Chapter 15
Therapeutic Interventions for Treatment of Adolescent Internet Addiction—Experiences from South Korea

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Abstract This chapter introduces several intervention programs that have been developed and implemented for adolescents and younger Internet addicts. A few individual and group counseling programs currently operating in Korea will be outlined, and residential camps and integrative long-term therapy programs will also be introduced. The author also includes a summary of the characteristics of Internet-addicted youth in Korea.

The problem of Internet overuse has emerged in many countries over the past several years. With one of the most advanced IT infrastructures and almost universal access to the Internet, Korea has been particularly concerned with problems of Internet overuse since 2000. The Korean government and academia have made substantial efforts to prevent and treat the problem of Internet addiction. Many counseling and therapy services have been established, many of which have been government initiatives. Researchers and clinicians have worked together to develop and implement effective intervention models for those individuals experiencing Internet addiction.

The effects of Internet addiction on children and adolescents has been the source of much attention, due to the potential developmental implications. This chapter introduces many intervention programs that have been developed and implemented for adolescents and younger Internet addicts. The characteristics of Internet-addicted youth in Korea will briefly be reviewed, and examples of individual and group counseling programs will be outlined, as well as residential camps and integrative long-term therapy programs which are now being operated in Korea.

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15.1 Characteristics of Internet Addicts of Korean Adolescents

According to the annual national survey of Internet addiction (NIA[1] 2013), the rate of Internet addiction among Korean children and adolescents ranged between 9.4 and 11.7% in 2012.[2] In other words, approximately 3–4 people per classroom require special monitoring of their Internet use. Work by Korean researchers and clinicians aimed at clarifying the characteristics of Internet addicts.

15.1.1 Internet Use Behaviors and the Observed Problems

According to NIA's 2012 survey (NIA 2013), online games were the most frequently used type of computer program by the addicted group, whereas mobile instant messenger applications were most frequently used among the non-addicted group. Daily average Internet use time for the Internet-addicted group was longer (3.2 h per day for the high-risk group; 2.5 h for the potential risk group) than that of those in the normal group, which averaged 2.1 h per day. The majority of the problems arising from Internet addiction encompassed mental and physical health problems, parent–child relationship problems, and problems with school coursework.

Clinicians working in frontline centers observed that many Internet-addicted adolescents faced problems such as failing to keep up with schoolwork, lying, poor peer relationships, stealing, being victims of cyber-crime, being tardy and coming home late, sleep deprivation, and irregular eating habits. Internet addicts are also likely to experience physical problems commonly related with computer overuse, such as eyestrain, neck pain, chronic fatigue, and weight gain. It is because of such problems that the clients and their families call for Internet addiction intervention services (Ahn 2012).

15.1.2 Psychological Traits

Irrational beliefs about Internet usage are unique characteristic of Internet addicts (Davis 2001). They think that the Internet will free them from stress and fatigue and

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[1]Korea National Information Society Agency (NIA) is one of the focal institutions of Korean government which was devoted to Internet addiction-related research and the public response.

[2]Internet addiction was measured by KS Scale (Kim et al. 2008). Percentage of high risk group: 1.8(elementary), 3.3(middle), 1.7(high school students) % of addicts (% of high risk and potential risk group): 9.4(elementary), 11.7(middle), 9.6(high school students).

connect them to other people and the world. This erroneous thinking is the focus of interventions using a cognitive behavioral approach (Young 2011).

High impulsiveness and low self-control are the most influential psychological traits of Internet addicts. Because of these aspects, Internet addiction maybe considered as a form of impulse control disorder (Lee et al. 2012). Comorbid symptoms such as ADHD (Yen et al. 2007) can be understood in the same context. For this reason, clinicians frequently include the learning of self-regulation skills in their approach to Internet addiction counseling.

