

When Screens Take Over: A Parent's Guide on Teen Digital Media Overuse

A PROJECT OF



When Screens Take Over: A Parent's Guide on Teen Digital Media Overuse

Authors

Members of the Mental Health Work Group of Fairplay's Screen Time Action Network:

Co-Chairs: Amanda Giordano, PhD, LPC and Myriah Sirrocco, PsyD, LP

Alex Basche, LMFT, IGDC

Brett Kennedy, PsyD

Susan Raphael, ICADC

Matt Edelstein, PsyD, BCBA-D

Dan Lathen, PhD

Jean Rogers, MSED, CPE, Advisor

Nina Logan Jenner, LCPC

Lauren Paer

Gretchen Shanahan

Sam Kane-Gerard, LGPC

Melissa Quigley, LEP

Editor: Rinny Yourman, Esq.

A Note to Parents

Parenting in today's digital age is hard! There are so many unknowns and technology rapidly changes moment to moment. We wrote this Guide in order to provide some helpful information about digital media and youth—especially with regard to digital media overuse and addiction. The purpose of this Guide is to explain what digital media overuse/addiction entails, how to recognize it, and what to do if your adolescent is struggling with overuse.

This Guide does not replace professional consultation, nor should it be used as a diagnostic tool. Instead, we hope it will provide useful information to help support you as you raise your children in this digital age. The fact that you are interested in this topic and reading this Guide already speaks to your dedication to children and desire to parent well. You are doing great, and know that you are not alone in facing challenges with youth and digital media use. We are in this together!

A PROJECT OF



Researched and written without the assistance of generative AI.

This Guide is for informational purposes only. It is not medical advice and does not replace diagnosis or treatment from a qualified professional. Do not ignore or delay seeking professional advice because of something you read in this Guide. The information in the Guide is the authors' interpretation of the research and does not reflect the official stance or views of their employers, agencies, or universities.

A LETTER FROM THE DIRECTOR



Dear Reader,

If you have come to this Guide, you have questions. Somewhere on the complex and rewarding journey of parenthood, technology arrived like an unwelcome downpour on a warm, sunny day. No one told you that tech companies would angle to capture your children's attention, one of the most precious assets of childhood, and no one trained you on how to deal with it. It's not your fault. It's not your children's fault. But, deal with it you must. That's why we're here.

The information and strategies this Guide offers were compiled by the mental health practitioners, experts, and scientists in our Mental Health Work Group at the Screen Time Action Network at Fairplay. The Action Network is a global collaborative of practitioners, educators, advocates, and parents working to reduce excessive and harmful screen use in childhood and keep kids safe online. We provide a trusted and informed space to uphold child well-being in the face of a Big Tech business model that places profits before kids. In other words, we exist so that no one will feel alone in the struggle to restore relationships, fight for children's best learning, prioritize their mental and spiritual wellness, and ultimately preserve childhood.

Our home is the powerful advocacy organization, Fairplay, the leading independent nonprofit voice fighting to eliminate the exploitative and harmful business practices of marketers and Big Tech. We work to put kids' needs ahead of corporate greed and we don't accept donations from any corporation. Our campaigns have protected children from surveillance and manipulation by AI toys, helped get cell phones out of schools, organized parents to demand online safety legislation, stopped Meta from releasing Instagram for young kids, and held tech and toy companies accountable for children's privacy violations, among other things.

We know you will find this Guide helpful and hope you will share it with others. We also invite you to join our network. Membership with the Action Network provides options for connection, support, collaboration, and activism. Find us at screentimenetwork.org.

Wishing you well,

A handwritten signature in black ink that reads "Jean".

Jean Rogers, Director
Screen Time Action Network at Fairplay

Table of Contents

What is Really Going On?

1. Trends Related to Digital Media Use	5
2. What is a Behavioral Addiction?	7
3. Addictive Nature of Digital Media Products	9
4. Prevalence of Digital Media Addictions	11
5. Spectrum of Digital Media Use	13
6. Potential Signs of Digital Media Overuse	15

What Does Science Tell Us?

7. Neuroscience of Behavioral Addictions	17
8. Adolescent Brain Development	19
9. How Screen Use Rewires the Brain, and What That Looks Like in Real Life	21
10. Start with Prevention if Possible	23
11. Mental Health and Digital Media Overuse	25
12. Digital Media's Impact on Self-Control	28

What Can We Do About It?

13. Enhancing Adolescents' Emotion Regulation Strategies	30
14. Helping Adolescents Change Digital Media Use	33
15. Seeking Professional Help for Digital Media Addiction	35
16. Levels of Care for Digital Media Overuse/Addiction	37

Tools and Resources

Talking with Teens About Technology Use	39
Empathy and Understanding	39
Acknowledge Feelings and Concerns	40
Collaborative Problem-Solving and Boundary-Setting	41
About Gaming	43
About Social Media	45
About Pornography	46
About Gambling and Sports Betting	49
Resources	51
Family Digital Media Plan	53

WHAT IS REALLY GOING ON?



1. Trends Related to Digital Media Use

It is clear that digital media use is pervasive in today's society, especially among adolescents (but also among young children and parents!). The use of digital media is enticing, as it presents a seemingly unlimited menu of activities for

youth, ranging from scrolling social media and generative AI to internet gaming and online gambling. Digital media is appealing to youth for many reasons, and they are using it! In fact, recent prevalence rates reveal:

The majority of adolescents are using some form of social media platform.

Specifically, among teenagers in the U.S. aged 13-17¹



93%
use YouTube
(71% use it daily)



63%
use TikTok
(58% use it daily)



60%
use Snapchat
(51% use it daily)



59%
use Instagram
(47% use it daily)

The majority of adolescents are gaming, with many gaming every day. Specifically, among teenagers in the U.S. aged 13-17²

85%
play video games
(97% of boys and 73% of girls)

41%
report gaming daily

40%
identify as "gamers"

A substantial number of adolescents are exposed to pornography. Specifically, among high school students in the U.S.³

41%
viewed pornography
in the previous year

18%
reported viewing
pornography many times
in the previous year

About a quarter of adolescents engage in gambling (including sports betting, online gambling, and offline gambling). Specifically, among high school students in the U.S.⁴

25.41%
gambled in the previous year
(34.6% males and 16.2% females)

There are lots of additional statistics we could provide—but you see the trend. Digital media use is common among today's youth. And, given its prevalence, it is important for parents/caregivers to be informed about the potential risks associated with digital media use. One potential risk is digital media overuse or addiction. The focus of this Guide is to provide

relevant, practical information about digital media use and the risk of overuse/addiction among teens.

