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Supporting the parent in a crisis situation related to their child's addiction to modern media

Wsparcie rodzica w sytuacji kryzysu związanego z uzależnieniem dziecka od nowoczesnych mediów

Abstract

Introduction. Nowadays we obtain information from the Internet using various media and we are dealing with the presence of modern means of communication, from computers and tablets to mobile phones (Seweryn, 2008). The amount of time spent in contact with modern media leads to the risk of developing behavioural addiction. This addiction is increasingly affecting young people. Addiction to new media disrupts the functioning of the entire family and requiring support for the addicted child/young man and their family within the framework of crisis intervention.

Aim. This work aims to demonstrate supporting the family, parents, and their children in the crisis situation related to addiction from modern media understood as smartphones,

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tablets etc., and explore the possibility of undertaking supportive and assistive actions in the form of crisis intervention.

Material and methods. The analysis included publications, statistical data and legal acts regulating the problem of young persons and children's addiction to modern media and showing the problem of crisis and crisis intervention activities in solving the problem. Scientific publications, legal acts and case law regarding forms of help and support for a family affected by a crisis resulting from a child's addiction and the educational, health, social, relational, educational and other problems accompanying this addiction were also analysed.

Results. Researches indicate that the number of children and young people needing support in the issue of addiction to modern media is increasing alarmingly (Chaudron, 2015; Dresp-Langley, 2020). The effects of addiction, generating a crisis in the family, require external supportive intervention in the form of crisis intervention, providing psychological, legal, medical, and pedagogical counselling. Appropriate family support allows for a joint, consensual alternative solution to the problem of addiction to modern media.

Keywords: crisis intervention, addiction to modern media, addiction of children and young people to smartphones and tablets, family support in the problem of addiction, addiction as a crisis situation.

Abstrakt

Wprowadzenie. Współcześnie pozyskujemy informacje z Internetu za pomocą różnych mediów mając do czynienia z obecnością coraz nowocześniejszych środków komunikacji, od komputerów i tabletów po telefony komórkowe (Seweryn, 2008). Ilość czasu spędzanego w kontakcie ze współczesnymi mediami prowadzi do ryzyka rozwoju uzależnienia behawioralnego. Uzależnienie to coraz częściej dotyka młodych ludzi. Uzależnienie od nowych mediów powoduje zaburzenie funkcjonowania całej rodziny i wymaga wsparcia dla uzależnionego dziecka/młodego człowieka i jego rodziny w ramach interwencji kryzysowej. **Cel**. Celem pracy jest ukazanie wsparcia rodziny, rodzica i ich dzieci w sytuacji kryzysowej związanej z uzależnieniem od współczesnych mediów rozumianych jako smartfon, tablet oraz zbadanie możliwości podjęcia działań wspierających i wspomagających w formie interwencji kryzysowej.

Metody i materiały. Analizie poddano publikacje, dane statystyczne oraz akty prawne regulujące problem uzależnienia młodzież i dzieci od nowoczesnych mediów oraz ukazujące problem kryzysu, działań z zakresu interwencji kryzysowej w rozwiązaniu problemu w tym przypadku uzależnienia. Analizowano również publikacje naukowe, akty prawne oraz orzecznictwo dotyczące form pomocy i wsparcia rodziny objętej kryzysem wynikającym z uzależnienia dziecka oraz współtowarzyszących temu uzależnieniu problemów wychowawczych, zdrowotnych i społecznych, relacyjnych, edukacyjnych i innych.

Wyniki. Badania wskazują, że alarmująco wzrasta liczba dzieci, młodych ludzi potrzebujących wsparcia w kwestii uzależnienia od współczesnych mediów (Chaudron 2015, Dresp-Langley 2020). Skutki uzależnienia generujące kryzys w rodzinie wymagają zewnętrznej interwencji wspierającej w postaci interwencji kryzysowej, zapewnienia poradnictwa psychologicznego, prawnego, medycznego i pedagogicznego. Odpowiednie wsparcie rodziny pozwala na wspólne, oparte na konsensusie, alternatywne rozwiązanie problemu uzależnienia od nowoczesnych mediów.

Słowa kluczowe: interwencja kryzysowa, uzależnienie od współczesnych mediów, uzależnienie dzieci i młodzieży od smartfona i tabletu, wsparcie rodziny w problemie uzależnienia, uzależnienie jako sytuacja kryzysowa.

Introduction

We live in a world of constant change and progress. Every day brings new socially expected and positively received discoveries based on research results, allowing for the elevation of human functioning standards in various aspects of life. Development and progress also bring with them a series of threats that we learn to recognize and face, analysing their essence. One issue present in human life since time immemorial is the problem of addictions and dealing with their effects.

Addictions, as destructively impacting the functioning of the individual and, through the individual, the family and community in which they live, as well as the society to which they belong, provide a basis for reflection and consideration to examine their genesis and effects. Analysing the addiction process allows for designing effective preventive actions as well as support and assistance for those experiencing this problem, and their families.

Addictions that are attracting more attention from psychologists, educators, addiction therapists, and parents are children's addictions to modern media. The seemingly harmless use of a mobile phone (smartphone), computer, or tablet – initially for entertainment, educational, and cognitive (school and extracurricular) purposes, ensuring apparent control over the child's whereabouts and enabling the acquisition and expansion of knowledge needed in the modern world, may turn into a problem, difficult-to-solve and overcome, that will require specialist intervention. Manfred Spitzer (2016) aptly captured this, writing that digital technology is beginning to shape the character of our surrounding reality at a significant pace, promoting and shifting people's interest to activity in the virtual world.

Social life, time spent with peers, is transferred to another dimension – a dimension less known and tangible, especially for members of earlier generations (parents,

grandparents), where contact with diverse content influences self-perception, the perceptions of others, and the surrounding world. Information obtained in this way influences the shaping of attitudes and perspectives on facts and events, not always in a socially desirable way, considering human dignity as a human being with inherent rights to respect, freedom, and self-determination.

