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Inventory of Problematic Internet Experiences Encountered in Clinical Practice

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People are bringing a variety of Internet-related problems into consultation with mental health professionals. This exploratory study used a systematic sample of mental health professionals and obtained both structured and open-ended information from 1,504 practitioners who reported having at least 1 client with an Internet-related problem. This article proposes an inventory of 11 types of problematic Internet experiences reported by youth and adult clients: (a) overuse; (b) pornography; (c) infidelity; (d) sexual exploitation and abuse; (e) gaming, gambling, and role-playing; (f) harassment; (g) isolative-avoidant use; (h) fraud, stealing, and deception; (i) failed online relationships; (j) harmful influence websites; and (k) risky or inappropriate use, not otherwise specified. The authors discuss the spectrum of cases within each category and implications for clinical practice.

Keywords: Internet, mental health, inventory, treatment, youth, adults

New technology tends to provoke new problems and new anxieties, and the Internet has been no exception. The rapid growth of the Internet has raised concerns in journalistic and professional circles about a wide variety of potentially new social problems. Those that capture public fascination, like online sexual activity and conversations, have received a considerable amount of attention. Others have come to public attention because they involve criminal acts that end in arrests and prosecution. But there may be a considerable number of other problems that have not yet been widely noted because they are not so widespread or flagrant.

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People seeking mental health services may quite likely be experiencing Internet-related problems for a number of reasons. First, it can be readily imagined that the Internet might create new opportunities for conflict and deviance among those with the kinds of problems typically seen by mental health clinicians. A client experiencing marital conflict who would not have sought out a "real life" affair may participate in cybersex with someone miles away. People who have thought about acting out sexually but who were inhibited or afraid to purchase pornography from a store or otherwise expose their desires in public might find it difficult to control the desire to search for pornography or other sexual activity while using the Internet (Delmonico, Griffin, & Moriarity, 2001). Second, Internet use may intersect with other clients' vulnerabilities to produce new problems. People with developmental disabilities may be vulnerable to new kinds of online scams and fraud. 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 as well, creating new concerns for professionals dealing with bullying and harassment in and out of schools (Ybarra & Mitchell, 2004). In fact, clinicians are seeing people hooked on various aspects of the Internet including chat rooms and gaming (Young, 2004). Problems connected to such online behaviors are typically considered a type of impulse control disorder or behavior associated with compulsive disorders (Cooper, Scherer, Boies, & Gordon, 1999; Shapira et al., 2003; Young, 2004).

It is important to get an overview of the wide range of possible Internet-related problems coming to the attention of mental health professionals. Clinicians have an important and unique view of the lives and experiences of youth and adults seeking help for various problems in their lives. Their perspectives and insights into the population of individuals receiving mental health services may reveal occurrences and aspects of Internet problems that may not be revealed from a strictly law enforcement or population-based perspective. To create an inventory of these problems, we conducted a national survey of various mental health practitioners,

supplemented with information from the existing literature on social and psychological problems associated with the Internet.

The Survey of Internet Mental Health Issues (SIMHI)

The SIMHI study was conducted in 2003 to explore the variety of problematic Internet experiences being reported to mental health professionals. The specific goals and objectives of this project were to (a) identify characteristics of problematic Internet experiences coming to the attention of mental health professionals including counselors, clinicians, and social workers; (b) identify the types of professionals working with problematic Internet experiences; (c) assess the needs of professionals regarding the recognition and treatment of problematic Internet experiences; (d) provide data about the impact of problematic Internet experiences; and (e) formulate recommendations and guidelines from these findings and disseminate them to practitioners and policymakers.

This study used a two-phase mail survey sent to a random sample of professionals who were members of a variety of different mental health organizations (e.g., the American Psychological Association and the National Association of Social Workers). The current article examines client-specific data provided by 1,504 of these professionals. Clients consisted of both youth and adults identified as having experienced an Internet-related problem. See the Appendix for a more detailed description of the methodology used in this study.

Inventory Development

The inventory was built around both quantitative and qualitative aspects of the survey. The quantitative data used for coding included the respondent's classification of what was involved in the problematic Internet experience (e.g., adult pornography, sexual solicitations, aggressive behavior), the client's marital status, age, whether other people were involved (and who), and whether a crime was committed by or against the client. This data was combined with a qualitative description of the problematic Internet experience. Cases were categorized into an 11-group inventory that consisted of the following: (a) overuse; (b) pornography; (c) infidelity; (d) sexual exploitation and abuse; (e) gaming, gambling, and role playing; (f) harassment; (g) isolative–avoidant use; (h) fraud, stealing, and deception; (i) failed online relationships; (j) harmful influence material; and (k) risky or inappropriate use, not otherwise specified (NOS). All categories were derived from the data, and cases could be classified into more than one category. Categories were selected on the basis of common elements between experiences (e.g., involvement of pornography or sexual exploitation). We also tried to avoid categories that were too small for analysis, such as cases involving the exploitation of adults. Because this was a small group, we ended up grouping them into a larger sexual exploitation category. It is important to note that, because this is a new domain and the research base is still in development, these categories are tentative and open to revision in the future. All cases were double coded by project staff members to ensure reliability of case types. The clients' role in these experiences was complex, ranging from something the client did to him or herself (e.g., overuse), something the client did to someone else (e.g., harassment of others), something someone else did to the client (e.g., victim of harassment), or both (e.g., both the client and someone else harassing each other).

During the process of this inventory's formulation, several decisions were made concerning the placement of some cases. We began with a larger number of categories that represented subtypes of some categories. For example, the sexual solicitation and abuse category initially consisted of sexual abuse, adult solicitation, and child solicitation groupings. Although these separate categories made sense from a theoretical viewpoint, we eventually saw them as points along a continuum of abusive experiences. Similarly, deception was initially in a separate category from fraud and stealing, harassment was separate from violence and threats, and child and adult pornography were separate. In the end, deception was judged to be a component of a broader fraud category based on erroneous pretense in each of these cases. Similar judgments were made for the continuum of harassment that can escalate to violence and threats and the thematic variations of child and adult pornography.

One final decision concerned the placement of youth who had knowingly met and had sex with adults they had met online. They were initially classified in both the sexual solicitation and risky behavior, NOS categories because they knew they were meeting an adult for sex (i.e., risky) and were sexually solicited and assaulted. As a result, there was an entire subgroup of youth who were double coded across these categories. Because we decided to code the role of the client in their experience (i.e., something the client did, something someone else did to the client, or both), we decided that these cases should be placed in the sexual solicitation and abuse category only, coded as something that they both did and had done to them in order to capture (a) their willingness to have sex with an adult and (b) the sexual assault against them. These decisions led to more parsimonious, conceptually consistent categories and larger cell sizes for analyses.

There were some instances in which the client was not the individual who had the problematic Internet experience. This occurred in 4% ($n = 63$) of cases. The majority of these problematic Internet experiences involved behavior on the part of the spouse of the client receiving mental health services, but other situations involved a child or parent with the problem. All of these situations directly impacted the client and thus were included in the inventory of experiences.

