

The Efficacy of the reSTART Internet Addiction Recovery Program

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Does the reSTART Internet Addiction Recovery Program really help adults with Internet Addiction Disorder? This paper presents the results of an ongoing OQ 45.2 study on the short-term impact on adults who complete the 45+ days reSTART program.

Introduction: The reSTART program is the first inpatient recovery program specializing in Internet Addiction Disorder in the USA. It combines technology detoxification with psychotherapy, elements of wilderness/experiential therapy, life skills

training and stress reduction techniques in a holistic approach. There is no study addressing the evaluation of a comparable program in the current body of literature, therefore the recent study is the first one directly answering the following questions: What percentage of program graduates demonstrate significant clinical change? Is the efficacy of the program moderated by the diagnosis or the gender of participants?

Methods: A sample of 21 adult participants of the reSTART program provides data for the outcome evaluation. All participants that started the program within a one year period were included. Self reported measures of subjective discomfort, interpersonal relationships and social role performance were assessed on a weekly basis beginning the day of joining the program until the day before leaving the program by the OQ 45.2 outcome questionnaire. The OQ 45.2 Outcome Questionnaire was selected due to it measuring patient progress in therapy, its sensitivity to change over short periods of time, and its brevity while maintaining high levels of reliability and validity (Lambert et al., 2004). Each of the three subscales mentioned above are used to calculate a total OQ 45.2 score. Two participants dropped out before completing the program. Nineteen participants (90.5% of the total sample) completed the program and therefore were taken into account for the current analysis.

Results: The initial OQ 45.2 score (baseline) and the average current score (after completing the program) is shown in *Figure 1*. The average score improved from 63.68 before treatment to 33.58 after treatment. Seventy-four percent of participants showed significant clinical improvement, 21% of participants showed no reliable change, and 5% deteriorated as shown in *Figure 2*.

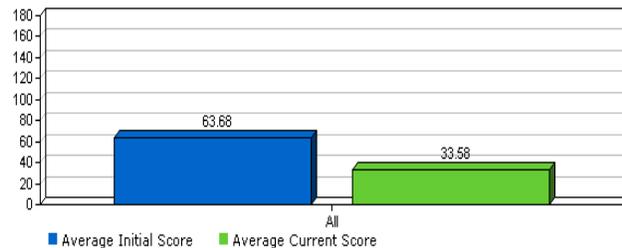


Figure 1: Average Initial Score vs. Average Current Score

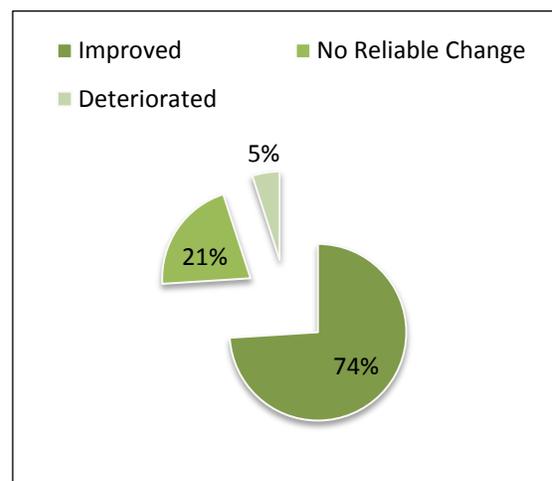


Figure 2: Percentage of participants change in OQ 45.2

Female participants (13.5% of the total sample) showed a higher average initial score (98 female vs. 59.65 male) and a lower improvement rate (50% female vs. 76% male) as shown in *Figure 3*.

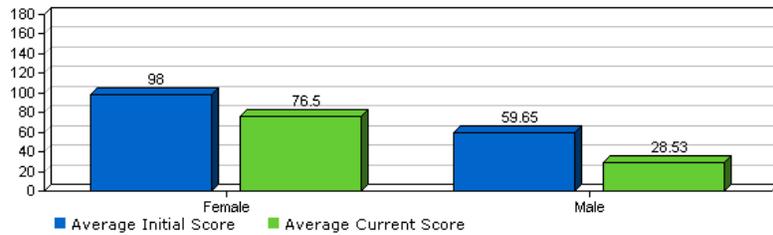


Figure 3: Average Initial Score vs. Average Current Score by Gender

Participants diagnosed with 299.80 Aspergers disorder (23.3% of the total sample) showed a higher average initial score in comparison with participants diagnosed with 312.30 Impulse-Control Disorder Not Otherwise Specified (73 Aspergers vs. 61.2 Impulse Control) and a lower improvement rate (50% Aspergers vs. 80% Impulse Control) as shown in *Figure 4*. The results of all analyses are presented in *Table 1*.

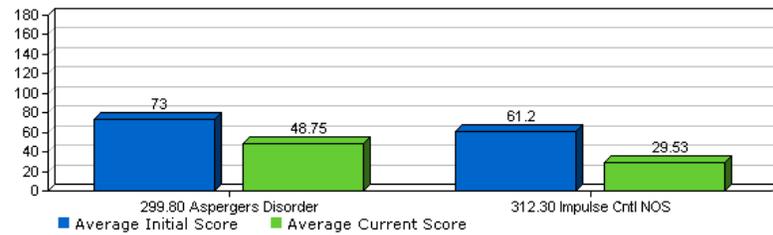


Figure 4: Average Initial Score vs. Average Current Score by Diagnosis

Discussion: In this evaluation 74%

of all participants demonstrated at least a 14 point drop and therefore were considered to have experienced significant clinical change. Only 5% were deteriorated at the end of treatment and 21% showed no reliable change. Therefore we consider the reSTART Internet Addiction Recovery Program as being effective. Additionally the results indicated participants diagnosed with Aspergers disorder and female participants to have a slower improvement, necessitating longer treatment duration.

Table 1: OQ Scores, Percentage and Directions of Change for the Different Subsamples and Total Sample

Sample	Average Initial Score	Average Most Recent Score	Average Number of Valid Administrations per Client	Total Valid Administrations	Improved	No Reliable Change	Deteriorated
Total	63.68	33.58	8.58	163	74 %	21 %	5 %
Female	98.00	76.50	11.00	22	50 %	50 %	0 %
Male	59.65	28.53	8.29	141	76 %	18 %	6 %
Aspergers	73.00	48.75	9.50	38	50 %	50 %	0 %
Impulse	61.20	29.53	8.33	125	80 %	13 %	7 %

The results have to be regarded as preliminary due to the small study sample, the self report measurement and the lack of a control group. Despite these limitations, there is evidence that the program is responsible for most of the improvements demonstrated.

References:

Lambert, M.J., Morton, J.J., Hatfield, D., Harmon, C., Hamilton, S., Reid, R.C., Shimokawa, K., Christopherson, C., Burlingame, G.M. 2004. Administration and Scoring Manual for the OQ-45.2 (Outcome Measures). American Professional Credentialing Services L.L.C.