The aim of the considerations to which this research paper is dedicated is an analysis of the problem of addiction to contemporary media (smartphones, tablets, and computers) among children and adolescents, as a crisis of the individual and the family, its genesis and multidimensional effects, and the possibilities for supporting the modern family and child in this particular issue using crisis intervention.

A few words on the notion and essence of addiction

The concept of addiction is known today in various fields of science and is defined in a way appropriate to their specific nature. According to the definition developed by the World Health Organization (WHO), addiction (or dependence) is a mental or physical state resulting from the interaction between the organism and the addictive substance, characterised by variable behaviours and other reactions, such as the need to take this substance, either continuously or periodically, to experience its influence on the psyche or avoid unpleasant symptoms resulting from its absence (Pospiszyl, 2008). Addiction is also described as a process, or its effect, associated with the creation of a specific relationship between an individual and their activities or behaviour, or between an individual and other people, characterised by a limitation of consciousness, decision-making field, and often the choice of one activity, behaviour in a compulsive, alternative way (Zaborowski, 2001). Regardless of the symptoms, addiction can be referred to as an organic, psychological, or psychosomatic compulsion to satisfy a specific need (Becelewska, 2005).

The thoughts and behaviours of an addicted individual are directed towards obtaining the addictive substance, with the characteristic feature being a lack of control over its consumption. This has its somatic and psychological consequences (Kostowski, 2006). In the modern world, we encounter various types of addictions. There are three basic types of addiction: psychological, physical (physiological), and social (so-called "sociological"). Despite the above distinction, several features are identical for these, as often psychological addiction results from sociological, sociological may influence the onset of psychological, and this in turn leads to physical addiction (Seweryn, 2008). Among addictions, one can also distinguish addictions to psychoactive substances, addictions to satisfying drives, and performing specific activities, as well as addictions to maintaining specific social relationships (Becelewska, 2005).

The degree of addiction advancement can be assessed by considering certain parameters, such as strength (which is weakened by satisfying the need generated by addiction), the prioritised nature of the object of addiction (other values that were previously important such as loyalty, friendship, and family cease to matter to the addicted person), the emergence of automatism (the addicted are directed by psychological and physiological mechanisms subordinate to addiction) and durability (addiction lasts over time and turns into a habit) (Buksa, 2022; Juczyński, 2005).

Nowadays, scientists, theorists, and practitioners (psychologists, educators, psychiatrists, and therapists) dealing with addictions increasingly emphasize the emergence of disorders related to addiction to activities, i.e., behavioural disorders. This term refers to forms of disturbances associated with the uncontrolled performance of certain activities (Rowicka, 2015).

Aviel Goodman defined addiction to activities as a process in which there is the performance of an activity that brings pleasure or relief from internal suffering, characterized by a recurring loss of control over this behaviour, continuing it despite awareness of negative consequences, and a need to increase intensity or frequency of undertaking activities to achieve the desired effect, as well as anxiety and irritability in the absence of the possibility to undertake a specific activity (Goodman, 1990; Lelonek-Kuleta, 2012). A characteristic and perceptible feature of addiction is precisely the lack of control over performing a specific activity or activities (Fila, 2020).

Bernadeta Lelonek-Kuleta (2012) notes that a person experiencing functional (behavioural) addiction presents numerous symptoms characteristic of classic addiction (to chemical substances), in the form of a repeated, and experienced as necessary, sequence of specific behaviours significantly disrupting their social, family, and professional life.

The consequences of behavioural addictions are identical or similar to those observed in substance addictions, leading to depression, trauma, a series of social conflicts, loss of work, conflict with the law, and even suicidal thoughts and acts (Fila, 2020). Behavioural addictions and compulsive behaviours are distinguished[*].

They have a destructive impact on a person's social functioning and the fulfilment of duties resulting from their social role. Addictions are behaviours that are deemed risky[**]. In the literature on the subject, it is emphasized that the initiation

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[*] The difference between behavioural addictions and compulsive behaviours lies in the fact that the former are directed towards a specific goal (such as shopping, playing on the computer) and the achievement of pleasure associated with that, whereas compulsive behaviours mainly serve to cope with negative emotions by reducing or diminishing their intensity (Fila, 2020).

[**] Risky behaviours, also called "dysfunctional" or "problematic" behaviours, are characterized by an individual undertaking actions that carry the risk of negative consequences for

of one risky behaviour increases the likelihood of engaging in subsequent risky be-
haviours (Gaś, 1993; Kazdin, 1996). The appearance of this type of behaviour has
a destructive effect on the individual, causing the disorganization of their functio-
ning in various spheres of life. Negative effects of using psychoactive substances
and behavioural addictions (e.g., to computers, smartphones, the internet) will affect
a child's school situation, ability to assimilate knowledge, operationalize acquired
content, and optimally use received information. They disrupt processes of analysis
and reasoning, so essential for the intellectual development of the addicted person,
evoking a feeling of lower value, and lack of ability and competence to overcome
specific educational difficulties.

The use of psychoactive substances is not insignificant in shaping interpersonal
relationships (e.g., peer relationships). It may result in exclusion from groups that do
not accept such forms of behaviour and simultaneously lead to inclusion in groups
that approve of the use of alcohol and other psychoactive substances. School difficul-
ties arising from the emergence of risky behaviours also affect the family atmosphere,
which must face the diagnosed problem. Sometimes this triggers a cascade of formal
actions related to the revelation of, for example, a family's hidden alcohol problem or
addiction-related violence.

The subject of these considerations, addiction to media phones, computers, and
tablets, should be classified as a group of addictions to activities, constituting a thre-
at to the proper functioning of a person, not only in childhood but also in adulthood.

Children, adolescents, and modern-age media

With rapidly spreading digitalization worldwide still more people and, in particular,
increasingly younger children are spending an increasing number of hours per day
online reading on the screens of their computers, smartphones, and tablets. Research
shows this trend has been signaled to now include even the youngest (Chaudron, 2015;
Dresp-Langley, 2020).