Client Characteristics

Slightly over half (63%) of clients were male. Clients covered a variety of age groups with 35% under the age of 18 ($n = 521$), and 63% were adults ($n = 955$) at the time of the problematic Internet experience (see Table 1). The mean age of clients was 28.31 ($SD = 13.14$), ranging from 6 to 75 years. The majority of all clients were European American (92%). Over half (57%) of adult clients were married, and 26% lived with their own children. Most youth clients lived with their parents or stepparents (92%) and siblings (17%).

Inventory of Problematic Experiences

Overuse

The most frequently reported problems found in this study involved excessive use or overuse of the Internet (61% of cases, $n = 926$), either in general or for specific types of behaviors, such as pornography viewing or sexual chat rooms (see Figure 1). All of

Table 1
Clients' Demographic Characteristics

Characteristic	All clients	
	%	*n*
Gender		
Female	37	559
Male	63	945
Age when experience began		
12 years old or younger	6	97
13 to 17 years old	28	424
18 to 30 years old	20	296
31 to 40 years old	26	391
41 to 50 years old	14	212
Over 50 years old	4	56
Not ascertainable	2	28
Marital status		
Single, never married	49	735
Married	37	562
Separated	3	47
Living with a partner	2	34
Divorced	8	116
Widowed	1	9
Not ascertainable	<1	1
Living status		
Alone	13	194
With spouse or partner	43	651
With parent(s) or step-parent(s)	36	538
With own children	17	256
With step-children	3	38
With other children under 18	1	23
With siblings	6	95
With other adult relatives	3	37
With other adults (e.g., foster parents)	1	20
Group home or treatment facility	1	12
Other (e.g., dormitory, prison)	3	45
Don't know/not ascertainable	<1	4
Race/ethnicity[a]		
European American	92	1,377
Asian or Pacific Islander	2	30
Hispanic or Latino	3	49
African American	3	37
Native American or Alaska Native	1	14
Other	<1	4
Don't know/not ascertainable	1	10
Annual household income		
< $20,000	11	165
$20,000–$50,000	29	444
$50,000–$80,000	23	339
>$80,000	18	272
Don't know/not ascertainable	19	284
Employment status[a]		
Full-time	42	629
In school	38	569
Part-time	10	154
Unemployed	10	149
Retired	1	16
Other (e.g., disability)	5	74
Don't know/not ascertainable	<1	3

Note. $N = 1{,}504$.
[a] Multiple responses possible.

the overuse experiences were the result of the client's own behavior (i.e., a client was not in treatment related to a child's or a partner's overuse; see Figure 2). It is interesting to note that when estimating how many hours per week their overusing client spent online, times considered overuse covered a wide range including less than 7 hr per week (5%), 7 to 14 hr (18%), 15 to 21 hr (20%), 22 to 28 hr (14%), and more than 28 hr per week (20%). Twenty-two percent of these respondents did not know the amount of time their client spent online. However, the overuse problem could have been a judgment of the client, the professional, or possibly some other person. Further, overuse may not have been a judgment about absolute use levels but rather a concern about usage interfering with other needs or responsibilities. For example, some parents were concerned that their teenagers preferred to spend more time online than with the family. This could represent a problem with too much Internet use or could be indicative of a normal developmental stage and current societal norms. There were no differences between youth and adults in terms of their amount of time online, but there were more adults with problems related to overuse (68% vs. 32% youth). There were slightly more males (68%) than females (32%) in this category. The majority of clients with overuse also had a problematic Internet experience that involved pornography (59%); infidelity (23%); and gaming, gambling, or role playing (21%).

A research base is currently in development concerning people who use the Internet excessively and those who have apparently lost control of their behavior and actions. This seems to be a common theme among a relatively small group of people who use the Internet for sexual reasons or to excess, and they have been identified as exhibiting addiction-, compulsive-, and impulse control-related problems (e.g., Carnes, 2001; Cooper, Delmonico, & Burg, 2000; Cooper et al., 1999; Griffiths, 2001; Shapira et al., 2003; Young, 2004). Users who are considered addicted typically meet the *DSM–IV* (American Psychiatric Association, 1994) criteria for other addictions, and criteria for assessment of both Internet and computer addiction and sexual addiction have been developed on the basis of the criteria for gambling addiction (see Orzack & Ross, 2000). Yet, as seen in this study, no norms for defining overuse exist. Further research is needed to understand whether Internet use is associated with rewards similar to those experienced by those addicted to substances or gambling and whether withdrawal from Internet use is analogous to withdrawal from other forms of addiction. There is also a need to address value judgments in determining whether Internet use leads to adverse consequences, as *DSM–IV* criteria are based, in part, on continuance of use despite consequences.

Pornography

Problems related to Internet pornography use is becoming widely discussed in the literature and frequently noted by professionals (e.g., Mitchell, Finkelhor, & Wolak, 2003; Quayle & Taylor, 2003; Therese Whitty, 2003; Thornburgh & Lin, 2003; Wolak, Mitchell, & Finkelhor, 2003). Issues relating to Internet pornography also came up very frequently in reports from mental health professionals (56% of cases, $n = 838$; see Figure 1). The cases involving pornography can be differentiated into at least six distinct subcategories: (a) overuse, (b) partner or family conflict over pornography use, (c) distress over unwanted exposure, (d) development of deviant sexual interests, (e) involvement with illegal pornography (i.e., child pornography), and (f) inappropriate exposure through neglect or poor boundaries. Almost all of the problematic pornography experiences stemmed from the client's own behavior (94%), but a small number (6%) involved the receipt of unwanted pornography or problems related to someone else's

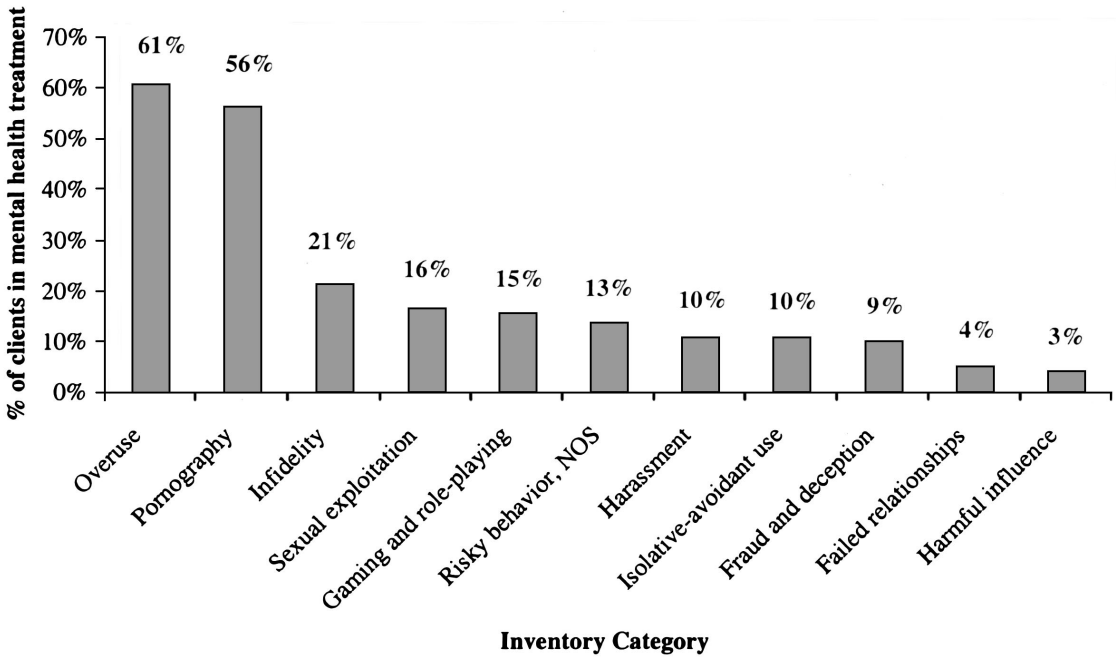

Figure 1. Percentage endorsement of different problematic Internet experiences.

use (see Figure 2). Pornography was more commonly a problem among adults (71% vs. 29% youth) and males (83% vs. 17% of females). Many clients with pornography-related problems also fell into the overuse category (65%).