Internet addicts' lack of problem-solving skills often leads them to unhealthy coping styles such as "avoidance." Instead of confronting and coping with difficulties, they cling to the Internet to avoid their problems, thereby adding further to such problems (Whang et al. 2003). Stress management and coping techniques have been incorporated into counseling protocols to help address these issues.

In many cases, Internet addicts experience depression as a comorbid symptom (Ha et al. 2007; Kim et al. 2006). They feel isolated and their self-esteem appears to be lower on average compared to non-addicts (Kim and Davis 2009). They feel safe in the Internet world where anonymity seems to be guaranteed. For these depressive clients, finding and dealing the exact causes of their depression is necessary, in addition to treating their symptoms of IA.

15.1.3 Family and Peer Relationship

Oftentimes, parents of Internet-addicted adolescents struggle to develop the proper parenting skills to deal with the issues their children face. Extreme permissiveness (i.e., through a lack of rules and boundaries) or extreme coercive control over their children's behavior becomes an important factor in their children's Internet overuse (Song and Park 2008). When this is the case, psychological education and counseling for the parents is also important and necessary.

Lack of family resources is another characteristic of Internet addicts. This is observed in children who have "nothing to do after school" and resort to the Internet. Parents of children suffering from Internet addiction commonly work long hours, coming home late in the evenings, and have no extra resources to supplement parental care at home (Choi et al. 2009). In such instances, it is helpful to connect the family to community resources, provide a mentoring service to the children, and organize afterschool programs as this provides a safe, Internet-free environment.

In some cases, it is observed that there are serious family conflicts such as parental separation, divorce, or violence. In other cases, there may be severe conflict in the parent–child relationship due to Internet use problems (Choi et al. 2009; Song and Park 2008). In both cases, family counseling is suggested for disentangling family issues.

In many cases, addicted adolescents do not have satisfying peer relationships. They have a tendency to withdraw from their peer groups and isolate themselves from the real world (Bae et al. 2012c). This is sometimes caused by a lack of social skills. Social skills training and group counseling are effective in promoting positive peer interactions for such clients.

15.1.4 Implications of Counseling Interventions

We suggest several implications for counseling interventions from the above review of the characteristics of Internet-addicted adolescents. First, an accurate initial assessment of the addicts is necessary for effective intervention. While the manifest behavior of addictive use of the Internet may seem similar, the addiction arises from various roots (Douglas et al. 2008) including temperamental, cognitive, psychological, and familial factors. Also, comorbid symptoms need to be screened for proper psychiatric treatment and counseling. For the initial assessment, the counseling office needs to prepare an interview sheet to check the client's Internet use behavior, addiction level, and psychological assessment tools.

Second, as with other forms of addiction counseling, the counselor must first approach the client using motivational interviewing techniques (Miller and Rollnick 2002). This is particularly important when the client is a child or an adolescent, as their participation in counseling is typically involuntary and they often prefer to ignore their problem. Showing genuine interest in the client's life (including the client's favorite Internet game) is important. It is also important to foster good rapport in group counseling programs, e.g., through the provision of snacks and the facilitation of interesting activities.

Third, counseling needs to tackle the immediate and practical issues first and deal with deeper concerns later (Bae et al. 2012a). Many Internet addicts who come in for treatment suffer from various life problems, such as failure in school, irregular eating and sleeping patterns, etc. Counselors should first facilitate a return to everyday basics in the client's life, before approaching behavioral and cognitive issues like time management, planning, communication skills, study methods, irrational beliefs, stress coping skills, and other activities. If there are family conflicts or issues with the client's inner-self, the counselors can then go further and deeper to help resolve these issues.

Finally, relapse management is important. Preparing skills to cope with relapse and risky situations for the clients and their family is an essential goal in the final phase of counseling. Mentoring services, club activities, and support groups can be provided to the clients or their families after the counseling or intervention has finished.

15.2 Individual Counseling

15.2.1 Counseling Service System

This section introduces the Internet addiction counseling service system for children and adolescents in Korea. Korea has implemented a thorough nationwide screening system, which in turn has increased demand for more intervention services and more research to be done in the field of Internet addiction.

