Mental Health Professionals' Exposure to Clients With Problematic Internet Experiences

Melissa Wells
Kimberly J. Mitchell
David Finkelhor
Kathryn Becker Blease

ABSTRACT. This paper examines clients' exposure to problematic Internet experiences among a national sample of 2,098 social workers, psychologists, marriage and family therapists, and other mental health professionals. This analysis finds that mental health professionals are working with clients experiencing a range of problems related to Internet use. However, these professionals have generally not been exposed to training or information in the professional literature on the topic of working with clients with problematic Internet experiences. We identify sev-

Melissa Wells, PhD, LICSW, Department of Social Work, 239 Pettee Hall, University of New Hampshire, Durham, NH 03824 (E-mail: Melissa.Wells@unh.edu).

Kimberly J. Mitchell, PhD (E-mail: Kimberly.Mitchell@unh.edu), and David Finkelhor, PhD (E-mail: David.Finkelhor@unh.edu), are affiliated with Crimes Against Children Research Center, 10 West Edge Drive, Suite 106, University of New Hampshire, Durham, NH 03824.

Kathryn Becker Blease is affiliated with Cooperative Extension, Pettee Hall, University of New Hampshire, Durham, NH 03824 (E-mail: Kathy.Becker.Blease@unh.edu).

eral areas in which additional training is needed and review practical implications for mental health professionals. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress. com> © 2006 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Internet, mental health, mental health treatment, computer addiction, problematic Internet experiences

Internet use has increasingly become the norm in the United States, as individuals search for information, communicate electronically, and engage in other online activities. It is likely that many individuals receiving mental health services are no exception to this trend. While many of our clients may find electronic communication to be useful or even beneficial, others experience problems related to Internet use. Clients seeking assistance from mental health clinicians and other professionals may report excessive Internet use, conflicts related to electronic relationships, Internet gambling, and other problematic internet experiences (Bai, Lin, & Chen, 2001; Cooper, Scherer, Boies, & Gordon, 1999; Ladd & Petry, 2002; Young, 1996).

Problematic Internet experiences can be considered novel clinical concerns as well as subtle variations of existing offline concerns (Hansen, 2002; Schaffer, Hall, & Vander Bilt, 2000; Young, 1998). For instance, Young (1998) argues that diagnostic criteria can identify "computer addiction" and Shaffer and colleagues (2000, p. 166) suggest that compulsive use of the Internet may be better explained by developing new "models of addiction that might account for computer addiction."

Clients' problematic Internet experiences could be extensions of existing offline concerns in situations in which, for example, the Internet exacerbates preexisting problems when a registered sex offender downloads child pornography. Other clients may present problems that seemed to emerge as a result of Internet use. Parents may be concerned, for instance, if a child once active in extra-curricular activities loses interest and ends offline friendships as a result of compulsive use of Instant Messaging (IM) or other electronic communication. Mental health professionals may view the Internet both as the specific root of mental health problems and as the context in which existing problems grow. The growth of computer use in the United States and emerging research suggests that professionals providing mental health services will increasingly encounter

clients who use the Internet (Cooper et al., 1999; Finn & Kerman, 2004). Consequently, mental health clinicians need to be aware of the impact of the Internet on clients, as problematic Internet experiences may reflect both preexisting concerns and unique challenges.

The Survey of Internet Mental Health Issues

The Survey of Internet Mental Health Issues (SIMHI) was conducted to explore the variety of clients with problematic Internet experiences being seen by mental health professionals. The specific goals and objectives of this project were: (1) To identify characteristics of problematic Internet experiences coming to the attention of mental health professionals including social workers, marriage and family counselors, and psychologists; (2) To identify the types of professionals working with clients with problematic Internet experiences; (3) To assess the needs of professionals regarding the recognition and treatment of clients with problematic Internet experiences; (4) To provide data about the impact of problematic Internet experiences on clients; and (5) To formulate recommendations and guidelines from these findings and disseminate them to practitioners and policy makers.

Current Paper Goals

First, the current paper will assess mental health professionals' exposure to clients with problematic Internet experiences. We examine how often mental health professionals encounter clients with problematic Internet experiences in their practice, if they ask about Internet use in assessment, whether they have had training in this area, and if they have encountered related material in the professional literature. Next, we explore mental health professionals' needs related to ongoing training and providing services to clients experiencing problematic Internet experiences.