Exposure to Internet pornography becomes a problem when it engenders guilt feelings, or interferes with other activities, responsibilities, or relationships. It appears to come into clinical work either from self-reported distress or because of interference with relationships. In particular, partner conflict over Internet pornography is sometimes connected to pornography overuse, but it can exist even when pornography exposure is minimal. In another form of presentation, parents are frequently concerned and upset about children accessing pornography. Conflicts over this access or concern over its effect may prompt parents or authorities to refer youth, or it may come up in the context of other family youth conflict concerns. In some circumstances, children can even be concerned about parents.

Currently, the dominant policy concern in this area is the impact of pornography exposure on children. Certain features of Internet pornography may possibly make young people more prone to distress or prone to more intense distress as a result of unforeseen encounters that may have not been the case with earlier forms of pornography. These include the fact that encounters can occur unexpectedly, some available images may be very extreme and graphic, and the confrontation with images when they come up in an almost intimate way on a close screen can be very intense (Finkelhor, Mitchell, & Wolak, 2000; Thornburgh & Lin, 2002). It is unclear how often the Internet plays a role in forming sexual interests and what mechanisms are at work. Such developments may not manifest to professionals very often, except in the treatment of offenders or in some cases when they cause concerns to the people who develop such interests. Because of important theoretical questions about these processes, it may be important for professionals to pay attention to clinical episodes illustrating such matters and to write scientifically relevant case histories about them.

Infidelity

A considerable portion of the Internet-related problems brought to professionals consisted of individuals or couples who were concerned about the negative effect of Internet sexual activities on marriages and committed relationships (21% of cases, $n = 313$; see Figure 1). Almost all of these cases involved the client's own infidelity (97%), but there were some clients (3%) who were receiving treatment because of a partner's online infidelity (see Figure 2). The cases involving infidelity might be further differentiated into at least four somewhat different levels: (a) romances formed online and acted on in real life, (b) online infatuation that does not move offline, (c) sexual conversation with others in chat rooms, and (d) simulated sexual acts with others (sometimes called *cybersex*). These situations may be divulged in couples' therapy, by individuals who feel betrayed by the activities, or by individuals who feel guilty for engaging in them. They are almost exclusively problems among adult clients, but there were a few cases in which youth were receiving mental health treatment because of conflict that resulted from a parent's online affair or infidelity (99% adults vs. <1% youth). There were slightly more males than females in this category (53% vs. 47%, respectively). A common scenario seen in this study was a husband or wife who had deserted his or her family, left a job, and moved across the country to live with someone met online. Many of these relationships did not work, and the individual sometimes moved home to try and repair their family rift. Other examples are seen in couple's therapy, such as when one partner is having online sexual conversations and romances with another person online, leading to conflict.

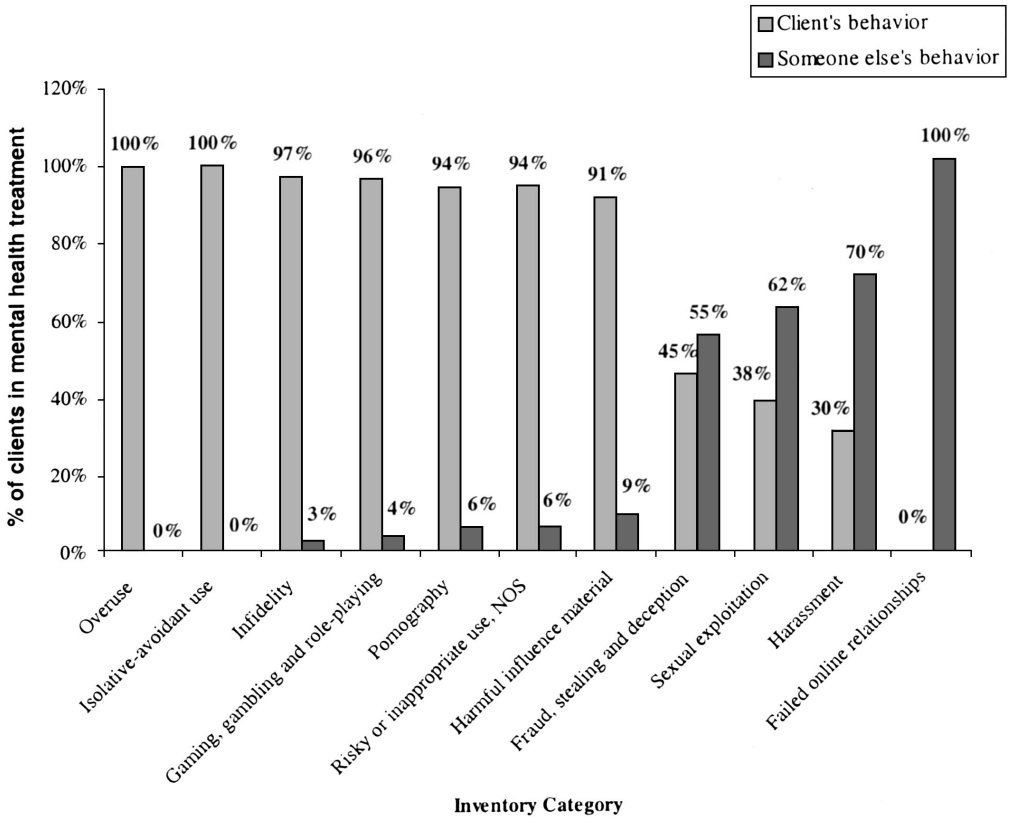

Figure 2. Roles of clients in different problematic Internet experiences seen in mental health settings.

While acknowledging the possible negative effects of such developments on marriages and relationships, it is also important to recognize that the same increased access to new potential romantic partners might have benefits that may also be noted by clinical observers. For example, abused and intimidated partners who might be afraid to develop relationships with other adults may meet people online who empower them to leave abusive relationships. Furthermore, otherwise inhibited people may find sexually oriented materials that improve or enhance current relationships or meet people who help them to develop positive intimate relationships they might not otherwise have.

