ask you a few questions?" He said, "Sure, ask away!" He was quite interesting to talk to, polite, and provided me with answers and information that I have referred to often in trying to understand human sexual behavior.

My first question was, "In the era of AIDS and safe-sex, how popular is swinging? I mean, isn't your membership down from where it was 20 years ago? After all, who would swap in the year 2000?"

His response shocked me: "Heck no! Our membership has *grown* to over 100 times from what it was in the past 20 years since founding the organization!"

"But even with *AIDS*?" I added, not quite believing what he said.

Understanding my surprise, he offered a little information about AIDS, some statistics to counter the myth that nontraditional sexual practices are high-risk, (although they certainly are not no-risk), and a lot of other fascinating information about the swingers' lifestyle. He then went on to say something I found quite intriguing: "Our growth is directly due to the Internet."

"But how?" I inquired.

"Well, before when a couple had sexual fantasies about third parties, they had to take a risk of introducing those ideas to real people they really knew in real life. But the Internet has given people a way to ANONYMOUSLY share ideas with other couples, until a point of trust evolves where fantasy can actually turn into reality. And by bringing so many (literally millions) of people together online, there is choice, and actually a better opportunity to 'screen' potential encounters."

This story illustrates how the Internet has facilitated not new ideas, but the ease of acting out on these (very old) ideas. Access and opportunity - like never before - is part of the power of the Internet.

### **ACCESS:**

The story above illustrates the power of accessibility. However, I am a believer that people will seek out the old fashioned way of engaging in destructive life behaviors, even if they have no Internet connection. Even though people can meet "swingers" online, the swingers' club (live and in person) scene is still hopping!

### **IMMEDIACY:**

This refers to the dilemma posed by the constant presence and availability of the Internet to anyone with behavioral difficulties. The Internet is there, available 24 hours a day—full of people and places and things which can be healthy or unhealthy, productive or destructive.

Treatment intervention in the year 1997 may have permitted a strategy of eliminating the Internet from ones home or office, but as this generation has become both more technologically advanced and dependent, strategies to eliminate the presence of the Internet are virtually (pardon the pun) impossible to implement.

**With  
the  
Internet,  
people  
can  
now  
connect  
with  
all kinds  
of  
people  
all over  
the  
world  
quickly  
and  
easily,  
24 hours  
a  
day,  
and in  
both  
healthy  
and  
unhealthy  
ways,  
as  
they  
choose.**

**CONTROL:**

This refers to the ability of the "Internet addict" to choose their own course of action, without the social pressure to conform to healthy behaviors, through anonymous contacts and the ability to feel that they are able to "turn-off" the computer at anytime.

**With  
the  
simple  
click  
of a  
button,  
the  
Internet  
opens up  
a  
whole  
world  
of  
possibilities  
and  
can  
take you  
around  
the  
globe  
at  
your  
whim,  
and  
you  
never  
have to  
leave  
your  
living room.**

**EXCITEMENT:**

Without a doubt, those trapped in an office cubicle, at home with small children, or traveling on business away from familiar life can find excitement or escape from boredom online in playing a game of Spades with someone from another country, learning new technology, finding the best bargain on a VCR, studying the side-effects of medications, or in online auctions, sexual expressions and pathological gambling. In years past, one went boating on the weekend, made an annual trip to Vegas, or perhaps even tried bungee jumping once or twice for an adventurous and exciting 'high'. The Internet has brought about a frequent quest for excitement and has created a forum where excitement becomes the norm in a person's life, rather than an exception.

## **SECTION 3:**

### **Treatment Strategies**

**The following treatment intervention ideas are designed to impact the core problems associated with impulsivity and the powerful emotions associated with the basic urge to experience relief from stressors.**

This course accepts the premise that people can and some do use the Internet in destructive ways, and that these people can benefit from professional intervention. As discussed however, I still disagree with the term "Internet addiction". Again, the Internet is not the problem. The manifestations of unhealthy behaviors and choices is the problem. The Internet is simply the "bong" used to smoke the "addiction".

Therefore, the interventions suggested in this course will focus on behavior management, drawing heavily from the treatment of impulsivity and impulse disorders, and obsessive-compulsive traits. This does not mean that traditional approaches to addiction such as 12-step groups or aversion therapies cannot have any efficacy with clients, it is simply a recognition of the complexity of "Internet addiction" and the need to treat the underlying problem, rather than the means of delivery for negative life behaviors.

#### **Three essential features characterize impulse disorders:**

- 1) Unable to refrain from acting in ways harmful to self or others**
- 2) Anxiety/tension which is only alleviated by performing the act**
- 3) Pleasure/gratification from the act**

Because this is merely a 3 hour continuing education course rather than a comprehensive treatise on the treatment of impulsivity and obsessive-compulsive behaviors, we are offering a variety of general interventions and examples that have possible applications to the clients on your caseload.

The following treatment intervention ideas are designed to impact the core problems associated with impulsivity and the powerful emotions associated with the basic urge to experience relief from stressors.

You will still need to take these general principles or ideas and apply them specifically to the individual clients on your caseload, but as a foundation for building specific interventions, these general principles should yield the clinician practical useful ideas.

## **BEHAVIORAL APPROACHES**

**The more the Internet becomes ingrained in every day life, the more difficult it becomes to simply remove it completely from the client's life — especially with younger clients.**

**Negative reinforcement techniques work well with some clients, some of the time.**

### **LEVEL / REWARD SYSTEM:**

This intervention is geared towards adolescents and pre-teens, primarily since parents still have control. Basically, like with a reward system, Internet use is permitted or declined just like any other privilege. Parents can password-protect the computer or place computer where the child cannot have access unless a specific predetermined "level" is attained.

Application to adults is limited, since self-monitoring of a level system is not very practical. However, as a behavioral approach, moving the computer to a place where one is accountable to the spouse rather than hiding from the spouse (like in the living room rather than in a back bedroom) is an option.

#### ***Efficacy:***

Although these kinds interventions may be useful with some individuals, greater probable efficacy lies within the context of family therapy.

The general usefulness of these strategies is not anticipated, primarily because the Internet has become so engrained in our culture that limiting access is not really a viable option. For example, even though a child has not reached the appropriate level at home, access is still available at school or a friend's house. Additionally, due to the true usefulness of the Internet, many schools actually assign homework assignments online, or require students complete research from specific websites online.

## **NEGATIVE REINFORCEMENT**

These two behavioral approaches have been found useful by some counselors working with sexually compulsive clients.

**The Rubber Band Treatment.** The client wears a regular large rubber band on their wrist. When they begin to obsess and feel compelled to act, they stop, and snap the rubber band on their wrist. The resulting pain (although minor, it still stings) is a reminder that their negative, destructive behaviors will cause them pain and impairment.

**Hit 'Em Where It Hurts—The Pocketbook.** The client writes out 5 checks for a predetermined dollar amount to their least favorite charity. They leave the date blank, and if they engage in behaviors they have vowed to stop, they must write in the date on the check and put it in the mail to the charity. Each time they have to mail a check, they must write out another check for even more money, and add it to the reserve pile.