Enumeration survey of Internet addiction: Since 2009, Korean government has implemented an annual enumeration survey of Internet addiction for the target grades of 4, 7, and 10. This is a very thorough screening system designed to detect those at risk of developing an Internet addiction. Based upon the survey results, counselors select students in the high-risk group and then assess their comorbid symptoms using Child Behavior Check List (CBCL by parental report for grade 4) or Youth Self Report (YSR for grade 7 and 10) (Achenbach and Rescorla 2001). They refer those students who show clinical psychiatric symptoms to hospitals for more professional psychiatric assessment and treatments. For high-risk students who do not have comorbid symptoms, they provide individual or group counseling service throughout the year. The counseling service is mostly offered at the school by the school counselors or by counselors from local counseling centers.

Central dissemination of the expertise of the Internet addiction counseling: To meet the vast amount of counseling requests after the survey, the government offered professional training in Internet addiction counseling through the government institution, the Korea Youth Counseling and Welfare Institute (KYCI), and the National Information Society Agency (NIA). These two institutions are developing individual counseling protocols and group counseling programs for each age group, and disseminate the program manual for frontline counselors to use and to improve the quality of services.

Home Visit Counseling service: Home Visit Counseling (HVC) services, in which counselors visit clients in their own homes, are provided for clients who are socially withdrawn or disconnected from social services due to disadvantaged home environments. The visiting counselors offer the initial assessment and initiate a short-term counseling intervention (i.e., 3–4 sessions). Actually, the goal of HVC services is not to complete the treatment in the home setting, but to motivate these clients come to the counseling office for further counseling and treatment (Choi et al. 2009).

15.2.2 Counseling Protocol

To guide the quality of Internet addiction counseling in the local youth counseling centers, KYCI initiated the development of an individual counseling protocol (Bae et al. 2012c). This protocol is now disseminated through the regular in-depth counselor training offered by KYCI.

For the more effective interventions, the researchers (Bae et al. 2012c) developed different protocols based on subtypes of the addicts. For this purpose, they categorized Internet addicts into three groups according to clients' temperament, affect, and relationship dimensions: "the stimulus seeking type," "the depressive type," and "the weak peer relationship type." A different protocol was designed for each type to effectively target the individual root causes of addiction, which is likely to differ between individuals, despite similar surface presentation of symptoms. The protocols are summarized in Table 15.1.

Based on experimental trials of the protocol in 12 cases, the intra-group change indicated this counseling protocol helped to decrease the duration of Internet use and the level of Internet addiction of the clients. Additionally, positive changes were observed in peer and in parent–child relationships, self-regulation and depressive symptoms of the clients, and/or the parent(s) (Bae et al. 2012c).

Table 15.1 KYCI's Internet addiction individual counseling protocol (Bae et al. 2012c)

Internet addiction counseling protocol (Bae et al. 2012c)	
• *Adolescent counseling*	
Initial phase (Session 1–3)	Building rapport, assessment, motivational interview
	Recognizing the problem, goal setting
Middle phase (Session 4–10)	*Stimulus seeking type*: self-regulation training
	Depressive type: CBT approach to treat depression
	Weak peer relationship type: social skills training
	Common for all types: changing irrational thoughts on Internet use, time planning, finding alternative activities to replace the internet, coping skills, career plans, etc.
Final phase (Session 11–12)	Creating a supportive environment, planning for relapse, evaluation
• *Parent counseling*	
Initial phase (Session 1–2)	Building rapport, motivational interview
	Parental assessment, sharing the child's assessment results with the parents
	Therapeutic goal setting for the parent and the adolescent
Middle phase (Session 3–5)	*Stimulus seeking type*: supportive parenting for the child's self-regulation
	Depressive type: encouraging and supporting the depressive child
	Weak peer relationship type: supportive parenting for the child's better peer relationship
	Common for all types: Dealing with parent–child conflict, Parenting skills in guiding Internet use for the child
Final phase (Session 6)	Planning for relapse, evaluation

15.2.3 Hospital Treatment Model

Compared to psychological counseling services, hospital services are often specialized in accurate diagnosis of the psychiatric symptoms and proper medications to relieve the symptoms. Hospitalization is, sometimes, the last choice for very serious addiction clients.