Sexual Exploitation and Abuse

Professionals cited sexual exploitation and abuse as a component of 16% of the problematic Internet cases ($n = 239$; see Figure 1). Clients in treatment with problems related to sexual exploitation and abuse were sometimes the perpetrators of this behavior (38%), but more commonly they were the victims (62%; see Figure 2). This problem was observed more with the youth clients (71% vs. 29% adults), with similar percentages of females and males (51% vs. 49%). Overlap generally occurred with the overuse (57%) and pornography (56%) categories. The cases involving sexual exploitation and abuse can be differentiated into at least three distinct subcategories: (a) seduction and attempted seduction that was illegal, unwanted, or problematic; (b) inappropriate or sexual involvement with children; and (c) exploitation or rape of adults. Cases involving sexual abuse and exploitation and the Internet may appear in practice as work with victims or offenders. Victim issues can be somewhat different from the classic sexual assault trauma paradigm because many such instances involve teenagers with some allegiance to the perpetrator (Wolak, Finkelhor, & Mitchell, 2004). Some of the treatment issues can concern the teen's involvement in or exposure to child pornography and the impact of this on the victim. A common example observed in this study was a teenager who had met an adult online, developed a romantic and sexual relationship, and either planned or did run away to be with this adult. Another form involved youth who had viewed either adult or child pornography and had subsequently sexually assaulted a younger sibling or friend. Abuse and exploitation can also involve adult victims. For example, an adult was raped when she met someone offline who she had initially encountered through an online dating service.

Although much of the media attention to Internet-related sexual exploitation and abuse focuses on cases in which people meet online, the Internet has also affected the nature and dynamics of conventional sexual abuse that occurs at the hands of nonstrangers, including family and acquaintance sex offenders (Mitchell, Finkelhor, & Wolak, 2005). In the current study, we found a variety of types of victim–offender relationships, from people who met online to parents and other known individuals. We need to expand the notion of Internet sexual victimization to include these situations in which offenders and victims are known to one another, situations that clinicians have been confronting for several decades. Awareness of the variety of ways the Internet may be involved in

sexual exploitation and abuse should lead to a better understanding of how to help clients who are either victims or perpetrators of this particular type of crime, including possible exacerbating features of the Internet and the potential for stronger evidence that a crime has been committed (such as e-mail conversations and pornographic images found on computers).

Gaming, Gambling, and Role Playing

Internet-related problems concerning gaming, gambling, or fantasy role play applied to 15% of clients with Internet-related problems ($n = 231$; see Figure 1). The problems related to gaming, gambling, and role playing were typically the result of the client's own behavior (96%), but they were sometimes the result of someone else's behavior (4%; see Figure 2). The cases involving gaming can be differentiated into at least four distinct subcategories: (a) online gambling; (b) solitary gaming, such as solitaire; (c) interpersonal gaming with other people online (both known and unknown); and (d) fantasy games involving role playing. This last category was particularly difficult to define. For example, should participating in a chat room under the guise of a more attractive individual be considered role playing? Is it deceptive? These problems tend to overlap with the pornography (49%) and isolative–avoidant use (25%) categories. There were slightly more youth in this category (55% vs. 45% adults). There were also more males (74%) than females (26%). These situations become a problem when they interfere with other activities, responsibilities, or relationships. They appear to come into clinical work either because of interference with relationships or through parents who are concerned and upset about children spending too much time gaming (either in general or because of violent content). Fantasy role playing often involves adults engaging in sexual play with other people in chat rooms resulting in problems with spouses or partners.

Playing video games is not a new phenomenon, especially for children and adolescents, so playing games on the Internet and any resulting problems may simply be putting a new technological twist on behaviors already established. Yet, the interactive and role-playing aspect of games on the Internet may result in magnified effects not normally seen prior to the advent of this technology. Although little is known about online interactive gaming or its impact, the potential for becoming engulfed in this fantasy world exists, along with problems resulting from interactions with other users.

Harassment

Harassment was involved in 10% of the problematic Internet cases submitted by professionals ($n = 145$; see Figure 1). Clients with problems related to online harassment were sometimes the perpetrators of the behavior (30%), but more commonly they were the victims (70%; see Figure 2). Harassment covers a wide range of activities and takes both sexual and nonsexual forms. The cases involving harassment can be differentiated into at least five distinct subcategories: (a) posting defamatory or embarrassing personal information about others, (b) impersonating others online, (c) stalking people online, (d) threatening violence, and (e) physical and emotional abuse (e.g., resulting from an online encounter or relationship). Such harassment can occur between a variety of strangers, acquaintances, intimates, schoolmates, coworkers, or people met online. Overlap generally occurs with the overuse (40%) and pornography (21%) categories. Half of this category consisted of youth (50%) and half of adults. There were more females than males with problems related to online harassment (65% vs. 35% males). Though not always criminal, harassment is problematic because of its aggressive and distressing nature to its recipients. It appears to come into clinical work either from self-reported distress or because the aggressive and problematic behavior on the part of the client results in referrals from parents and teachers who are concerned about the child's conduct. Law enforcement and other authorities have become involved in some situations in which harassment has escalated to threats of violence and may come into clinical work as mandated treatment for offenders.

Many extensions from real-life harassment were seen, especially among school peers. For example, cases involved the development of Web sites by students who denigrated, embarrassed, or even threatened other students or teachers. Another example is youth who went online posing as another classmate and posted derogatory statements about other students. Most of these cases appeared to have an underlying sexual component, but some involved nonsexual cruelty and threats of physical harm. Awareness of how the Internet may be advancing or exacerbating the nature of harassment, including the frequency of its occurrence, multiple avenues of execution, and the size of its audience (school-wide vs. an intimate group of friends) may help clinicians working with clients perpetrating or victimized by such behavior.

Isolative–Avoidant Use

Some cases (10%, $n = 149$) reported by clinicians involved use of the Internet to the exclusion of face-to-face social interaction with family, friends, and dating partners (see Figure 1). All of the clients with isolative–avoidant use had this problem as a result of their own behavior (see Figure 2). Clients involved with isolative–avoidant use can be divided into two subcategories: (a) those who chose to have all their social interactions online with little or no social interaction offline; and (b) those who spent so much time with online pursuits that they isolated themselves from family, friends, and social engagements. Overlap with overuse (83%), pornography (42%), and gaming (39%) was common. There were equal numbers of youth and adults in this category (50% and 50%) and more males (66% vs. 34% female). Isolative–avoidant use appears to come into clinical work either because of interference with relationships or problems with daily obligations. It is different from overuse in general in that there is typically a clear problematic impact on the client's life and social interactions, and overuse seems to be based more on value judgments of some individuals (e.g., family, friends, therapists). It also comes into clinical work through self-referral about problems with social withdrawal or phobia.

Little is known about online isolation. The sheer numbers of people who use the Internet make this a real candidate for problematic behavior, especially for those individuals with preexisting issues of social isolation and phobia. It may be difficult clinically to distinguish between somebody who would ordinarily be even more isolated were it not for their Internet activity and people for whom their Internet activity is interfering with the potential for a fuller social life. Much more research is needed to understand the nature and dynamics of this form of problematic Internet experience.