METHODS

Preliminary One-Page Survey

Sample

A random sample of approximately 17% of 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 (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 over-sampled from groups of clinicians or licensed practitioners to help ensure access to professionals working with clients. For instance, the sample of social workers was randomly drawn from the National Association of Social Workers' "Clinical/Direct Practice" group. The final list of names and addresses were cross- referenced to identify duplicates (146 individuals appeared on more than one list). For the analysis, duplicates were associated with the smaller organization represented in the sample, for example a respondent who was a member of the American Psychological Association and the National Association of School Psychologists was included as be a member of the latter. The final sample consisted of 31,382 professionals who were members of the above organizations.

Procedure

Each mental health professional received a cover letter in 2003 explaining that we were interested in identifying professionals who had 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 and/or adult) in the past 5 years who had various problematic experiences related to Internet. We provided a checklist asking whether adult and/or child clients had experienced problems related to the Internet and any of the following issues:

- Adult pornography
- Child pornography
- Sexual approaches, solicitations, or behavior
- Romantic or sexual relationship
- Close relationship or friendship

- Fraud or other scams
- Excessive Internet use
- Gaming or role-playing
- Racist or hate material
- Violent material
- Aggressive behavior (e.g., harassment, stalking) or
- Any other problematic Internet experiences.

They were also asked to indicate the total number of child and adult clients they had provided mental health services for 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 their clients' 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 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 respondents to the one-page survey (a 25% response rate at the minimum given that our bulk-mailing procedures likely resulted in some respondents never receiving the mailing). Of those returning the one-page survey, 92% (n = 7,232) had provided direct services to clients within the past 5 years. Of these, 65% (n = 4,711) had treated a client who had at least one problematic Internet experience in the same time frame. Respondents were asked whether they would be willing to participate in the follow-up survey either online or by mail. 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 (13% online and 38% by mail).

Detailed Survey

Instrument

The Detailed Survey instrument was created based on feedback from semi-structured interviews with a variety of mental health profession-

als. The survey covered several topics including client demographics and background, mental health service referral, primary and secondary 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 using the following three rules for choosing one: (1) if you have encountered *only one* client with a problematic Internet experience, please complete this survey about that client, (2) 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 (3) otherwise, please give us information about the *adult* client you have seen most recently. The survey was pre-tested on 100 professionals across all disciplines in the study.

Returns

A total of 3,398 respondents consented to participate in the Detailed Survey. Of these, 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. The current paper includes only the 2,098 respondents who had provided direct services to clients (including patients and students) within the past five years. Eighteen completed cases (1%) were dropped as they were problematic based on their conflicting content, or because they were about the professional and not a client.

Study Measures

This analysis utilizes data from mental health professionals' responses to the Detailed Survey. On the Detailed Survey (as well as on the Preliminary one-page survey), mental health professionals were asked, "Have you ever had a client who had any kind of problematic Internet experience?" The Detailed Survey provided a glossary of terms, including examples of problematic Internet experiences; these examples reflected general topics to be interpreted broadly. The glos-

sary listed the same potential problematic Internet experiences as the Preliminary one-page survey, including adult pornography, child pornography, sexual approaches, solicitations or behavior, and other problematic Internet experiences. In order to examine whether or not these professionals routinely ask clients about Internet use, those professionals who had worked with a client with a problematic Internet experience were asked, "Do you ever ask clients about Internet use and/or behavior as a part of an initial assessment?"

To examine professional needs regarding working with clients with problematic Internet experiences, mental health professionals were asked two specific questions. First, we asked if they had been "able to receive any specific training (lecture, seminar, workshop, or conference) concerning clients with problematic Internet experiences." Second, they were asked if they had "come across or read anything in the professional literature about clients with problematic Internet experiences."

The Detailed Survey also asked mental health professionals if they were interested in having information regarding seven topics related to working with clients with problematic Internet Experiences:

- Professional development training on working with clients with problematic Internet experiences
- Peer support groups to discuss concerns, treatment, and resources to aid this client population
- Signs and symptoms of problematic Internet experiences
- Guidelines to assess client tendencies toward computer dependence or addiction
- Criteria for normal developmental stages of Internet use in children and adolescents
- Guidelines for parents and families about monitoring their child's Internet use, and
- Guidelines for couples about how the Internet can affect relationships.

