INTERNET ADDICTION TEST FOR FAMILIES (IAT-F)

**INCLUDES Parent-Child Internet Addiction Test for Adolescents
AND Problematic and Risky Media Use in Children Checklist**

Dr. Kimberly S. Young

Stoelting
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**620 Wheat Lane
Wood Dale, IL 60191**

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About The Author

Dr. Kimberly Young is a licensed psychologist and an internationally known expert on Internet addiction. She founded the Center for Internet Addiction in 1995, is a professor at St. Bonaventure University, and has published numerous articles and books, including *Caught in the Net*, the first to identify Internet addiction, *Tangled in the Web*, *Internet Addiction: A Handbook and Guide for Evaluation and Treatment*, and her most recent, *Internet Addiction in Children and Adolescents: Risk Factors, Treatment, and Prevention*. Her work has been featured in The New York Times, The Wall Street Journal, The London Times, USA Today, Newsweek, Time, CNN, CBS News, Fox News, Good Morning America, and ABC's World News Tonight. She has received the Psychology in the Media Award from the Pennsylvania Psychological Association and the Alumni Ambassador Award for Outstanding Achievement from Indiana University at Pennsylvania. She serves on the advisory board for The Internet Group in Toronto and the Japanese Ministry for the prevention and treatment of Internet Addiction.

Dr. Young has testified for the Child Online Protection Act Congressional Committee and she has been a keynote speaker at the European Union of Health and Medicine, the International Conference on Digital Culture in Seoul, Korea, the US Army War College in Pennsylvania, and the First International Congress on Internet Addiction Disorders in Milan, Italy, and served on the National Academy of Sciences for the Digital Media and Developing Minds colloquia.

She is on the editorial board of the Journal of Behaviorial Addictions, the American Journal of Family Therapy, Addicta: The Turkish Journal of Addiction, the International Journal of Cyber Crime and Criminal Justice, and on the advisory board of CyberPsychology: Journal for Psychosocial Research on Cyberspace, and a member of the American Psychological Association.

About This Manual

This manual contains description and information for administering, scoring, and interpreting the Parent-Child Internet Addiction Test (PCIAT) and Problematic and Risky Media Use in Children Checklist (Problematic Media Checklist). These assessments are intended to be administered to adults to assess Internet addiction within their children. The PCIAT is intended for adolescents, ages 12-18 years old. The Problematic Media Checklist is designed for children ages 3-11. Brief descriptions of each instrument follow. There is then a section providing information about addiction, applicable to both assessments. The manual then describes the PCIAT and Problematic Media Checklist. Next are the directions for administration, which are the same for both tests. Finally, scoring and interpretation of the PCIAT and the Problematic Media Checklist are discussed.

Parent-Child Internet Addiction Test (PCIAT) Introduction

This Parent-Child Internet Addiction Test (PCIAT) measures the impact of Internet addiction on children and adolescents ages 12-18 years old. The test views Internet addiction in terms of technology overuse and compulsive tendencies related to a child's use of digital devices and technology. The PCIAT is the premiere assessment method that practitioners working with this population can use to measure and assess for presence of Internet addiction or as part of their own screening tools of media use among children and adolescents. Finally, this test can be used as an early detection of risky behaviors to inform parents or guardians, who are the primary caregivers of technology at home.

Problematic And Risky Media Use In Children Checklist (Problematic Media Checklist) Introduction

Given a child's access to technology at early ages, an assessment of a child ages 3-11 should include, at the very least, some media use screening tools or questions about media use. It is important to understand how children are using technology and devices, in general. With a thorough media screening testing, a therapist has a clear sense of behavioral and functional analysis of technology use at home and school for a child. For toddlers and very young children, therapists should also learn about their current media diets and watch for risky technology behaviors using the Problematic and Risky Media Use in Children Checklist (Young, 2015), which can be found in Appendix C.

