Clinical Situation and developmental psychopathology

Needy media-spoiled children and young people are looking for a constant comparison between the real world and the relevant persons of the virtual world, which also shows that the virtual world is often similar: regulation mechanisms and sources of stimuli for children and young people who are still very social and oriented towards the relationship to others are often very similar to the real world of the arising and then, in any case, an overwhelming first world, and even to exist only in real life. They neglect the further health development, which already leads to the consequences in the following area:
- Acquire an adequate gender role
- Developing relationships with the other sex
- Obtaining an interstitial autonomy
- Emotional independence from the parents
- Acceptance of social norms and taboos
- Acquisition of professional knowledge and preparation for gainful employment
- 
- tiers on responsible social behavior
- Acceptance and perception of citizens’ role in society
- Finding and maintaining functional formal contacts.

Clinically relevant typologies and classifications

Criteria that allow diagnostics for pathological on-line play behavior and only three if it were included in the DSM-V (March 2013) in 2013, in addition, a classification has always been possible in the clinical situation and that situation is also possible at the moment. A single genre typology is recommended, as proposed by the DSM (Independent Commission for the assessment of quality standards in mental health care).

In the early days of the 21. century the term “digital native” was first utilized to describe those children and youth who were committed to the virtual world of computer games and Internet use from the beginning of their lives. This term is also used in the sense of the “digital generation”, whose life experience is completely different from that of previous generations.

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The Introduction

3. Clinical Situation and developmental psychopathology

1. The path to a psychotherapy of existing mental disorders, to define the specific treatment of the comorbid disorder by means of psychotherapy in the individual or group therapy.

2. A rigorous analysis of the school and training situation.

3. Complete abstinence from electronic media for at least two weeks (all possible devices).

4. Exemplary function of age and prosocial orientation

5. Help with psycho-social transitions and transitions

Therapeutic phases

Therapy phases

According to today's knowledge and on a matter of course, tailored to the individual case, the therapy usually comprises three to four in-patient phases, based upon basic principles of a patient therapy in adolescents:

1st phase

- Creation of a problem awareness;
- Development of a concrete fault and problem concept;
- Complete abstinence from electronic media for at least two weeks (all possible devices);
- Deep-seated diagnosis of mental and somatic disease, psychotherapy on the parents and caregivers;
- A significant analysis of the social and treatment structure.

In this phase, the drop-off rate is rather high, the motivating conversation is of crucial importance, and the question of motivation (pressure by adult, training center or parents) should also be discussed in difficulties cases and in chronic progression of the disease, the phase can only be achieved in a daily clinical setting or full-station.

2nd phase

After elaboration of a basic motivation and diagnosis of the concrete existing psychiatric disorders, the specific treatment of the comorbid disorder by means of psychotherapy in the individual or group therapy.

The specific treatment of the comorbid disorder by means of psychotherapy is the most important part of the 2nd phase. At the same time, in-recording activities on the PC, based on the school and performance context.

The motivational, interactivity and entertaining aspects, but also on the other hand, and the appropriate use of the computer for other clearly defined goals, mostly from the school sector. Since the basically positive play-handling of the PC has been long and as an almost companion addictive, such persons with self-treatment characteristics, has made room, the playful part of the introduction.

Further Developments

1. In a phase of the question MOBILSOMA project we aim to develop and implement new psycho-so- cial interventions, which are based on a multimodal therapeutic program. Such programs can target specific health needs and help to improve the effectiveness of a computer game. The feasibility of integrating virtual reality techniques and multi-time backwards into the setting will be evaluated as well.

Summary

An overview of the current known mental disorders has to be done in order to decide which patient needs which treatment. Before we can decide which specific intervention can be used, we have to know which specific problems the patient is suffering from. The information about the patient is gathered in different ways, and we also need to study the ethical implications of intervention to pathological media use.

Therapeutic approaches

Pathological psychological models focus on learning, coping, conflict dynamics, motivation and family-related factors. Theoretical orientation may differ and reflect psychological phenomena (e.g., so-called addiction theory).

The available theoretical models emphasize the socio-emotional embedding of addiction. This includes the well-known definition of addiction, “loss”, etc., which can vary historically and regionally. Some authors describe the pathological use of media as a reflection of a separation anxiety, and others see it as a learned or acquired behavior.

The key concept of the model is the concept of a separation anxiety, but it also reflects a reflection of the separation bind between the child and the parents. The separation bind can be seen as a result of thechild's need for more or less complete use of the computer, the Internet, or other interactive media.

The separation bind has been found to be related to the following factors: the use of internet activities accessible exclusively via the media, on the other hand, their personal virtual world actively forms a counter-world, a world of its own, which is often visited together with well-known real persons and friends. For children and young people threatened by the virtual world, it becomes a world of its own, which is often visited together with well-known real persons and friends. For children and young people threatened by the virtual world, it becomes a world of its own, which is often visited together with well-known real persons and friends.

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Online communities

• Online gaming

• Pre-occupation with communication-based platforms

• Social networking sites

• Online dating

• Exemplary function of age and prosocial orientation

• Help with psycho-social transitions and transitions

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The intention to participate in the therapeutic social media networks as Facebook, etc., is to be allowed in this phase. This depends on the willingness of the young person in these networks, their perception of the situation, and their motivation. The phases 1 and 2 have to be repeated as often as necessary, even if the phase only extends to a few weeks, the motivation for the next phase is often still in place.

In the future, the phase will also have to give more importance in diagnosis, as many children and young people new a large part of their lives would be with a virtual media with a consistent stream of information from other children. The intention to participate in the therapeutic social media networks as Facebook, etc., is to be allowed in this phase. This depends on the willingness of the young person in these networks, their perception of the situation, and their motivation. The phases 1 and 2 have to be repeated as often as necessary, even if the phase only extends to a few weeks, the motivation for the next phase is often still in place.

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