Other ideas along these lines would include the client having to attend or participate in some event or activity that they do not like, if they break their commitment not to engage in certain behaviors.

## **12-STEP APPROACHES**

**12-Step groups provide many valuable supports for all kinds of clients.**

While pop psychology wants to create an 'addiction' out of everything, and we disagree that Internet addiction actually is an addictive process, the value of 12-step groups still remains for providing accountability and developing healthy non-cyber relationships.

Although in some larger cities groups like "Internet Addicts Anonymous" may exist, more established groups like Debtors Anonymous (for the shopping/auction addict), Sex Addicts Anonymous (for the cyber-sexer) and Gamblers Anonymous will certainly address key issues related to online experiences and access.

## **COGNITIVE-BEHAVIORAL APPROACHES**

**Misbeliefs and errors in thinking must be recognized, removed and replaced by the client, in order for healthy change to occur.**

Cognitive behavioral approaches examine the core beliefs one holds about their behaviors, and then tries to reframe the thinking to reflect truth, rather than misbeliefs.

For example, the Internet gambler believes, "Nobody will know I have a problem," or that "This is a sure-fire way to get rich (online options)," or the sex addict believes, "I will find the perfect sexual experience online."

**These cognitive errors must be impacted through a three-stage process:**

- 1.) Help the client recognize their cognitive errors**
- 2.) Remove the old ideas**
- 3.) Replace the old ideas with new ideas (truths)**

Cognitive behavioral therapy is probably the most commonly used approach to therapeutic problems, and its efficacy for mood disorders has long been established. A major component of impulsivity is anxiety and the pursuit of emotional equilibrium, so applications of cognitive-behavioral therapy would logically be an accepted approach to treating problems related to "Internet addiction."

The following are examples of cognitive-behavioral interventions applied to Internet addiction:

## SHORT and LONG TERM THINKING EXERCISE

***We do what we do because it meets our needs, and because we don't know how to do anything else.***

***The key to change is to learn to meet these needs in new, healthy ways.***

**All behaviors have both short- and long-term benefits and consequences.**

### **1.) Education / understanding of both positive and negative effects of the client's troubling (Internet related) behaviors.**

- A.) Have the client detail the what the (obsessive/ negative/ impairing) behavior is, on paper.
- B.) Have the client detail the short-term/immediate results of the behavior, on paper (important needs met—likely all positive).
- C.) Have the client detail the long-term results of the behavior, on paper (consequences/impairment—likely all negative).

#### **EXAMPLE:**

- A.) Surfing internet porn sites late at night, during lunch at work.
- B.) Excitement, erotic thrill, escape, deviance, time passing.
- C.) Lack of sleep, alienates wife, alienates coworkers, jeopardizes job, wastes productive time on house projects or with spouse, causes inability to achieve satisfactory sex with wife without the aid of 'outside' thoughts or images or behaviors.

**Short-term results are usually positive benefits, and meet legitimate needs.**

### **2.) Acknowledgement that the dysfunction and impairment must end.**

- A.) Discuss the validity of the clients needs that are met by the behavior in the short-term.
- B.) Discuss how using the negative behavior does meet these important short-term needs, but causes the resulting impact of negative long-term consequences.

#### **EXAMPLE:**

- A.) Yes, we all do have valid emotional needs for periodic new experiences and excitement, varied sexual pleasure, escape from life stressors, feelings of adventure, or daring to cross traditional lines, and passing time.
- B.) There are alternative behaviors that can meet these important needs, without causing long term negative consequences.

**The long-term results of unhealthy behaviors are generally negative consequences.**

### **3.) Action plan to replace unhealthy behaviors with new alternatives.**

- A.) Have the client create a list of at least 15 optional behaviors that will serve to meet the immediate needs detailed in 1.B.

**When a client makes a list of ideas, some will be practical, some will be silly, and some will be unhealthy.**

**This is why it is important to make a list of at least 10 and preferably 15 or more ideas, so there will be an effective elimination and choosing process.**

above. (Some of these will be healthy, some perhaps silly, and some maybe even unhealthy. The point is to see that there are options.)

- B.) Have the client choose 2-3 of the options that he will commit to trying FIRST, Instead of the Negative Behavior, the next time he/she is compelled to act on the urge or obsession.
- C.) Have the client develop a plan to be able to carry out the new alternative healthy behaviors he has chosen.
- D.) Optional: Have the client keep a journal detailing when he/she felt urges/obsessions, what he did (positive or negative), how it met his/her needs, and what the long-term results were or may be.

**EXAMPLE:**

A.) Instead of surfing pornography sites on the internet to meet my needs for excitement, sexual pleasure, feelings of adventure, escape and passing time, I can do this:

- 1.) read a controversial book
- 2.) take a walk during lunch
- 3.) surf news or educational or (healthy) hobby websites
- 4.) call my wife and tell her I love her
- 5.) plan a new sexual adventure with my wife, once a week
- 6.) write my wife a daily love letter
- 7.) finish cleaning the garage
- 8.) start remodeling the den
- 9.) limit porn surfing to only Saturday nights for 30 minutes
- 10.) play chess or cards online, but limit time to 30 minutes
- 11.) play chess or cards with wife—unlimited
- 12.) join an online discussion group, but limit time to 30 min
- 13.) practice golf putting in the garage or den
- 14.) write letters to distant family or friends
- 15.) give my wife a relaxing, sensual massage

B.) Over the next 2 weeks, I will commit to trying the following things before I surf porn online:

- 1.) Start remodeling the den
- 2.) Take a walk at lunch
- 3.) Give my wife a relaxing sensual massage

C.) In order to be able to implement these alternative plans, I will:

- 1.) Today, I will buy a book on remodeling, and will begin buying needed materials this week. I will work on the den at least 3 nights a week.
- 2.) I will take my tennis shoes and a t-shirt to work with me every day.
- 3.) Today, I will buy a bottle of massage oil at the grocery store, and will surprise my wife with flowers after the

kids are in bed, and offer her a massage, at least 2 nights a week.

D.) My journal of my changing behaviors:

**Some people  
simply  
will not  
keep  
a  
'journal'.**

**For  
those  
who do,  
it  
can be  
quite  
beneficial.**

**Calling  
it  
"an  
assignment"  
or  
something  
other  
than  
"a  
journaling  
exercise"  
might  
bring  
better  
results.**

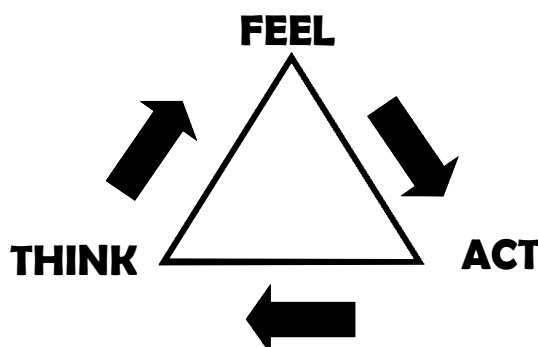
Tuesday: I bought "How to Remodel Your Den" and read the first chapter at lunch, since it was raining and I couldn't walk, though I did bring my tennis shoes and t-shirt to work. I also shocked my wife with flowers, and didn't have time for much of a massage, as we were otherwise busy.

