Online Pornography Case Study

Youth & Digital Technology: Growing Up Online Toolkit

The following clinical description is fictional. Any resemblance to real cases is purely coincidental.

Scenario

David, age 17, presents with self-reported depression and loss of motivation. He discloses that he has been “watching hours of porn and masturbating” in his room instead of finishing homework or participating in hobbies. David is overwhelmed with feelings of shame over his inability to stop compulsively using pornography.

Practice Question 1:

What are the presenting concerns or problems that you see for David?

Practice Direction and Recommendations 1:

- Use empathetic and client-centered approaches, discuss David’s concerns and his desire for treatment.
- Counsel David or refer him to a mental health professional to assess his mental health concerns.
- Use an appropriate assessment tool to explore the severity of David’s compulsive pornography use.
    - Mental health screenings (e.g., PHQ-9 for depression, GAD-7 for anxiety).
    - Compulsive behavior assessments (e.g., Problematic Pornography Use Scale - PPUS).
    - Motivation for change assessment (e.g., Stages of Change model).

Practice Question 2:

What would a treatment plan for David look like?

Practice Direction & Recommendations 2:

David’s treatment plan should be holistic, individualized, and flexible, addressing both his mental health concerns (e.g., depression, motivation issues) and his compulsive pornography use. The approach should aim to reduce shame, build emotional regulation skills, and support healthy lifestyle changes.

- If David agrees to address his mental well-being and pornography use, proceed with a treatment plan. Identify whether depression or another mental health issue is causing his pornography consumption, or if his compulsive pornography use is causing depression and his lack of motivation.
- Provide counselling for David's depression and pornography use with a treatment modality you are trained in, such as cognitive behavioral therapy, dialectical behaviour therapy, or mindfulness-based cognitive therapy.

Individual Therapy and Counseling Approaches

- Cognitive Behavioral Therapy (CBT):
  - Challenge negative thought patterns related to shame and self-worth.
  - Introduce behavioral activation to increase engagement in rewarding activities.
  - Use exposure-response prevention (ERP) techniques to manage compulsive urges.
- Dialectical Behavior Therapy (DBT):
  - Focus on emotional regulation and distress tolerance.
  - Teach mindfulness skills to manage urges and impulsivity.
- Mindfulness-Based Cognitive Therapy (MBCT):
  - Help David increase awareness of triggers and manage compulsive behaviors without judgment.
- Acceptance and Commitment Therapy (ACT):
  - Encourage values-based actions instead of avoidance-based behaviors.
  - Teach David to detach from intrusive thoughts without acting on them.
- Accelerated Resolution Therapy (ART)
  - Process underlying distress that may contribute to compulsive behaviors.
- Behavioral and Habit Rebuilding
- Reduce Compulsivity:
  - Use harm reduction strategies rather than immediate abstinence.
  - Help David track usage patterns and establish structured screen time limits.
  - Explore alternative activities that provide similar stimulation and engagement.
- Digital Well-Being & Environment Modifications:
  - Implement time-restricting tools or content blockers (if David is open to it).
  - Introduce accountability strategies (e.g., journaling, trusted peer check-ins).
- Lifestyle and Motivation Rebuilding:
  - Introduce physical activity and hobbies to replace screen-based behaviors.
  - Use goal-setting techniques to re-establish academic motivation.
  - Address sleep hygiene if late-night usage is affecting rest

- Refer David to a mental health therapist, doctor, or addictions' specialist. If medication is introduced, ensure collaboration between medical and mental health professionals. Ongoing monitoring is critical.
- If appropriate engage David's significant others: provide psychoeducation on compulsive behaviors and shame reduction.
- Offer Peer and Community Resources: Review with David some of the resources available for youth, such as handouts, online self-help tools (e.g., NoFap community: https://nofap.com/, mindfulness apps) or provide him with contact information for community resources or organizations. For example, information can be found at the Alberta branch of Sex Addicts Anonymous (https://saa-recovery.org/meetings/canada/) or the Canadian branch of Sexaholics Anonymous (https://www.sa.org/f2f/canada/Alberta/). Note that only those who are legal adults can attend sexaholic anonymous meeting.
- Where possible, obtain information from family, school, and the community in general.
- Provide the family with resources and encourage their active participation in any treatment plans.