Fraud, Stealing, and Deception

Nine percent of Internet-related cases reported by clinicians involved fraud, stealing, or deception ($n = 128$; see Figure 1). Some of these cases involved the client's own behavior (45%), whereas other clients were the target of someone else's behavior (55%; see Figure 2). These clients generally had other Internet-related problems concerning overuse (63%), pornography (35%), and sexual exploitation and abuse (26%). The cases involving fraud, stealing, and deception can be differentiated into at least four distinct subcategories: (a) online relationships that result in the transfer of a large amount of money or gifts, (b) online scams and false merchandise (e.g., online auctions), (c) stealing credit cards or credit card numbers to gain access to Web sites or to purchase items online, and (d) identity deception (e.g., false age, gender, sexual motives). There were slightly more adults (52% vs. 48% youth) in this category. There were similar numbers of males and females in this category (48% vs. 52%, respectively).

These cases may present in practice as work with victims or offenders. Motivation behind perpetrating such behavior may be childhood impulsivity or a sign of a more deep-rooted problem. Being a victim of any form of online fraud or deception can certainly impact ones' well-being. Given the large number of people who use the Internet and the amount of personal information exchanged, the potential for this form of victimization certainly exists. Clinicians may help their clients by providing them with some basic safety precautions to help prevent future problems in this area, such as not responding to unsolicited e-mails, pop-up ads, and instant messages; only making online purchases through secure, respected Web sites; and awareness that other people online may not be who they purport themselves to be.

Failed Online Relationships

A small percentage of clients (4%, $n = 56$) had experiences that involved a failed relationship with a romantic partner they had met on the Internet (see Figure 1). All of the problems experienced by clients with failed online relationships were related to the actions of someone else against the client (see Figure 2). This was observed predominately among adults (89% vs. 11% youth) with only slightly more females (64%) than males (36%). These individuals tended to also have problems related to overuse (43%); fraud, stealing, and deception (39%); and harassment (21%). There are certainly many benefits to meeting people online, and there are many online relationship success stories, but problems can occur as well. Failed online relationships come into clinical work from self-reported distress. The cases involving failed relationships generally involved meeting people online, developing romances or emotional feelings, and finding that the other individual (a) did not reciprocate those feelings, (b) ended the relationship abruptly, (c) was not whom they portrayed themselves to be, or (d) resulted in abuse.

Much more research needs to be done in this area. Some questions that are important to address include the following: Are failed online relationships more or less upsetting than failed offline relationships? Is there any effect of the fast development of online relationships? Is there a higher risk of failed online relationships as a result of a lack of physical cues before feelings develop? What is the role of deception? What are some characteristics that may place certain individuals at higher risk of failed online relationships? Do these characteristics include emotional vulnerability as a result of recent divorce, physical appearance, or disability?

Harmful Influence

A small percentage of clients (3%, $n = 43$), predominately youth (65% vs. 35% adults), had problems related to material on Web sites that posed a harmful influence of a nonsexual nature (see Figure 1). Nearly all the problems in this category resulted from the client's own behavior (91%), but a few clients (9%) experienced unwanted exposure to this material (see Figure 2). There were similar numbers of males (53%) and females (47%) with this problem. These cases observed in clinical work can be broken down into at least six distinct subcategories: (a) too much shopping or auctions, (b) self-mutilation, (c) encouragement of eating disorders, (d) bomb- and other weapon-making instruction, (e) hate crimes, and (f) extreme gore and violence.

Conflicts over access or concern over its effect on a child's well- being may prompt parents or other authorities to refer youth, or the conflict may come up in the context of other family–child concerns. Currently, the biggest issue for parents and other concerned adults involves exposure to pornography, but there were also concerns about harmful nonsexual material, which is what is captured in this category. References were made to Web sites featuring or promoting self-mutilation, eating disorders, bomb making, drug manufacture, hate crimes, and suicide, along with those that provide misinformation about drugs, illness, and sexual development. For interested youth and adults, these sites provide instant access to information on how to follow through on harmful or otherwise dangerous behavior directed at themselves or others.

Little is known about the full impact of such exposure, but there is potential for exacerbating a preexisting problem (e.g., an eating disorder or self-harm behavior). And some violent incidents perpetrated by youth, such as those at Columbine, have established links between the perpetrators and use of online hate sites (Slater, 2003), indicating the importance of understanding the potential impact these sites might have on youth and adults.

Risky or Inappropriate Use, NOS

We also established a residual category that involved activities that were not exploitative or otherwise criminal, did not involve infidelity, and were not inherently problematic but raised concerns because of their risky or inappropriate nature. Thirteen percent of cases ($n = 192$) fell into this category (see Figure 1). Risky or inappropriate use was almost always the result of the client's own behavior (94%), but there were some cases in which someone else online was behaving inappropriately toward the client (6%; see Figure 2). More adults than youth comprised this category (56% vs. 44%, respectively), with slightly more females (55% vs. 45% males). These clients also tended to have problems related to overuse (59%) and pornography (41%).

These cases often involved sexual behavior and interaction with other individuals that began online and sometimes progressed into the real word. These behaviors became a problem when they engendered guilt feelings or interfered with other activities, responsibilities, or relationships but did not necessarily involve infidelity or overuse. Some were clearly risky to one's health, as in

the case of adults using the Internet to meet other adults for casual and unprotected sex. Some of these cases may not have involved intrinsic risk but became problems because of the value judgments of parents, family, friends, and therapists. Other situations were problematic because of a client's learning or mental deficiency, which may have made it difficult to distinguish between right and wrong and to identify what was inappropriate, risky, or dangerous online behavior. It may be difficult to distinguish between someone who is more at risk because of his or her Internet activities from someone who would ordinarily be in a more dangerous position were it not for his or her Internet involvement. Much more research is needed to understand how the Internet has impacted risk behavior, who engages in such behavior, and how the determination of risk varies on the basis of the individual involved.

Five Important Dimensions to Consider

In addition to describing some of the dynamics of cases in each of the above categories, we also found that it helped the understanding and analysis of these categories to compare and contrast them on five key dimensions.

Dimension 1: Persons involved. In many cases, the mental health professional's client was not the problematic Internet user, rather he or she was the focus of someone else's problematic Internet use (see Figure 2). It is important to recognize that clients can be both instigators and targets of other people's behavior online and that the ramifications of problematic Internet experiences appear to extend beyond those directly involved, such as family and friends.

Dimension 2: Sexual component. To date, almost all of the media, policy, family, and professional discussion about problematic Internet use concerns sex, which are the kinds of cases in our pornography, infidelity, and sexual abuse categories. It is probably true that in clinical practice sexual-related problems are the ones more likely to have some Internet component. Nonetheless, it is important to acknowledge that we found a range of problems in this study that included no or limited sexual content.

Dimension 3: Criminal component. Some of the Internet problems entailed criminal or aggressive behavior. In some categories, virtually all the behavior was criminal, in other categories part of the behavior was, and in still other categories very little was. Not all of these criminal experiences were reported to law enforcement, which was probably due in part to the reality that there are some gray areas regarding what is criminal on the Internet. For example, the age of consent varies state by state as do criminal statutes regarding sexual solicitation (without face-to-face contact and assault). Yet, on the whole, aside from these more inherently criminal categories, the problematic Internet experiences observed in this study did not involve clients as either victims or perpetrators of crimes.

