Introduction

In the last few decades, the impact of digital interactive technologies (DIGI) on personal and professional life has increased exponentially. Today, the vast majority of the population is in-dwelled by DIGI on a daily basis as their main source of information and as a social platform for social exchange and recreation.

In the near future, body-related devices will constantly provide the user with data of the world around and within him. Information DIGIs offer will enable possibilities. However, they also influence the development and create new forms of diseases—mainly in media-related children and adolescents. The excessive use of social media often reflects the underlying disorder and has to be understood and treated in this context.

Clinical Situation and developmental psychopathology

Healthy media-competent 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 viewed as a more acceptable setting to reduce the pressure for children and young people. Thus, the often-complex world of the real world, and then, in any case, as an overwhelming virtual world, and even to exist only in real life. They neglect the forthcoming development tasks, which ultimately leads to consequences in the following areas:

- Acquiring an adequate gender role
- Developing relationships with the opposite sex
- Obtaining an internal reference
- Emotional independence from the parents
- Acceptance of self and others
- Acquisitions of professional knowledge and preparation for gainful employment
- Developing a responsible social behavior
- Acceptance and perception of citizens' roles in society
- Finding and maintaining functional friend contacts

Clinically relevant typologies and classifications

Criteria that allow diagnosis for pathological on-line play behavior and only three (1) were included in the DSM-5 version of the DSM in 2013. In addition, a classification has always been possible in the literature.

A simple game typology is recommended, as proposed by the USK (Independent Game Commission) in the early days of WWW 2.0. It is Kimberly Young who developed her still very useful scheme of internet-related disorders, seen in Table 1.

Clinical experiences 2014 – 2016

The programme is obligatory for every in-patient of the hospital and lasts for six to twelve weeks. The programme is carried out in the in-patient area. Inpatients are integrated in the SOMOSA project as long as their condition does not prevent them from benefiting from the state-of-the-art therapy, which is also best achieved in a group setting.

The first phase of the implementation of the SOMOSA MediaLabR program integrated patients with DIGI addiction to the in-patient psychiatric department. The programme is carried out in the in-patient area. Inpatients are integrated in the SOMOSA project as long as their condition does not prevent them from benefiting from the state-of-the-art therapy, which is also best achieved in a group setting.

1st phase

This includes:

- Creation of a problem awareness
- Development of a concrete goal and problem concept
- Complete abstinence from electronic media for at least six weeks (all possible devices)
- Deepened diagnosis of mental and somatic disease, psychoeducation of the parents and the patient
- A significant analysis of the virtual and the real world

In this phase, the drop-off rate is rather high, the motivating conviction is of crucial importance, and the question of motivation (pressure by school, training center or parents) should also be discussed in difficult cases and in chronic progression of the disease, the phase can only be achieved in a daily clinical setting or at least 4-6 times per week.

2nd phase

After elaboration of a basic identification and diagnosis of the concealed existing psychiatric disorders, the specific treatment of the concealed disorder by means of psychotherapy in the individual and group setting.

Some special focus should be given in this phase. At the same time, a restructuring of activities on the PC is based on the school and performance context. The focus is not on the description and entertainment 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 basic problem-facing handling of the PC, has been lost and an almost compulsive use potential of, for example, World of Warcraft (WOW) or League of Legends (LoL), an online-based game typology is recommended. Therefore, the development of an age-specific age-related prosocial orientation has been developed. In this context, the motivational identification of key stimuli and thus triggering pathological behavior can be seen as an essential first step for finding a new and more effective way of treatment.

For further development in the sense of the “cue exposure”, a concept of the identification of key stimuli and thus triggering pathological behavior can be seen as an essential first step for finding a new and more effective way of treatment.

Summary

An overview of the theoretical and clinical research of media addiction, psychological characteristics and aspects of the DIGI addiction, as well as the treatment aspects of DIGI addiction are presented in this chapter. The basic characteristics of DIGI addiction are presented and the treatment aspects of DIGI addiction are presented.

References

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Digital and interactive technologies in in-patient psychiatric treatment of adolescents – two years of experience with a technology-based therapeutic and pedagogical intervention (SOMOSA MediaLab®)

Phenomenological subtypes of media-related disorders

Table 2: Phenomenological subtypes of media-related disorders

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Time</th>
<th>Days</th>
<th>Notes</th>
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<tbody>
<tr>
<td>09.40 – 10.00 Uhr</td>
<td>Kognitives Training</td>
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