Centrum Badania Opinii Społecznej (CBOS) [Public Opinion Research Centre]
informs that in Poland the number of children and young people using the Internet is
increasing every year. In 2018, it was 87% of children aged 6–19. People aged 13–15
use the Internet most often – as many as 94%. Young people aged 16–19 spend the most
time in front of a computer, tablet, or smartphone screen – research results indicate an
average of 28 hours a week. Young people aged 13–15 devote 21 hours to this activity,

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both their physical and mental health, as well as for the surrounding social environment
(Szymańska, 2015).

while children aged 6–12 spend 14 hours a week in front of the screen, and an increasing trend is also observed in this group. When it comes to gender differences, boys stay online much longer than girls – their average time using the Internet is four hours and 26 minutes, which is 15 minutes longer than girls (CBOS, 2018; Gąstoł, 2020). The most popular activities performed by children and young people online include: exchanging messages with friends (76%) and listening to music (75%). More than half of respondents watch series online, and 51% use social networking sites. One-third of respondents browse photos and videos, 33% look for information needed for learning, and 30% follow vlogs (Gąstoł, 2020).

Media are now ubiquitous and indispensable in our lives, providing access to something of extraordinary value – information. In almost every area of life today, we are dealing with the presence of modern means of communication, from computers to tablets to mobile phones (Seweryn, 2008). Social media platforms allow for incredibly rapid dissemination of information about various events and their consequences worldwide. They gather thousands of people in specific places to manifest a particular opinion, view, or protest against decisions made by those in power. They influence the reactions of users and shape their perceptions of the world. They allow one to be at its centre and participate in the broadly understood social life. It can be said that the presence of media, including the internet, has influenced the shaping of the characteristics of modern people.

In the Internet environment, the e-generation, sometimes called "Generation Z" (or the "Me" Generation), copes best. The internet is not a category of technological novelty for this group but an ordinary living environment, and they treat its variability and malleability solely as a feature. This stems from the fact that this generation was born during a dynamically progressing digitalisation, and the virtual environment is familiar and, in a sense, safe for them. An advantage of this environment is that it is in some way inaccessible even for their parents' generation (Praszek, Wojtkowiak, 2020).

Children belonging to the e-generation navigate the online environment with remarkable proficiency, and this environment removes various barriers, facilitating interaction and generating a large number of interpersonal relationships with people of different views, cultures, and races. This provides opportunities for growth and learning, but it also results in the formation of many relationships characterised by spontaneity, impermanence, and superficiality. Internet interactions are characterised by the speed of their formation, great variability, and a combination of impatience and haste. They give rise to "egocentrism" manifested in quickly ending relationships that do not meet the expectations and specific desires of an individual, and a feature of them is thoughtlessness (Praszek, Wojtkowiak, 2020). Many behaviours, communication methods, and concepts from the network are transferred to the real world.

Using the internet provides the opportunity to be constantly "up to date" with information about events, situations, and people, and their evaluations, which often shape attitudes towards a specific subject or object. It is worth emphasising that attitudes of different shades, often not devoid of mocking, excluding, or ridiculing content, can lead to a range of negative effects for both the excluded and the excluders. Technical advancement, knowledge in operating hardware and software, and the inability to live without access to the network and its "benefits" can hinder or even disrupt the building of human relationships. An ambivalence of feelings arises, expressing on one hand a fear of contact with another person in the real world, and on the other, a continuing need for closeness intrinsic to human nature.

Asking the challenging question: "[...] is escape into the internet an escape to or from people?", Wioletta Praszek and Monika Wojtkowiak formulate an answer, suggesting that opinions are divided on this issue, because "[...] by acquiring the internet as a living environment, we have gained a different perspective not only on other people but also on what connects us with them" (Praszek, Wojtkowiak, 2020, p. 72).

Online contacts replace real relationships, friendships, and face-to-face conversations. The bonds connecting people become loosened and take on a specific character, and different meanings are assigned to spoken or written content.

People who post pictures, videos, or comments that receive significant, thousands--strong, amounts of the so-called "likes" often earn the approval of network participants. YouTubers emerge, running channels with various content, shaping knowledge and influencing the opinions of viewers, often young people unable to assess the value of the information provided. They become authorities for them in all areas of life, presenting varying levels of mental or cultural maturity and adhering to different, not always desirable principles. This, in turn, negatively impacts the shaping of young people, their views, and attitudes towards people and the world. It can affect the perception of various life situations and the choice of solutions that are often harmful and inconsistent with social and legal norms.

The risk of addiction resulting from using modern-age media by children and young people causes and consequences

Researchers from around the world are examining the use of smartphones, tablets, and other media by people, including children and teenagers, looking at the frequency of their usage, the reasons, and effects of behaviours in this area, and formulating conclusions about their impact on our functioning.

The causes of addiction can be considered in two areas, taking into account internal and external factors. According to Anna Andrzejewska (2014), internal factors

include problems with one's personality – conflicts with the environment, feelings of loneliness, and searching for the meaning and value of existence. Virtual reality allows one to forget about the real world and its problems. It is widely available, making it easier to increase the frequency of immersing oneself in it and the time one spends in it.

The virtual world enables finding people with similar problems and a similar perception of the real world, who give their time when needed, listen without judgement or criticism, often contrasting with relationships in the family or among peers. Due to the form of contact, interlocutors do not feel embarrassed, drawing pleasure from the conversation and gaining support.

External factors that may affect children and teenagers' addiction to media include the family, peer, and school environment.

The causes of addiction that originate in the family environment may include a lack of emotional connection with parents or guardians, lack of parental control, poorly planned free time for the child, an atmosphere of uncertainty and a sense of insecurity at home, conflicts between parents, and lack of support for the child in building self-esteem. Parent-child relational problems are also caused by failure to meet educational requirements set by parents, unsatisfactory grades, lack of achievements in other areas such as sports or arts. Not receiving positive feedback or praise for their efforts, observing disapproval and dissatisfaction from their parents, children respond in the form of rebellion or withdrawal. They receive the message that acceptance and love must be earned and are not unconditional. This leads to dysfunction in various aspects of life and the search for emotional relief and support elsewhere.