Scan for full Guide and resources

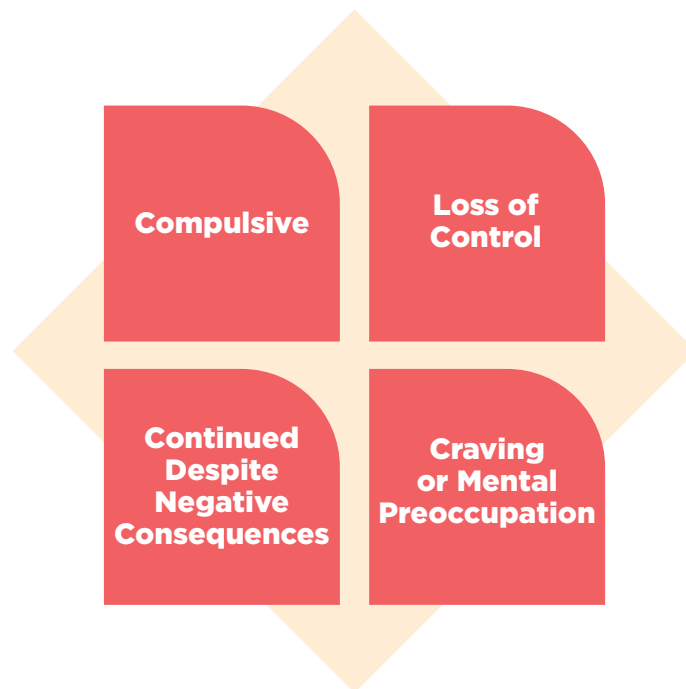


References

1. Pew Research Center (2023). *Teens, Social Media and Technology 2023*. <https://www.pewresearch.org/internet/2023/12/11/teens-social-media-and-technology-2023/>
2. Pew Research Center (2024). *Teens and Video Games Today*. <https://www.pewresearch.org/internet/2024/05/09/teens-and-video-games-today/>
3. Galper, E. F., Widman, L., Brasileiro, J., & Noar, S. M. (2024). Adolescents' pornography viewing frequency and its relationship with condom attitudes. *Sexual Health, 21*, SH24025. <https://doi.org/10.1071/SH24025>
4. Stefanovics, E. A., Gueorguieva, R., Zhai, Z. W., & Potenza, M. N. (2023). Gambling participation among Connecticut adolescents from 2007 to 2019: Potential risk and protective factors. *Journal of Behavioral Addictions, 12*, 490-499. <https://doi.org/10.1556/2006.2023.00027>

WHAT IS REALLY GOING ON?

2. What is a Behavioral Addiction?



One common question among parents/caregivers is, “Is my child addicted to their phone?” It is important to consider what addiction entails and how to know if someone you love is demonstrating the signs of addiction.

When we hear the term “addiction” many of us think about using drugs of abuse like alcohol, nicotine, and cannabis. But certain rewarding behaviors have addiction potential as well (e.g., gambling, pornography use, gaming) and can lead to compulsive, out-of-control engagement in the behavior despite negative consequences. We call these *behavioral addictions*.

Importantly, only a subset of individuals who engage in potentially addictive behaviors will develop a behavioral addiction (although anyone can experience problems from

engaging in a potentially addictive behavior). Thus, it is important to differentiate between high involvement in a behavior and addiction—how can we tell the difference? For example, what distinguishes an adolescent who enjoys gaming from an adolescent with gaming disorder?

The Four Cs Model details the hallmarks of behavioral addictions and can be helpful in distinguishing between high involvement and addiction. Each component of the Four Cs Model is described below. If an adolescent demonstrates the Four Cs with regard to their use of digital media, it may be helpful for them to see a mental health professional who can utilize formal assessment measures to determine whether or not they meet the criteria for addiction.

The Four Cs Model of Behavioral Addictions

The Behavior is Compulsive

- Unplanned engagement in the behavior
- Unintentional engagement, not deliberate or well thought-out
- Engage in the behavior based on an urge or felt need (in response to a feeling rather than cognitive reasoning)
- Engage in the behavior at inappropriate or inopportune times (e.g., at school, at work, during important activities, instead of engaging in other responsibilities, in risky situations)

There is a Loss of Control

- Unsuccessful attempts to stop or reduce engagement in the behavior
- Engaging in the behavior for longer than intended
- Engaging in the behavior more frequently than intended
- Breaking one's own limits or restrictions for engaging in the behavior

The Individual Continues to Engage in the Behavior Despite Negative Consequences

- Detrimental outcomes resulting from engagement in the behavior do not reduce or stop engagement; problems are not enough to deter engagement
- Experiencing negative consequences in the realms of: physical health, finances, legal issues, employment, education, psychological health, spirituality, relationships, friendships, family atmosphere, personal goals, or personal values

When Not Engaging, the Individual Experiences Cravings or Mental Preoccupation

- Overwhelming desire to engage in behavior when not engaging (particularly when triggered)
- Ruminating on behavior when not engaging
- Difficulty being in the present moment because thoughts are consumed by the behavior (thinking about the last time one engaged, fantasizing about the next time one will engage)
- Behavior becomes the most salient aspect of life

If the Four Cs are present (compulsive, loss of control, continued engagement despite negative consequences, and cravings or mental preoccupation), it could mean that the individual is struggling with a behavioral addiction. Working with a professional counselor (discussed later in this Guide) could be a helpful way to determine the exact nature of an

adolescents' relationship with digital media and construct an appropriate treatment plan.

Scan for full Guide and resources



References The Four Cs model is based on criteria for and definitions of addiction from the following sources:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- American Society of Addiction Medicine (2019). *Definition of addiction*. <https://www.asam.org/quality-care/definition-of-addiction>
- Giordano, A. L. (2022). *A clinical guide to treating behavioral addictions: Conceptualizations, assessments, and clinical strategies*. Springer.
- Kardefelt-Winther, D., Heeren, A., Schimmenti, A., van Rooij, A., Maurage, P., Carras, M. Edman, J., Blaszczynski, A., Khazaal, Y., Billieux, J. (2017). How can we conceptualize behavioral addiction without pathologizing common behaviors? *Addiction*, 112, 1709-1715. <https://doi.org/10.1111/add.13763>
- Sussman, S., & Sussman, A. N. (2011). Considering the definition of addiction. *International Journal of Environmental Research and Public Health*, 8, 4025-4038. <https://doi.org/10.3390/ijerph8104025>

WHAT IS REALLY GOING ON?



3. Addictive Nature of Digital Media Products

When we consider digital media addiction, we must consider both the risk factors of the individual (e.g., genetic predisposition, early trauma, early childhood exposure, mental health concerns) and also the addictive nature of the digital media product itself. Tech companies' business models rely on maximizing user engagement, so naturally, they employ many strategies to keep people using their digital media products for as long as possible (as a parent/caregiver, you yourself may recognize how difficult it is to put down digital devices).