One hospital-run center is the "On-Line Game Clinic and Research Center," operated by Chung-Ang University Hospital. In addition to regular psychiatric treatment, they provide individual and group counseling, family counseling, and sports therapy in an integrative mode for Internet addiction patients. Known for their active neuro-scientific research on Internet addiction, the "On-Line Game Clinic and Research Center" is continuously developing effective treatment methods. A recent publication highlighted the efficacy of CBT individual therapy combined with medication (bupropion) for treatment of problematic on-line game play (Kim et al. 2012).[3] The clinic has also developed an applied sports therapy treatment, which has proven an effective method in improving attention, cognitive symptoms and social skills in ADHD children (Kang et al. 2011), and Internet addicts, who suffer from similar symptoms.

15.3 Group Counseling

Group counseling has a unique effect on Internet-addicted adolescents in two ways. First, the counseling group can be both a reference group and a support group for the individual client. Their unstable and fragile self-identity needs and wants approval from peer groups. A perceived lack of peer approval is one of the main contributors to adolescents' Internet (gaming) addiction and is often the underlying reason for their resistance to quit Internet overuse. Peers in counseling groups provide healthy peer pressure and approval, facilitating change in addicts' lifestyles. In this way, they work as a support group to help each other overcome their Internet addiction. When one or two leading figures change and overcome their addictions, it creates a large positive impact on the other resistant group members, an effect that cannot be achieved through individual counseling.

Second, the clients are able to build relationships in group counseling. Many clients have not been satisfied with their peer relationships, partly because of their poor social skills. The safe and accepting atmosphere of the group encourages group members to be active and to have social interactions with other members, which, in turn, creates positive relationship experiences for them. For these reasons, group counseling is a popular treatment for children and adolescents.

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[3]The 'CBT and medication' group showed the reduction of internet addiction score more compared to the 'medication only' group (Kim et al. 2012).

Group counseling programs are implemented in schools following administration of the enumeration survey, and are facilitated by counselors dispatched from local counseling centers. To motivate client participation, most of the programs have activities such as games, drawing, crafts, and cooking, in addition to psychoeducation about Internet addiction interventions. They aim to facilitate "learning through activities" while taking the clients' developmental characteristics into consideration.

According to Park (2009)'s meta-analysis of 41 Internet addiction group counseling programs in Korea, the main theoretical approaches of the group counseling programs are "integrative" (mixture of effective interventions from different approaches), cognitive behavioral therapy (CBT), motivational enhancement therapy (MET: Miller 1999), reality therapy (Kim 2008), solution-focused therapy (Moon et al. 2011), and expressive art therapy (Chung 2008). Park (2009) concludes that Internet addiction group counseling programs in Korea are effective in reducing addiction level. Of these therapies, the integrative approach, reality therapy, and CBT show the greatest efficacy.[4]

One example of a group counseling program is presented in Table 15.2. This program is based on a combination of the trans-theoretical model (Prochaska and DiClemente 2005) and the CBT model. It is targeted for Internet game addicted middle school students (7–8 participants). The post-test result indicates this program is effective in significantly reducing Internet addiction scores (Hyun et al. 2006).