According to researchers, factors underlying addictions occurring in the school environment include: the decline of moral authorities, a lack of teachers especially gifted with a calling, the absence of content addressing addiction issues (including media addiction) in educational programmes, excessive burdens of lessons and learning, a weak connection with the school, and the frequently occurring feelings of "otherness" or "inferiority". Add to this list diagnosable improper relations with peers in the peer environment, uncertainty in the realm of personal attractiveness, deficits in communication skills, including with the opposite sex, and a range of difficulties in defining one's place among peers – the reasons that may lead young people to exist in a virtual, safe world, according to them, are many and are so serious that they require attention from a preventive perspective (Andrzejewska, 2014).

Studies also show some negative effects of media misuse by young people. Liselotte Schäfer Elinder (2020) states that frequent use of social media is associated with shorter and lower-quality sleep. This affects the occurrence of various problems, including those related to learning, or even health. In some cases, excessive use of smartphones can even lead to wrist damage or cause dysfunction in other parts of our body (Gökmen, Gökmen, Dilek, Gülbahar, & Akalin, 2020).

Scientists highlight the emerging problem of less frequent face-to-face contact, being replaced by online communication, which is essential for the proper social and psychological development of a young person (Gökmen et al., 2020).

Too frequent use of media – smartphones, tablets, or computers – can lead to the impairment of an individual's cognitive abilities. It leads to dependence on the flow and acquisition of information, which too much restricts cognitive resources that are necessary in the educational process at school (Ward, Duke, Gnezzy, & Bos, 2017).

Researchers of the problem emphasize the occurrence of several consequences of phonoholism, such as communication language disorders, linguistic errors, the use of slang by using abbreviated or pictorial language, abandonment of previous interests, mood swings, psychophysical disorders in the field of sleep and eating, and difficulties with concentration. In the sphere of social life, disturbances in interactions, conflicts with loved ones, problems in everyday life, problems with proper management of one's free time, a feeling of boredom and inactivity (Dziubak, 2019).

The results of the conducted studies also show a decrease in physical activity, so essential for a child's development, and a reduction in the time devoted to it in favour of time spent using media. Less movement is associated with the onset of compulsive eating, and as a result, the occurrence of obesity and accompanying diseases (Schäfer Elinder, 2020). There are, of course, smartphone apps that help plan physical activity, design training and exercises, and thus maintain good shape, but their use by children is still very small. Apps are purposely designed to absorb the user's attention for as long as possible and addict their minds. This phenomenon is known as the "attention economy", treating the potential consumer's attention as a resource (Schäfer Elinder, 2020).

The feeling of indispensability of possession and the need for continuous tracking of content available through the smartphone, feeling discomfort and danger if not having it on hand, the compulsion to contact someone via the device, fear of being lonely, and a strong need for group affiliation and recognition are characteristics of those addicted to media (Jędrzejko, Taper, 2010). Often, they lose the ability to communicate with others directly, lose the skill to assess a specific social situation, and do not gain experience in direct interaction with other people. There are troubles with identity building as internet identity constitutes a kind of self-creation, being a combination of traits valued by the online community. The idealisation of the lifestyle we lead and present through the internet and by its requirements often leads to internal conflicts, related to the semblance of functioning, denial of reality, transience, mundanity, ordinariness, boredom, and the yearning for extraordinariness and extreme experiences and emotions (Praszek, Wojtkowiak, 2020).

A key issue is also how to deal with problems related to human relations and the associated conflict situations. Operating in the virtual world, with a significant amount of superficial interactions, allows for an arbitrary ending of contact if an uncomfortable

situation arises by leaving a specific forum, ending a connection, ceasing to respond to emails, invitations to games, discussions, and live relations. In the real world, ending a particular interaction can be more difficult. It may involve the need to confront a conflict and face it by defending the goal chosen by oneself, contrary to the aspirations of the other side of the dispute. The ability to converse directly, to present arguments and opinions, and to listen to the content presented by the other side facilitates understanding, provides experience in overcoming the difficulties that conflict entails, but also equips with competencies for its amicable resolution. Direct contact with another person, reading emotions from facial observation and non-verbal forms of expression indicating genuine thoughts and assessments are an experience and are essential in shaping the social individual. The more time spent by an individual in the virtual world, in the company of distant and indirectly experienced people, the more remote the real world becomes with all its positive and negative elements. If the virtual world provides the stimuli desired by the individual, ensuring a sense of security, a young person, especially if situations are contributing to an "escape from reality" in their life, stays in this world longer.

For an addicted person, the device (computer, smartphone, tablet) is not only a means of acquiring information but rather a path of psychological escape undertaken to cope with difficult and painful emotions (Young, Klausing, 2009).

Obtaining pleasure and relief requires the repeatability of specific behaviours and activities, returning to them, focusing on satisfying a desire leading to behavioural addiction.

Addiction affects the functioning of an individual, the fulfilment of tasks resulting from their assigned social role. A child, a young person, ceases to function properly socially, does not fulfil domestic duties, and neglects school. There is a deterioration in school grades, a loss of interest in learning, and impatience with spending time on activities other than the subject of behavioural addiction. The brain of an addicted person, leading to excessive contact with the object of addiction, re-evaluates it and causes the behaviour control system to be blocked (Volkow, Fowler, & Wang, 2003).

The improper social functioning of a child attracts the attention of institutions dealing with their education, i.e., schools. The situation of children and young people addicted to modern media – a degradation in learning outcomes, a change in behaviour (emerging aggression, or conversely, quietening, mental absence, etc.), staying out of the peer group, increased conflict, leaving school without a justified reason, acts bearing features of violence, often provokes a reaction from the school. The child's parents are informed about changes in behaviour, educational situations, to prevent the progress of the adverse addiction process.

At this stage, it is important to diagnose the family situation and the parents' awareness of the problem of their child's addiction, its causes and effects, and to offer them support in the crisis that is the addiction problem.