Wednesday: I walked for 30 minutes at lunch. I began tearing out the old paneling in my den. I checked my email and did click on one porn site, but quickly exited, checked the local news and weather online, and then went and offered my wife a sensual massage. I had to explain my change of behaviors, and she was quite pleased and supportive of my new intentions.

Thursday: I walked for 30 minutes at lunch. I began sanding and patching the walls in the den. This took much energy and time, but before sleeping my wife and I discussed plans for a romantic get-away this coming Saturday night. She is excited, and so am I. I forgot to check my email.

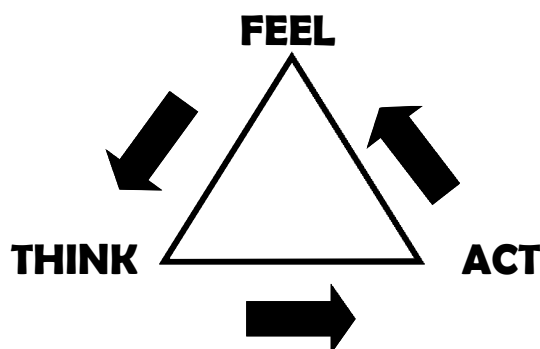
## BREAKING THE CYCLE OF F-A-T

*From Unhealthy: Feeling—Acting—Thinking*



When we act impulsively on our feelings before thinking about the consequences we often end up in a worse position than when we started.

*To Healthy: Feeling—Thinking—Acting*



We often act impulsively on what we feel or believe, before we think about the potential consequences of these actions. Learning to think before you act on your feelings/beliefs can dramatically change you life.

The person who tends to act impulsively on their feelings/beliefs creates an endless cycle of frustration for themselves. When we do not carefully think through our actions before we engage in them, we often do things that do not completely resolve the situation, or only serve to cause more problems. This usually leads to the experience of even more difficult emotions, which frequently leads us to do more unhealthy and impulsive things, that will likely make us even sorrier later. The goal is to begin changing our 'behavioral firing order', and begin thinking before we act.

The following assignment can help you to make 'thinking before you act' a healthy habit.

**It is important to be able to clearly identify or label the emotions (feelings) you are experiencing.**

**DO THIS:**

**STOP** — whenever something unexpected or disturbing happens, or whenever you feel the urge to act in unhealthy or destructive ways (compulsively buy something online, make a last minute bet, surf a porn site, etc). **NOTE:** It is always okay to take a personal time-out to get your thoughts together before you do anything.

**THINK** about how you are feeling at this moment, and **IDENTIFY** a few adjectives that describe your emotions. (**Examples:** happy, sad, scared, confused, frustrated, joyous, disgusted, cautious, lonely, ashamed, hopeful, jealous...)

**WRITE DOWN** the feeling adjectives on a piece of paper or an index card.

**EXAMPLE:** I feel lonely, sad and frustrated.

**THEN, DO THIS:**

**THINK CAREFULLY** about what you are going to **DO** in response to your feelings.

**MAKE A LIST** of what you believe are your behavioral options (put at least 7-10 items on the list).

**EXAMPLE:** I can do something productive.  
I can surf porn online.  
I can call someone for company.  
I can start a fight with someone.  
I can eat a carton of ice cream.  
I can go for a long run.  
I can watch television and chill out.  
I can read a book.  
I can change the oil in my car.  
I can go buy a new outfit.

**CROSS OUT** the unhealthy or non-productive items.

**CIRCLE** the positive, healthy items.

**SELECT TWO** of the circled items that you will commit to trying when you next begin to feel these emotions.

**EXAMPLE:** I will call someone and/or do something productive.

**It is also very important to develop a repertoire of healthy behavioral responses to those emotions, rather than relying on habitual unhealthy impulsive ones.**

**Knowing what you are going to do is good, but having done it already (a trial run) is even better.**

**Practicing responsive behaviors builds confidence, and helps you to more easily do what you intend to do, when the time comes to do it.**

**THEN, DO THIS:**

On another piece of paper or index card—**WRITE DOWN** the feeling adjectives again.

**DRAW A SHORT ARROW** either across or down.

At the end of the arrow, again **WRITE DOWN** the healthy behavioral options you will engage in when you feel these feelings.

**KEEP** this paper with you—in your pocket, wallet, purse—and consider making multiple copies for the refrigerator or your desk at work.

**THEN, DO THIS:**

**PRACTICE DOING THE ACTION** you have committed to trying.

While this may seem to be a tedious or time consuming assignment, it is an effective one. Practicing this process whenever you experience difficult emotions or situation that do not meet your expectations will help you to learn to think before you act, and to make healthy behavioral decisions. This new habit will dramatically decrease the cycle of failure in your life. It creates a pathway for success.

**The thoughts and beliefs we have often create pictures or images in our mind.**

**When these images are disturbing, or won't go away, or cause us to do unhealthy things, it is important to remove and replace these images with ones that bring about healthy emotions and behaviors.**

## Replacement Imagery

The images we have in our minds often serve to drive our actions. If we are obsessive about these images, we may act compulsively in ways designed or intended to bring the mental picture into reality, or as close to reality as possible.

In order to curb the compulsive urges and ward off destructive behaviors, these distressing or obsessive mental pictures must be countered, altered or replaced with ones that will dictate healthy actions.

One way is to develop the antithesis of the distressing mental image and resulting behaviors. If I'm anxious, and that's when I get online and act out (sexually, financially, etc) I want to draw and study or envision a picture of being calm, or the antithesis picture that reframes the behavior.

### *For example:*

My mental picture is that if I can just have an hour alone sexually with this girl I see online, I'll feel whole, secure, satisfied and happy.

I want to break the cycle of obsession, *before* compulsion, by envisioning a healthy mental image, such as a healthy non-sexual interaction with a female, or a healthy sexual interaction with my spouse, or simply a picture of myself, happy and secure, even though I am alone at the time.

To effectively achieve this, it may be helpful or even necessary for the client to physically draw on paper (with crayons, markers or pencil) a picture of themselves, or themselves with their spouse or a friend in a happy, non-sexual setting, or, to even take a snapshot of themselves or the two of them together smiling and happy, holding hands or in some other appropriate activity.

Other pictures to draw or focus on may simply be designed to represent peace, calm, or tranquility, and the client might draw a bright sunny day, or an island retreat, or some other image that brings them pleasant, unstressful feelings.

It is important to keep these pictures handy, especially near computers, so they are available when obsessions or urges to engage in destructive behaviors begin, or and they may even help keep the obsessions from starting in the first place.

## REPLACEMENT THOUGHTS

**We act  
on  
what  
we think.**

**If  
our  
thoughts  
are  
causing us  
to act  
in  
destructive  
or  
unhealthy  
ways,  
it is  
time  
to  
alter  
and  
replace  
our  
thoughts  
with  
positive,  
healthy  
truths.**

Mantras are a favorite tool of Alcoholic Anonymous. You see them all over town on those shiny silver bumper stickers: "Just For Today" or "This Too Shall Pass". They are effective, because they help replace negative thoughts with simple and positive truths.