15.4 Residential Therapy Program

Residential therapy programs such as intensive "school" or "camp" to help clients recover from Internet addiction are also popular in Korea. A variety of programs are available according to the clients' situations, such as "one day family camp," "daycamp (for 2–3 days)," "12 day intensive treatment," or "long-term (a couple of months) residential treatment."[5] The content of residential programs comprise individual and group counseling, sports or outdoor activities, artistic or play activities, family activities, and parental education. Regular eating, sleeping, walking, social interaction, and full abstinence from the Internet are the "unique" benefits of the residential program. In fact, these "regular" daily-life practices play important role in the recovery of Internet addicts.

KYCI's "Internet RESCUE School" is known as the most successful residential program in Korea (Koo et al. 2011). It has been operated and modified since 2007, and the operation manual was published in 2010 (Hwang et al. 2010). Now, this

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[4]Park (2009) evaluated the 195 effect sizes of the 41 group counseling programs and got 1.04 mean effect size which means quite high effectiveness.

[5]For now, there is only one residential treatment center in Korea, which is funded by a Christian church. Another one will be opened soon, which is operated by government.

Table 15.2 Example of internet game addiction group counseling program for middle school students (Hyun et al. 2006)

Session	Goal		Stage
1	• Building rapport	• Exploring the pros and the cons of the change	Precontemplation
	• Recognizing the risks of game addiction	• Motivating for change	
2	• Recognizing the underlying motives of Internet game use	• Weighing the pros and the cons of the Internet game and the change	Contemplation
	• Dealing with the ambivalence toward change		
3	• Finding my strength	• Finding alternative activities	Contemplation
	• Reflecting my successful experience	• Exploring the benefits of the change	
4	• Understanding the parents' mind	• Parental pledge of supporting the child's alternative activities	Preparation
	• A pledge of abstinence (control) of Internet game		
5	• Finding the reasons of clinging to the Internet game	• Finding the coping strategies to overcome the temptation of Internet game	Action
6	• Checking the high-risk situation related to peer pressure	• Role play of saying "No"	Action
	• How to say "No" to the temptation		
7	• Exploring my dream	• Consolidate the dream to bridge it to reality	Action
8	• Sharing my change	• Tamping my resolution	Maintenance
	• Coping skills training for relapse and risky situation	• Evaluation	

12-day residential program is disseminated by KYCI's special workshop for local treatment centers and is expanding rapidly beyond metropolitan areas to the entire country with the support of the government. The target group of this "RESCUE School" is high-risk Internet-addicted adolescents. The goals of this program are reducing (controlling) Internet use, improving parent–child relationship, learning stress coping strategies, and career planning of the participants. It employs and combines the ecological perspective integrating bio-psycho-social aspects, motivational enhancement therapy, behavioral therapy, CBT, and solution-focused approach. The summary of the program is presented in Table 15.3.

A 2–3 months' screening process is implemented before the main program starts. Clients with serious comorbid symptoms that would hinder program participation or trouble group dynamics are screened out. Three parental visits to the "School" during the 12 days are mandatory. Because the program is usually offered in the countryside surrounded by an abundance of natural environments and

Table 15.3 The summary of the "RESCUE school" of KYCI (Hwang et al. 2010)

Screening	• **Inclusion criteria**:
	– Internet addiction high-risk group (KS-scale[a] and Intake interview)
	• **Exclusion criteria:**
	– Serious psychiatric symptoms hindering the "School" participation
	– Parents cannot participate in the three parental sessions (for 5 days) during the "School" days
Phase I	• Group counseling: sessions 1–3
	• Individual counseling: "recognizing my addiction"
	• Parental education: understanding the child's psycho-emotive status
	• Therapeutic activities for relationship building
	• Other therapeutic activities: strolling, meditation, sports
Phase II	• Group counseling: sessions 4–6
	• Individual counseling: solution-focused approach to the issues related to Internet addiction
	• Parental intervention: family camping, parent counseling, family therapy
	• Therapeutic activities for energizing the clients: wall-climbing, skin scuba diving, etc.
	• Other therapeutic activities: Meaningful experiences (i.e., volunteering at the neighborhood) added to the above activities
Phase III	• Group counseling: session 7
	• Individual counseling: family relationship, coping strategies
	• Parental intervention: "recognizing the change of the child"
	• Therapeutic activities for recovery of positivity: pottery, craft, etc.
	• Other therapeutic activities: strolling, meditation, sports
Follow-up	Parental education and support group
	Mentoring for sustaining the change (1:1 mentoring service)
	Alternative activities (sport, hobby, etc.)