Mental health professionals were asked if they were *not at all interested* (1), *somewhat interested* (2), *very interested* (3), or *extremely interested* (4) in having information on these topics. Additionally, they were asked to indicate whether or not they already had these types of information. They were also provided a space to explain their answers to any of the above questions.

Study Sample

Social workers (22%) and psychologists (41%) in direct practice were the two largest groups of professionals in the sample (Table 1). Close to 60% of the mental health professionals were female, over half (57%) were over fifty-years-old, and 93% were European American. About half (51%) of these professionals had been providing direct services to clients for over twenty years and roughly an equal percentage (50%) were employed in an independent practice. The mental health professionals served suburban (44%), urban (41%), and rural (19%) areas.

FINDINGS

Exposure to Clients with Problematic Internet Experiences

The majority (73%) of these mental health professionals in direct practice (within the past five years) had worked with a client who had some type of problematic Internet experience. Those professionals who had worked with clients presenting problematic Internet experiences (n = 1,516) were also asked whether or not they ever asked clients about Internet use and/or behavior as part of an initial assessment. Forty-three percent of mental health professionals who had worked with clients with problematic Internet experiences reported asking about Internet use and/or behavior as part of an initial assessment.

Across professional groups, there was statistically significant variation in exposure to clients with problematic Internet experiences. Over eighty percent (84%) of mental health counselors reported working with such clients, as compared to 79% of psychologists, and 73% of social workers. Fewer school counselors (53%) and school psychologists (34%) reported exposure to clients with problematic Internet experiences.

The types of problematic Internet experiences identified in SIMHI varied widely and are discussed in other publications (Mitchell, Becker-Blease, & Finkelhor, 2005). Mitchell, Becker-Blease and Finkelhor identified an overlapping inventory of eleven types of problematic Internet experiences reported by youth and adult clients: (1) overuse; (2) pornography; (3) infidelity; (4) sexual exploitation and abuse; (5) gaming, gambling, and role-playing; (6) harassment; (7) isolative-avoidant use; (8) fraud, stealing, and deception; (9) failed online relationships;

TABLE 1. Demographic Characteristics of All Mental Health Professionals Providing Direct Service to Clients (N - 2,098)

Demographic characteristic	% (n)
Gender	
Female	59 (1,238)
Male	41 (855)
Not ascertainable	< 1 (5)
Age	
30 years or younger	3 (57)
31 to 40 years old	13 (276)
41 to 50 years old	26 (543)
Over 50 years old	57 (1,199)
Not ascertainable	1 (23)
Race/ethnicity[a]	
European-American	93 (1,946)
Asian or Pacific Islander	2 (32)
Hispanic or Latino	2 (36)
African-American**	2 (39)
Native American or Alaska Native	1 (21)
Other	< 1 (11)
Not ascertainable	2 (37)
Highest earned degree	
Bachelor's	< 1 (7)
Master's	41 (867)
PhD	40 (832)
MD	8 (164)
PsyD	6 (115)
EdD	3 (56)
Other (CAC, DMin, DO, EdS)	2 (45)
Not ascertainable	< 1 (12)
Primary profession	
Psychologist	41 (853)
Social Worker	22 (451)
Marriage and/or Family Therapist	8 (172)
Mental Health Counselor	6 (135)
Psychiatrist	8 (163)
School Counselor	5 (105)
School Psychologist	8 (158)
Other (Clergy, Professor, EAP, etc.)	3 (56)
Not ascertainable	< 1 (4)
Number of years providing direct services to clients	
Less than 1 year	< 1 (10)
More than 1 year to 5 years	6 (121)
More than 5 years to 10 years	10 (213)
More than 10 years to 15 years	17 (352)
More than 15 years to 20 years	15 (318)
More than 20 years	51 (1,062)
Not ascertainable	1 (20)
Employment setting[a]	
Independent practice	50 (1,046)
Mental health clinic	11 (218)
School or other educational setting	15 (311)

TABLE 1 (continued)