One of my favorite therapeutic assignments is to have the client get a dry-erase marker (however, I don't suggest this for my inhalant abusing clients) and write the things (truths) they need to hear on their bathroom mirror.

Such as:

- ☞ "I can be happy without surfing porn!"
- ☞ "I can make it through today without bidding on an auction!"
- ☞ "I am Susan, the smart, secure, single woman!"

I tell them to write on the bathroom mirror because it's generally the first place they see in the morning, and the last place they see at night. And, with a dry erase marker, you can still see to brush your teeth and comb your hair, and it wipes off easily with a tissue.

In addition to using the mirror, I encourage clients to write these little phrases or mantras on index cards or sticky notes and tack them all over the spaces they frequent, such as on the refrigerator, the dashboard in their car, their desk at work, and even keep a copy in their wallet or purse.

**The more they see the truth in their own handwriting,** the more it will begin to sink in and become a part of their natural thought processes.

Once it becomes an ingrained thought and belief, they will begin to act like they think and believe.

They will be happy without surfing porn, they will make it through the day without gambling online, and they will feel comfortable being a single woman without a desperate need to find a man.

Most of my clients love this intervention and find it truly helpful. Many even begin to apply the strategy to other areas of their life, such as remembering to do important things, or even writing notes to spouses such as, "I love you!" or "You're wonderful, please pick up some chicken on the way home!"

## Accountability

One way to break cycle of impulsivity is to create situational supports to hold the client accountable for their actions.

**Left to ourselves, we don't always follow through.**

**The general idea that "the road to hell is paved with good intentions" was thought up for a valid reason - religious or not.**

**People need other people to help keep them accountable.**

For example, many men's networks provide impulse support to address issues of compulsive and impulsive behaviors. Friends will email friends throughout the day exhorting them to act responsibly and report violations of their own goals or destructive actions.

Alcoholics Anonymous members have a sponsor. This is a person who can not only teach a person how to make healthy changes, but can also hold them accountable for unhealthy actions.

The marital relationship is excellent opportunity for accountability. A question posed once in the Federal Probation Journal was, "Does marriage reduce recidivism?" The answer is YES. Why? Because marriage provides social support and forced accountability to others needs, wants and desires.

Clergy can also fill the role of holding someone responsible and accountable, as can parents and employers. EAPs can not only provide access to services, but also supervision and accountability to clients needing services.

It's important in the counseling relationship to provide accountability opportunities and provide on going monitoring of this accountability. The counselor should frequently ask about the ongoing status of the client's relationships and the quality of accountability they are receiving. If the client isn't reporting daily to someone, or doesn't know their sponsor's phone number, the focus of therapy should then be about reinforcing or altering the accountability supports.

This is important due to the ease of constant access for engaging in destructive activities online. Weekly reporting of online behaviors is never enough for accountability, therefore these support relationships are truly more important for the person struggling with online difficulties than in any other treatment environment.

## Developing meaningful relationships

Not only is accountability necessary, but building meaningful relationships as a tool for managing stress and anxiety is paramount for managing the "Internet addict." One of the major reasons people are drawn to the internet is the anonymity and the ease of developing relationships that appear to have importance.

**People  
have  
a need  
to  
feel  
connected  
with  
other  
people**

—  
**to feel  
they can  
talk to  
someone**

—  
**to know  
that  
there is  
someone  
out there  
that  
they can  
trust  
and  
share  
with  
and  
learn  
from.**

**People  
need  
meaningful  
real-life  
in-person  
relationships.**

For example, early on in my Internet use, I was part of a news group where therapists exchange ideas on diagnosis, treatment practices and business strategies. Subsequently, I became good friends with a therapist in Midland. We corresponded for over 2 years on issues related to clients and acted as professional support to one another. We exchanged ideas and became 'good friends'.

I then had the opportunity to speak at a conference at Midland college. Since my friend was in Midland, I emailed him, and invited him to attend my workshop, or to meet me for lunch. When I received my friend's reply, he had typed "LOL. I won't be able to make it to the workshop or lunch. I'm in Midland, New Zealand, not Midland, Texas!"

I had become good friends with someone in another hemisphere. My winter was his summer. I looked out the window and saw squirrels, while he saw sheep. We were half a world away. Although the pen-pal relationship was quite helpful, this was clearly only going to be a limited friendship.

This personal experience early on in my Internet use helped me to better understand the limits of 'cyber relationships'. While I have met some really nice people online, and at times have gone on to develop real life relationships, these are the exceptions to online relationships, rather than the rule.

People are often attracted to the Internet due to the perception that their need for human interaction can be met online. Unfortunately, these people usually lack the basic skills necessary to develop meaningful real life relationships. We are not disparaging online relationships, but simply recognizing that for some people who lack interpersonal skills, the Internet provides a forum to believe their needs are being met, when in fact they are limited.

Therefore, it is essential to teach clients how to develop meaningful relationships in the real world, apart from online.

**Here are 2 detailed strategies that might be incorporated into therapy to assist clients in developing meaningful interpersonal relationships:**

**Learning how to communicate effectively can change your life.**

### **1.) Assertiveness training — The basic I FEEL / WANT / NEED statement.**

It seems too simple, but it's true. Teaching clients to be assertive rather than aggressive or passive can go a long way to developing meaningful relationships. Internet forums are often known where 'flames' or 'flaming' is an accepted part of interpersonal communication patterns. These flames (aggressive communications) are often tolerated in online relationships because of the anonymity afforded, but nevertheless, they are unhealthy communication patterns when exhibited in real life relationships. So the importance of teaching the basic strategy of assertive communication becomes a fundamental intervention with the Internet Addict.

The following education pages and worksheets taken from our client workbook ***Getting Along: Healthy Interactions With Others*** might be useful tools for you in teaching the basic strategies. If you find these pages helpful, contact us for the entire 60 page workbook, available on our website [www.fastceus.com](http://www.fastceus.com) or call **(800) 390-9536**.

**Some people wear their feelings on their sleeve, while others keep them so bottled up inside that they don't even know what they are anymore — until they explode.**

### **FEELINGS:**

People often have a difficult time expressing and sharing their feelings and emotions with others at all, much less in a healthy way.

*You have a Right to Your Feelings, no matter what they are.*

However, you should learn to express and share your Feelings with others, and how to do it in Healthy ways.

