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Problematic Internet experiences: Primary or secondary presenting problems in persons seeking mental health care?☆

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Abstract

This study utilizes data from clinical reports of 1441 youth and adults in the USA to examine the types of problematic Internet experiences mental health professionals report as clients' primary or secondary presenting problems. Overall, clients who present in treatment with an Internet problem are more likely to have problems related to overuse of the Internet; use of adult pornography; use of child pornography; sexual exploitation perpetration; and gaming, gambling, or role-playing. Other Internet-related problems, such as isolative-avoidant use, sexual exploitation victimization, harassment perpetration, and online infidelity were equally likely to present in treatment as a primary problem or secondary to other mental health concerns. Some differences between youth and adult clients were also identified. Findings suggest some initial support for the importance of including Internet use, experiences, and behavior as part of an initial clinical assessment.

Keywords: Internet; Treatment; Clinical; Mental health; Presenting problem; USA

Introduction

Research and clinical study concerning the impact of Internet use on children and adults has steadily developed over the last 10 years. Internet problems that have received the most attention include the sexual exploitation of youth, overuse or addiction, and pornography (e.g., Cooper, Scherer, Boies, & Gordon, 1999; Griffiths, 2001; Mitchell, Finkelhor, & Wolak, 2001; Young, 2004). Whether Internet-related problems typically present as a primary problem in treatment, or whether they are more commonly secondary to more conventional mental health problems, is unclear.

Youth and adults receiving mental health services may experience Internet-related mental health issues for a number of reasons. First, it can readily be imagined that the Internet might create new opportunities for conflict and deviance among individuals with the kinds of problems typically seen by mental health clinicians. For instance, a client experiencing marital conflict who would not have sought out a "real life" affair may participate in cybersex with

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someone many miles away. Similarly, a person with a sexual attraction to children, too inhibited or afraid to purchase pornography from a store, might find it difficult to inhibit the desire to search for child pornography while using a computer. Second, Internet use may intersect with existing client vulnerabilities to produce new problems. It may be, for example, that people with developmental disabilities are vulnerable to new kinds of online scams and fraud. Likewise, mental health conditions such as obsessive-compulsive disorder may make it difficult for some clients to put limits on time spent online. Third, the Internet opens up new social contexts for children, creating new concerns for parents and professionals dealing with issues such as bullying and harassment in and out of schools.

Among individuals receiving mental health treatment, there is likely a complex relationship between Internet-related problems and conventional mental health issues. Upon seeking mental health treatment, clients may have pre-existing Internet-related problems or conventional mental health issues, or they may both have a common etiology. This overlap, or co-morbidity, exists for a number of other mental health concerns that predate the Internet, such as the complex relationship between substance use and psychiatric disorders, or victimization and depression (Kilpatrick et al., 2003; O'Malley, 2003).

The current study is an effort to examine the role of Internet-related problems among a group of youth and adult clients receiving mental health treatment. Specifically, we examined whether clients who present with Internet problems were more likely to report specific types of problems, such as use of pornography, with specific attention to whether this varied between youth and adults.

Methods

Participants

A random sample of 31,382 names and addresses were gathered from professional organization membership lists predominantly in the areas of psychology, psychiatry, and social work. All professionals were sent a one-page postage paid survey asking whether they had worked with any youth or adult clients having a variety of different types of problematic Internet experiences. There were 7841 valid responses to this one-page survey, of which 92% ($n = 7232$) had provided direct services to clients within the past 5 years. Of these 7232, a total of 3398 indicated they wanted to participate in the Phase 2 follow-up survey; 2170 actually returned a completed survey, resulting in a 64% response rate for this phase of the study. Of these, 71% ($n = 1534$) encountered at least one client with a problematic Internet experience in the target time frame (past 5 years). Ninety-three cases were dropped from the current analysis because of duplication (i.e., they responded more than once), difficulty in coding, or because the client was not the individual who had the problematic Internet experience, resulting in 1441 cases.

