DBT as emotional support for children and adolescents with compulsive and disordered use of electronic devices

CARLA ANAUATE

FERNANDA ESTEVES

INTRODUCTION

- **Many children and adolescents seek therapy for anxiety, restlessness, etc. and choose to immerse themselves in the online universe of electronic devices to alleviate their pain and discomfort.**

- We believe that behind a compulsion there is always a child/adolescent who is confused, insecure and feeling uncomfortable.

- **Therefore we intend to address both the issues of compulsion for electronic devices and the psychological hardships that arise from it.**

- We will present the concept of compulsion and how it develops in children/adolescents who do not yet have a fully developed brain, and propose Dialectical Behavioral Therapy interventions, including a role play to illustrate.

HUMAN DEVELOPMENT

- **The human brain is not complete until late adolescence or young adulthood.**

- Therefore it is important to consider that a child or adolescent should be well stimulated to promote better brain development

- **Vygotsky affirms that human relations promote human development. In other words, the compulsion in the use of electronic devices reduces the opportunity of human contact therefore development** (Vygotsky, 1994).

HUMAN DEVELOPMENT

Luria (1973) studied the brain and developed the functional brain system. It regards the three functional units working together as an orquestra inside the brain. **The third unit programs, regulates and checks conscious activity and is responsible for judgement of right and wrong. As it is the last to develop it will not be complete before the end of adolescence. In this way we understand the need of social, relational activities to promote brain development.** Therefore we believe that children and adolescents with compulsion to electronic devices will not be able to develop themselves thoroughly.

COMPULSION

- The DBT skills manual defines an addiction as "being unable to stop a behavior pattern or use of substances, despite negative consequences and despite your best efforts to stop." Internet games and computers are in the list of addictions that follows this definition (Linehan, 2015).

- The **DSM-5-TR** (2022) classifies Internet Gaming Disorder in the section for conditions that require further study:
  - Gambling disorder is currently the only non-substance-related disorder included in the Section II chapter "Substance-Related and Addictive Disorders."
  - "There are other behavioral disorders that show some similarities to substance use disorders and gambling disorder for which the word *addiction* is commonly used in nonmedical settings, and the one condition with a considerable literature is the compulsive playing of Internet games."

- **ICD-11** (2021) already classifies Internet Gaming Disorder:
  - Gaming disorder is defined in the 11th Revision of the International Classification of Diseases (ICD-11) as a pattern of gaming behavior ("digital-gaming" or "video-gaming") characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences.

Dialectical Behavioral Therapy

- Dialectic is the balance and synthesis of two things or concepts, that are apparently opposite.

- **The dialectic between acceptance of oneself and the present moment, and change for a better life is the central concept of DBT.**

- The change components of DBT were developed from Cognitive Behavioral Therapy and Behaviorism, and the concepts of acceptance from humanistic, client-centered approaches and Zen principles.

(Linehan, 2015)

DBT – Acceptance strategies

There are 6 levels of validation in DBT, and at each subsequent level from 1 to 6, the validation is stronger. The levels are:

1. Providing opportunities for emotional expression, just listening and letting the patient set the pace
2. Teaching observation skills and labeling emotions
3. Reading emotions, which includes voicing hypotheses about what the patient is feeling
4. Communicating understanding of the causes of emotions in terms of the patient's past
5. Recognizing that the emotional response is valid for the present situation
6. Communicating equality, being authentic (Linehan, 2015).

You will see these levels in action during the role play at the end of this presentation.
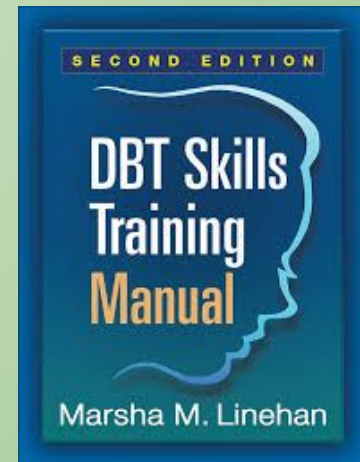
DBT – Change strategies

1. Definition of Target Behavior

- What does the client see as a problem?

- Is there any version of this behavior that can be considered safe (that does not prompt the compulsive behavior)?

2. Plan for abstinence: people, places, objects.

3. Plan for relapses with harm reduction.

4. Diary cards and chain analysis.

(Linehan, 2015)

DBT – Change strategies

DBT promotes change through skills training and behavioral analysis. A chain analysis is conducted to understand a situation in which the patient did the behavior that therapy is intended to change, identify what thoughts, emotions, and actions were present, and plan the implementation of possible solutions (Linehan, 1993).

Target Behavior (TB): _____	Mindfulness (Yes/No)	Urge to do TB (Rate 0-5, 0 being no urge and 5 being a very strong urge)	Engagement in TB (Yes/No, if yes specify how many times)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

ROLE PLAY

John is 15 years old, and his parents bring him to therapy because he isn't concentrating in school, and fell asleep during classes a few times in the past months. After a few sessions, the therapist uncovers that John is going to bed late because he is playing videogames.

John: I don't mean to do it, to stay up that late.

Therapist: Of course you don't. No one likes having to go to school tired. **(Validation level 5)**

John: Everyone thinks I'm just being irresponsible, but I really don't realize how fast the time is passing, I just look at the clock and suddenly it's 5 in the morning and I have to get up for school in 1 hour. **(Diagnostic criteria: lack of control over behavior)**

Therapist: You feel like you don't have any control over this, like you can't help it. **(Validation level 3)**

John: Exactly.

Therapist: You can't stop playing videogames for most of the night, even though this is really making it hard for you to concentrate in school. **(Validation level 3)**

John: Yeah, I am really worried about not passing my final exams, but it's so hard to pay attention when I haven't been getting any sleep. **(Diagnostic criteria: continuing behavior despite negative consequences)**

Therapist: I would have a really hard time paying attention to my clients if I hadn't been sleeping too. **(Validation level 6)**

Therapist: When you play videogames during other times of the day, do you also have a hard time stopping? **(Identifying safe versions of behavior)**

John: A bit, but during the day I always have to do something, so I have a reason to stop, because someone is waiting for me or it's dinner time. At night, no one calls me for anything so I don't have a reason to stop.

Therapist: So maybe we can start with trying to stop playing on week nights, because that seems to be where this becomes a problem for you, right? **(Validation level 1)**

John: Yeah, that sounds good.

CONCLUSION

For better brain maturation during development, human relations is the most important requirement. Therefore we understand that the compulsive use of electronic devices should be treated and DBT is an effective psychotherapeutic intervention.

REFERENCES

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Linehan, M. M. (2015). DBT skills training manual (2nd ed.). GUILFORD.

Linehan, M. M. (1993). Cognitive-Behavioral Treatment of Borderline Personality Disorder (2nd ed.). GUILFORD.

Luria, A. R. (1973) The Working Brain. An Introduction to Neuropsychology. Penguin Books, London.

Vygotsky, L. S. (1994) A Formação Social da Mente. São Paulo: Ed. Martins Fontes.

World Health Organization (2021). International statistical classification of diseases and related health problems (11th ed.). https://icd.who.int/