Addiction as a crisis situation

Addiction to new media by a child or young person as a family member causes disruption in the functioning of the entire family and signifies a problem in fulfilling its nurturing and educational functions. This is often caused by the lack of attention paid to the child, the way they spend their time, or the inability to establish a relationship with them based on trust and acceptance. It happens that parents and children live in the same house or apartment but live their own lives, "mentally separately". They know little about each other's thoughts, needs, and feelings, as it is difficult to discuss them face to face, revealing one's insecurities, problems, and concerns. Understanding stops at the logistics of running the home – meals, additional activities, pets – but the relationship stops at this level, not reaching the emotional needs and feelings. Behind closed doors, the young person, isolated from the real world with noise-cancelling headphones, immerses themselves in the virtual world, seemingly safe, allowing anonymity, conservative behaviour, withdrawal, and unverifiable presentation of oneself. The bond with the external world becomes weaker, and life in the virtual world becomes a habit, turning into addiction.

Information about the problems arising from addiction and related disorders represents a challenging, stressful situation for parents. They either did not suspect or did not want to admit to their awareness of how serious their child's behavioural addiction situation was.

Upon diagnosis and receiving information about the causes and effects of their child's addiction, the family finds itself in a crisis-inducing situation, often turning into a crisis requiring external intervention. There is a feeling of powerlessness, an inability to deal with the problem, and a belief in the ineffectiveness of the actions taken.

A crisis is spoken of as a certain obstacle that cannot be removed using commonly used methods to deal with difficulties, an obstacle on the road to achieving essential goals. A crisis is accompanied by an individual's internal disorganization, a sense of lack of control, temporary collapse, and ineffective efforts to overcome difficulties (Caplan, 1964).

According to the creator of crisis psychology, Erich Lindemann (1994), it is a normal human reaction to unusual, traumatic, often extremely harmful experiences.

Meanwhile, Richard K. James and Burt E. Gilliland (2004) defined a crisis as perceiving or experiencing an event or situation as insurmountable, unbearable, exhausting resilience resources, and undermining coping mechanisms, requiring support to counteract the onset of disorders in affective, cognitive, and behavioural functions.

A crisis arises when a specific cognitive emotional reaction accompanies a crisis-inducing event or situation. The essence of the crisis lies in the individual's subjective reaction to the crisis event or situation. This subjective reaction manifests itself

in specific perception and emotional response, which are the basis of crisis behaviours, and subjective belief in the absence of any possibilities or resources to overcome difficulties.

Lawrence M. Brammer believed that a crisis causes a state of internal disorganisation in a person, and the experience of thwarting important life goals, disruption of the life cycle, and disturbances in coping with stress factors. The crisis is accompanied by feelings of fear, anxiety, and difficulties arising from the resulting disorders (Brammer, 1985, in: James, Gilliland, 2004; Włodarczyk, 2011).

Symptoms of a crisis appear on various levels of a person's life – on the emotional level (fear, anxiety, despair, guilt, grievance, regret, uncertainty, depression, and frustration), on the behavioural level (abandonment of typical activities, increased dependence on surroundings, weakened reactions, increased quantity and frequency of thoughtless actions, changes in communication methods), on the biophysiological level (e.g., disruption of respiratory, digestive, nervous systems functioning) and on the cognitive level (e.g., sense of loss of the meaning of existence, loss of decision-making ability, problem-solving, concentration problems, and logical thinking constraints).

The foundations of crisis theory, built by E. Lindemann (1944), were expanded by Gerald Caplan, describing the dynamics of the crisis in four phases. In the first one, called the phase of confrontation with the crisis-generating event, a person experiences a sense of ineffectiveness of previously used coping methods. Subjectively, they perceive the resources at their disposal as insufficient. The assistance provided to them is ineffective, and a sense of anxiety and increasing tension arises.

In the second phase, there is a belief in the impossibility of coping with difficulty, a sense of being defeated. The individual has a conviction about the loss of control and agency, which leads to a decline in self-esteem. In the next phase – the mobilisation phase – all available mental resources of the person are activated. During this phase, the crisis may be overcome, and the pre-crisis balance regained, or there may be an apparent coping with the problem through the introduction of denial mechanisms (the appearance of the risk of a chronic crisis). If neither of the two situations described above occurs, decompensation occurs. In the last phase – decompensation, there is an internal disorganisation, distortion of cognitive processes, withdrawal from interpersonal contacts, and the appearance of the so-called "ventilatory behaviours" (e.g., self-aggression, suicidal behaviours, abuse of psychoactive substances) (Badura-Madej, 1999; Caplan, 1964; Włodarczyk, 2011).

Family members, by eventually accumulating their strengths and potential, can overcome the crisis situation, undertake joint therapeutic work on the proper functioning of the family, and support the child in overcoming addiction. Cooperation with the school (if the addiction affects the child's school duty), a psychologist, and an addiction therapist is crucial. This process is challenging and requires a change in the

perception of relationships, the way social roles are performed, and the engagement of all family members.

Sometimes coping in a crisis situation can be illusory; the family denies the fact of the crisis, and its members, without working through it, dedicate themselves entirely to professional work or other activities. The family does not undertake therapy and work on solving the problem, which can lead to a chronic crisis.

In many cases, however, internal tension in relationships, lack of constructive assistance, lack of will, or often competence to cooperate towards change in the family leads to decompensation, internal disorganization of the family. Family members are unable to undertake logical, effective remedial actions. There is anxiety about the effects of addiction, powerlessness, frustration, anger at oneself, and the child. Cognitive limitations caused by stress appear, along with constraints in perception. The family closes itself off from external contacts and loosens relationships with others. There may be ventilatory behaviours in the form of reaching for psychoactive substances, violent actions, aggression, self-aggression, and suicidal behaviours. The atmosphere prevailing in the family is unbearable, causing suffering to its members, who perceive the situation as beyond their control, hopeless, without a way out. The situation caused by the child's addiction leads to problems in functioning in other areas of life. It disrupts the professional functioning of adult family members, does not allow focus on work, leads to delays in performing tasks, and may also result in job loss.

Overcoming the crisis in which the family as a whole and its individual members find themselves usually requires outside help, as the situation subjectively perceived by family members as unsolvable does not allow them to initiate self-help based on their own potential.