Dimension 4: Centrality of Internet issue to treatment. An Internet problem was not necessarily what brought a client into treatment, nor was it necessarily the most important problem a client had. We thought of these problems as having a primary, secondary or peripheral importance in terms of the mental health professionals' work with the client. For example, Internet overuse may be the exact problem that the client and professional were working on. By contrast, a client trying to overcome a generalized depression may report, among many other things, that he or she was worried about a son's gaming activities. Figure 3 shows the percentage of cases in which the professional indicated that the Internet problem was a primary focus of treatment (compared with other work they were doing with the client).

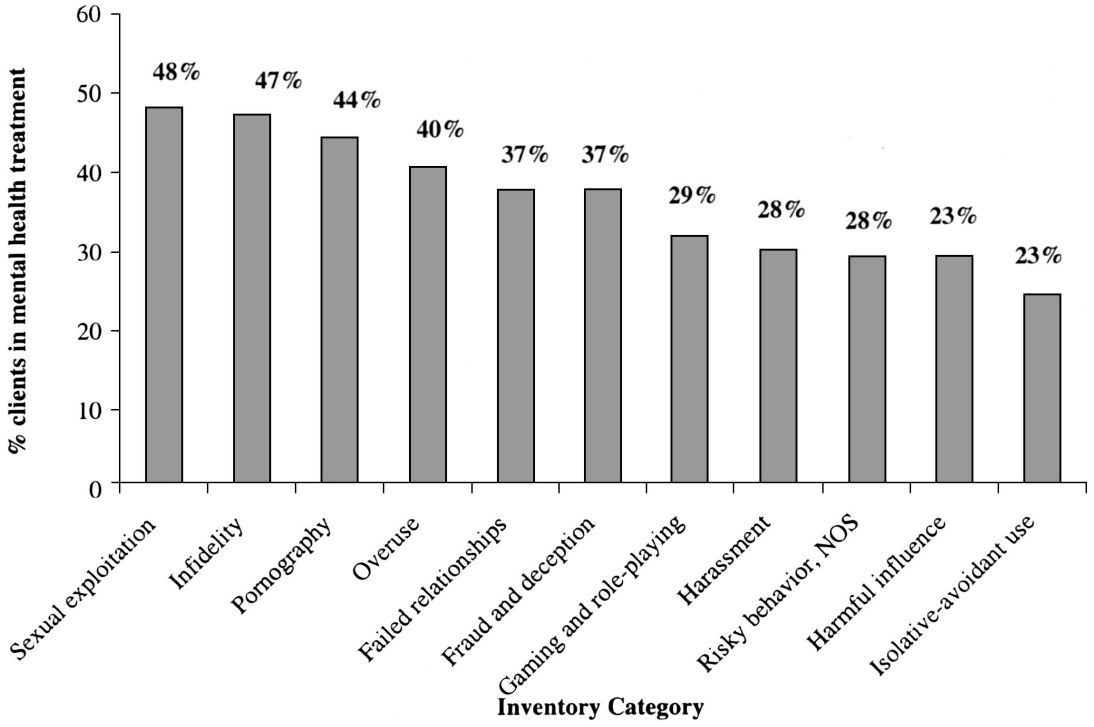

Figure 3. Percentage of clients with and Internet-related problem as a primary focus of treatment.

Dimension 5: Internet contribution to problem. Virtually all of the Internet problem behaviors we have described are, to a greater or lesser extent, extensions of problem behaviors that preexisted the advent of the Internet (e.g., infidelity, overinvolvement in certain activities, gambling). However, the Internet forms of the problem may have added something qualitatively new. For example, the new element could (a) be an increase in the severity of the problem, (b) be an increase in its frequency, or (c) provide some unique dynamics that require new responses or interventions. In most cases, the lines are unclear regarding that which is an old problem in a new medium and that which is a qualitatively new problem. Clinicians may want to be watchful for examples of how significantly the Internet has changed problem behaviors and the dynamics of interpersonal conflict.

Practice Implications

Although the needs of practitioners concerning Internet-related problems are still evolving, certain implications seem apparent from the information we have gleaned.

1. *Ask questions 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 these behaviors or understand their connections to other problems unless they inquire about them. Thus, professionals should be aware of the Internet and the potential problems people can encounter. They should be prepared to ask some basic screening questions during assessment to determine whether problematic Internet experiences are relevant to treatment for individual clients. Some of these questions might include "Can you stop using the Internet without a struggle after using it for an hour or two?" "Have you gotten into arguments or had other problems with people you communicate with on the Internet?" "Has your Internet use ever created problems between you and any of your friends or family?" or "Have you ever gotten into trouble at school or work because of your Internet use?"

2. *Professionals need to understand the dynamics of problematic Internet experiences and how to assess them.* There are a variety of dynamics concerning Internet problems that professionals need to understand in order to effectively assess and treat their clients with such difficulties. For example, (a) professionals need to acknowledge and directly address the role clients sometimes play in their problematic Internet experience. Although much of the media attention and stereotypes concerning problems encountered on the Internet focus on victimization, clients may also present in mental health settings as the instigator of problems to themselves or others. As such, professionals need to be aware of the behavior people engage in online and how that impacts their general well being. (b) Professionals should be aware of how problematic Internet experiences interact with conventional mental health issues. The Internet may be impacting several areas of the client's lives including relationships, family dynamics, divorce, step-families, sexual orientation, other mental health concerns, school behavior, and work performance. For example, although infidelity is hardly new as a human or clinical problem, aspects of the Internet may have altered and complicated the issue. Online affairs are more easily hidden, contact does not necessarily involve an absence from home, the risk of being seen in public, or unaccounted expenses (Maheu & Subotnik, 2001). Further, the Internet allows instantaneous access to an almost unlimited choice of partners who previously would have been more difficult for persons in committed relationships to meet. Even more important may be the advent of new kinds of sexual and intimate exchanges, whose normative status is not clearly defined in many people's minds. Is it infidelity to have sexual conversations with strangers? To have sexualized conversations with others pretending to be someone else? To access pornography? To engage in cybersex? A number of gray areas exist concerning what is online infidelity, though the ultimate decision depends on the individuals in the committed relationship. (c) Professionals need to personally confront the values and normative issues posed by changing technology. By confronting these values and issues, they can avoid making hasty judgments, be dispassionate mediators, and identify the adaptive and maladaptive aspects of certain online behaviors. For example, as seen in this study, no norms for defining overuse exist. There is a need to address value judgments in determining whether Internet use leads to adverse consequences, as *DSM–IV* criteria are based, in part, on continuing to use despite consequences. To some, pursuing online relationships to the exclusion of offline relationships or using the Internet to escape into a fantasy world is de facto evidence of negative consequences of Internet use. Other people view it as acceptable, and, in some cases adaptive, to choose to interact online rather than offline, especially for people who have difficulty with social interaction because of a mental or physical disability (Fox, 2000). (d) Clinicians should be aware of differences between youth and adults in terms of their use of the Internet and the problematic experiences they may encounter, paying specific attention to how the impact of these experiences may change with age. Understanding the impact of Internet use is important from a development perspective. For example, certain features of Internet pornography may possibly make young people more prone to distress or prone to more intense distress as a result of unforeseen encounters that may have not been the case with earlier forms of pornography. These include the fact that encounters can occur unexpectedly, some available images may be very extreme and graphic, and the confrontation with images when they come up in an almost intimate way on a close screen can be very intense (Finkelhor et al., 2000; Thornburgh & Lin, 2002). Because mental health practice does not require intensive Internet use, not all mental health professionals may have skills and knowledge in this domain. If they are going to work with populations who use this technology more intensively, however, they need to learn about it at least indirectly through educational materials.