Demographic characteristic	% (n)
University	6 (135)
Medical hospital	6 (124)
Psychiatric hospital	3 (66)
Court system	< 1 (12)
Child Advocacy Center	< 1 (10)
Corrections (prison, jail, probation, parole)	2 (35)
Residential treatment facility or group home	2 (36)
Other (church, social service agency, community mental health, etc.)	9 (184)
Not ascertainable	< 1 (14)
Type of area served[a]	
Suburban	44 (927)
Urban	41 (847)
Rural	19 (398)
Not ascertainable	1 (26)

[a]multiple responses possible

TABLE 2. Mental Health Professionals' Exposure to Clients with Problematic Internet Experiences and Related Resources[a] (N = 2,098)

Mental Health Professionals	Client with Problematic Internet Experiences*** n = 1,514	Training Concerning Clients with Problematic Internet Experiences*** n = 265	Read Professional Literature about Clients with Problematic Internet Experience*** n = 691
Psychologist	79%	13%	38%
Social Worker	73%	14%	28%
School Psychologist	34%	3%	13%
Psychiatrist	64%	10%	28%
School Counselor	53%	8%	14%
Mental Health Counselor	84%	21%	44%
Child Advocate	0	0	0
Marriage/Family Therapist	86%	19%	51%
Other	64%	13%	34%

[a]The SIMHI study design was not intended to estimate prevalence of clients with problematic Internet experiences and these findings are likely a function of the SIMHI sampling procedure.
*p < .05, **p < .01, ***p < .001 for difference between professional groups

(10) harmful influence websites; and (11) other risky or inappropriate use, not otherwise specified.

Less than 15% of mental health professionals in this sample had received any specific training (in lectures, seminars, workshops, or conferences) concerning clients with problematic Internet experiences (Table 2). There were statistically significant differences between pro-

fessional groups and training. About one-fifth of mental health counselors (21%) and marriage and family therapists (19%) had received some training regarding clients with problematic Internet experiences. Less than ten percent of school psychologists (3%) and school counselors (8%) had received such training.

Those professionals who had attended training were asked to specify both the type and topic of these training sessions. Most reported that they attended training sessions at conferences and annual professional meetings, or through continuing education sessions. While there were a range of training topics reported, the majority of mental health professionals (51 professionals) reported attending training related to Internet addiction. About half of those responses indicated that the primary training topic was sexual addictions or addiction to cybersex. Other frequently reported training topics were Internet sex crimes against minors (13 professionals) and Internet problems related to infidelity or spousal relationships (3 professionals).

About a third of all mental health professionals in this sample had read something in the professional literature about clients with problematic Internet experiences (Table 2). There was statistically significant variation in exposure to professional literature on working with clients with problematic Internet experiences. About half (51%) of marriage and family therapist and over one-third (38%) of psychologists had read something in the professional literature. Less than 15% of school psychologists (13%) and school counselors (14%) had encountered such material.

These professionals came across related material in newsletters, peer reviewed journals and books on specific types of problematic Internet experiences. Although not all of the mental health professionals shared the topic of the written material, several provided titles or general subject headings. About fifty professionals stated that they had seen information about treating clients with Internet addiction in the professional literature. Some of those sources focused on sexual addictions and others were related to overuse of the Internet. Other topics reported were pornography (26 professionals), Internet gambling (6 professionals) and issues related to depression and Internet use (4 professionals).

Clinical Needs in Working with Clients
with Problematic Internet Experiences

Regardless of whether they had previously received training concerning clients with problematic Internet experiences, mental health

professionals were asked how interested they would be in having information on seven specific clinical topics (Table 3). Over three-quarters of mental health professionals reported being somewhat, very or extremely interested in six of the seven topics. These professionals were interested in information on general issues for professionals working with clients with problematic Internet experiences (77%), signs and symptoms of problematic Internet experiences (79%), computer addiction guidelines (81%), criteria for developmental Internet use (80%), and guidelines for couples about how the Internet can affect relationships (79%). Less than half of these professionals were interested in peer support groups to discuss concerns, treatment, and resources related to clients with problematic Internet experiences.

Less than ten percent of mental health professionals already had information related to these topics. The greatest percentage (7%) already had information on signs and symptoms of problematic Internet experiences. Only 2% already had information on normal developmental states of Internet use in children and adolescents.