[a]KS scale is an Internet addiction scale developed by Kim et al. (2008). This is the most popular measurement of Internet addiction in Korea, used for national survey as well as many Internet addictions counseling assessment

facilities for youth activities, it is hard for some families to come to the "School" during weekdays. Throughout the "School" days, individual and group counselings are provided. Parental counseling and family therapy are also provided during family visitation days. A regular day at the "School" starts with a walk in the forest and closes with meditation. Sports activities such as soccer are enjoyed during the day. Therapeutic activities such as group projects, energizing activities, and artistic works are also provided. There is also a "Two-day family camping" program at a tent site which consists of family recreation, cooking, and experiences that facilitate positive interactions among family members.

A mentor is matched to each participant during the whole 12 days. Mentors support and encourage the clients' successful participation in the program. At the beginning of the "School," most clients are very resistant and terrified by the fact

that they will be disconnected from the Internet. However, they become gradually accustomed to "the School life" and build up their new lifestyle. Of course, a few members fail to overcome their addiction and leave the "School" during the program. After graduation from the "School," participants undertake 3 months of follow-up programs, such as mentoring services and regular parental education sessions to help parents sustain the change in their children.

The intra-group changes show that participants' Internet usage times significantly decrease and show positive changes in Internet-use-related aspects of the adolescents and their parents (e.g., thoughts about using the Internet, career development, parenting style, parent–child communication, wellbeing, self-control). Furthermore, the change was sustained at a 2-month follow-up after the program finished (Hwang and Du 2011).

Because KYCI's "Internet RESCUE School" is available only to adolescents whose parents can cooperate, an alternative residential camp was developed by KYCI in 2012 for adolescents whose parents cannot visit during the camp. For elementary school students who have problems with usage of the Internet, two- or three-day family camp programs are usually offered. In these programs, the focus is more on parental education and parent–child communication (Bae et al. 2012b).

15.5 Long-Term Therapy Program

Long-term integrative programs have been implemented by "I WILL" centers.[6] These programs were developed in answer to the question, "Why do adolescents who seem to have overcome addiction relapse so easily?" They found that the origin of the problem was the "fragile self" of the clients. And thus they designed a program in order to tackle this problem. The program aims to build up a balanced, healthy life through a year-long period of therapy. The program focuses not just on reducing Internet usage, but also on strengthening the "root" of the addicts; this includes things such as their self-image, self-confidence, and future dreams. "Gwang-Jin I WILL Center" began the first long-term program in 2009. Through several iterations, this program has come to have its present shape, displayed in Table 15.4. The 4-1-4 months' module of the main program and the 1-year follow-up is designed to fit the Korean school calendar.

The program is intended for high-risk Internet-addicted middle school students, upon recommendation of school teachers. Priority is given to clients from disadvantaged home environments. About 15 members are included in each cohort. In many cases, participants are found deprived of various cultural experiences, sports activities, and achievements in their life. Internet gaming is their only respite and amusement. Phase I consists of mostly counseling programs. Once it finishes,

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[6]"I WILL Center" is the Internet addiction prevention and intervention center run by Seoul Metropolitan Government, Korea.

