CASE SCENARIO FOR PROVIDERS

SOCIAL MEDIA CONVERSATIONS WITH YOUTH AND FAMILIES

CENTER OF EXCELLENCE
Social Media and Youth Mental Health
FROM THE AMERICAN ACADEMY OF PEDIATRICS

Medical Appointment with Erin (12)

Pediatric and adolescent providers can integrate conversations about media use into health consultations with increased confidence knowing that their acknowledgement and guidance can have a positive influence on youth and families. A healthy relationship with a trusted adult is a protective factor for youth mental health, and many youth trust health care providers' expertise.[1] Talk about digital media in the spirit of health and wellness, not judgment and control. Engage with youth and their caregivers by demonstrating curiosity and offering your partnership.[2]

TIP: Submit any questions you have to the American Academy of Pediatrics (AAP) Center for Excellence on Social Media and Youth Mental Health Q&A Portal for a personalized and evidence-based response. Patients can also look to the portal for additional support outside of the office.

The AAP's policy statement on media use offers some key recommendations for pediatricians.

MOTIVATIONAL INTERVIEWING

Motivational Interviewing is a specific method of talking with people about change and growth to strengthen their own motivation and commitment. This evidence-based process is grounded in research about what makes conversations more or less helpful, allowing others to explore change more comfortably. Relational skills include demonstrating compassion, acceptance, partnership, and empowerment. Technical skills include asking open-ended questions, using affirmations and reflective listening statements and summarizing the discussion. Because change is a process and rarely a straight line, the discussion moves like a dance and takes into consideration the person's values, beliefs, age, culture, and social structures.

Erin is a 12-year-old with attention-deficit/hyperactivity disorder (ADHD). Her dad is concerned that she spends excessive time gaming online and struggles to disengage. Erin's pediatrician validates this concern and helps them both understand how ADHD can make it harder for children to transition away from stimulating activities like gaming. The pediatrician engages Erin in conversation around why she enjoys gaming to identify interests and strengths that can be channeled into positive goals. Together, they discuss strategies for balance and opportunities for caregiver support.

Pediatrician: Erin, your dad mentioned that it's been difficult for you to stop gaming when it's time for you to switch to a new activity. This is very common, especially among youth with ADHD. Tell me about your gaming; what games do you like to play? **(Compassion, Empowerment, Open-ended question)**

Erin: Roblox is my favorite. There are a lot of different games. I really like playing obbies because there are so many levels and it's fun to beat them.

Pediatrician: It's fun to level up! I've never heard of an obby. **(Partnership, Reflection)**

Erin: It's like an obstacle course where you jump over stuff and try not to fall, and you have to make it to the end.

Pediatrician: It sounds like you're really good at figuring out challenges. **(Empowerment, Affirmation)**

Erin: Yeah, I like seeing how far I can get.

Pediatrician: That makes a lot of sense. Games are designed to keep you interested and wanting to play more—especially when you're doing well at it. Dad, what's on your mind? **(Partnership, Affirmation, Open-ended question)**

Caregiver: Well, that's exactly the issue. Once she starts, it's really hard for her to stop, especially when it's time for homework, to do chores, go to bed or even to do something fun like going outside.

Pediatrician: You're not alone in experiencing this. For many kids, especially with ADHD, activities like gaming can be captivating because they provide constant stimulation and rewards. That can make it much harder to transition away, even when they know they need to. Sometimes fast-paced games can be overwhelming and create emotional dysregulation, which means emotions can feel bigger or more intense, and it's hard to calm oneself down, think clearly, or respond in a way they want to. Erin, what makes it difficult for you to stop playing? **(Reflection, Compassion, Partnership, Open-ended question)**

Erin: I hate stopping in the middle of a level, and I get annoyed when my dad stops me in the middle of a challenge just to do some chores.

Pediatrician: That's a really important point, Erin. Stopping in the middle of a level can feel frustrating for you, especially if your next activity isn't as fun. What would make it easier to pause or stop? **(Affirmation, Reflection, Compassion, Empowerment, Open-ended question)**

Erin: Maybe if I got to stop at the end of a level instead. Some levels are really quick, but some are longer.

Caregiver: We've tried saying "five more minutes," but it usually turns into a struggle.

Pediatrician: That's very common. Verbal reminders alone sometimes are not enough, especially when someone is deeply focused. Sometimes using a timer or visual reminder can make expectations clearer and take some of the pressure off you. What do you both think of trying that? **(Compassion, Open-ended question)**

Erin: I think a timer would help more than just being told. Especially if I can see it or hear it go off like maybe the timer on my phone or the small wind-up timer in the kitchen. Maybe I could set it when I start playing so I know what to expect.

Caregiver: I think the kitchen timer may be better to use and less distracting than your phone.

Pediatrician: Ok, so we have a plan around which timer and who will set it to help with stopping your game-play. **(Summary)**

Erin: But what if the timer goes off, but I have not finished the level yet?