*Feelings define our emotions, and are described with adjectives, like:*

Happy	Glad	Sad	Exuberant
Scared	Surprised	Guilty	Ashamed
Shy	Mischievous	Anxious	Hopeful
Hurt	Lonely	Frustrated	Feisty
Irritated	Fearful	Elated	Resentful
Content	Excited	Confident	Melancholy

*Having a range of feelings is healthy... It proves that you are human.*

**Every  
time  
something  
happens  
(anything  
at all)  
it  
produces  
some kind  
of  
emotion  
within  
us.**

**We  
must  
discharge  
(express)  
these  
emotions  
in some  
fashion,  
and  
we can  
do this  
in  
healthy  
or  
unhealthy  
ways.**

**The key,  
again,  
is to  
think  
before  
we  
act.**

*Think about this scenario:*

You have just been declared the winner of a \$10,000,000 sweepstakes.  
*How would you feel?* Excited? Relieved? Nervous Confident?  
*What would you do?* Jump up and down? Scream? Quit your job?  
 Call your significant other? Hug someone? Call an attorney?

Whenever something happens (good or bad), it creates or produces emotions within us.

Whenever we *feel* something (good or bad), we must *do* something with those emotions.

If we don't discharge or express our emotions (good or bad), they can build up inside us, until we eventually explode or self-destruct.

Could you imagine what would happen to you if you didn't discharge your built-up emotions from winning the sweepstakes?

As stated above, having and experiencing emotions and feelings is healthy.

However, what you choose to *do* with your emotions (discharging) can be either healthy (positive) or unhealthy (negative).

What if you didn't discharge your emotions from winning the sweepstakes in a healthy way by calling your significant other and attorney, but went out drinking and drugging to celebrate your winnings, and ended up in a car wreck and in jail, instead?

(You could end up spending your winnings on legal fees, or worse yet, not even need them any more, if your accident was fatal.)

What if you had feelings of hurt and resentment because your significant other was working very late again, and instead of using Self-Directed Expression (Assertive) to communicate your feelings, you used Menacing Expression (Aggressive), and called them names, threatened to leave them, and accused them of cheating on you?

(You would not resolve the problem at hand, and would most likely actually create more problems).

What if you were fired from your job and instead of calling your significant other, updating your resume and reading the want-ads, you used Hostile-Martyr Expression (Passive-Aggressive) and "accidentally" deleted the company's computer files before you left, to express your feelings?

(You would be committing a childish and potentially criminal act, and ruin your chances for positive future references).

***Whenever we feel, we must act, but before we act, we must stop and think:***

What can I do that is Healthy, Positive, Self-Directed (Assertive) and Just Plain Nice, to express my Feelings?



## ASSERTIVE FEELINGS EXERCISE #2:

This worksheet will help you to begin understanding and expressing your own *Feelings*, by utilizing appropriate Self-Directed (Assertive) and Just Plain Nice Expression. Follow the directions, and complete the exercises.

WRITE DOWN Two (2) Self-Directed and Just Plain Nice Sentences that express your Feelings about something important to *you*, directed towards at least four (4) people that you have had difficulty communicating your Feelings to, in the recent past:

**EXAMPLE:** *“I want you to know that I really feel secure when you smile at me.”*

1 A)

1 B)

2 A)

2 B)

3 A)

3 B)

4 A)

4 B)

## WANTS:

Things that we Want are generally things that we *think* would make us, or something in our life, “better” in some way.

They are things that we *wish for, desire, crave, and covet.*

**We all have Wants, but Wants are different than Needs.**

We *Want* a different job, because we don’t like the one we have.

We *Want* a new shirt, because it would look nice on us at the party.

We *Want* to watch a television show, because we think it will pass the time quickly.

The interesting thing about Wants, though, is that they are *usually negotiable.*

In other words, they are generally things that we would *like* to have, but not things that we necessarily *Need, or require.*

*For example:*

While we *would like* to have different job, we don’t really *Need* one because the one we have does pay enough, and is not totally miserable.

While we *would like* to have a new shirt for a party, we don’t really *Need* one, because we do have a closet full of shirts that would also be nice.

While we *would like* to pass the time watching television, we don’t really *Need* to, because we probably should do something else more productive instead, that would pass the time just as quickly.

This is not to imply that our Wants are not important, but just that they should be separated and distinguished from our Needs, so we know how important or urgent it is to address them.

*We can usually Want our Wants forever, but our Needs generally have a time frame of necessity.*

It is possible for some Wants and Needs to be the same, of course.

*For Example:*

If you *Want* a new job because you aren’t making enough money to support yourself, you then also have a *Need* for a new job.

If you *Want* to stop drinking because it is causing you problems, you then also have a *Need* to stop drinking.

**It is important to be able to tell the difference between the two.**

**Wants can generally wait — while Needs generally cannot.**

***Knowing what our Wants are helps us to assess and evaluate our life.***

Wanting things (material or otherwise) is what propels us or moves us forward in life. Our Wants are what make us work harder at our jobs and at our relationships.

**Having  
Wants  
can be  
healthy  
and  
lead  
us  
to  
achieve  
greater  
things  
in  
life.**

***Attaining our wants is great, as long as their pursuit and acquisition does not intentionally (and hopefully not unintentionally) affect other people in a negative or unhealthy way.***

Some wants we can obtain or fulfill ourselves, and some may require other people to help us.

***When we ask for the help of others in attaining our Wants, we must remember to always use Self-Directed (Assertive) and Just Plain Nice Expression to communicate what we would like from them.***

This is not only respectful, but will also help aid in the fulfillment of your Wants, as most people are more eager to help a friendly person than a jerk, or one who is miserable and can't seem to try to help themselves anyway.

## ASSERTIVE WANTS ASSIGNMENT #1

This worksheet will help you to understand your own **Wants**, to practice Expressing them, utilizing appropriate Self-Directed and Just Plain Nice Expression. Follow the directions, and complete the exercises.

It is important for *you* to know what you Want, and if you Need it too, or not.

WRITE DOWN a list of what Wants You have regarding Your Relationships, and what Personal Wants You have. After you list each item, Determine if it is something that You also *Need*, or not, and mark it with a 'YES' or a 'NO', or just with 'NEED' in the margin space before it.

### RELATIONSHIP WANTS:

I Want:

I Want:

I Want:

I Want:

### PERSONAL WANTS:

I Want:

I Want:

I Want:

I Want:

## ASSERTIVE WANTS ASSIGNMENT #2

This worksheet will help you to begin understanding and expressing your own **Wants**, by utilizing appropriate Self-Directed (Assertive) and Just Plain Nice Expression. Follow the directions, and complete the exercises.

WRITE DOWN Two (2) Self-Directed and Just Plain Nice Sentences that express your Wants, (whether you also Need them or not), directed towards at least four people that you have had difficulty communicating your Wants to, in the recent past:

**EXAMPLE:** *I would like to try out the new restaurant on the corner tonight, instead of eating at Joe's again.*

1 A)

1 B)

2 A)

2 B)

3 A)

3 B)

4 A)

4 B)

## NEEDS:

**There  
are  
certain  
things  
we have  
a  
true  
Need  
for  
in life.**

There are, of course, certain things we *Need* in life to live. We have the Basic Life Needs of food, shelter, and clothing.

Then, of course, there are the Bigger Basic Life Needs of communication and information devices, transportation, income, and indoor plumbing.

Beyond these obvious environmental / material things, we as humans also have more Personal Needs.

