Social Networking: Case Study

Youth & Digital Technology: Growing Up Online Toolkit

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

Scenario

James is an 18-year-old, with no previous psychiatric history. Eight months ago, he began feeling anxious, sad, and always tired. James has lost interest in leisure activities, except for social media, especially his use of Snapchat.

He and other family members conflict about the amount of time he spends online. James spends more than eight hours a day chatting, watching short videos, looking at photos, sharing posts, and Phubbing (the act of ignoring people in a social setting by focusing on a digital device) [1]. His use of Snapchat is consuming his life and he experiences FOMO (Fear of Missing Out) creating pressure to stay constantly connected to avoid feeling left out, disrupting his sleep habits and school activities. James describes his use as a strategy to cope with unpleasant emotions but feels it is affecting his general functioning [2].

Practice question 1:

What additional information do you need to support James?

Possible answer:

Find out if there are any underlying mental, physical, or familial concerns. A family-centred care approach might help determine any issues James and his family are experiencing. Identify any patterns of communication or underlying familial stressors that could influence his behavior. Some youth use technology to cope with a mental health problem or other stressors. For example, youth who feel isolated and have challenging relationships, or are dealing with family disruption, may escape their problems by immersing themselves in online communities. Take into account James' cultural background and individual values, as these may shape his experiences, coping strategies, and family expectations.

The internet can fulfill the need for socialization, connection, and wellbeing; therefore, people with problematic internet use should be considered as clients for treatment related to addictive behavior through the lens of process addiction [3].

Clinical Consideration:
Youth often turn to digital platforms to meet social, emotional, and identity needs, particularly in the absence of strong peer or family connections. James' behavior may align with *process*

addiction, a form of behavioral addiction, highlighting the importance of addressing underlying needs rather than only focusing on surface-level symptoms like screen time.

Practice Question 2:

What would a treatment plan for James look like?

Practice Direction & Recommendations

Key Components of a Harm Reduction Approach (vs. Abstinence):
In cases like James', total abstinence from social media may be unrealistic and counterproductive, as it may eliminate a key source of social connection. Instead, harm reduction focuses on reducing negative impacts and enhancing adaptive use

Service providers:

- Apply assessment tools and analyze results such as the Internet Addiction Test (IAT) or Generalized Anxiety Disorder (GAD-7) scale.
- Consider a comprehensive biopsychosocial assessment to capture all relevant factors affecting James' well-being. Obtain information from family, school, and community in general.
- Access to resources, refer to a specialist if necessary.
- Educate James and his caregivers about the impacts of problematic social media use and the importance of balanced technology use. Provide recommendations for the client.
- Implement a step-by-step plan to decrease social media use over time, rather than enforcing abrupt restrictions that might lead to resistance.
- Support James in developing time management, problem-solving, and emotion regulation skills to enhance his overall resilience.
- Teach communication skills to reduce family conflict and support autonomy.
- Incorporate culturally appropriate practices and consider involving community or cultural leaders if they are significant in James' life.
- Encourage James to take regular breaks from social media to reconnect with his surroundings and improve mindfulness.
- Set measurable goals and regularly evaluate James' progress. Adapt the treatment plan as needed based on his engagement and outcomes.

Therapeutic Interventions:

Provide counselling for James according to treatment modalities that you are trained in, such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioural Therapy (DBT), or Mindfulness-Based Cognitive Therapy (MBCT) to address underlying mental health concerns and teach healthier coping strategies.

Client:

- Limit social media use by setting time restrictions or using apps to monitor and reduce screen time.
- Create a gradual, step-by-step plan to reduce social media use. Sudden abstinence may trigger resistance or emotional withdrawal.
- Set clear, measurable goals and timelines for reducing usage (e.g., reduce to 6 hours per day, avoid use after 10 p.m.).
- Recommend structured daily routines and offline leisure activities to replace screen time.
- Establish a regular sleep routine and create a technology-free zone in the bedroom to improve sleep quality.
- Practice stress management techniques such as exercising, meditating, journaling, or listening to music.
- Engage in offline activities that bring joy, such as joining a school club, volunteering, or pursuing hobbies.
- Participate in social or extracurricular activities to foster a sense of belonging and connection.
- Explore opportunities to build offline friendships and strengthen existing relationships.
- Attend counseling sessions and collaborate with the therapist to develop realistic goals for reducing social media use and improving mental health.
- Explore personal values and long-term goals to align daily behaviors with a meaningful life path.
- Learn about the signs and impacts of problematic internet use to better support James in his recovery.

Abstinence vs. Harm Reduction: What Should Parents or Caregivers Do?

While some caregivers may instinctively push for abstinence (complete disconnection), this can lead to greater conflict, secrecy, and emotional distress. Instead, a harm reduction approach is often more realistic and sustainable.

Guidance for Parents:

Start with Empathy: Acknowledge the role social media plays in James' emotional life before setting limits.

Collaborative Boundaries: Involve James in setting realistic rules (e.g., "no phone after midnight" instead of "no phone at all").

Model Healthy Use: Caregivers should model balanced use of technology themselves.

Focus on Connection: Strengthen offline family activities and support open communication.

Seek Support: Engage with professionals familiar with youth, technology, and mental health for guidance.

References

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