Supporting parents/family in a crisis caused by the children's and young people's behavioural addictions

The goal of intervention efforts undertaken with a family in the issue of a child's behavioural addiction to modern media is to restore the balance that has been disrupted by the occurrence of a crisis*. Striving to restore emotional balance and a sense of stability allows for coping with a difficult situation and avoiding chronic crisis.

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* A crisis constitutes a disturbance of balance in an individual's functioning across various dimensions of their life. According to crisis theory, the fundamental assumption is the principle of homeostasis and the accompanying need to maintain equilibrium within the system in which a person lives. The appearance of an event threatening this balance leads to a growing feeling of anxiety and tension in the person (Badura-Madej, 1999).

According to the cognitive model, the source of the crisis is an improper, false assessment of events or situations, so within the framework of intervention activities, efforts are made to raise awareness of the essence of crisis events or situations and to change the beliefs and views of a person with a subjective perception that generates the crisis (Badura-Madej, 1999; Sękowa, 1998). According to Richard Lazarus (1966, in: Badura-Madej, 1999), the search for information and change in the cognitive system, plasticity, and realism of the subject are a way to cope with the crisis (Badura-Madej, 1999). In line with the assumptions of this model, people can gain control over a life crisis by changing their way of thinking, perception, realizing and combating irrational, and at the same time self-destructive, ways of functioning, as well as maintaining and focusing on rational and self-improving elements of this apparatus. Erik Erikson assumes that coping is striving to lower the level of stress and overcoming difficulties by seeking innovative solutions. It also means the ability to control the situation, to master it, and not just defensive actions. It involves redefining the situation based on the latest information, allowing for the search for ways to counteract its effects, control emotions, and the ability to use resources located in the environment (Erikson, 1997, in: Badura-Madej, 1999).

Meanwhile, G. Caplan (1964) believes that coping with a crisis will be favoured by active exploration of reality, acquiring information, initiating help from others, expressing emotions, actively coping with feelings and problems, gradually solving problems, and trusting oneself and other people (Badura-Madej, 1999; Parry, 1990).

With the above in mind, when supporting parents in crisis due to their child's addiction, it is necessary to analyse the situation causing the crisis and assess whether it constitutes a primary problem or has a secondary character about another that occurred earlier but was not revealed.

In the event of a family crisis caused by a child or young person's addiction to a smartphone, tablet or computer, the family – parents and children, can obtain help from crisis interventionists – specialist psychologists, educators, and social workers who deal with the problem of crisis support. These are people cooperating with social welfare centres or municipal aid centres who have formal qualifications and have completed training in the field of crisis intervention. Intervention activities in a crisis situation involving a student and his or her family may be carried out by a person trained in the specific nature of assistance in a crisis. A person versed in work methods aimed at restoring a sense of control and balance to recipients and obtaining or regaining resources enabling them to cope with a difficult situation.

At school, this may be a school psychologist, a teacher, or an external person cooperating with the school. What is important is the right approach from the person or family in crisis, analysing their situation, diagnosing the problem that is the genesis of the difficult situation and constructing an aid plan that allows the person involved to participate in it.

Due to the fact that the crisis resulting from addiction in the family affects all its members (even though their reactions and accompanying symptoms may be different), intervention activities, psychological and educational support (making people aware of the causes, effects, and ways of dealing with addiction), the entire family should be covered. And their intensity, and directiveness, depend on the potential and mobility of the supported individual.

In line with the 6-stage crisis intervention model proposed by R. K. James and B. E. Gilliland (2004), support is provided in a specific sequence of actions.

Initially, the supported person is listened to, which involves dealing with the client, observing them, responding with empathy, respect, acceptance, and care without judging them. In the listening stage, the problem is defined from the client's point of view by actively listening to them and encouraging them to speak using open questions. The intervener pays attention to the verbal and non-verbal communication from the client. The second stage involves ensuring the person in crisis feels safe, and during it, the psychological and physical safety of the client is assessed in terms of danger to life and the total loss of ability to act. Both the client's experiences and their situation are assessed. It is necessary to make the supported person aware of alternative behaviours to impulsive self-destructive actions.

In the third stage – known as the support stage – the aim is to convince the client that the person conducting the intervention is truly a supporting, engaged, and attentive individual. Support is provided using words, but it is also demonstrated through the tone of voice and body language. These actions should be characterised by care, non-judgement, acceptance, and personal involvement in the matter.

The first three stages allow the supporter to understand the family situation of the addicted minor, the awareness that the parents have regarding their child's addiction, the family's ability to influence the child (in the so-called "educational capacity"), and the potential, or lack thereof, for action. It is also essential to know the mental state of the supported person to ensure their safety in the form of providing psychological or psychiatric assistance to counteract progressing mental disorders (e.g., depression, anxiety) that pose a threat to themselves and their loved ones (e.g., children). Disorders in mental functioning caused by the crisis result in the disorganisation of the whole family system, affecting the performance of duties arising from social roles. They are not insignificant for the somatic functioning of the individual or the course of cognitive processes.

The initial stages also provide the opportunity to ensure safety for the supported individual in a traumatic, critical situation, causing pain and suffering, with which he or she cannot cope.

After this part, the supportive action begins. In the next (fourth) stage, the client's possibilities are considered, which involves helping the client in searching for available

action options immediately, assisting in finding support in a given situation, indicating ways to cope with difficulties, and attempting to direct towards constructive positive thinking. As part of the fourth stage, it is essential to become aware of the family's possibilities to gain support in the fight against child addiction from relatives, friends, and the child's friends. They will constitute the so-called "social support network" – a motivating factor, supporting the family in crisis in an extra-institutional way. It is a group of people who have constant and unchanging significance in an individual's life, due to their ability to satisfy specifically human needs. Because of the depth, accessibility, and closeness of the relationships, a distinction is made between primary and secondary social support networks. The family and close ones may constitute a "circle of supportive interactions" in difficult situations (stress, illness, and various other problems, including addiction). Many difficulties are encountered by people who, for some reason, did not receive help or reinforcement from their close ones (Dąbrowska, 2015). In some situations, the intervener is the only person who can provide support – building an emotional bond with the supported person. As a result of this process, the intervener temporarily moves into the group of people constituting the primary social network, acting until the activation of the supported person's self-help.