We have Personal:

- ◆ Social Needs (for relationships, status, entertainment, etc.)
- ◆ Spiritual Needs (security, significance, belonging, etc.)
- ◆ Emotional Needs (to love and be loved, understanding, etc.)
- ◆ Physical Needs (intimacy, exercise, nutrition, etc.)  
that must also be met in order for us to Feel complete and content.

**Some  
are  
basic  
life  
necessity  
Needs.**

Needs are far less negotiable than Wants, and they tend not to change with time, unless and until they are met.

**Some  
Needs  
are  
Social.**

It is important for you to always know what your Needs are. This helps you to keep your life organized and focused.

**Some  
Needs  
are  
Spiritual.**

When You Need something, if it is *truly* a Need and not just a Want, then a way should be found for it to be met.

Sometimes we can find ways to meet our Needs ourselves, and sometimes we must have the help or guidance of others.

**Some  
Needs  
are  
Emotional.**

When communicating your Needs to others, remember to always use Self-Directed and Just Plain Nice Expression.

This communication style is not only appropriate, but it will also increase your chances of having your Needs met.

(The “Don’t *tell*... *Ask*” philosophy).

**And  
some  
Needs  
are  
Physical.**

*Examples:*

“I Feel that I Need some extra attention today. Do you Feel like going out to dinner with me?”

“I Feel like I Need some exercise. Would you like to go work out with me, and then maybe get a big salad for dinner?”

“I Feel like I Need some time to myself to think. Would you mind if I went in my room for a while?”

**Other  
people  
will  
often  
fail us,**

**and so  
while  
we  
can try  
to  
express  
our  
needs  
in  
healthy  
and  
assertive  
ways,**

**sometimes  
we  
will  
have to  
meet  
them  
ourselves  
and  
cannot  
rely  
on  
other  
people.**

*NOTE: Using Self-Directed (Assertive) and Just Plain Nice Expressions is no guarantee that others will aid you in meeting any of your needs, or that they will even use Just Plain Nice Expression in response to your Needful Expressions.*

However, your chances of having your needs met are far greater than if you had said:

“You’re not paying enough attention to me. Take me out to dinner.”

“I Need to work out. Come with me, because you’re getting fat, too.”

“I’m going to my room to be alone, now. Don’t bother me.”

*Learning to appropriately determine and express your Needs to yourself and others can take time and practice, but it is worth the effort in the end.*

## ASSERTIVE NEEDS EXERCISE #1

This worksheet will help you to begin understanding your own **Needs**, and to practice Expressing them, utilizing appropriate Self-Directed and Just Plain Nice Expression. Follow the directions, and complete the exercises.

It is important for *You* to know what Your Needs are.

WRITE DOWN a list of what Needs You have regarding Your Relationships, and what Personal Needs You have.

### RELATIONSHIP NEEDS:

I Need:

I Need:

I Need:

I Need:

### PERSONAL NEEDS:

I Need:

I Need:

I Need:

I Need:

## ASSERTIVE NEEDS EXERCISE #1

This worksheet will help you to begin understanding and expressing your own *Needs*, by utilizing appropriate Self-Directed and Just Plain Nice Expression. Follow the directions, and complete the exercises.

WRITE DOWN Two (2) Self-Directed and Just Plain Nice Sentences that express your Needs, directed towards at least four people that you have had difficulty communicating your Wants to, in the recent past:

**EXAMPLE:** *I feel that I need some quiet time to myself to sort out my feelings on this matter.*

1 A)

1 B)

2 A)

2 B)

3 A)

3 B)

4 A)

4 B)

## #2 SITUATIONAL SUPPORTS – for Building Meaningful Relationships

I am fond of saying (and I believe) that no one ever got well alone, and no one ever got well only because they came to me for therapy. They got well and went on to succeed on their own because I helped them hook up with other healthy people in their real life.

**People  
need  
other  
healthy  
people  
in  
their  
life  
  
to  
share  
with,  
  
experience  
things  
with,  
  
learn  
from,  
  
and  
to  
help  
hold  
them  
accountable.**

A sense of connection with others is essential in life. Numerous people have said that our greatest need as humans is “to love and be loved.” William Glasser, author of *Reality Therapy*, emphatically claims that our greatest needs are for “security and significance” in our relationships. When you think about it, both statements are likely right—as both are really espousing the same core ideas with different words.

Consequently, those who are lonely, feel insecure, insignificant or unloved may begin to feel isolated, and there’s long standing buzz that isolation breeds insanity. If not complete insanity, it’s at least known to foster strange, desperate and even destructive behaviors.

People help people, people teach people, and people help hold other people accountable by letting them know what is and is not acceptable behavior in a real life relationship. No matter how we try, ‘emoticons’ are not emotions, and typed words (who’s meanings are often misunderstood online due to lack of vocal inflection and facial expression) can never replace a real smile, a pat on the back, or holding someone’s hand.

This ‘live and learn in the flesh’ experience is essential for building strong, meaningful and lasting relationships, whether simply as friends or family or even romantically.

These experiences are not realistically available to the individual who seeks ‘meaningful relationships’ online.

As a counselor, it is important to identify the client’s past and current healthy situational supports—for not only accountability, but for learning to develop these vital interpersonal communication and behavioral skills.

As part of a therapeutic intervention, it is important to monitor the frequency and outcome of these interactions, to ensure that the client is participating with these key people in healthy real life activities.

As a therapeutic assignment, you may simply require that they participate in a group, go on a date once a week, or get together in person with a certain relative 3 times a week even just to say, “Hi”. These (perhaps at first brief) encounters will lay the foundation for continued healthy interactions and begin promoting the development of interpersonal relationships.

**There are  
a  
million  
ways  
to meet  
new,  
healthy  
people  
—  
you  
simply  
have to  
get out  
and  
do it.**

If it appears the client has no or few 'healthy' situational supports, it is important to help them begin to socialize and find such people. They might attend a study group at church, join a bowling team, volunteer at the YMCA or YWCA, attend support group meetings, or start talking to their neighbors.

The more healthy interactions the client has, the more they will begin to develop positive and effective skills for building important interpersonal relationships in their real life.

**“All work  
and  
no play  
makes  
Jack  
a  
dull  
boy”  
or so  
the  
saying  
goes.**

**Play  
is  
important.**

**There  
are a  
million  
healthy,  
fun,  
exciting,  
educational,  
spiritual,  
and  
adventurous  
leisure  
time  
activities  
—  
once again  
—  
you  
just  
have to  
get out  
there  
and  
find  
them.**

## **Developing meaningful leisure time alternatives**

Quite often, people end up online out of boredom. Or, they got online to check their email or look up a piece of information, and were sucked in to something and before they knew it, they'd spent 2 hours online.

The “Internet Addict” uses the internet to fill all free time, and once their obsession is in full swing, they may begin to compulsively use it when they should be doing other important things, like working or even sleeping.

It is important for everyone to have meaningful leisure time activities, and it is especially important for the “Internet Addict” to find such things to do, to keep them from engaging in unhealthy activities online.

