

Effect of cognitive behavior therapy combined with parent psychoeducation on improving psychosocial wellbeing among adolescents with internet gaming disorder

Submission date 14/01/2026	Recruitment status No longer recruiting	☐ Prospectively registered ☒ Protocol
Registration date 20/01/2026	Overall study status Completed	☒ Statistical analysis plan ☐ Results
Last Edited 19/01/2026	Condition category Mental and Behavioural Disorders	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol

PhD Research Synopsis Details

Background and Study Aims

Adolescence is a critical developmental phase marked by rapid psychological and social changes. With increasing access to digital technology, excessive online gaming has emerged as a significant mental health concern among adolescents, often leading to Internet Gaming Disorder (IGD). IGD is associated with poor psychosocial outcomes including emotional distress, social withdrawal, academic difficulties, impaired family relationships, anxiety, and reduced psychological well-being.

Cognitive Behavioral Therapy (CBT) is an evidence-based intervention shown to be effective in managing behavioral addictions by addressing maladaptive cognitions and behaviors. However, adolescents' gaming behavior is strongly influenced by family environment and parenting practices. Parent Psychoeducation (PPE) equips parents with knowledge and skills to monitor gaming behavior, improve communication, and provide emotional support.

The present study aims to examine the effectiveness of a combined CBT and Parent Psychoeducation intervention in improving psychosocial well-being and reducing IGD severity among adolescents.

Study Aims

1. To examine the effectiveness of Cognitive Behavioral Therapy (CBT) combined with Parent Psychoeducation (PPE) on psychosocial well-being among adolescents.
2. To assess the reduction in Internet Gaming Disorder severity following the intervention.
3. To compare pre- and post-intervention psychosocial well-being among adolescents.

Who Can Participate?

Adolescents aged 16–19 years identified with Internet Gaming Disorder using standardized screening tools.

Both male and female adolescents enrolled in educational institutions.

Parents or primary caregivers willing to participate in psychoeducation sessions.

Informed consent from parents and assent from adolescents will be obtained.

What Does the Study Involve?

The study involves screening adolescents for IGD, baseline assessment of psychosocial well-being, administration of CBT sessions for adolescents and Parent Psychoeducation sessions for caregivers, followed by post-intervention assessment using standardized tools.

Possible Benefits and Risks

Benefits include reduction in gaming-related problems, improved emotional regulation, enhanced social functioning, and better family relationships.

Risks are minimal and may include temporary emotional discomfort during therapy sessions. No physical risks are anticipated.

Where Is the Study Run From?

The study will be conducted at St. Aloysius Institutions, Mangalore, under the academic supervision of CHRIST (Deemed to be University), Bengaluru.

Study Duration

The study will commence after obtaining ethical clearance and institutional approval and is expected to run for approximately 12–18 months.

Funding

This is a self-funded doctoral research study.

Main Contacts

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Study information

Scientific Title

Effect of CBT-IA combined with parent psychoeducation on improving psychosocial wellbeing among adolescents with internet gaming disorder

Study objectives

1. To assess the effectiveness of CBT-IA in reducing Internet Gaming Disorder (IGD) and Psychosocial Functioning Impairment (PFI) scores from pre-test to post-test among adolescents diagnosed with IGD over an eight-week intervention period.
2. To assess the effectiveness of Parent Psychoeducation in reducing IGD and PFI scores from pre-test to post-test among adolescents diagnosed with IGD over an eight-week intervention period.
3. To assess the effectiveness of CBT-IA combined with Parent Psychoeducation in reducing IGD and PFI scores from pre-test to post-test among adolescents diagnosed with IGD over an eight-week intervention period.
4. To assess whether all intervention groups (CBT-IA alone, Parent Psychoeducation alone, and CBT-IA + Parent Psychoeducation) demonstrate significantly greater reductions in IGD and PFI scores at post-test compared to the control group.
5. To assess the comparative effectiveness of CBT-IA combined with Parent Psychoeducation, Parent Psychoeducation alone, and CBT-IA alone in reducing IGD and PFI scores at post-test and 6-month follow-up.