3. *The mental health field needs treatment adjuncts, including leaflets and more extensive mental health guides, about Internet health for purposes of client and professional education.* Short educational brochures about various problematic Internet experiences, such as overuse, harassment, and risky or inappropriate use, should help educate people about the risk and warning signs of problems in this area. In addition to flyers, lengthier take-home guides about ways to stay healthy while using the Internet should be made available to professionals for distribution to clients.

4. *Professional groups and training programs should include information about the Internet in their educational material and recommendations.* Professional groups, such as the American Psychological Association, and individual training programs have a unique opportunity to provide educational information and recommendations to a large population of clinicians. In particular, rec-

ommendations for the inclusion of Internet-related training in doctoral training curricula, in continuing education workshops, and as an issue for supervisors to address with their trainees would be beneficial. Although the research base on problematic Internet use and experiences is still in its infancy, professional organizations have the ability to evaluate, consolidate, and present research findings in a straightforward manner that would serve to raise the knowledge base of clinicians on this topic. Research, based on both clinical and population samples, is available that addresses how the Internet is used by different populations, how it can be used for positive development, signs of problematic use, Internet safety, and how it is being used to commit crimes. Raising the awareness and increasing knowledge in this area should help clinicians develop the skills they need to effectively assess and treat clients with a variety of problems related to Internet use, as well as to provide guidance about healthy use.

Directions for Future Research

There is a need for more population-based studies about the Internet, family life, and signs of problematic experiences. The research base concerning Internet use and its impact on individual behavior, friendships, family dynamics, and society in general is just beginning to develop. The implementation of population-based studies about Internet use and problematic Internet experiences should help in the development of norms in this area, which, in turn, is an important component in the development of public policy, prevention, and intervention in this field. More research is also needed concerning the mental health impact of various problematic Internet experiences. Internet problems may be adding some unique dynamics to the field of mental health that require special understanding, new responses, and interventions in some cases. More research is needed about who is vulnerable to various Internet-related problems and how such problems interact with traditional mental health issues. For example, are persons with impulse control problems drawn to certain aspects of the Internet, such as pornography and gaming, that could further exacerbate their symptoms? Does Internet exposure exacerbate preexisting mental health difficulties?

Conclusion

The findings of this survey suggest a need to broaden the focus of Internet problems beyond the current emphasis on pornography, sexual experiences, and abduction. We are seeing both sexual and nonsexual problematic Internet experiences in mental health settings indicating they merit attention. Although the Internet may only be involved in a small proportion of clients receiving mental health services, professionals should be asking about Internet involvement as part of a basic screening inventory so that they may accurately identify and intervene on all aspects of their client's problems.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Carnes, P. (2001). *Out of the shadows: Understanding sexual addiction* (3rd ed.). Center City, MN: Hazelden.

Cooper, A., Delmonico, D. L., & Burg, R. (2000). Cybersex users, abusers, and compulsives: New findings and implications. *Cybersex: The dark side of the force. A special issue of the Journal of Sexual Addiction & Compulsivity, 7,* 5–27.

Cooper, A., Scherer, C. R., Boies, S. C., & Gordon, B. L. (1999). Sexuality on the Internet: From sexual exploration to pathological expression. *Professional Psychology: Research and Practice, 30,* 154–164.

Delmonico, D. L., Griffin, E., & Moriarity, J. (2001). *Cybersex unhooked: A workbook for breaking free of compulsive online sexual behavior.* Wickenburg, AZ: Gentle Path Press.

Finkelhor, D., Mitchell, K. J., & Wolak, J. (2000). *Online victimization: A report on the nation's youth* (6–00–020). Alexandria, VA: National Center for Missing and Exploited Children.

Fox, S. A. (2000). The uses and abuses of computer-mediated communication for people with disabilities. In D. O. Braithwaite & T. L. Thompson (Eds.), *Handbook of communication and people with disabilities: Research and application* (pp. 319–336). Mahwah, NJ: Erlbaum.

Griffiths, M. (2001). Sex on the Internet: Observations and implications for Internet sex addiction. *The Journal of Sex Research, 38,* 333–342.

Maheu, M. M., & Subotnik, R. B. (2001). *Infidelity on the Internet: Virtual relationships and real betrayal.* Naperville, IL: Sourcebooks.

Mitchell, K. J., Finkelhor, D., & Wolak, J. (2003). The exposure of youth to unwanted sexual material on the Internet. *Youth & Society, 34,* 330–358.

Mitchell, K. J., Finkelhor, D., & Wolak, J. (2005). The Internet and family and acquaintance sexual abuse. *Child Maltreatment, 10,* 49–60.

Orzack, M. H., & Ross, C. J. (2000). Should virtual sex be treated like other sex addictions? *Sexual Addiction & Compulsivity, 7,* 113–125.

Quayle, E., & Taylor, M. (2003). Model of problematic Internet use in people with a sexual interest in children. *CyberPsychology & Behavior, 6,* 93–106.

Shapira, N. A., Lessig, M. C., Goldsmith, T. D., Szabo, S. T., Lazoritz, M., Gold, M. S., & Stein, D. J. (2003). Problematic Internet use: Proposed classification and diagnostic criteria. *Depression and Anxiety, 17,* 207–216.

Slater, M. D. (2003). Alienation, aggression, and sensation seeking as predictors to adolescent use of violent film, computer, and Web site content. *Journal of Communication, 53,* 105–121.

Therese Whitty, M. (2003). Pushing the wrong buttons: Men's and women's attitudes toward online and offline infidelity. *CyberPsychology & Behavior, 6,* 569–579.

Thornburgh, D., & Lin, H. S. (2002). *Youth, pornography, and the Internet.* Washington, DC: National Academy Press.

Thornburgh, D., & Lin, H. S. (2003). Youth, pornography, and the Internet. *Issues in Science & Technology, 20,* 43–48.

Wolak, J., Finkelhor, D., & Mitchell, K. J. (2004, October 22). Internet-initiated sex crimes against minors: Implications for prevention based on findings from a national study. *Journal of Adolescent Health, 35,* 424–433. Retrieved October 22, 2004 from http://www.journals.elsevierhealth.com/periodicals/jah/article/PIIS1054139X04001715/fulltext

Wolak, J., Mitchell, K. J., & Finkelhor, D. (2003). *Internet sex crimes against minors: The response of law enforcement* (10–03–022). Alexandria, VA: National Center for Missing and Exploited Children.

Ybarra, M. L., & Mitchell, K. J. (2004). Youth engaging in online harassment: Associations with caregiver-child relationships, Internet use, and personal characteristics. *Journal of Adolescence, 27,* 319–336.

Young, K. S. (2004). Internet addiction. A new clinical phenomenon and its consequences. *American Behavioral Scientist, 48,* 402–415.