Measures

The follow-up instrument to the postcard mailing was designed through semi-structured interviews with a variety of mental health professionals known to the authors. The survey covered several sections aimed at understanding the client's problematic Internet experience, including client demographics and background, mental health service referral, primary and secondary problems for which the client was in treatment (e.g., various issues surrounding mental and physical health, family and/or relationships, school and/or work, victimization, aggression, computer/Internet addiction), and types of Internet-related problems. As part of this study, researchers and clinicians identified a wide variety of problematic Internet behaviors and experiences among youth and adult clients receiving mental health treatment. From this, we developed an 11-category inventory of problematic Internet experiences (see Mitchell, Becker-Blease, & Finkelhor, 2005 for more information about this inventory development). These non-mutually exclusive problematic Internet experiences involved:

(1) Overuse of the Internet—either in general or for specific types of behaviors, such as pornography viewing or sexual chat rooms;
(2) Internet pornography use—general overuse of this material; partner or family conflict over its use; distress over unwanted exposure; development of deviant sexual interests; involvement with illegal pornography (i.e., child pornography); and inappropriate exposure through neglect or poor boundaries;
(3) Sexual exploitation and abuse—seduction and attempted seduction that was illegal, unwanted, or problematic; inappropriate or sexual

involvement with children; and adult exploitation and rape (the problems in this category were further broken down into perpetration and victimization);
(4) Online infidelity—romances formed online and acted on in real life; online infatuation that does not move offline; sexual conversations with others in chat rooms; and simulated sexual acts with others;
(5) Gaming, gambling, or fantasy role-play—online gambling; solitary gaming (e.g., solitaire); interpersonal gaming with other people online (both known and unknown in person); and fantasy games involving role-playing;
(6) Harassment—posting defamatory or embarrassing personal information about others; impersonating others online; stalking people online; threatening violence; and physical or emotional abuse (e.g., resulting from an online encounter or relationship) (the problems in this category were further broken down into perpetration and victimization);
(7) Isolative-avoidant behavior—clients who chose to have all their social interactions online with little or no social interaction offline; and clients who spent so much time with online pursuits that they isolated themselves from family, friends, and social engagements;
(8) Fraud, stealing, or deception—online relationships that resulted in the transfer of a large amount of money or gifts; online scams and false merchandise (e.g., online auctions); stealing credit cards or credit card numbers to gain access to websites or purchase items online; and identity deception (e.g., false age, gender, sexual motives) (the problems in this category were further broken down into perpetration and victimization);
(9) Failed online relationship—meeting people online, developing romances or emotional feelings, and finding that the other individual: did not reciprocate those feelings; ended the relationship abruptly; was not who they portrayed themselves as; or resulted in abuse;
(10) Harmful material—material on websites that posed a harmful influence of a non-sexual nature such as too much shopping or auctions; and topics relating to self-mutilation; encouragement of eating disorders; bomb- and other weapon-making instruction; hate crimes and extreme gore and violence;
(11) Risky or inappropriate use, not otherwise specified (NOS)—a residual category involving activities that were not exploitative or otherwise criminal, did not involve infidelity, and were not inherently problematic, but raised concerns due to their risky or inappropriate nature such as sexual behavior and interaction with other individuals that began online and sometimes progressed into the real world.

Procedures

Each professional received a cover letter in 2003 and a one-page postage paid survey on which respondents could indicate whether they had worked with any clients (child and/or adult) in the past 5 years who had problematic Internet experiences. The process for completing and returning the survey was taken as assent to participate in this study. At the end of this one-page survey, respondents were asked whether they would like to participate in a more detailed follow-up survey about professional needs in this area and to provide some anonymous information about one of their clients (if applicable). For those who consented, a detailed survey was sent by mail as well as a link to a website (along with a login password) if they preferred to complete the survey online.

Professionals were asked to respond to this survey about one client only, and were provided with the following three guidelines for selecting that client: (a) if you have encountered only one client with a problematic Internet experience, complete the survey about that client; (b) if you have encountered more than one, provide information about the most recent youth client (under 18), if you have youth clients; or (c) provide information about the adult client you have seen the most recently. The survey was pre-tested on 100 professionals across all disciplines in the study. This study and all its methodology were reviewed, approved and thus conducted in compliance with the University of New Hampshire's Institutional Review Board.

Respondent characteristics

Of the 1441 respondents (mental health professionals) who had worked with at least one youth or adult client with a problematic Internet experience within the past 5 years, 59% were female, the majority were over 40 years old (85%), and most were White (95%). The highest earned degree was a Master's degree (40%) or a PhD (42%) and most respondents were psychologists (45%) or social

workers (22%). The majority of the respondents had been providing direct services to clients for more than 15 years (67%) and they worked in a variety of professional settings including independent practices (59%), school or other educational settings (9%), mental health clinics (11%), and psychiatric hospitals (3%). Almost half (47%) provided clinical services to people living in a suburban area, 38% an urban area, and 19% a rural area.

