

New project presentation: Digital Detox, a 3-week treatment programme for digital technology addiction in adolescents

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Introduction:

The rise of digital technology has brought many benefits to our society, including easier communication, fast access to information, and new forms of entertainment. However, the excessive use of digital devices has been associated with various negative consequences, such as addiction, anxiety, and depression. Children and adolescents are particularly vulnerable to the harmful effects of digital technology, as the immature prefrontal cortex makes them more susceptible to the addictive potential of digital technology algorithms.

The Youth Climatic Health Resort Rakitna is a public health institution in Slovenia, whose mission is the timely identification and multidisciplinary approach to early treatment of children and adolescents at risk of developing psychological and psychiatric problems. We established cooperation with a non-profit organisation Logout, which is aiming for a balanced and healthy use of digital technology with various programmes and workshops. Together, we developed a new multidisciplinary programme called Digital Detox for the early treatment of adolescents with digital technology addiction.

Our programme:

Eligible participants are adolescents up to 19 years of age with excessive use of digital screens. All of the participants are previously followed and evaluated at Logout and are selected for the Digital Detox programme based on their self- and parent-reported excessive use of digital devices and their symptoms of addiction. Lasting three weeks, the programme includes various activities aimed at promoting healthy behaviours such as group therapy sessions, psychoeducation, outdoor activities, art therapy, animal-assisted therapy including equine therapy, mindfulness exercises, journal writing, as well as therapy sessions with their parents. The effects are being qualitatively assessed with an aim to develop an appropriate questionnaire for future objectification of our findings.

Programme structure and timeline:



Findings and observations:

The group follow-up showed self- and parent-reported reduction in participants' screen time and symptoms of addiction, anxiety, and depression. They reported increased engagement in healthy activities such as exercise, reading, socialising, and family activities. The participants also reported feeling more connected to themselves, and a sense of relief from the constant pressure of being online.

However, a greater number of children successfully completing the programme, as well as more narrowly focused questionnaires addressing the symptoms of excessive screen use, abuse, and addiction upon returning home, are required. Currently, our main dilemma revolves around deciding whether to persist with the total ban on technology device usage throughout the programme as a means of efficient 'detoxification', or to gradually implement a step-by-step schedule for responsible technology use, aimed to equip the adolescents for the realistic situation upon their return home.

Conclusion:

Our observations so far suggest that the Digital Detox programme provides a structured and supportive environment as a promising intervention for adolescents addicted to digital technology. However, a larger sample of participants is needed to evaluate the effectiveness of the programme and possibilities for improvement, drawing from our own growing experience as well as the feedback from the international community.