For a child or young person addicted to digital media (smartphones, tablets, computers), peer support allowing for shared time without media involvement can be significant in the therapeutic process and overcoming addiction. Informal support groups can include cousins as well as classmates, teammates, scout troop co-members, and individuals with similar hobbies and interests outside the virtual world.

After assessing the situation of the supported family, its potential, deficits, and possible support networks, it is necessary to move to stage 5, which involves planning the course of action. This means assisting the client in developing a short-term, realistic implementation plan (including specific, understandable, and personally recognized actions) and pointing out additional sources of support and coping mechanisms in a challenging situation.

These actions will be conducted on two tracks, encompassing both the family and the addicted child since the child operates within a relationship system, and the entire family system should undergo change. If no therapeutic or healing actions have been taken towards the child so far, the intervention leader should suggest taking steps in this direction, indicating the type or place of provision and leaving the parents with the possibility to act. A significant part of the assistance activities will involve establishing cooperation between parents and school, and undertaking complementary actions such as information exchange and analysis of conclusions from working with the addicted child. Acquainting teachers and child educators with the student's addiction problem, its specifics, and the efforts made to provide help, will allow the school to take care of the child and conduct actions adequate to their needs. It will also enable the interpre-

tation of possible inappropriate behaviours of the child through the prism of addiction and the challenging stage of collaborating with them to solve the problem. It will also allow focusing on individual educational and upbringing problems and avoid exacerbating school issues.

In many cases, it is necessary to provide the family with family or psychological counselling under free assistance based on article 46 of *Ustawa z dnia 12 marca 2004 r. o pomocy społecznej* [the Act on Social Assistance of March 12, 2004]. The problem of child addiction often has its genesis in a dysfunctional family, lack of parent-child connection, feeling unimportant to parents, and inability to spend time together and have an ordinary conversation.

Parents need to be given knowledge and information, describing the characteristics of behavioural addiction. They need guidance on the direction of change and awareness of the need to be attentive and focused on the child's problems as well. They learn to communicate, set boundaries, and demand the fulfilment of duties, while simultaneously maintaining respect for the child stemming from the awareness of their subjectivity. The entire process should be managed with empathy, understanding, and careful guidance, taking into consideration the complex emotional and psychological dynamics involved in addiction within the family context.

At this stage, certain assumptions are formulated for future changes, relating to the need to take action against all members of the disrupted family system. The client is assured of the possibility of achieving the desired effect through their own action and the will to influence their own life. According to R. Lazarus' theory, the knowledge gained about the possibility of collaborating with an addicted person, getting out of a difficult situation, acquainting those interested with the aetiology and effects of addiction and its specifics, changes the way of looking at the problem, objectifies perception, and constitutes a way out of the crisis situation.

The final stage of supportive assistance in the form of intervention (stage 6) aims to obtain a commitment to action and involves helping the client to engage in specific, initially uncomplicated, actions that can be performed at this stage, positive actions that they can acknowledge as their own, conduct, accept, and feel responsible for.

The analysis of the situation also allows for the selection of intervention actions, taking into account the necessary scope of intervention and supportive-assistance impact. It should be noted that the scope of intervention and the extent of intervention depends on the psychophysical state of the supported subject, their mobility, and readiness to undertake the activity. With this in mind, R. K. James and B. E. Gilliland (2004) have identified three styles of action in crisis intervention: directive, non-directive, and cooperative (James, Gilliland, 2004; Jankowska, 2012).

In the directive approach, the immobile (immobilised) client is supported, who is in a state of significant imbalance and disorganisation, unable to participate in designing

assistance and solutions to get out of the crisis and requiring temporary takeover of initiative, control, and responsibility for action by the intervener. This group will include parents of addicted children with mental illness, victims of long-term violence, deeply addicted, in shock after a loss (death of a close one). They will require support, guidance, and the conducting of certain actions on their behalf, as they will not be able to help the child struggling with addiction and its effects.

The assessment of their educational efficiency and ability in terms of caring for the child will be very important. In addition to intervention actions in the field of psychological, family, counselling assistance, and referral to therapy, it may be necessary to grant the family cash benefits from social assistance to meet the basic needs of the family. In the above situation, the procedure appropriate for benefits from social assistance is implemented, a community interview is conducted, and upon meeting the statutory prerequisites, the appropriate benefits are granted (permanent, periodic, purposeful, or special allowance).

In legally justified cases, there will be a need to provide family support in the form of a family assistant. The goals set for family assistants depend on the diagnosed deficits of the family and the need for them to acquire competencies in a given area. Sometimes the family lacks the skills to properly manage the household, and they need assistance in resolving social problems (e.g., life issues, housing), psychological issues, or matters related to child-rearing. This will be particularly important when working with an addicted child or young person, in a situation where the parents' improper care is caused by mental illness or addiction. One of the tasks of the family assistant aimed at helping the family is conducting individual educational consultations for parent[*]. In families covered by social support, parental educational inefficiency is often encountered, as well as inability or irregularities in their execution of parental care. Stemming from ignorance or incompetence, or sometimes from deliberate actions, violations of children's rights and neglect in the form of a lack of meeting their physical and emotional needs cause harm in various dimensions of their existence and requires external intervention. This intervention is particularly significant in that it not only allows for halting the parents' undesirable actions towards the child but also offers the possibility of collaborating with them, aimed at changing the perception of the child, their rights, and consequently, a correction in the way parental authority is exercised (Rajewska de Mezer, 2018). A lack of improvement in the way care is provided to ensure the child's psychological and physical safety, caused by a crisis situation in the family, necessitates informing the appropriate family and juvenile court (guardianship court), to review the family situation and consider the necessity of supporting it through the establishment

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[*] Art. 15 item 1 point 12 of the *Ustawa z dnia 09.06.2011 r. o wspieraniu rodziny i systemie pieczy zastępczej* [Act of June 9, 2011 on Family Support and the Foster Care System].

of measures specified in the provisions of *Ustawa z dnia 25.02.1964 r. Kodeks rodzinny i opiekuńczy* [Act of February 25, 1964 Family and Guardianship Code]*.