Statistical analyses

We used a series of chi-square tests of independence to examine whether mental health practitioners classified problematic Internet experiences as a primary or secondary presenting problem among clients reporting Internet-related problems. Given the age-related findings of Mitchell et al. (2005) concerning the likelihood of reporting individual Internet experiences (e.g., intentional use of pornography was more commonly reported as a problem by adults than by youth), this was examined separately for youth and adult clients.

Results

Demographics

The entire sample of clients ($N = 1441$) who experienced some type of problematic Internet experience was comprised of 65% males and 35% females. About one-third of the clients (35%) were youth and 65% were adults. The sample was predominantly White (91%). Most clients were either single and never married (51%) or married (36%). Slightly less than half (41%) worked full-time and 39% were in school at the time of treatment. Annual household income varied, with 11% earning less than $20,000 a year to 18% earning over $80,000.

What types of problematic Internet experiences present at the outset of treatment?

Clients with Internet problems that present at the outset of treatment were more likely to have certain types of problematic Internet experiences than others. Problems related to overuse of the Internet (odds ratio (OR) = 1.9, $p < 0.001$); gaming, gambling, or role-playing (OR = 1.4, $p < 0.05$); sexual exploitation perpetration (OR = 2.6, $p < 0.01$); use of adult pornography (OR = 1.8, $p < 0.001$); and use of child pornography (OR = 1.9, $p < 0.01$) were more likely to be associated with a primary presenting Internet problem than not. Other Internet-related problems were equally likely to be primary presenting problems as they were to be secondary to more conventional mental health concerns. Specifically, this was true of isolative-avoidant use of the Internet, risky or inappropriate use, harassment perpetration, sexual exploitation victimization, fraud victimization and perpetration, unwanted exposure to pornography, online infidelity, having a failed online relationship, and exposure to other (non-sexual) harmful material. Online harassment victimization was more likely to be a secondary problem (OR = 0.59, $p \leqslant 0.01$).

Both similarities and differences were noted between youth and adults (Table 1). Overuse (OR = 1.9 for both groups), use of adult pornography (OR = 1.7 for youth and 1.9 for adults), and use of child pornography (OR = 2.0 for youth and 1.8 for adults) were almost twice as likely to be identified as a primary presenting problem than not. Also similar for youth and adults was the finding that unwanted exposure to pornography was 67% less likely (for youth) and 85% less likely (for adults) to be a primary presenting problem.

Along with these similarities, some differences were identified between youth and adult clients. For youth, problems related to gaming, gambling, or role-playing were 1.7 times more likely to be identified as a primary presenting problem, and online fraud or deception victimization were almost four times more likely (OR = 3.9) to be noted as a primary presenting Internet problem. Among youth receiving mental health services with an identified Internet problem, risky or inappropriate behavior was 42% less likely to present as a primary problem than other issues. Among adult clients receiving mental health services, problems related to sexual exploitation perpetration were almost three times more likely to be identified as a primary problem (OR = 2.9) while problems related to harassment victimization were 57% less likely to present as a primary problem than other types of Internet-related problems. All other Internet-related problems, such as isolative-avoidant use, infidelity, and sexual exploitation victimization were equally likely to be identified as a primary problem.

Table 1
Prevalence (%) and chi-square tests of independence of problematic Internet experiences as a presenting problem among adult and youth clients ($N = 1441$)