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 17/06/2022, Centre for Research, Christ University (Karnataka, BANGLORE, 560029, India; +91-80-40129400; rcec@christuniversity.in), ref: CU: RCEC/00335/06/22

Primary study design

Interventional

Allocation

Randomized controlled trial

Masking

Blinded (masking used)

Control

Placebo

Assignment

Parallel

Purpose

Supportive care, Treatment

Study type(s)

Health condition(s) or problem(s) studied

Internet gaming disorder-addiction

Interventions

Participants were randomly assigned to one of four study arms: CBT-IA only, PPE only, Combined CBT-IA + PPE, or Control group (no intervention). A stratified block randomisation procedure was used to ensure balanced allocation across arms (1:1:1:1). Participants were stratified by gender and the presence of moderate anxiety or depression (assessed using validated screening tools), and random assignment within each block was performed using sealed, opaque envelopes to maintain allocation concealment. Interventions were delivered over a 15-week period. In the PPE and CBT + PPE groups, the participating parent was typically the mother; if unavailable, the father or another primary caregiver participated. Parent characteristics were recorded collectively for data management consistency. Participants remained in their allocated group throughout the intervention, and outcomes were assessed at baseline, post-intervention, and follow-up.

Therapeutic Alliance

The initial stage focused on building a strong, trusting, and collaborative relationship between therapist and client. This involved demonstrating empathy, actively listening to the client's gaming experiences, validating both the positives and negatives, and collaboratively setting achievable goals. Motivational interviewing techniques were used to address ambivalence, and boundaries for the therapeutic process were established. For adolescents, parents or caregivers were engaged to ensure alignment with treatment goals.

Behaviour Modification (CBT-IA Stage 1)

This stage addressed maladaptive gaming habits through self-monitoring, time tracking, and gradual reduction of gaming hours. Clients identified triggers and implemented healthier offline activities such as hobbies, sports, or social interactions. Structured boundaries between work, leisure, and gaming were established to encourage balanced lifestyle patterns.

Cognitive Restructuring (CBT-IA Stage 2)

Cognitive distortions sustaining gaming behaviour were identified and challenged. Techniques like Socratic questioning and cognitive reframing helped replace irrational beliefs (e.g., "Gaming is the only thing I'm good at") with balanced alternatives. Motivational interviewing and reality testing addressed denial and built accountability for recovery.

Harm Reduction and Relapse Prevention (CBT-IA Stage 3)

This phase aimed to maintain recovery by identifying triggers, developing coping strategies, and encouraging responsible gaming practices rather than complete abstinence. Underlying issues such as anxiety or low self-esteem were addressed, and relapse prevention plans were developed using Habit Reversal Training. Social and emotional well-being was supported through offline connections, community engagement, and improved family communication.

Parent Psychoeducation (PPE)

Two PPE sessions (Week 1 and Week 7) were provided. The first focused on educating parents about IGD, its symptoms, causes, and effects while fostering empathy and reducing stigma. The second guided parents in supportive problem-solving, setting healthy boundaries, promoting alternative activities, and addressing underlying emotional issues. Parents were equipped to become active partners in their child's recovery journey.

Intervention Type

Behavioural

Primary outcome(s)

1. Internet Gaming Disorder severity measured using Internet Gaming Disorder–20 Scale at Baseline, 3 months, and 6 months

Key secondary outcome(s)

1. Psychosocial functioning / impairment measured using The Inventory of Psychosocial Functioning (IPF) at Baseline, 3 months, and 6 months

2. Anxiety severity measured using Hamilton Anxiety Rating Scale at Baseline

3. Depressive symptom severity measured using Beck Depression Inventory at Baseline

Completion date

31/03/2024

Eligibility**Key inclusion criteria**

1. Adolescents aged between 16 and 18 years
2. Engaging in internet gaming for more than 20 hours per week within the past year
3. Reporting battle royale games (e.g., PUBG, Free Fire) as their primary online gaming activity
4. Scoring above 71 points on the IGD-20 scale (indicating high levels of Internet Gaming Disorder)
5. Adolescents with comorbid depression or anxiety symptoms were also included, acknowledging these as confounding variables

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

16 Years

Upper age limit

19 Years

Sex

All

Total final enrolment

73

Key exclusion criteria

1. Presence of psychotic symptoms
2. Current use of any psychiatric medication
3. History of illegal substance use or gambling behavior

Date of first enrolment

01/07/2022

Date of final enrolment

30/06/2023

Locations

Countries of recruitment

India

Sponsor information

Organisation

Christ University

ROR

<https://ror.org/022tv9y30>

Funder(s)

Funder type**Funder Name**

Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary**

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet			15/01/2026	No	Yes
Protocol file			15/01/2026	No	No