(*Appendix follows*)

Appendix

Method

Preliminary Postcard Survey (Phase 1)

Sample. A random sample of approximately 17% of member names and addresses were gathered from the following 11 professional organizations: American Psychological Association (n = 8,241), American Psychiatric Association (n = 5,858), National Association of Social Workers (n = 7,969), National Association of School Psychologists (n = 2,488), American School Counselor Association (n = 1,982), American Association for Marriage & Family Therapy (n = 2,191), American Academy of Child & Adolescent Psychiatry (n = 1,105), Association for the Treatment of Sexual Abusers (n = 296), American Mental Health Counselors Association (n = 991), American Family Therapy Academy (n = 198), and National Children's Alliance (n = 98). When possible, names were oversampled from groups of clinicians or licensed practitioners to help ensure access to professionals working with clients. The final list of names and addresses were cross-referenced to identify duplicates (n = 146 pairs). When found, duplicates were identified with the smaller organization represented in the sample and deleted from the larger organization. For example, a respondent who was a member of the American Psychological Association and the National Association of School Psychologists was included in the study as a member of the latter. The final participant pool consisted of 31,271 professionals who were members of the above organizations.

Procedure. Each professional received a cover letter in 2003 explaining that we were interested in identifying professionals who have worked with any clients with problematic Internet experiences. We also included a one-page postage-paid survey on which respondents could indicate whether they had worked with any clients (child or adult) in the past 5 years who had various problematic Internet experiences, including those involving adult pornography; child pornography; sexual approaches, solicitations, or behavior; a romantic or sexual relationship; a close relationship or friendship; fraud or other scams; gaming or role-playing; racist or hate material; violent material; and aggressive behavior (e.g., harassment, stalking). They were also asked to indicate the total number of child and adult clients for whom they had provided mental health services with any of the aforementioned problematic Internet experiences. Because little research has been conducted on the various problems that can occur on the Internet and there is no simple definition of these experiences, we asked respondents to treat these as general topics and to interpret them broadly. Also, the problematic Internet experience did not have to be the presenting problem or complaint.

At the end of the postcard survey, respondents were asked whether they would like to participate in a more detailed follow-up survey about professional needs in this area and provide some anonymous information about one of their clients (if applicable). They had the choice to complete this follow-up survey online or to request a copy by mail.

Returns. There were 7,841 valid returns of the postcard survey (a 25% response rate at the minimum given that our bulk-mailing procedures likely resulted in some respondents never receiving the mailing), of which 92% (n = 7,232) had provided direct services to clients within the past 5 years. Although this is not a high response rate, we do not believe this has a lot of impact on the results of this study given that the goal of this study was simply to get a large number and spectrum of cases that could be the basis for establishing the types of problematic Internet experiences professionals were seeing with their clients. Future research can draw from this foundational research with studies of representative samples so incidence rates can be established concerning how many professionals have encountered clients with different types of problematic Internet experiences.

Of these professionals who provided direct services, 65% (n = 4,711) had treated a client with at least one problematic Internet experience in the same time frame. Of the 4,711 who had reported having at least one client with a problematic Internet experience, 51% (n = 2,391) said they would participate in the follow-up survey (13% online and 38% by mail). Of the 3,130 who had not reported working with a client with a problematic Internet experience or had not provided any direct services within the past 5 years, 32% (n = 1007) said they would participate in the follow-up survey (8% online and 24% by mail); resulting in a total of 3,398 respondents who consented to participate further.

Detailed Survey (Phase 2)

Instrument. The follow-up survey instrument was designed and pretested through semistructured interviews with a variety of mental health professionals. The survey covered several areas aimed at understanding the entirety of the client's problematic Internet experience, including client demographics and background, mental health service referral, primary and secondary presenting problems (e.g., various issues surrounding mental and physical health, family and/or relationships, school and/or work, victimization, aggression, computer/Internet), characteristics of the Internet problem (e.g., involvement of pornography, sexual solicitations, whether a crime was committed, authorities and organizations involved, other people involved, major events or outcomes), and diagnosis and treatment. Professionals were asked to respond to this survey about one client only, and the following three rules applied for identifying a client: (a) "If you have encountered *only one* client with a problematic Internet experience, please complete this survey about that client"; (b) "If you have encountered more than one, please give us information about the most recent *youth* client (under 18), if you have youth clients"; and (c) "Otherwise, please give us information about the *adult* client you have seen most recently." Although clinicians were instructed to report on only one client, we also asked a question about the total number of clients with problematic Internet experiences they had encountered in the past 5 years. The average number of clients with problematic Internet experiences seen by professionals was twelve (SD = 28.4; Range = 1 to 575; Mdn = 6; Mode = 5). (Please note that this is only a rough estimate because this data was not available for 18% of respondents.)

Any and all Internet-related incidents pertinent to the client could be chosen for discussion in the survey. The survey was pretested on 100 professionals across all disciplines in the study.

Returns. Of the 3,398 respondents who consented to participate in the Phase 2 follow-up survey, 2,170 returned a completed survey, resulting in a 64% response rate. Of these, 2% (n = 54) had not provided direct services to clients within the past 5 years and 27% (n = 582) had provided direct services in the target time frame but had not encountered any clients with problematic Internet experiences. However, these respondents were not excluded from the study. Along with those respondents reporting clients with problematic Internet experiences, they provided information about their professional needs surrounding problematic Internet experiences, how they use the Internet for professional purposes, concerns about the use of the Internet as part of professional mental health practices, and any training or literature they have read on the topic of problematic Internet experiences. For the purposes of the current paper, only the 1,534 surveys with client case material were analyzed. Eighteen (1%) of these completed cases were duplicates, or problematic based on their content about the professional's experience and not their client's. These cases were dropped from the dataset, reducing the total number to 1,516.

There were 12 cases (1%) that could not be coded due to a lack of information in the qualitative description of the experience. These cases were dropped for the purpose of this paper, reducing the number of cases from 1,516 to 1,504.

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. On the other end of the spectrum, and supported by Finkelhor et al. (2000), there are likely youth and adults who experience less severe or extreme unwanted or problematic experiences on the Internet that result in distress that go unreported because those involved cope with them well without professional help. The long-term effects of these experiences are currently unknown but important to address in future research.

Third, professionals were only asked to respond about a single client, and although respondents were instructed on how to choose a client so cases would be as systematic as possible, it is conceivable that professionals decided to choose the more memorable, interesting, or otherwise salient cases, possibly skewing cases in this way. Fourth, the study had a low response rate with the possibility that those who did not respond were those without cases. Fifth, because little research existed on different problematic Internet experiences in mental health settings, we purposely kept definitions of these experiences vague because we wanted to explore and capture the variety of problematic Internet experiences coming to the attention of mental health professionals. It was expected that providing specific definitions for main categories of Internet experiences (e.g., problems related to adult pornography, sexual solicitations, aggressive behavior) would leave out some of the less common and heard about experiences. As a result, some professionals may have had a hard time interpreting whether they had clients that would meet the criteria for our study. Yet, because this study was exploratory and designed to capture a range of problematic Internet experiences (rather than establishing incidence rates), this did not have a large impact on the results.

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