Several features of digital media products were specifically designed using psychological principles in order to exploit

human vulnerabilities and maximize user engagement and corporate profits. What has been called “persuasive technology” are intentional strategies used by tech companies to influence human behavior by deliberately pushing buttons intended to provoke responses based on our known biological susceptibilities. Persuasive design is the engine that drives Big Tech’s multibillion dollar bottom line.

Repeated participation in this cycle of persuasive technology and engagement can promote compulsive digital media use, often without conscious awareness that it is occurring.¹ Specific aspects of digital media products are designed to be enticing and addictive. These include (but are not limited to) the following:

Feedback on social media

The concept of “likes” was designed to play into individuals’ natural insecurities, need for social validation, sensitivity to personal feedback, and social comparison. It is a way to quantify social rewards (“how many likes did that picture get?”). “Likes” and feedback on social media also encourage compulsive use by using the intermittent or variable ratio reinforcement schedule, which is also used in gambling. This form of reinforcement occurs when a person knows a reward is coming, but does not know when. Therefore, each time a teen checks social media, they do not know whether they will receive a like, a comment, a new friend request, a share, or no response (this is the variable schedule), therefore prompting the urge to continue checking repeatedly.² It is this uncertainty and anticipation of reward that involves dopamine release (a key neurotransmitter involved in the processes of reward and addiction). Similar to tactics used in gambling, feedback on social media utilizes variable ratio reinforcement scheduling, which creates powerful cravings and reinforces behavior.³ Using these known behavior altering methods (e.g., providing feedback on social media), the tech designers foster compulsivity and habit-forming digital media use, often without the user even realizing it.⁴

Infinite scrolling

Unlike books and movies with natural endpoints, digital media is endless. Adolescents can scroll infinitely, game limitlessly, and consume new content online for hours. This feature of a bottomless feed on unending online games is particularly risky to youth since they have less developed impulse control, decreasing their ability to stop scrolling, gaming, or watching in order to attend to other responsibilities and commitments.⁵

Sophisticated algorithms:

Many forms of digital media utilize algorithms (or complex sets of rules), which target users with increasingly personalized content. This personalization of the digital media experience (e.g., showing posts/products that the specific user is likely to enjoy) amplifies the adolescent's desire to scroll longer. Additionally, extreme content (e.g., angering or distressing content) generates more views (which equals more time online), so users are served content intended to elicit emotions like outrage, anger, and shock to increase their engagement.

Push notifications:

Various digital media apps send notifications or messages to users. These notifications create a false sense of urgency (e.g., a message is waiting, you must check the app!) and cause distraction from an adolescent's offline life. The constant updates delivered in attention-grabbing ways (e.g., flashing lights, red font, pop-ups) trick the mind into believing that everything, regardless of actual relevancy, requires our immediate attention. As former tech insiders at the Center for Humane Technology reveal, this design strategy is intended to “make the trivial seem urgent.”¹

Rewards for continued use:

Some digital media apps and online activities have arbitrary rewards to reinforce continued, regular use. For example, Snapchat's “Snapstreaks” is a way to track user engagement and reward those who exchange snaps with another person on a daily basis. The concept of a “Snapstreak” is rooted in human beings' known instinct for social reciprocity and inclusion. Thus, capitalizing on adolescents' natural social desire to be accepted, “Snapstreaks” encourage daily continued contact in order to maintain the “streak,” otherwise, the streak will break and symbolically “end the friendship,” which plays into fears of social rejection (fears that are particularly salient among adolescent girls).⁴

These are just a few examples of how digital media is designed to be addictive and to keep users on their platforms for as long as possible. It is important for parents/caregivers to learn about the nature of whatever digital media activity in which their adolescent is engaged and ask the question, “How was this designed to keep users engaged for as long as possible?” In many instances, the goal of tech companies is to earn a profit, rather than to protect the welfare of the

public. Therefore, it is the responsibility of the public to critically assess digital media products to uncover ways in which they are designed to be enticing and addictive, and advocate when appropriate.

Scan for full Guide and resources



References

1. Center for Humane Technology (2024). *Brain Science. How Social Media Hacked Our Brains*. <https://www.humanetech.com/brain-science>
2. Maza, M. T., Fox, K. A., Kwon, S. J., Flannery, J. E., Lindquist, K. A., Prinstein, M. J., & Telzer, E. H. (2023). Association of habitual checking behaviors on social media with longitudinal functional brain development. *JAMA Pediatrics*, 177, 160-167. <https://doi.org/10.1001/jamapediatrics.2022.4924>
3. Lembke, A. (2021) *Dopamine nation: Finding balance in the age of indulgence*. Dutton.
4. Freed, R. (2025) *Better than real life: How Silicon Valley's secret science of persuasive design is stealing childhood*. Creekside Brooks, LLC.
5. American Psychological Association (2024). *Potential Risks of Content Features and Functions: The Science of How Social Media Affects Youth*. <https://www.apa.org/topics/social-media-internet/youth-social-media-2024>

WHAT IS REALLY GOING ON?



4. Prevalence of Digital Media Addiction

So how common is digital media addiction? Although the majority of individuals who use digital media will not meet criteria for a behavioral addiction (although they may have

problems with their use, and we discuss this later in the Guide), a subset of users will develop an addiction.

For example:

In a meta-analysis, the prevalence of gaming addiction among adolescents across 33 countries was

8.8%¹

Among students in 9th and 11th grade who engaged in any gambling in the previous year,

1.76%

screened positive for problem gambling and

4%

were at risk and in need of further assessment²

52.6%

of high school counselors said social media addiction was a major concern in their schools³

Among adolescents in one study,

12%

met criteria for compulsive sexual behavior⁴

So, the question is, *why do some youth demonstrate digital media addiction and others do not?* We know that certain risk factors increase a person's susceptibility to developing a behavioral addiction. Some of these **risk factors** include:

Genetic predispositions (Does addiction run in the family? Differences in one's genetic makeup from birth could predispose individuals to increased risk for addiction)

Early exposure to addictive behaviors (especially while the brain is still in the process of developing)

A history of trauma (there is a robust relationship between early trauma and later addictive behaviors)

Co-occurring mental health concerns (e.g., depression, attention-deficit/hyperactivity disorder [ADHD])

When risk factors are present, there is a higher likelihood that an individual may develop a behavioral addiction. Importantly, every adolescent is different as they have their own unique characteristics and varying degrees of risk. This is why what is best for one teenager with regard to digital media use may be different than what is best for another teenager. It is important for parents/caregivers to assess their teen's constellation of

risk factors and potential susceptibility to addiction and make individualized decisions that are right for them, understanding there is a spectrum of engagement with digital media.