As a counselor, help your client discover old or new hobbies, or even help them plan out a daily ‘schedule of events’ taking care to fill all open time slots with productive, entertaining or educational activities, leaving little or no available time to stray into their ‘online danger zone’.

So as not to trade one obsession for another, it is suggested that you help the client become involved in a variety of activities. It is also suggested that there be a ‘back up plan’ in place with identified situational support persons to contact, should the client suddenly find themselves with extra time or in a situation where they begin to obsess.

***Some examples:*** Reading and house cleaning on Mondays and Thursdays, bowling on Tuesdays and Saturdays, couples group and trying a new recipe on Wednesdays and Sundays, and dating or movies on Fridays.

### **Keeping busy will help the client in several ways:**

- Obviously, it will reduce the amount of available time they have to even get online.
- It will bring about emotional relief by essentially proving and continually emphasizing their personal knowledge and belief that they *can* survive and live life doing other things besides gambling (shopping, cyber-sexing, news surfing, etc) online.
- It lets them know that if they do find themselves beginning to obsess and feel compelled, there *are* a laundry list of alternative behavioral options out there to ‘rescue’ them from their obsessions, before they act.
- Depending on their chosen activities, it may enable and encourage them to meet new healthy people and develop meaningful interpersonal relationships.
- Depending on their activities, it may build their self-esteem by bringing about personal accomplishments, whether it’s through the completion of a model airplane, winning a bowling tournament, redecorating their bedroom, reading a novel, starting a new company, beating their personal best running a mile, or even writing a screenplay.

## Exploring underlying emotions beyond the presenting problem.

**We rarely feel just one simple emotion for just one simple reason.**

As discussed previously, we act to meet short term needs, and we act on what we feel (our emotions), quite often without thinking first.

It is said that 'anger' is a *secondary emotion* - meaning that whenever we are angry, we are also some other emotion, too, such as fearful, guilty, shameful, hurt, envious, and so on.

We believe that anger, depression and anxiety are very similar emotions (with different physical manifestations and expressions) and that depression and anxiety are also, at times, secondary emotions.

### Consider this:

We are depressed, because:

- ◆ we lost our job and feel defeated, insecure, embarrassed, unworthy, and are unable to see a reasonable or immediate resolution to the problem.
- ◆ we don't have many friends and feel lonely and isolated and unworthy, and don't know how to meet new people and maintain a relationship.

We are anxious, because:

- ◆ we lost our job and feel defeated, insecure, embarrassed, unworthy, and are unable to see a reasonable or immediate resolution to the problem.
- ◆ we don't have many friends and feel lonely and isolated and unworthy, and don't know how to meet new people and maintain a relationship.

We are angry, because:

- ◆ we lost our job and feel defeated, insecure, embarrassed, unworthy, and are unable to see a reasonable or immediate resolution to the problem.
- ◆ we don't have many friends and feel lonely and isolated and unworthy, and don't know how to meet new people and maintain a relationship.

**The alcoholic drinks and the drug addict uses—to change the way they feel, and to avoid uncomfortable or distressing emotions.**

**Generally we feel multiple emotions, and for perhaps several different reasons — some of them we might not even realize at first.**

While again we do not believe that "Internet Addiction" is a true 'addiction', it is true that many people use the places and things on the Internet as tools to change the way they feel and to escape or avoid distressing emotions. This can be done in healthy or unhealthy ways, just like anything else.

**At times, it can be helpful to ask, "Why?"**

"Why?" is quite often the least important question in therapy, but at times, finding the answers to 'why?' can really bring about dramatic understanding and change for a client. 12-Step programs are effective for many addicts in that not only do they provide guidance and situational supports for

accountability, but the 'Steps' help the individual to discover and address the reasons that may lie behind the distressing emotions they've been trying to escape.

**The  
"Internet"  
itself  
is  
not  
the  
client's  
problem.**

The therapeutic ideas are that once you have admitted and faced or confronted the distressing events or situations in your life that have produced the uncomfortable emotions you've been seeking to avoid through drugs and alcohol, you can acknowledge them and accept them as fact, but be done with them as no longer relevant or powerful over you. You can then begin to move forward in your life and find healthy ways to react to stress and unpleasant events, rather than remaining stuck obsessing and being compelled to act in ways to hide from bad feelings.

This general concept can be applied to some "Internet Addicts" as well, who use the internet to escape or avoid distressing emotions.

### **What is the core problem that has lead to their destructive online activities?**

**So we  
must ask,  
What  
is  
the  
problem  
that  
leads  
them  
to  
seek out  
unhealthy  
or  
destructive  
behaviors  
online?**

- ◆ Are they insecure in public due to past embarrassing or distressing situations, and so they hide and meet 'friends' online, where they either feel more comfortable being themselves due to anonymity, or, where they can create (lie) and present a 'different self' to others?
- ◆ Are they anxious over personal financial problems, and online sex has become their 'drug of choice' for self-medication, designed to mask their distressing feelings of fear, defeat, confusion, frustration, or inadequacy?
- ◆ Do they have low self-esteem or feel inadequate due to past failures or abusive situations, and so they compulsively shop to procure items to fill an emotional void and create a sense of pride in ownership or accomplishment?
- ◆ Does their marital relationship have substantial communication and intimacy problems, and in desperation they seek a sense of connection, understanding, importance and relevance in even 'fake' or limited online relationships?

Along with teaching healthy alternative behaviors, (as previously discussed throughout this course), core issues like the ones above should be discovered, addressed and resolved through counseling to effectively complete a successful therapeutic process.

## IN SUMMARY:

**Not  
all ideas  
will work  
with all  
people.**

Just as you have clients who are depressed, angry or anxious, or who drink or use drugs for a variety of different reasons, and therefore require a variety of different treatment strategies, clients who are suffering from the negative effects of their Internet use will require that you provide a complete and thorough assessment of their condition, in order to provide appropriate and adequate intervention strategies.

**We hope  
that  
some  
of these  
ideas  
will work  
with  
some  
of your  
clients,  
some  
of the  
time.**

It is our hope that in this brief 3-hour continuing education course we have been able to provide you with practical, relevant information concerning what pop-psychology is calling "Internet Addiction", as well as with some therapeutic ideas that may be useful with some of your clients, some of the time.

It is also our hope that you can apply many of these ideas to many different kinds of clients, from those with true addictions, to those with impulse control difficulties, and to those suffering from some form of emotional impairment.

### **If you enjoyed this course, here are some OTHER RESOURCES YOU MAY FIND HELPFUL:**

**Remember,  
accurate  
assessment  
and  
diagnosis  
are  
the keys  
to  
effective  
treatment.**

- Our 1.5 -Hour CEU Course, "**Using the 12-Steps in Counseling**" (video and text)
- Our 3-Hour CEU Course, "**Addiction Answers**" (audio and text)
- Our 3-Hour CEU Course, "**Dual Diagnosis**" (audio and text)
- "**Getting Along: A Guide for Healthy Interactions With Others**" - 60-page client workbook, which includes a "License to Copy" agreement.
- "**In Control: Healthy Anger Expression**" - client workbook, which includes a "License to Copy" agreement.
- "**The NSRI: Nongard Strengths and Resources Inventory**" - a simple yet effective 1-page assessment tool to identify what's *right* with the client, with use manual and "License to Copy" agreement and both adult and adolescent versions included.