In a cooperative (collaborative, dialogic) intervention, the supported individual exhibits greater ability and willingness to cooperate in the helping process and is usually stronger than the client with whom one operates in a directive approach (James, Gilliland, 2004). Although the crisis allows the individual to participate in planning support and constructing a plan to overcome difficulties, they still need help from the intervenor. Cooperation with the intervenor involves jointly identifying the problem, exploring realistic alternatives, planning the next stages of action, and committing to implementing a realistic plan. This approach is used in families where there is motivation and ability to cooperate despite a crisis arising from a child's addiction. Parents have a certain amount of knowledge, or acquire and assimilate it, ready to implement therapeutic actions and aware of their possible effects. However, they are unable to take the initiative in action, expecting help and guidance from the supporter. There may be a need for them to undergo treatment, therapy, or receive educational advice on how to talk, assist their child in the treatment process, what methods to use, what problems they may encounter, and how to cope with them.

When the supported individual or family demonstrates a high degree of independence and activity, and the client is able to initiate and conduct individual steps to solve the problem, intervention assistance takes the form of so-called "non-directive intervention" (James, Gilliland, 2004). The supporter then focuses on using active listening, asking open questions, helping the client assess their needs and planned actions, and the associated consequences. The intervenor focuses on the client's inner world, identifying their abilities, mobility, energy reserves, and autonomy needed in the decision-making process. The intervenor's task is also to facilitate the client's next realistic steps by supporting them, encouraging conversation and action, listening, strengthening, and carefully considering options and suggesting. The intervenor should understand the supported family's knowledge about possible aid measures, types of therapies, and, if necessary, help find or indicate appropriate medical institutions and therapists. The intervenor may strengthen the family and reinforce their actions, motivating them to take further steps to help the child overcome addiction problems.

An analysis of the situation and the application of an appropriate style of intervention actions will influence the process of change and exit from the crisis situation. Leaving the decision-making and the resulting responsibility for action and creating

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* Art. 109 of *Kodeks rodzinny i opiekuńczy* provides for measures to support the family in the form of obliging parents to undertake specific actions, undergo therapy or treatment, commit to undertaking therapeutic actions towards the child, establish a probation officer's supervision, and even place the child in foster care.

a sense of self-determination and influence over one's life is the goal we aim for in crisis intervention. Realising the causes of the crisis and objectifying the situation allows it to be perceived as changeable, constituting a difficult, though enriching, life experience. Perhaps working with a crisis resulting from a child's addiction will facilitate a change in the functioning of the entire family system, thus healing it.

Conclusion

The addiction of a family member constitutes a problem for the entire family, reflecting a disturbance in its proper functioning and family relationships. As mentioned earlier, it creates a crisis-generating situation, which often turns into a crisis for both the individual and the group that the family constitutes. Such a family requires professional external intervention because, being in trauma caused by the awareness of the problem and being internally disorganized, it loses the ability to objectively assess the situation, its effects, and the ability to seek a way out of the difficulties.

Therefore, in designing constructive assistance, it is important to recognize the current state of the family's abilities and potential in crisis due to a child's or young person's behavioural addiction.

What is important is the age of the child or young person, the family situation, and the family's potential consisting in the possibility of a corrective influence on him or her by one or more of his or her parents, grandparents, or other family members. Education on the need for mindfulness in relationships with children, drawing attention to the negative effects of overuse of smartphones, computers, and similar electronic digital media devices. It is also necessary to determine the readiness of all family members to undertake efforts to overcome the addiction problem and to pay attention to the possibility of active participation in the change process. This allows for the application of assistance, and specific forms of it, in a way that does not take away the family's self-determination and competence to act, but motivates self-help. Utilizing the individual's own resources, the family's knowledge of their children, their habits, reactions, behaviours, and gained experience, is an essential factor in therapeutic and assistance work. It helps shape an addiction support plan based on individual diagnosis and needs. It enables parents to regain a sense of influence and some control over life and upbringing through participation in the therapeutic process. It can be the beginning of working on regaining their sense of value as parents, lost due to feelings of guilt and helplessness caused by addiction.

Intervention in a crisis situation, in whose genesis a child's addiction to media (especially smartphones, tablets, and computers) has been found, and visible decompensation of the family system provides an opportunity to help the child and family, a chance to equip them with knowledge about the problem and the fight against it. This

allows for an objective view of the situation and the undertaking of rational support actions. It also counteracts the emergence of post-traumatic stress disorder (PTSD).

We should remember about the supportive and educational activities of the school and the support it can provide to a family in crisis related to the addiction of a child or young person.

The school takes care of young people by teaching and educating them, and its staff have the opportunity to detect and diagnose the problem of a child's addiction. They know their behaviour and how they function at school, and its changes should result in reactions in the form of conversations with parents and taking joint preventive and supportive actions. Teachers should not hesitate to respond to disturbing symptoms of a child's behaviour. They should consult a school psychologist or a teacher, inform them about the problems of the child's parents and require their cooperation in solving a difficult situation. This may be a chance to arrest the progress of the addiction process of a child or young person.

The intervention is support from people building a support network. Schools – educators, teachers, pedagogues, and school psychologists – can involve other students in supporting activities involving spending time in a different, non-virtual way. Organized sports, music, and discussion meetings on various issues. Draw the attention of media addicts to other fields of interest.

The lack of reaction and cooperation from the family requires taking action to inform the family court and minors about the situation. This court examines the situation of the family and the child or minor in order to determine whether the child is at risk due to behavioural addiction. If necessary, it issues decisions on interference with parental authority by limiting or depriving it. By limiting the power of parents, it may oblige them to undergo therapy or treatment, or it may impose on them the obligation to submit their child to therapy or treatment.

Overcoming the crisis through joint work, attention to the child's problems, how they spend time, and the trust with which they endow their parents, paves the way for overcoming addiction. It also allows family members, parents, to properly enter into the roles assigned to them and perform them in a way that gives the child a sense of security and self-worth. It will enable equipping them with the competence to establish relationships in the real world outside the virtual one and assess their formative significance.

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