TABLE 3. Mental Health Professionals' Clinical Needs in Working with Clients with Problematic Internet Experiences (n = 2,098)

Topics	Already Have	Not at all	Somewhat	Very	Extremely	N/A
Professional development related to problematic Internet experiences	4% (73)	15% (308)	43% (903)	26% (551)	8% (177)	4% (86)
Peer support groups to discuss concerns, treatment, and resources	3% (71)	45% (936)	33% (699)	9% (189)	3% (60)	7% (143)
Signs and Symptoms of problematic Internet experiences	7% (151)	9% (189)	37% (765)	32% (676)	10% (216)	5% (101)
Guidelines to assess client tendencies toward computer addiction	4% (91)	10% (201)	34% (728)	34% (722)	13% (263)	5% (93)
Criteria for normal developmental stages of Internet use in children and adolescents	2% (45)	10% (218)	28% (593)	37% (781)	17% (359)	5% (102)
Guidelines for parents and families about monitoring their child's Internet use	5% (104)	10% (215)	26% (542)	35% (728)	19% (405)	5% (104)
Guidelines for couples about how the Internet can affect relationships	3% (58)	14% (285)	31% (654)	32% (670)	16% (3,323)	5% (99)

Mental health professionals were provided with an opportunity to comment on their interest in these topics. Although not all professionals shared comments, some suggestions (approximately 30) identified specific training topics and issues of interest. Several school-based mental health professionals (including school psychologists and counselors) expressed interest in providing parents with information regarding developmentally appropriate Internet use, computer access, and Internet safety. Others noted that they would like training on specific treatment guidelines for problematic Internet experiences, including Internet addiction, compulsive Internet use, problematic Internet relationships, and Internet pornography. Additionally, comments indicated that defining problematic Internet experiences can be challenging and that training could assist mental health professionals in defining problematic Internet experiences. Specific comments included statements that it is difficult to assess, for instance, how much Internet pornography is "too much" and that there is no consensus regarding what is "normal use" of the Internet.

DISCUSSION

Exposure to Clients with Problematic Internet Experiences

Over 70% of the mental health professionals in this sample reported working with a client with a problematic Internet experience. This exposure to clients with problematic Internet experiences varied across professional groups. It is interesting to note that over three-quarters of psychologists and marriage and family therapists reported working with these clients as compared to less than half of school-based professionals. Although school psychologists and school counselors provide direct services, it is possible that their service to students is focused more on academic issues than mental health treatment. However, additional research is needed to better understand these differences.

Of those professionals who worked with clients with problematic Internet experiences, more than half do not routinely ask about Internet use in assessment. Clearly, mental health professionals cannot ask clients about every possible type of potential problem at assessment. These findings illustrate that even if professionals do not ask about Internet use in assessment, clients' problems related to the Internet may emerge in discussions of presenting problems, particularly if there are clear linkages to the presenting problem. If, for instance, a couple pres-

ents with relationship concern, instances of Internet infidelity may emerge during treatment. However, as Cooper and colleagues (1999) suggest, knowing what to look for is an important step in identifying problems related to Internet use. If mental health professionals do not routinely ask about Internet use, such connections may not be evident.

Asking about Internet use in assessment may bring problematic Internet experiences to the attention of mental health professionals. However, Cooper and McCloughlin (2001, p. 236) suggest that professionals require specific training to "understand the complexity of online interactions" and "to guide others to effectively use the power of the web without 'getting tangled' in it."

Only about 15% of these professionals had attended any type of training related to treating clients with problematic Internet experiences. There are several possible reasons for this finding. First, problematic Internet experiences are emerging issues and may not be featured prominently in professional training programs. Second, when such training programs are offered, it is possible that the focus is limited to specific "hot" topics. For instance, media and public attention to Internet addiction, online pornography or Internet sex crimes against minors may be reflected in the types of training options available to professionals. Some mental health professionals may not take advantage of training opportunities if they feel that the topics do not pertain to their current client population.

Only about 30% mental health professionals had read anything in the professional literature about clients with problematic Internet experiences. It is possible that the mental health professions have only recently begun to examine the impact of the Internet on clients. However, it is likely that mental health professionals will increasingly encounter clients with problematic Internet experiences (Finn & Kerman, 2004).