Pediatrician: Good question! Since levels can vary in length, could you and your dad decide ahead of time what happens when the timer goes off? Maybe the plan is to finish the level you're on, even if you need a few extra minutes, and then take a break. That gives you both a clear stopping point. **(Acceptance, Empowerment, Reflection)**

Parent: You're right, that is a good point. We can try that.

Pediatrician: It sounds like you've come up with a plan together. Using the wind-up kitchen timer can help you know when gaming time is almost up. So, in review, we discussed that transitioning from gaming to other activities has been difficult for you, Erin. You identified several strategies that may help, including setting expectations in advance and using a timer to help with transitions. Erin, what do you think of these different strategies to try? **(Summary, Open-ended question)**

Erin: I guess we could try them and see how it goes. Hopefully I won't get in as much trouble as I have been for not listening.

Pediatrician: Exactly. You're both taking important steps toward finding the right balance. Another important piece is for you both to create clear and consistent expectations. Keeping that routine consistent can really help. Would you feel comfortable taking another look at your Family Media Plan together to make a few updates based on our conversation today? **(Affirmation, Partnership)**

Caregiver: Yes, we can work on that tonight. I think having a clear plan will make it easier for us to stay consistent at home.

Pediatrician: Having a clear plan can be very helpful. Let's try these strategies over the next few weeks and see how they work for you both. At your next appointment, we can touch base about how things are going, what's working well, and any challenges you're running into. In the meantime, here are a few resources you may find helpful. **(Reflection, Partnership)**

SELF-REFLECTION QUESTIONS:

1. How did the pediatrician highlight Erin's strengths and interests?
2. How were strategies (e.g., routines, timers) co-created with Erin and the caregiver?
3. What are some other strategies they could consider?
4. How did the pediatrician balance validating the caregiver with supporting Erin's autonomy?
5. Where did you hear Erin express change talk (e.g., willingness, reasons, need, or want for change)?
6. How did the pediatrician use open-ended questions or reflections to guide Erin toward her own solutions?

PRACTICE CONSIDERATIONS

For some children and teens, supports related to ADHD specifically might be helpful to consider as well. Parents may want to consult their child's pediatrician to determine whether current supports, including medication, are adequately addressing the needs. Children who are engaged in therapy for executive functioning may also benefit from working with their therapist on planning and action steps.

Social Media and Early Adolescence: What Should be on Your Radar

The early tween and teen years are a time of growing independence, changing bodies, exploring identity, and building a solid sense of self. During this phase, adolescents begin to place increased importance on relationships with peers, which parents might experience as losing connection. It's an important time to establish regular conversations about their digital lives – who they are and what they interact with online.

Use Common Sense Media to check ratings and reviews of video games, movies, apps, and TV and pick ones with positive social and identity messages. Given that the research shows more downsides than upsides to social media for kids under 13 and platform policies around age, we suggest waiting until at least age 13 before starting a social media account. Help them find alternates like messaging apps (e.g., iMessage, Messenger Kids, Kinzoo).

RESOURCES FOR PROVIDERS

Visit the AAP Center of Excellence on Social Media and Youth Mental Health website and check out the following resources for more information and tools:

- **American Academy of Pediatrics:**
  - » The 5 Cs of Media Use
  - » Supporting Neurodivergent Youth in Navigating Technology and Social Media
- **HealthyChildren.org:** Family Media Plan
- **Motivational Interviewing Network of Trainers:** Understanding Motivational Interviewing
- **National Council for Mental Wellbeing:** Youth Mental Health First Aid

The following resources can be shared directly with parents and youth:

- **American Academy of Pediatrics:**
  - » Family Social Media Tip Sheet
  - » Glossary of Digital Media Platforms
  - » Social Media: Enjoy the Upsides and Avoid the Downsides
  - » Social Media Tips for Teens
  - » Problematic Media Use: Screening and Intervention Tools for Clinicians
  - » The Calm Toolbox: Healthy Ways to Cope With Stress
  - » Supporting Technology Use by Neurodivergent Tweens and Teens
  - » Common Sense Media: Parents' Ultimate Guide to Roblox
- **Crisis Lines:**
  - » SAMHSA's National Helpline is a 24/7 treatment referral and information service.
  - » 988 Suicide & Crisis Lifeline offers 24/7, confidential support for people in distress.
  - » Healthychildren.org: For Teens: Creating Your Personal Stress-Management Plan
- **National Council for Mental Wellbeing:**
  - » Youth Hub
  - » Getting Candid

REFERENCES

1. Snell, A. & Kline, J. (2022, July-October). Findings from an online assessment of youth ages 13-18 years old [Unpublished internal document]. Commissioned from Lake Research Partners by the National Council for Mental Wellbeing.
2. Moreno, M.A., Klein, J.D, Kaseeska, K., Gorzkowski, J., Harris, D., Davis, J., Gotlieb, E., & Wasserman, R. (2023). A cluster randomized controlled trial of a primary care provider-delivered social media counseling intervention. Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine, 73(5), 924–930. https://doi.org/10.1016/j.jadohealth.2023.06.007

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