Scan for full Guide and resources



References

1. Gao, Y., Wang, J., & Dong, G. (2022). The prevalence and possible risk factors of internet gaming disorder among adolescents and young adults: Systematic reviews and meta-analyses. *Journal of Psychiatric Research*, 154, 35-43. <https://doi.org/10.1016/j.jpsychires.2022.06.049>
2. Rider, G. N., McMorris, B. J., Gower, A. L., Coleman, E., & Eisenberg, M. E. (2019). Gambling behaviors and problem gambling: A population-based comparison of transgender/gender diverse and cisgender adolescents. *Journal of Gambling Studies*, 35, 79-92. <https://doi.org/10.1007/s10899-018-9806-7>
3. Giordano, A. L., Morey, A. W., Kim, I. K., Song, J., & Kim, O. (2023). School counselors' experiences with student vaping and internet gaming: A report from the field. *International Journal for the Advancement of Counselling*, 45, 441-457. <https://doi.org/10.1007/s10447-023-09518-z>
4. Efrati, Y., & Gola, M. (2018). Understanding and predicting profiles of compulsive sexual behavior among adolescents. *Journal of Behavioral Addiction*, 7, 1004-1014. <https://doi.org/10.1556/2006.7.2018.100>

WHAT IS REALLY GOING ON?

5. Spectrum of Digital Media Use

Just because an adolescent does not meet the criteria for addiction, does not mean they won't have any problems with digital media use. Instead, it is important to consider your teen's use of digital media on a spectrum ranging from *recreational/non-problematic use* to *addictive behavior/pathological use*.



In the middle of the spectrum, we find varying degrees of problematic use (the use does not meet criteria for a behavioral addiction, but it causes problems in the adolescent's life). Let's consider characteristics of each area along the spectrum of use:

Recreational/Non-Problematic Use

- Digital media use is controlled (child/adolescent can follow rules/limits)
- Digital media use is planned and intentional
- Child/adolescent experiences no negative consequences from their digital media use (e.g., poor academic performance, losing money, eye problems)
- There are no withdrawal symptoms when child/adolescent is not using digital media (e.g., irritability, anxiety, restlessness)

- Child/adolescent does not crave digital media or is mentally preoccupied with it when not using
- Along with digital media, child/adolescent engages in a variety of diverse, enriching experiences without screens throughout their day (e.g., outside activities, creative activities, academic experiences, socializing with peers, contributing to household maintenance, spiritual practices, leisure/hobby activities, in-person conversations with adults and peers, physical activity)
- Child/adolescent has multiple ways to cope with distress and

can successfully regulate their emotional experiences (e.g., can effectively self-soothe, tolerate distress, change their emotional states adaptively)

Problematic Use

- May display some loss of control over digital media use, but child/adolescent can regain control with assistance or a period of abstinence
- May demonstrate some compulsivity in digital media use, but child/adolescent can return to intentional use with assistance or a period of abstinence
- May experience negative consequences from digital media use, but those consequences serve to reduce problematic behavior
- May experience minor withdrawal symptoms (e.g., irritability) after cessation of digital media use, but can cope/self-soothe appropriately
- May experience cravings for digital media use, but can resist or redirect attention to other activities
- May have reduced or neglected diverse, enriching experiences due to increased salience of digital media use, but can resume involvement in activities with assistance or a period of abstinence
- Child/adolescent's primary coping or emotion regulation strategy may be digital media, but when digital media is unavailable, child/adolescent can employ other adaptive strategies

Addictive Behavior/Pathological Use

- Loss of control over digital media use (child/adolescent cannot follow rules/limits, breaks own rules about use, hides/lies about use, engages in digital media use for longer than intended, more frequently than intended, or with higher intensity than intended)

- Digital media use is compulsive (not planned or intentional, result of a strong urge to use, may use digital media in inappropriate or risky situations such as driving or at work/school)

- Child/adolescent experiences negative consequences from digital media use (e.g., physical, legal, financial, psychological, spiritual, relational, occupational/educational negative consequences)
- Child/adolescent likely experiences withdrawal symptoms when digital media use ends or is inaccessible (e.g., irritability, sadness, emotional volatility, anxiety, lack of pleasure, cravings)
- Child/adolescent craves digital media when not using and is mentally preoccupied with it (may have difficulty concentrating or being in the present moment)
- Digital media use becomes the most salient activity in the child/adolescent's life to the detriment of other diverse, enriching experiences or previously held interests
- Child/adolescent relies on digital media use as their primary means of coping with life's difficulties and modifying their emotional experiences (e.g., digital media is used to escape life's problems, to feel good/pleasure, and to alleviate pain/distress)

When parents/caregivers consider their teen's digital media use, it can be helpful to think about it on this continuum. Based on the characteristics, where does your teen fall on the spectrum between *recreational/non-problematic use* and *addictive behavior/pathological use*? Wherever they land, there are ways to guide them toward safer, healthier, and more goal-aligned digital media using behaviors.

Scan for full Guide and resources



References

- American Society of Addiction Medicine (2019). *Definition of addiction*. <https://www.asam.org/quality-care/definition-of-addiction>
- Giordano, A. L. (2022). *A clinical guide to treating behavioral addictions: Conceptualizations, assessments, and clinical strategies*. Springer.
- Kardefelt-Winther, D., Heeren, A., Schimmenti, A., van Rooij, A., Maurage, P., Carras, M. ... Billieux, J. (2017). How can we conceptualize behavioral addiction without pathologizing common behaviors? *Addiction*, 112, 1709-1715. <https://doi.org/10.1111/add.13763>
- Sussman, S., & Sussman, A. N. (2011). Considering the definition of addiction. *International Journal of Environmental Research and Public Health*, 8, 4025-4038. [doi:10.3390/ijerph8104025](https://doi.org/10.3390/ijerph8104025)

WHAT IS REALLY GOING ON?