Clinical Needs in Working with Clients with Problematic Internet Experiences

Less than ten percent of the mental health professionals surveyed here already had clinical information regarding the treatment of clients with problematic Internet experiences. Overall, these professionals reported interest in obtaining additional information several training topics. First, they would like training that addresses identification of signs and symptoms of problematic Internet experiences. Some specific topics mentioned were Internet addiction and compulsive Internet use. They were also interested in training that addresses guidelines for de-

velopmentally appropriate Internet use, as well as guidelines for helping parents keep children safe online. Others requested training topics directed toward working with couples, such as problematic Internet relationships and online infidelity.

Practice Implications

This analysis suggests at least three implications for professionals providing mental health services: (1) there is a need for training development; (2) the field needs additional empirical research on this topic; and (3) assessment may provide an opportunity to elicit information regarding clients' problematic Internet experiences.

First, additional training may help mental health professionals identify problematic Internet experiences and serve clients presenting with these issues. The small percentage of mental health professionals who had received training reported that the sessions focused on specific issues or presenting problems. Topic specific training, such as sessions on Internet addiction, Internet sex crimes against minors, or online gambling, should continue to be provided at conferences and as continuing education opportunities. Additionally, training options should include topics focused on clinical guidelines and definitional issues, to assist mental health professionals in identifying and treating clients' problematic Internet experiences. Conferences and workshops on topics such as screening for Internet-related problems or assessing whether clients' Internet use is developmentally appropriate may appeal to a more diverse group of mental health professionals, particularly those who have not yet encountered a client presenting with a problematic Internet experience.

Second, there is a need for empirical research to guide professionals in identifying and treating clients presenting with problematic Internet experiences. This research could complement training opportunities and lead to additional emphasis in the professional literature on working with clients with problematic Internet experiences. Additionally, professional newsletters, office flyers, and other written sources could be used to make evidence-based literature and current research accessible to a range of professionals. These findings suggest that mental health professionals are interested in obtaining clinical information regarding treating clients with problematic Internet experiences. In addition to expanded training opportunities and attention in the professional literature, employers could routinely provide mental health professionals

with information about clients with problematic Internet experiences. Informational brochures or fact sheets could be made easily accessible for professionals, by placing information in break rooms and other spaces. Additionally, this information could be made more readily available to professionals online.

Finally, these results suggest that mental health professionals do not routinely view assessment as an opportunity to ask clients about Internet use. Clearly, assessment is not the time to ask about every possible type of problem clients experience. Additionally, mental health professionals may be limited to asking general questions that allow clients to identify multiple problems or issues. However, by asking clients about Internet use at assessment, mental health professionals could identify situations in which the Internet is a primary concern, as well as those situations in which it plays a more peripheral role. Cooper and colleagues (1999) suggest, for instance, that assessments of individuals or couples presenting with Internet sexuality difficulties include four dimensions (action, reflection, excitement, and arousal) related to Internet use. More general assessments could focus on the specific ways in which clients use the Internet, the amount of time they are online, the breadth and nature of any online interactions with others, and related factors.

Limitations of the Study

Several limitations of the SIMHI methodology and this study deserve note. First, SIMHI was designed as an exploratory study. Therefore, it was not meant to measure the incidence of clients with problematic Internet experiences coming to the attention of mental health professionals. The results presented here were clearly influenced by the SIMHI sampling procedure. Second, the study had a low response rate and it is possible that those who did not respond were those professionals who had never worked with a client presenting problematic Internet experiences. Since this study was exploratory and not designed to estimate incidence, we decided to not pressure respondents with excessive mailings that serve to increase response rate given the busy nature of these professionals. Third, prior to this study, little research existed on the types of problematic Internet experiences coming to the attention of professionals in mental health settings. In attempting to explore and capture a range of experiences, we purposely kept definitions of problematic Internet experiences vague. As a result, some professionals may

have had a hard time interpreting whether they had clients that would meet the criteria for our study.

CONCLUSION

This analysis suggests that mental health professionals are working with clients experiencing a various problems related to Internet use. These professionals may routinely ask about problematic Internet use during assessment, or the problems may emerge at some later time. As a result, mental health professionals may need specific skills and training related to working with clients with problematic Internet experiences. These professionals have generally not been exposed to training or information in the professional literature on the topic of treating clients with problematic Internet experiences. However, these results suggest that a variety of clinical needs could be met by providing training related to problematic Internet experiences. As Internet use continues to rise, mental health professionals will benefit from the development of clinical guidelines, specialized training, and resources to assist in working with clients with problematic Internet experiences.

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