

PLENARY LECTURES

PL-1

The Psychotherapy of Internet Addiction with special consideration of Gaming Disorder and Online Sex Addiction

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Introduction: Based on international evidence-based research results, the disorder "Gaming Disorder" was logically suggested for the ICD-11 in the chapter "Disorders due to addictive behaviors". Clinical practice shows that patients with Internet-related disorders can be addicted on (online) computer gaming - but also on specific Internet usage behavior such as chatting, social networks, online purchasing behavior or the consumption of pornographic material (Online Sex Addiction). *Method:* In a multi-centre, randomized controlled clinical trial (Short-term Treatment of Internet and Computer Game Addiction, STICA) the effectiveness of a cognitive behavioral therapy intervention was examined in 143 patients with computer game and Internet addiction. In addition, further analyzes examined how effective this therapy is in individual sub-forms of Internet-related disorders, especially for Online Sex Addiction. *Results:* The results show that the presented behavioral therapy is comprehensively effective (10-fold increased chance of being symptom-free at the end of the therapy). In a sub-group analysis, it was also shown, which effectiveness values are to be expected for those affected with Online Sex Addiction. *Discussion:* One can assume that specific group concepts especially for online sex addiction should be developed. The lecture draws learnings from STICA. We designed a specific psychotherapeutic treatment approach addressing Online Sex Addiction. This newly designed approach is abstinence-focused and combines cognitive behavioral therapy (CBT) and mentalization-based therapy (MBT). Recently, we are testing this approach.

Keywords: Internet Addiction, Online Sex Addiction, psychotherapy, CBT, effectiveness

S-8C6**Proposed methodology for assessing Game Transfer Phenomena in clinical contexts**

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Background: Players identified with gaming disorder tend to experience Game Transfer Phenomena (GTP; e.g. intrusive thoughts, imagery and hallucination-like phenomena with game content, perceptual distortions, dissociations and impulsive behaviours towards game-related stimuli). However, GTP is usually not addressed in patients with gaming disorders, and differential diagnoses are not considered GTP when dealing with psychotic symptoms involving videogame playing. *Methods:* Four clinical cases (males, 10–16 years old, playing time 6–10 h/day) illustrated GTP in clinical populations and exemplified the procedure for assessing GTP in clinical contexts. *Results:* Motives for consultation included confusion between fantasy and reality and dysfunctional videogame playing. Patients showed hallucinations and delusion with game content, tantrums when unable to apply game abilities to real life and compulsive attempts to induce GTP for counteracting playing reduction. The primary clinical diagnoses of patients include gaming disorder, depressive disorder, general anxiety, paranoid schizophrenia and autism. The methodology proposed for assessing and applying the GTP framework in clinical practice includes three phases: the identification and periodic assessment of GTP via a validated scale, clinical interviews examining the interplay between symptomatology and GTP and cognitive-behavioural techniques complemented by psychopedagogic material on GTP to modify cognition/behaviours. *Conclusion:* Excessive, impaired control over gaming is core to gaming disorder, and experiencing GTP can contribute to the maintenance of symptoms and relapse. Assessing GTP in clinical cases involving gaming disorder and psychosis can serve as a psychopedagogic tool and support differential diagnoses.