6. Potential Signs of Digital Media Overuse

All teens engage in some degree of digital media use, so how do parents/caregivers know if their adolescent is struggling with digital media overuse or addiction? What are some common signs or symptoms that digital media use has become problematic or addictive? While there are many variables at play (and the signs alone are not sufficient for determining addiction), some common signs and symptoms of digital media overuse may include the following:

Mental Health Signs/Symptoms

- Depression
- Anxiety
- Obsessive compulsive behaviors
- Emotional dysregulation
- Self-harm
- Aggression
- Substance use
- Suicidal ideation
- Disordered eating
- Body image concerns

Physical Signs/Symptoms

- Poor personal hygiene
- Fatigue/sleep issues
- Headaches
- Eye strain
- Nutritional concerns
- Obesity
- Back and/or neck strain
- Joint pain or stiffness
- Withdrawal symptoms when not using digital media (e.g., irritability, restlessness, anxiety)

Interpersonal or Relational Signs/Symptoms

- Lying
- Stealing
- Isolation
- Opposition
- Avoidance
- Family conflict
- Loneliness

Cognitive and Behavioral Signs/Symptoms

- Procrastination
- Poor time management
- Forgetfulness
- Attentional issues
- Detrimental thoughts about self (low self-esteem/negative self-talk)
- Envy/comparison
- Loss of interest in other activities
- Neglecting commitments
- Mental preoccupation with digital media
- Escaping problems through digital media use

Academic Signs/Symptoms

- Poor or falling grades
- Attendance/tardiness issues
- Distraction
- Conflict with teachers
- Conflict with peers
- Behavioral issues at school
- Falling asleep in class

Occupational Signs/Symptoms

- Tardiness to work
- Missing shifts
- Distraction
- Performance issues
- Conflict with supervisors/employers
- Conflict with co-workers

Although this is not an exhaustive list, it is a helpful description of the potential signs and symptoms of digital media overuse or addiction. Parents/caregivers who recognize these signs can engage in conversations with their teens about their digital media use (discussed later in this Guide) and seek professional help if needed. When we consider digital media addiction, we must consider both the risk factors of the individual (e.g., genetic predisposition, early trauma, early childhood exposure, mental health concerns) and also the addictive nature of the digital media product itself.

Scan for full Guide and resources



WHAT DOES SCIENCE TELL US?



7. Neuroscience of Behavioral Addictions

As a reminder, behavioral addictions are marked by compulsive engagement in rewarding behaviors (e.g., gambling, gaming, pornography) in which the individual loses control over the behavior, continues to engage despite negative consequences, and experiences craving or mental preoccupation when not engaging.^{1,2} Behaviors with addiction potential activate a very specific area in the brain called the *reward circuitry*, located in the midbrain, which is the same region activated by drugs of abuse.^{3,4} While research is still ongoing, behavioral addictions seem to involve the same processes in the brain as chemical addictions, particularly related to the release of a neurochemical called *dopamine*.

Dopamine is a neurotransmitter, or messenger chemical in the brain, that plays a key role in the brain's reward system involving pleasure, motivation, and reward-seeking behaviors.^{5,6,7} Specifically, dopamine is released when we engage in pleasurable activities as a means of reinforcing the behavior (along with other neurochemicals implicated in the experience of reward). The brain remembers what causes dopamine release and we are motivated to seek out those activities again in the future.^{8,9} While many of the behaviors that activate the reward system occur naturally, some are artificial and may even be designed to exploit and amplify reward circuitry activation, thereby increasing the risk of behavioral addiction.¹⁰

Consider digital media use—it is highly stimulating with exciting visuals, sounds, social interaction, achievement potential, novelty, and endlessness. Digital media use triggers reward circuitry activation and dopamine release.^{11,7} Therefore, when your adolescent engages with digital media (e.g., gaming, social media, scrolling), it stimulates the reward circuitry of the brain and causes the release of dopamine and other

neurochemicals involved in reward. This activation of the reward system leads to pleasure and euphoria (i.e., positive reinforcement), as well as a temporary escape from negative mood states like depression, loneliness, or boredom (i.e., negative reinforcement). In this way, digital media use can become an easy, reliable, and predictable way for an individual to change their mood.²

The brain adapts to hyperactivation of dopamine, as caused by frequent use of digital media, with molecular changes that serve to reduce overall dopamine levels. The result is that daily life feels bland, unexciting, and unsatisfying when digital media is not being used (this state is sometimes called *anhedonia* or the inability to feel pleasure). That's why children may stop feeling pleasure and joy from real-life things like nature, books, music, or relationships.

Again, simply engaging in a behavior that activates the reward system and releases dopamine does not constitute addiction (dopamine is released in many natural processes like eating, drinking, and sexual activity).⁷ However, for adolescents with risk factors for addiction (e.g., genetic predisposition, early trauma, early exposure to addictive behavior, mental health concerns), engagement in rewarding behaviors that stimulate dopamine release (like digital media use) can become compulsive and out-of-control. A subset of individuals who engage in digital media use can develop a behavioral addiction and may need professional or non-professional support to successfully change this behavior.

Scan for full Guide and resources



References

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author.
2. Giordano, A. L. (2022). *A clinical guide to treating behavioral addictions*. Springer.
3. Cleveland Clinic. (2025). *Addiction*. <https://my.clevelandclinic.org/health/diseases/6407-addiction>
4. Karim, R. D. O., & Chaudhri, P. (2012). Behavioral addictions: An overview. *Journal of Psychoactive Drugs*, 44, 5-17. <https://doi.org/10.1080/02791072.2012.662859>
5. Berridge, K. C., & Kringelbach, M. L. (2015). Pleasure systems in the brain. *Neuron*, 86, 646-664. <https://doi.org/10.1016/j.neuron.2015.02.018>
6. Blum, K., Werner, T., Carnes, S., Carnes, P., Bowirrat, A. Giordano, J. ... Gold, M. (2012). Sex, drugs, and rock 'n' roll: Hypothesizing common mesolimbic activation as a function of reward gene polymorphisms. *Journal of Psychoactive Drugs*, 44, 38-55. <https://doi.org/10.1080/02791072.2012.662112>
7. Linden, D. J. (2011). *The compass of pleasure*. Penguin Books.
8. Arias-Carrion, O., Stamelou, M., Murillo-Rodriguez, E., Menendez-Gonzalez, M., & Poppel, E. (2010). Dopaminergic reward system: A short integrative review. *International Archives of Medicine*, 3, 24. <https://doi.org/10.1186/1755-7682-3-24>
9. Schultz, W. (2015). Neuronal reward and decision signals: From theories to data. *Physiological Reviews*, 95, 853-951. <https://doi.org/10.1152/physrev.00023.2014>
10. Freed, R. (2025). *Better than real life: How Silicon Valley's secret science of persuasive design is stealing childhood*. Creekside Brooks, LLC.
11. Greenfield, D. N. (2022). Clinical considerations in internet and video game addiction treatment. *Child and Adolescent Psychiatric Clinics of North America*, 31, 99-119. <https://doi.org/10.1016/j.chc.2021.09.003>

WHAT DOES SCIENCE TELL US?



8. Adolescent Brain Development

When we think about digital media overuse and addiction among adolescents, we must consider their stage of brain development. The adolescent's brain is different from an adult's brain because it is still in the process of maturing and developing. Although the brain is plastic, meaning it can change throughout the lifespan, experiences during childhood and adolescence are very important and can influence learning and brain development.