1 | Purpose Of Assessments For Internet Addiction

A survey of 350 parents in Philadelphia, published in the American Academy of Pediatrics (Kabali et al., 2015), found that three-quarters of their children had been given tablets, smartphones or iPods of their own by age 4 and had used the devices without supervision. The study also noted that one-third of the parents of 3- and 4-year-olds said their children liked to use more than one device at the same time. Seventy percent of the parents reported allowing their children, ages 6 months to 4 years old, to play with mobile devices while the parents did housework, and 65 percent said they had done so to pacify a child in public. A quarter of the parents said they left children with devices at bedtime.

The survey was not nationally representative and relied on self-reported data from parents, but the surprising result adds to growing evidence that the use of electronic devices have become deeply woven into the experience of childhood. According to the results of a large-scale nationwide survey by Common Sense Media, 72 percent of children 8 or younger used a mobile device in 2013, for example, compared with 38 percent in 2011. Within two years, they found that children's media environments and behaviors have changed and were more likely to use mobile interactive media like smartphones and tablets at younger ages.

Common Sense Media is a non-profit that tracks children and their use of technology. In a more recent study in 2015, they surveyed more than 2,600 teenagers (ages 13–18) and tweens (ages 8–12). Their findings showed that tweens spent almost six hours a day on "entertainment media," which included things like listening to music or watching online videos. For teenagers, that number spiked to almost nine hours. The study suggested that kids spent more time with media and technology than they do with their parents, time in school, or any other thing. They also found that sixty percent of teens said that they texted while doing homework and nearly two-thirds said it did not affect the quality of their work. However, in practice, the behavior results in a greater number of mistakes and less retention of what is done.

Earlier studies on Internet Gaming Disorder had found that nearly one in 10 youth gamers (ages 8-18) were classified as pathological gamers or addicted to video-gaming (Gentile, 2009). Compared to non-pathological gamers, pathological gamers were significantly more likely to play for more years, play more frequently and for more time, be more familiar with video-game rating symbols, have worse grades in school, have difficulties with attention and ADHD, have more health problems, and have friends who were addicted to games.

The data shows that children at young ages are using media and mobile devices and little has been done in terms of prevention or treatment of what may be considered a serious problem. For instance, The American Academy of Pediatrics (AAP, 2015) recommends that children between the ages of 6 and 18 years of age should only be allowed to use technology devices up to 2 hours per day. Before age 2, children should not be exposed to any electronic media, the pediatrics academy maintains, because a child's brain develops rapidly during these first years, and young children learn best by interacting with people, not screens. However, lately it has softened its stance. It now advises setting time limits, prioritizing what it calls unplugged play and not using devices as pacifiers to calm toddlers. However, as the data shows, a lack of parental supervision may be more worrisome than the use of mobile devices by the very young.

It is typical for children this age to engage in sensory-motor activities that encourage free use of their imaginations at play. While children who are heavy users of electronics may become adept at multitasking, there is also a concern that they can lose the ability to focus on what is most important, a trait critical to the deep thought and problem solving needed for many jobs and other endeavors later in life. Some data show that heavy use of electronic media, or what has been called the "screen" of Internet addiction, can also have significant negative effects on children's attention span, social behavior, and aggressive behavior.

Signs of Addiction

For many families, technology and digital device use begins early in a child's life. This use could range from school-based use in preschool to a toddler who plays with his daddy's iPad. The therapist should evaluate media use, in general. Among those children who seem to be heavy users of devices, screens, and technology, the therapist should evaluate signs of problem use of screens and digital devices. According to the Center for Internet Addiction, the following are the most common signs of screen and technology addiction, where the term technology means any Internet activity completed on a computer, laptop, iPad, Playstation, Xbox, Nintendo, smartphone, or digital device:

- The child spends vast amounts of time engaged with technology.
- The child is constantly preoccupied by technology.
- The child is withdrawn from social situations, in preference for using digital devices.
- The child is tired and irritable because of inadequate sleep, due to overuse of technology.
- The child announces that they are "bored" when they are not using digital devices.
- The child withdraws from activities that he or she previously enjoyed, to pursue activities only on digital devices.
- The child's school performance is compromised because they are focused on technology.
- The child has lied about or hidden the extent of technology use.
- The child has become angry or disobedient when time limits are set on technology use.

