**RESTORE RESTORE™: An Overview**

**By**

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Internet addiction began as a pet project in a young researcher’s one-bedroom apartment in Rochester, New York. I was that young researcher. It was 1995 and a friend of mine’s husband was seemingly addicted to AOL Chat Rooms spending 40, 50, 60 hours online at a time when it was still $2.95 per hour to dial into the Internet. Not only did they suffer financial burdens but their marriage ended in divorce when he met women in online chat rooms (Young, 1996).

The first study on Internet addiction shortly followed as I collected over 600 similar case studies of people who suffered from relationship problems, academic problems, financial problems, and job loss because they were unable to control their Internet use (Young, 1998). The research grew very quickly into a rapidly evolving new field. Psychologists such as Drs. David Greenfield and Marissa Hecht Orzack (e.g., Greenfield, 1999; Orzack, 1999) were early pioneers in the field. They wrote the most prolifically in the late 1990s, which led to new areas of research to be developed. Studies in China, Korea, and Taiwan emerged in the early 2000s. Historically, this was a pivotal moment as the research lead to the development of inpatient treatment facilities.

In 2006, the first inpatient center to treat Internet Addiction opened in Beijing, China (Jiang, 2009). The Asian cultures seemingly had significant problems dealing with problem Internet use compared to the rest of the world, although that same year the US found through its first national study that 1 in 8 Americans suffered from one criteria of problem Internet use (Aboujaoude, Koran, Gamel, Large, & Serpe, 2006).

In this time, new online applications such as Facebook and Twitter evolved making technology part of everyday life and blurring the distinction between addictive and functional Internet use.

By the late 2000s, studies predominantly came from Asian cultures regarding this problem, which led to comprehensive prevention programs in some countries. For instance, Korea has developed an entire master plan to prevent and treat Internet addiction including national screening days to identify children at risk, early prevention programs offered in schools, and hundreds of inpatient units to treat Internet addiction (Koh, 2013). Comparatively, America had seemingly fallen behind with no government-based or national intervention plans to deal with Internet addiction such as screenings, prevention programs, or inpatient care (Young, 2013).

Studies began to identity what were considered digitally potent online applications such as online role-playing games, online gambling, or online pornography that were more addictive than email, PowerPoints, or texting. In 2013, Internet Addiction Gaming disorder was singled out as the most potent problem categorized in the revised Diagnostic and Statistical Manual of Mental Disorders as a condition for further study (American Psychiatric Association, 2013). Later that year, the first inpatient hospital program for Internet addiction recovery opened in Pennsylvania (DeMarche, 2013) treating all forms of Internet addiction applying concepts of digital diet and digital nutrition to find healthy ways of using technology similar to treating food addiction.

New statistical models also emerged that identified moderating factors such as coping styles and Internet expectancies that determined functional and dysfunctional Internet use among adult populations (Brand, Laier, and Young, 2014). Research on Internet addiction had turned from clinical observation to more statistically and empirically grounded studies. Furthermore, a growing body of neurological and neuroimaging studies showed that the prefrontal cortex played a significant role in the development of Internet addition (Brand, Young, and Laier, 2014) suggesting a biological causation for the disorder similar to other addictive syndromes.

Today, the question has shifted from how much time online is too much to how young is too young for children to go online. According to the Pew Internet Project (2013), more than 30% of children under the age of 2 have used a tablet or smartphone and 75% of kids age 8 and younger live with one or more mobile devices in the home. Because technology is used so frequently in child play, the creativity and imaginations of our youth are left idle, and studies suggest their opportunities to achieve optimal motor and sensory development are diminished (e.g., Dalbudak & Evren, 2014; Gentile, 2011; Rosenwald, 2013). Compounding the problem, children react with defiance, disobedience, and in some cases, violence when parents try to limit or stop screen time.

These risks raise new concerns about technology addiction among children and adolescents. Already, the American Academy of Pediatrics (2014) warns against children under two years old having any access to technology or any media and only limited amounts thereafter.

I developed this course to address the many questions that I receive from therapists wanting training on how to assess and treat Internet addiction. In response to this need along with the calls I receive from clinics, hospitals, and agencies, I created RESTORE Recovery ™ which is an integrated behavioral health recovery program that uses the principles of CBT-IA, an empirically-based therapy model designed for and focused on treating Internet addiction. The program is useful for practitioners from a variety of fields such as psychiatry, psychology, sociology, social work, case management, addiction rehabilitation, and nursing. RESTORE RECOVERY ™ is a structured empirically-based recovery system designed to help clients using cognitive-behavioral recovery principles to achieve balanced and healthy use of technology.

The learning goals of the program include:

* How to diagnose Internet addiction with specialized assessment tools.
* How Internet addiction relates to co-occurring conditions and mood disorders.
* The relationship between chemical dependency and problematic Internet use.
* How to promote healthy strategies to increase social activities for clients.
* How to develop a comprehensive psychosocial treatment plan.
* How to deal cyberaffairs in marriage counseling and family therapy.
* How to help clients avoid relapse.

The program is not only intended for healthcare providers but it can also be used as a self-guide for individuals suffering from Internet addiction and their families. RESTORE RECOVERY ™ provides you with the tools and recovery behavior leading to healthy daily Internet and technology use. Diagnostic conceptualizations of problem Internet use are presented along with assessment and treatment considerations including Internet Gaming Disorder now listed in the DSM-5 in Section 3. The program is divided into 11 chapters that cover the historical origins of Internet addiction to ways to measure outcomes and treatment success divided as follows:

CHAPTER 1. History of Internet addiction

CHAPTER 2. What is Internet addiction?

CHAPTER 3. Consequences of Internet addiction

CHAPTER 4. What is RESTORE RECOVERY ™?

CHAPTER 5. Assessment of Internet addiction: Daily behavior and usage

CHAPTER6. Assessment of Internet addiction: Co-occurring conditions

CHAPTER 7. Assessment of Internet Addiction: Situational factors

CHAPTER 8. Treating Cognitive Distortions

CHAPTER 9. Observable Changes in Behavior

CHAPTER 10. Relapse Prevention

CHAPTER 11. Evaluate success, change and maintain

With its constant availability, it is important to develop a clear and structured recovery program with each client regarding media, technology, and screen use. As food addicts measure part of their recovery success through objective indicators as reduced caloric intake and weight loss, treatment should objectively measure part of Internet addicts’ recovery success through reduced online hours and abstinence from any contact with problematic online applications. RESTORE Recovery™ provides you with the necessary information to move forward in your own recovery or to help others achieve insights and mastery over their daily Internet and technology use.

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