As human beings, we are not born with fully developed brains. Instead, our brains are in a process of maturing from before birth until our mid-twenties.¹ Thus, an adolescent's brain is still "in progress." Maturation of the brain starts at the base (the area responsible for the most primitive functions) and moves gradually up to the front of the brain (called the prefrontal cortex, which is responsible for reasoning, self-control, and planning). Thus, during adolescence, the part of the brain that is involved in emotional drives, motivation, and reward (mid-brain) is *more* mature, and the part of the brain that is involved in executive functions, inhibitory control, and decision making (prefrontal cortex) is *less* mature.² So during the teenage years, the limbic system of the midbrain is moving faster than the prefrontal cortex.³

What does that mean for adolescents? During this stage of brain development, it is as if the part of the brain that says, "That felt good, let's do it again!" is louder than the part of the brain that says, "Wait a second... let's think about the possible consequences... didn't this go badly for you last time?" The part of the brain responsible for emotions, motivation, and rewards is moving very fast, and the more reasonable, control-oriented part of the brain is not as developed and thus is moving a bit slower. This is why adolescents can benefit from having an adult

pause them to consider the pros and cons of a decision so their prefrontal cortex has a chance to weigh in with self-regulation and goal-oriented decision making.

The unique stage of brain development during adolescence is why teens are more sensitive to rewards,⁴ more likely to return to rewards once they experience them,⁵ and engage in more impulsive, risk-taking behaviors.⁶ This can sound scary, but it is not all bad! Risk-taking during adolescence is essential for growth, exploration, and for teens to establish an independent identity with unique hobbies and interests. However, this stage of brain development also places adolescents at risk for engaging in unhealthy rewarding behaviors, like substance use and behavioral addictions. When it comes to digital media use, which is heavily marketed toward adolescents, we must keep in mind that the teenage brain is not fully mature, so they may need help making appropriate decisions with regard to highly rewarding digital behaviors. This help may include rules, limits, education, and the implementation of healthy online practices.

Also, since the adolescent's brain is still "in progress," digital media overuse can have broader, more detrimental effects, potentially causing changes to normal brain development.^{7,8,9} This reality is why adult involvement in limit setting, assistance in decision making, and exploration of potential consequences with regard to digital media use is necessary to set adolescents up for success. The adolescent, in-progress brain is very influenced by experiences, both good and bad. Thus, intentionality regarding digital media use during this time period is critical.

Scan for full Guide and resources



References

1. White, A., & Hingson, R. (2019). A primer on alcohol and adolescent brain development: Implications for prevention. In Z. Sloboda, H. Petras, E. Robertson, & R. Higson (Eds.), *Prevention of substance use* (pp. 3-18). Springer.
2. Casey, B. J., Getz, S., & Galvan, A. (2008). The adolescent brain. *Developmental Review*, *28*, 62-77. <https://doi.org/10.1016/j.dr.2007.08.003>
3. Volkow, N. D., & Boyle, M. (2018). Neuroscience of addiction: Relevance to prevention and treatment. *The American Journal of Psychiatry*, *175*, 729-740. <https://doi.org/10.1176/appi.ajp.2018.17101174>
4. Casey, B. J., & Jones, R. M. (2010). Neurobiology of the adolescent brain and behavior: Implications for substance use disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, *49*, 1189-1201. <https://doi.org/10.1016/j.jaac.2010.08.017>
5. Galvan, A. (2013). Neural systems underlying reward and approach behaviors in childhood and adolescence. In Andersen, S. L., & Pine, D. S. (Eds.), *The neurobiology of childhood* (pp. 167-188). Springer.
6. Gladwin, T. E., Figner, B., Crone, E. A., & Wiers, R. W. (2011). Addiction, adolescence, and the integration of control and motivation. *Developmental Cognitive Neuroscience*, *1*, 364-376. <https://doi.org/10.1016/j.dcn.2011.06.008>
7. Dong, G., & Potenza, M. N. (2014). A cognitive-behavioral model of internet gaming disorder: Theoretical underpinnings and clinical implications. *Journal of Psychiatric Research*, *58*, 7-11. <https://doi.org/10.1016/j.jpsychires.2014.07.005>
8. Zhao, T., Zhang, Y., Li, Y., Wu, J., Wang, R., Lv, Q., Li, D., & Lang, Y. (2024). Resting-state brain networks alterations in adolescents with internet gaming disorder associated with cognitive control impairments. *Frontiers in Psychiatry*, *15*, 1404050. <https://doi.org/10.3389/fpsy.2024.1404050>
9. Maza, M. T., Fox, K. A., Kwon, S. J., Flannery, J. E., Lindquist, K. A., Prinstein, M. J., & Telzer, E. H. (2023). Association of habitual checking behaviors on social media with longitudinal functional brain development. *JAMA Pediatrics*, *177*, 160-167. <https://doi.org/10.1001/jamapediatrics.2022.4924>

A group of young people, mostly teenagers, are gathered around, looking at their smartphones. They are holding their phones up, and the camera angle is from above, looking down at them. The background is a clear blue sky. The text "WHAT DOES SCIENCE TELL US?" is overlaid in the top left corner of the image.

WHAT DOES
SCIENCE TELL US?

9. How Screen Use Rewires the Brain, and What That Looks Like in Real Life

Every interaction with digital media is an opportunity for the brain to change, for better or worse. This is true for adults as well, but especially for children and their impressionable brains. Thanks to neuroplasticity (the brain's ability to change as a result of experiences), the brain is constantly adapting and rewiring. In simple terms: *whatever you do, that's what your brain gets better at doing.*¹ Every single use of digital media strengthens certain brain circuits, just like exercise strengthens certain muscles. This means that even ordinary, "non-problematic" use is not entirely neutral. Instead, it rewires the brain in tiny increments.¹ Over time, those tiny shifts add up.

A helpful analogy is junk food. Eating one sugary, fatty donut every once in a while is unlikely to cause noticeable harm. In fact, it is probably worth the pleasure it brings! But a donut

is never *completely*, 100% harmless; otherwise, you could eat an infinite number without worry. Every single donut nudges the body a tiny step forward in the direction of inflammation, insulin resistance, or weight gain. Trouble comes when donuts are not just an occasional treat, but become a daily staple.

Digital media works in the same way for the brain. A video, a scroll, or a gaming session is not necessarily "toxic" on its own, but every single use is one more tiny step forward in rewiring the brain toward craving more novelty, more stimulation, and more instant gratification.^{1,2} Over time, those changes show up in ways parents/caregivers can notice—not just as major addiction problems, but as subtle shifts in how children and teens think, feel, and act.

Here are some real-life examples:

Subtle Signs of Digital Media Rewiring the Brain

Face-to-face social skills drop. Real-world conversations, with eye contact, pauses, body language, and emotional tones, can start to feel awkward or anxiety-inducing compared to the ease of texting or online chat.²

Emotional escapism replaces emotional intelligence. Instead of learning to process stress, sadness, or loneliness, children and adolescents turn to scrolling or gaming as their default, numbing coping tool, avoiding problems rather than solving them.