Type of problematic Internet experience	Adult clients ($n = 929$)				Youth clients ($n = 512$)			
	No Internet-related presenting problem ($n = 243$) (%)	Internet-related presenting problem ($n = 686$) (%)	χ^2 (1)	Odds ratio	No Internet-related presenting problem ($n = 140$) (%)	Internet-related presenting problem ($n = 372$) (%)	χ^2 (1)	Odds ratio
Overuse	53	68	18.27***	1.91	47	62	9.69**	1.86
Computer or Internet addiction	24	56	73.51***	4.03	16	37	22.12***	3.20
Gaming, gambling, role-playing	10	12	0.57	1.21	18	27	4.73*	1.71
Isolative-avoidant use	9	7	1.01	0.77	11	16	1.43	1.43
Harmful influence material	–	–	–	–	5	6	0.08	1.14
Risky or inappropriate behavior, NOS	12	11	0.03	0.96	22	14	4.62*	0.58
Sexual exploitation perpetration	2	6	5.54*	2.95	4	8	2.93	2.28
Sexual exploitation victimization	3	2	0.37	0.75	25	26	0.06	1.06
Harassment perpetration	1	2	2.33	4.31	4	6	0.69	1.47
Harassment victimization	11	5	9.80**	0.43	9	8	0.03	0.94
Fraud perpetration	1	3	3.08	3.43	6	9	1.18	1.55
Fraud victimization	5	5	0.03	0.94	1	5	3.85*	3.92
Use of child pornography	8	13	5.10*	1.80	7	13	3.90*	2.02
Use of adult pornography	45	61	18.30***	1.90	31	43	5.95**	1.67
Unwanted exposure to pornography	5	1	15.29***	0.15	11	4	9.20**	0.33
Infidelity	29	30	0.16	1.07	–	–	–	–
Failed online relationship	6	5	0.40	0.82	–	–	–	–

*$p \leqslant 0.05$; **$p \leqslant 0.01$; ***$p \leqslant 0.001$.

Discussion

Mental health professionals are more likely to identify certain types of problematic Internet experiences as primary presenting problems among youth and adults receiving mental health treatment. Specifically, overuse of the Internet and problems related to the intentional use of Internet pornography are more likely to be identified as a presenting problem than Internet problems related to fraud, stealing, or deception; and isolative-avoidant use, for example. Interestingly, overuse and intentional use of pornography are the most frequently reported presenting problems for both youth and adult clients. It may be that both of these types of Internet-related problems have similar etiologies, such as impulse control problems. However, as noted by Shapira et al. (2003), the Internet nexus of these problems may indicate that they are unique problems requiring specific treatment interventions.

Other Internet-related problems appear to be secondary to more conventional mental health issues seen in clinical settings, such as relationship problems (e.g., marital conflict and divorce) and mental health problems (e.g., depression). For these clients, the Internet problem may be an extension of an existing condition or concern, and as such may not necessarily be the primary focus of that client's treatment.

For example, risky or inappropriate behavior on the Internet may be an extension of a pre-existing risky lifestyle where the Internet is yet another outlet for risky sexual behavior. Using the Internet in an isolative manner may be a result of pre-existing social phobias or having trouble-making friends.

The findings from this study suggest clinicians should ask questions about Internet use during assessment. Although it is unclear what proportion of professionals are encountering clients with problematic Internet experiences, the spectrum of experiences they are encountering is wide. Moreover, the problems are varied in their presentation and ramifications. Professionals may not find out about Internet-related problems or understand their connections to other problems unless they inquire about them. Thus, professionals should be prepared to ask some basic screening questions during assessment to see if problematic Internet experiences are at all relevant to treatment for individual clients.

Limitations

Although this study is a unique exploration into a new domain, a few limitations must be noted. First, the methodology was not designed to capture a representative sample of all mental health professionals, so the frequency with which problematic Internet experiences come to the attention of mental health professionals cannot be established from this study.

Second, the problematic Internet experiences in this study are not necessarily representative of all problematic experiences online (in terms of severity and characteristics of clients and cases) because many people with problems do not receive mental health services. It could be that some of the people most in need of mental health services due to problematic Internet experiences do not have access to them. Alternatively, there are likely individuals who experience problematic Internet experiences, but are able to cope with them well without professional help (Finkelhor, Mitchell, & Wolak, 2000). The long-term effects of these experiences are currently unknown but important to address in future research.

Third, there may be limitations to the sample of mental health professionals and cases reported here. This study had a low response rate with the possibility that those mental health professionals who did not respond were those without cases. Also, these professionals were only asked to respond about a single client, and although respondents were instructed on how to systematically choose a client, it is conceivable that professionals decided to choose the more memorable, interesting or otherwise salient cases, possibly skewing the sample in this way. As such, more research is required in order to validate study conclusions.

Conclusion

Findings from this exploratory study reveal that some Internet-related problems, such as overuse of the Internet and intentional pornography use, are commonly a primary presenting problem in treatment. Other Internet problems, such as harassment perpetration, isolative-avoidant use, and risky or inappropriate behavior online are more likely a symptom or factor related to their general adjustment. Clinicians may benefit from assessing Internet use, experiences, and behavior as such problems may provide an avenue for more effective and comprehensive treatment strategies.

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