Using these signs in combination with screening for media use (See Media Use Screening) should give a therapist a clear sense of how technology and devices are used at home and in school. Broadly, these signs focus on behavioral symptoms where a child's online usage interferes with his or her normal everyday activities such as getting ready for school, coming downstairs for dinner, or attending sports practices. Other behavioral signs include a child sacrificing needed hours of sleep to spend time online, a child disobeying time limits that have been set for Internet usage, or if a child has lost any interest in activities that were enjoyable before he or she had online access, and prefers to spend time using online applications rather than with friends or family.

New Health Concerns

Health concerns can be considered on two levels, psychological health and physical health. When considering psychological health, amount of screen time can impact a child's moods and feelings. Earlier studies have shown that technology is used to alleviate depression through social support, achievement, the pleasure of control and a virtual world in which to escape from emotional difficulties (e.g., Young & Rogers, 1998). However, too much Internet use can worsen the symptoms of depression and make depressed children particularly vulnerable to developing an Internet addiction (Chou et al., 2015). High levels of depression and suicidal ideation (Park, Hong, & Park, 2013), along with ADHD symptoms, depression, social phobia, and hostility, were high among adolescents with Internet addiction in Taiwan (Ha et al., 2006; Yen et al., 2007).

As with depression, children and adolescents who suffer from anxiety, especially social anxiety, are more likely to develop an addiction to technology (Weinstein et al, 2015). Young people with low esteem are more likely to take more selfies and overuse social media for validation and likeability, often easing their fears and allowing them to spend more time retreating to an inner virtual world (Barry et al., 2015). Technology also enables youth who suffer from social anxiety and low esteem to hide behind their computer screens given the anonymous nature of electronic communication, so that they can find comfort, acceptance, belonging, and companionship without the same face-to-face complications of relationship rejection, disapproval, and failure. Children are not able to overcome their social insecurities and fears when

they can comfortably engage in online activities behind their screens that keep them from physically seeing other people.

Beyond the psychological concerns, there are physical risks that result from too much screen time. Think of a child who slumps over his tablet and devices all day. Early studies found that users who spent more time on computers more likely suffered from back pain, eyestrain, carpel tunnel syndrome, and a number of repetitive injury disorders (e.g., Young, 1998). As technology is more portable and mobile, access is ubiquitous and young people are more sedentary in front of their screens, instead of getting outside and playing. The more sedentary the lifestyle, the more likely children were to engage in irregular eating and poor sleeping patterns; the lack of physical activity resulted in a higher occurrence of obesity (Li et al., 2014).

Overuse of technology limits a child's physical development due to lack of movement during use (Rosen et al., 2015). Movement enhances learning ability, as well as the ability to focus and pay attention, so lack of movement would have a negative impact on literacy and academic development (Barrense-Dias, Berchtold, Akre, & Surís, 2015). Not only did the lack of physical activity due to screen time result in a higher incidence of obesity, but this study also found that the use of technology in children under 12 was harmful to their future development. The lack of movement which caused some children to become obese can contribute to major health problems and put them at higher risk of early stroke, heart disease and other serious health issues.

Parent-Child Internet Addiction Test (PCIAT)

The Parent-Child Internet Addiction Test (PCIAT) was developed to assist in clinical evaluation of children suspected to suffer from addiction and technology overuse (Young, 2016). Based on the Internet Addiction Test (Young, 1998), a widely used screening measure used in clinical assessment, the PCIAT was developed to assess a child's online use from a parent's perspective. It can be important to obtain the perspective of informants with intimate knowledge of the person suspected of having Internet, or any other, addiction, for the following reasons:

1. Adolescents may often lack awareness of their behavior and how it is affecting them because of normal developmental limitations.
2. Persons with addictions may lack insight about the extent of their addiction and the impact it is having on their lives.
3. As Internet addiction is often a familial issue, due to attitudes and rules about Internet use, involving parents in assessment can often raise awareness about unhealthy Internet behavior and encourage them to be more involved with treatment of their children's Internet addiction and establishing boundaries around healthy Internet use.
4. Raising awareness of their children's Internet behaviors can help parents reflect on their own Internet behaviors, which may be problematic for their children's Internet use, and for their own functioning.