Identity becomes performance-based. Teens may measure their worth by likes, followers, or streaks, leaving offline accomplishments feeling less meaningful.³

Motivation and perseverance shrink. Tasks that require persistence, like math problems, puzzles, or skills-building, feel intolerable because the brain restructures to expect instant gratification.⁴ Long-term decision making degrades. Intrinsic motivation decreases, so they only do things they are “forced” to or “have to” do, in order to avoid external negative consequences.

Patience and boredom tolerance drop. Digital media trains brains to shift focus every minute, forgetting how to self-soothe or just be present. As such, even short waits at dinner or in the car can feel unbearable, let alone eight hours of school or work.

Attention span erodes. Long paragraphs, books, or multi-step instructions feel overwhelming because the brain has grown accustomed to fast, bite-sized content.² Even movies, shows, and five-minute YouTube videos may feel too long and slow.

Real-world memory weakens. Because the brain is trained for constant novelty and external reminders, everyday recall of conversations, school lessons, or family events can start to slip.²

Offline play and creativity feel flat compared to digital media rewards. Smaller offline rewards, such as finishing homework, completing chores, or exercising, feel unrewarding compared to the high-intensity rewards of games and social media.⁴ Things that used to bring pleasure and joy, like outdoor play, family time, art, or music, no longer do.

Why These Shifts Matter

It's easy to dismiss these changes in behavior as small quirks or personality shifts, but they are real indicators of the brain adapting and snowballing towards bigger challenges—difficulty with schoolwork, social anxiety, or lack of resilience in adult responsibilities. One clear red flag for parents/caregivers to watch for: resistance to any limits around screen use. If your child becomes angry, anxious, or distressed whenever boundaries are introduced with regard to screens, that may be a sign that the brain has already become, to some degree, dependent on digital stimulation.

The good news is that neuroplasticity works both ways! Just as repeated digital use rewires the brain in unhelpful directions, repeated healthy activities can rewire it back toward more healthy and adaptive states. Parents/caregivers can intentionally create balance for their adolescents by providing opportunities for offline activities, and setting calm, consistent limits with devices.

Most importantly, parents/caregivers can model healthy use. One way or another, you set the example for your kids. Filling your time with offline activities and adhering to limits on your own devices is a strong motivator for children/teens to do the same.

Whether it's you or your kids, every walk outside, page in a book, or face-to-face conversation is a step back toward a strong and powerful brain.¹ As we've covered, the younger the brain, the more malleable it is—both for worse (rewiring induced by digital media) and for better (intervention and course correction). But it is never too late. Change is always possible.⁵

Scan for full Guide and resources



References

1. Malenka, R. C., & Bear, M. F. (2004). LTP and LTD: An embarrassment of riches. *Neuron*, 44(1), 5–21. <https://doi.org/10.1016/j.neuron.2004.09.012>
2. Firth, J., Torous, J., Stubbs, B., Firth, J. A., Steiner, G. Z., Smith, L., Alvarez-Jimenez, M., Gleeson, J., Vancampfort, D., Armitage, C. J., & Sarris, J. (2019). The “online brain”: How the Internet may be changing our cognition. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 18(2), 119–129. <https://doi.org/10.1002/wps.20617>
3. Sherman, L. E., Payton, A. A., Hernandez, L. M., Greenfield, P. M., & Dapretto, M. (2016). The power of the like in adolescence: Effects of peer influence on neural and behavioral responses to social media. *Psychological Science*, 27(7), 1027–1035. <https://doi.org/10.1177/0956797616645673>
4. Brand, M., Young, K. S., Laier, C., Wöfling, K., & Potenza, M. N. (2016). Integrating psychological and neurobiological considerations regarding the development and maintenance of specific Internet-use disorders: An Interaction of Person-Affect-Cognition-Execution (I-PACE) model. *Neuroscience and Biobehavioral Reviews*, 71, 252–266. <https://doi.org/10.1016/j.neubiorev.2016.08.033>
5. Kleim, J. A., & Jones, T. A. (2008). Principles of experience-dependent neural plasticity: Implications for rehabilitation after brain damage. *Journal of Speech, Language, and Hearing Research*, 51(1), S225–S239. [https://doi.org/10.1044/1092-4388\(2008/018\)](https://doi.org/10.1044/1092-4388(2008/018))

WHAT DOES SCIENCE TELL US?



10. Start with Prevention if Possible

Much of what we discuss in this Guide is related to identifying and addressing digital media overuse or addiction once it has begun. While it's never too late to address digital media addiction, an ounce of prevention is worth a pound of cure. So, we also want to equip parents/caregivers with information about how to engage in preventive efforts before the problem starts.

A June 2025 *Journal of the American Medical Association (JAMA)* article revealed why many experts in the field of technology suggest that the best means of addressing screen addictions is to focus on prevention.¹ The article followed the health trajectory of more than 4,200 kids, ages 9 and 10 years, for four years. Disturbingly, as Christina Dinur of Smartphone Free Childhood US summarized: “The study found that it’s

highly likely kids who use these products will become addicted to them, and that addictive use is associated with suicidal behavior and ideation.”² Nearly one in two kids demonstrated “high addictive use” to mobile phones, while more than 40% of kids showed “high addictive use” to video games. One in three kids demonstrated “increasing addictive use” to social media. “High” and “increasing” addictive use of mobile phones and social media were associated with a 2–3 times greater risk of suicidal behavior and suicidal ideation. In conclusion, the JAMA study demonstrated how prevention strategies could head off disturbing problems such as children’s suicidal thoughts and behavior before they start.

Below are potential prevention strategies that may be useful to implement in your household:

- **Delay the introduction of smartphones, social media, and video games in children’s lives as long as possible.** What’s the best age to introduce these technologies? It depends on your child, their demonstrated maturity and ability to abide by limits/boundaries, and your unique family situation. Survey data from over 200 professionals who work with youth suggest that 16 may be an appropriate age for some youth to have their own smartphone, but some still may not be ready.³ These decisions should be made on a case-by-case basis.
- **To delay the introduction of technology in your child’s life, you must develop other ways to meet their needs of belonging and connection.** Have discussions with parents of your children’s peers about how your child can communicate in a way that keeps them connected to their social circle (e.g., call on a phone that is not connected to the internet, send a text or email). Consider looking to organizations such as ScreenStrong⁴ and Smartphone Free Childhood US⁵ for guidance on how to delay giving your child a device.
- **Seek out other families who share your concerns and have similar limits with technology and digital media use in their homes.** Organize gatherings with these families (e.g., at your home, at a park, at a restaurant). It is helpful for your child to know there are other families who share the same concerns and have similar rules related to digital media.