**[www.fastceus.com](http://www.fastceus.com) (800) 390-9536**

## **THANK YOU FOR YOUR PARTICIPATION IN THIS COURSE**

To receive continuing education credit for this course, you must have read this entire text file.

You must also complete and return the Evaluation of Learning Quiz and pay the CEU fee. (Instructions are on the next page.)

We always appreciate constructive input from our customers - even when it's 'negative', so please feel free to fill in the "Additional Comments" section of the Grade This Course evaluation when you submit your quiz and payment.



Richard K. Nongard, LMFT, CCH, CPFT  
Executive Director

# **"INTERNET ADDICTION"**

## **3 Continuing Education Clock Hours**

### **Procedures to Receive CEU Credit:**

- ⇒ This document contains all of the course materials you needed to read.
- ⇒ Now you must complete the required True/False Evaluation of Learning Quiz and submit it to our office along with your payment, in order to obtain your CEU certificate.

### **FOR ONLINE SUBMISSION:**

Go back to [www.FastCEUs.com](http://www.FastCEUs.com) and click the "QUIZ & PAY" button for this course (under the READ COURSE button you clicked to get this file).

On the page that opens, enter your information and take the T/F Quiz.

When you click SUBMIT, the program will instantly grade your quiz, and provided you pass by at least 80%, it will then charge your credit or debit card.

Immediately, a new web page will open containing your Receipt and Certificate info, and a Link will be provided to access a fancy Certificate for you to Print and/or Save to your computer.

You will also receive an Email containing this same information and the link.

⊙ ***You will NOT receive a paper certificate in the mail - This electronic system provides numerous options for you to print and save your CEUs.***

### **FOR FAX OR MAIL SUBMISSION:**

Print the Quiz and Payment forms on the next few pages of this document, and complete the requested information.

Our 24-hour secure Fax number is **(888)-877-6020**.

If you fax your quiz and payment to us, please do NOT also mail it.

We process faxes within approximately 4 business hours after receiving them. Faxes submitted late in the day or after hours will be processed the next business morning. However, all certificates are dated the date we receive your course quiz and payment.

***You will NOT receive a paper copy of your Certificate in the mail.***

Enter either your fax number or an Email address and we will send your CEU Certificate to the contact info you provide.

If you prefer to use a check or money order, please Mail the quiz and payment to:

**PeachTree Professional Education, Inc.  
15560 N. Frank L. Wright Blvd, #B4-118  
Scottsdale, AZ 85260**

# EVALUATION OF LEARNING QUIZ - PAGE 1 of 3

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

**\* \* \* \* OR \* \* \* \***

You may complete and submit this information **ONLINE** by following this link:

<https://www.fastceus.org/index.php?extension=net>

## **PLEASE NEATLY PRINT THE FOLLOWING INFORMATION:**

NAME as you want it on your CEU Certificate: \_\_\_\_\_

Your professional cert/license with numbers: \_\_\_\_\_

ADDRESS for record keeping: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

DAYTIME TELEPHONE Number: (\_\_\_\_\_)\_\_\_\_\_

☉ We will FAX or EMAIL your CEU Certificate (no copy will be mailed).

— **CLEARLY PRINT YOUR FAX # or EMAIL ADDRESS:**

---

*(IF you FAX us your Evaluations do NOT mail them. Please WRITE NEATLY so you get your CEUs.)*

## **INTERNET ADDICTION**

This **3** Hour CEU Course is **\$49.00**

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15560 N. Frank L. Wright Blvd, #B4-118  
Scottsdale, AZ 85260

**Phone:** (800) 390-9536  
**Fax:** (888) 877-6020

# EVALUATION OF LEARNING QUIZ - PAGE 2 of 3

## Course Title: "INTERNET ADDICTION"

3 Hours of Approved Continuing Education Credit

*The purpose of the following Evaluation of Learning questions is to:*

- A.) Verify that you have read the required course materials
- B.) Demonstrate an understanding of the practical application of the course materials
- C.) Officially document your participation and completion of this course

### ➔ PLEASE ANSWER THE FOLLOWING 20 EVALUATION OF LEARNING QUESTIONS.

- T F** 1.) I have read all of the required reading for this course.
- T F** 2.) Many professionals seem to fear the Internet.
- T F** 3.) The Internet is not a safe place.
- T F** 4.) People can become addicted to behaviors and emotions in a physiological process, much like cocaine addiction.
- T F** 5.) It is the therapist's responsibility to teach our clients that they can choose to act in healthy, responsible ways.
- T F** 6.) Information escape is an area of Internet compulsivity that might be problematic to a client.
- T F** 7.) The Internet clearly adds to or enhances sexual compulsiveness by making porn accessible in a way that it wasn't prior to the 1990's.
- T F** 8.) Online shopping can be a quick fix for emotional dissatisfaction.
- T F** 9.) A lot of people have the same beliefs about the Internet as they do about the lottery.
- T F** 10.) Access, immediacy, control and excitement are the concepts that fuel the Internet as a tool for popularizing self-destructive impulses.
- T F** 11.) Immediacy refers to the dilemma posed by the constant presence and availability of the Internet to anyone with behavioral difficulties.
- T F** 12.) The Internet has brought about a frequent quest for excitement and has created a forum where excitement becomes the norm in a person's life, rather than an exception.
- T F** 13.) There are three essential features which characterize impulse disorders.
- T F** 14.) The Internet is not the problem. The manifestations of unhealthy behaviors and choices is the problem.
- T F** 15.) Behavioral approaches are too simple and have never been found useful by counselors working with sexually compulsive clients.
- T F** 16.) A three-stage process is at the heart of treating cognitive errors.
- T F** 17.) The images we have in our minds often serve to drive our actions.
- T F** 18.) Support relationships are truly more important for the person struggling with online difficulties than in any other treatment environment.
- T F** 19.) A sense of connection with others is essential in life.
- T F** 20.) Opportunity has nothing to do with what behaviors are chosen to restore an individual to psychological equilibrium.

## **GRADE THIS ONLINE COURSE! – Page 3**

*It is helpful to us if you return this form via snail mail or fax,  
along with your Quiz and Payment. Thank-you!*

### **Participant Assessment of Home Study CEU Course**

## **INTERNET ADDICTION**

### **3 Credit Hours**

**Please Rate the Following Statements from 1-5  
(1 being the Lowest, 5 being the Highest.)**

- \_\_\_\_\_ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
- \_\_\_\_\_ 2. I found the PeachTree Online Home Study Course materials to be of professional quality, and easy to read.
- \_\_\_\_\_ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
- \_\_\_\_\_ 4. I completed the 3 Hour PeachTree Online Home Study Course in approximately 3 hours.
- \_\_\_\_\_ 5. I would take another PeachTree Online Home Study Course, and/or recommend them to a co-worker.

**ADDITIONAL COMMENTS:**