The test examines signs of behavioral problems associated with Internet addiction in children and adolescents ages 12-18 years old, such as compulsive online use, loss of interest in other activities, preoccupation with use, continued use despite consequences the behavior causes, and withdrawal when forced to go without it. The test classifies the severity of the child's Internet addiction as being mild, moderate, or severe. The test also provides information about the negative effects of media on attention, aggression, and social behavior. Parents of children ages 3 – 11 years old should be administered the Problematic and Risky Media Use in Children Checklist.

Who should complete the PCIAT?
Examiner
If used to diagnose addiction, the PCIAT must be completed by a qualified clinician (e.g., psychologist, child psychiatrist, developmental pediatrician, or neurologist) with expertise in diagnosing

addiction. If used for screening, the PCIAT can be completed independently by a parent, teacher, or child care provider. Clients with Internet addiction frequently have co-morbid mood disorders, and some clients with mood disorders, in turn, may report suicidal ideation. Therefore, the clinician reviewing the IAT data must be able to respond to a client's addictive disorder, as well as the client's depression or suicidal ideation.

Examinee

The PCIAT is designed to be administered to a parent, step-parent, grandparent, guardian, or someone who is in daily contact with the adolescent, has detailed knowledge of the adolescent's behavior, and is able to observe and reflect upon the adolescent's personality. Though the term "parent" is used throughout this manual, it is intended to apply to an individual who meets these criteria and who can complete the test. Similarly, though the term "child" is used throughout the manual, it is intended to refer to any adolescent with whom an adult has a caretaking relationship, as described above.

The younger the child is developmentally, the more parents become a rich source of information. Just as parents are often the first ones to suspect that their child is abusing alcohol or using drugs, they are first to suspect that their child may have a problem related to their screen use. Parents usually notice some changes with their children and are in the best position to monitor their daily consumption of devices and technology.

Problematic and Risky Media Use in Children Checklist (Problematic Media Checklist)

In addition to a formal evaluation of a child, most often, electronic media with screens (screen devices) and Internet addiction is the not the primary presenting problem. Children and adolescents may be brought into therapy for other behavioral or psychiatric problems. Given the mental health areas that co-occur with screen device addictions such as anxiety and depression,

it is important for therapists who treat children and adolescents to develop a media-use screening tool to measure and profile their media use (e.g. reach, time spent) across all relevant forms of media including television, radio, and online. Screening helps to identify those who are at risk for development of addiction problems. Also, identifying the addiction helps with treatment planning of the associated co-occurring conditions. Screening media use among children and adolescents can also help to measure behavior and attitudes of parents and caregivers in relation to their children's media consumption.

Unfortunately, one standard tool that effectively screened media use among children and adolescents and its impact has not been identified. As a general guideline, therapists should consider asking questions related to all media types and ask how much time is spent on each:

- Internet & Computers
- TV & Movies
- Video Games
- Mobile Media
- Music
- Reading & Print Media
- Social Media

Therapists, school counselors, and teachers can gain an incredible amount of information about media use by going through this list. Responses will give a good idea as to a child's level of risk for media-related problems. It is also helpful to engage parents and caregivers about media use at home and gauge their attitudes about the suitability of content on key media. For instance, do they restrict television programs that are unsuitable or restrict television use in general? Do they react to challenging or inappropriate contact a child sees online? Do they know who their children talk with online, or what kinds of mobile apps they use, or what sites they visit? Do they have safeguards in place, such as time limits or restricted places where a child cannot use devices?