Table 15.4 Long-term integrative program "Dream Tree" of Gwang-Jin I WILL Center (Ahn 2012)

Long-term integrative therapy program "Dream Tree"

	Title	Client's status	Goal	Therapy/activities
Phase I (4 months)	Recovery of my "self"	• Psychological weaknesses • Lack of self-control • Family conflicts	• Recognizing the problem and starting to change Internet use habit	• Psychological assessment • Individual counseling • Group counseling • Parent counseling • Family activity
Phase II (1 month)	Exploring myself	• Lacks diverse experiences • Lacks ability to deal with stress • Passive attitude • Lethargic	• Discovering my interest • Experiencing joy	• Outdoor camping • Cultural activities • Group counseling
Phase III (4 months)	Self-expression	• Lacks success experience • Lacks self-confidence • Lacks life satisfaction	• Experiencing a sense of achievement	• Alternative activities • Performance/exhibition • Graduation ceremony
Phase IV (12 months)	Follow-up maintenance	• Relapse possibility • Limited resources • Lacks initiative and future plan	• Maintaining self-control and the changed habit of Internet usage	• 1:1 mentoring • Youth self-help group, (club) activities

Phases II and III are focused on providing various experiences (e.g., music, acting and performing, outdoor camping, family activities, etc.) to offer opportunities "to learn through activities." A follow-up program is offered to maintain the change and to facilitate further growth through mentoring and club activities (e.g., sports, hobbies, etc.).

Because of high costs and other operational difficulties, such as retaining the participants during the 1+ year duration of the program, practitioners debate the long-term efficacy of this program versus its cost–benefit ratio (Cho and Kim 2011). However, the impressive results observed in clients—even several years after completing the program—and the relationship experiences between clients and group leaders, motivate practitioners to contribute their passion to this program. According to the program evaluation summary (Ahn 2012), the changes in Internet addiction scores of the participants reflect the effectiveness of this program. Qualitative materials such as letters from school teachers and families or participants' evaluations show a profound change in the participants' lifestyle. Further efforts are needed to modify and to develop the operation manual of this program as well as to provide scientific research on the effectiveness of this program.

15.6   Conclusion

In the midst of its IT prosperity, Korea is suffering from the affliction of Internet addiction. However, with the active response of the Korean government, scholars and practitioners have continuously developed and implemented better treatments for Internet addiction. From Korea's various intervention experiences, we can draw several implications for the future of Internet addiction treatment for children and adolescents.

First, Internet addiction treatment for children and adolescents cannot be separated from parental or family counseling. Parents sometimes cannot play their parental role of supervising and guiding their children's Internet usage for various reasons. It can be due to serious marital conflict, economic difficulties, lack of time, or lack of effective parenting skills. Whatever the reason, tackling the risk factors on the parental side is one important key to resolving the child's addiction problem. Consequentially, a substantial number of counseling programs in Korea use the multi-modal approach, providing treatment for children/adolescents as well as parental/family counseling in parallel (Bae et al. 2012c; Hwang et al. 2010; Song and Park 2008).

Second, clinicians and scholars need to pay more attention to non-traditional counseling methods in treating children and adolescents' Internet addiction problems. That is, the effect of positive experiences and therapeutic activities in the treatment of the addiction cannot be ignored. Of course, the need for counseling and psychiatric treatment is indisputable. However, the experience of being together with peers, being deeply involved in other hobbies, and developing emotional closeness with their parents brings out their potential growth. For better treatment of

children and adolescents' Internet addiction, more creative intervention programs are expected in the future that integrate positive experiences, therapeutic activities as well as counseling services.

Third, clinicians need to have close relationships with the clients' school teachers and parents. This is crucial in detecting addictive problems early and treating them successfully. We cannot expect voluntary participation of younger clients in treatment, especially during the early stage of the program. In fact, teachers and parents play key roles in maintaining the treatment of younger clients. For this reason, in Korea, many educational workshops are offered to parents and teachers.

Finally, we see Internet overuse as the beginning signs of an addiction that needs to be treated in the early stage. If interventions do not occur properly and in a timely manner, it gradually undermines the daily life of affected children and adolescents up to an irrevocable level. Therefore, the importance of the regular assessment of Internet addiction and the preventive education about the risk of the addiction for every children and youths needs to be addressed.

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