- **Provide age-appropriate education about digital media use, its effects, and the techniques Big Tech uses to keep us online longer than we intend.** Empower your child with information about digital media and the multibillion dollar business model behind it in order to increase their understanding of why your household has certain rules.
- **Complete the Family Digital Media Plan together to provide clear guidance.**
- **Rather than focusing on what your child cannot do, focus on what they can do!** Children’s brains develop from diverse, enriching *experiences*.⁶ When children are on devices, consider all of the things they are *not* doing that could aid in brain development, the cultivation of new interests, fostering new skills, and making new connections with others. Ensure your child has opportunities for: physical activity, imaginative/creative play, social interactions, outdoor experiences in nature, educational/learning opportunities, the appropriate amount of sleep, eating healthy meals, and even unstructured time (where they learn that they can tolerate boredom). When days are full of enriching experiences, the absence of digital media is less noticeable.

Please remember it is not too late if your child or teen already has a smartphone or gaming device or even is showing signs of developing an unhealthy relationship with it. Explain to your child that new information is emerging about the harm these devices can cause, and you are taking actions to protect them. Emphasize that these changes are not their fault and that you are instituting new rules because you love them and want

what is best for them. Look to the “Preparing for Backlash or Withdrawal” of this Guide to address potential safety concerns when setting limits on kids’ devices.

Scan for full Guide and resources



References

1. Xiao, Y., Meng, Y., Brown, T. T., Keyes, K. M., & Mann, J. J. (2025). Addictive screen use trajectories and suicidal behaviors, suicidal ideation, and mental health in US youths. *JAMA*, 334(3), 219–228. <https://doi.org/10.1001/jama.2025.7829>
2. Dinur, C. (2025, July 3). The Problem Is the Product, Not the Kids, and the Solution Is Limiting Access. *Smartphone Free Human*. <https://www.smartphonefreehuman.com/p/the-problem-is-the-product-not-the>
3. Giordano, A. L., Ramsay-Seaner, K., Letcher, A., Crawford, C., & Kim, Y. (under review). Most concerning youth risk behaviors: A survey of professionals who work with youth.
4. ScreenStrong. (2025). *Home*. <https://screenstrong.org/>
5. Smartphone Free Childhood U.S. (2025). *Home*. <https://www.smartphonefreechildhoodus.com/>
6. Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). Guilford Press.



11. Mental Health and Digital Media Overuse

It is not uncommon for digital media overuse or addiction to coexist with other mental health concerns (e.g., depression, anxiety, ADHD). Like the classic “chicken or egg” philosophical question, it may be difficult to always determine whether digital media overuse/addiction is causing the mental health issues in an adolescent, or if digital media overuse is exacerbating or escalating preexisting psychological issues. Regardless of which came first, it is important to support teens by addressing both the mental health issue and digital media overuse/addiction simultaneously.

Dual diagnosis is a term that means a person has a mental health disorder and a substance use disorder simultaneously. Other names for dual diagnosis include *co-occurring disorders* and *comorbidities*. Co-occurring disorders are common and involve both addiction and another mental health concern. Optimal treatment involves addressing both issues at the same time and may include behavioral therapy, medication, support groups, or in-patient care.¹

Diagnoses specific to compulsive behaviors related to digital

media overuse have only recently been adopted in the World Health Organization’s International Classification of Diseases (ICD11) and include Gaming Disorder and Compulsive Sexual Behavioral Disorder (CSBD);² however, research is finding compulsive digital media overuse behaviors are common co-existing concerns in therapy and psychiatry for mental health conditions and can lead to higher rates of depression and anxiety,^{3,4,5,6} sleep disturbances,^{7,8} and Obsessive Compulsive Disorder (OCD).^{9,10} Digital media overuse also is prevalent with those on the Autism spectrum (ASD),^{11,12,13} and can trigger or exacerbate ADHD symptoms,^{14,15,16} influence body image concerns, eating disorders,^{17,18} and trauma.¹⁹

If your child is struggling with digital media overuse/addiction, they may also have a co-occurring mental health concern or vice versa. A professional mental health provider can conduct assessments to help determine the mental health needs of your child.

Some mental health concerns that may occur with digital media addiction/overuse are listed below:

Anxiety Disorders: Anxiety is a normal stress reaction. Mild levels can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention. Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety.

Depression: Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, think, act, and perceive the world.

Obsessive-Compulsive Disorder (OCD): People with obsessive-compulsive disorder have obsessions (persistent, recurring, unwanted thoughts and urges) and compulsions (repetitive behaviors or mental acts) that the individual feels driven to perform in response to an obsession.

Sleep Disorders: Sleep disorders (or sleep-wake disorders) involve problems with the quality, timing, and amount of sleep, which result in daytime distress and impairment in functioning.

Eating Disorders and Body Image Issues: Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological, and social function.

Substance Use Disorder: Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences.

Attention-Deficit/Hyperactivity Disorder (ADHD): Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. Symptoms of ADHD include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting), and impulsivity (hasty acts that occur in the moment without thought).

Autism Spectrum Disorder (ASD): Autism Spectrum Disorder (ASD) is a complex developmental condition involving persistent challenges with social communication, restricted interests, and repetitive behavior.

Trauma and Post-Traumatic Stress Disorder (PTSD): Post-Traumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event, series of events, or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being.

Scan for full Guide and resources



References

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Substance use disorder treatment for people with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series, No. 42. SAMHSA Publication No. PEP20-02-01-004. Author.
2. World Health Organization. (2018). *International statistical classification of diseases and related health problems* (11th Revision). Retrieved from <https://icd.who.int/browse11/l-m/en>
3. Archer, T. (2018). Internet gaming disorder co-morbidity linked to depression and other affective problems. *Clinical Depression*, 4. <https://doi.org/10.4172/2572-0791.1000e107>
4. Karcher, N. R., Barch, D. M. (2021). The ABCD study: Understanding the development of risk for mental and physical health outcomes. *Neuropsychopharmacol.* 46, 131-142. <https://doi.org/10.1038/s41386-020-0736-6>
5. Saleem, N., Young, P., & Yousuf, S. (2024). Exploring the relationship between social media use and symptoms of depression and anxiety among children and adolescents: A systematic narrative review. *Cyberpsychology, Behavior, and Social Networking*, 27(11), 771-797. <https://doi.org/10.1089/cyber.2023.0456>
6. Ghali, S., Afifi, S., Suryadevara, V., Habab, Y., Hutcheson, A., Panjiyar, B. K., Davydov, G. G., Nashat, H., Nath T. S. (2023). A systematic review of the association of Internet Gaming Disorder and excessive social media use with psychiatric comorbidities in children and adolescents: Is it a curse or a blessing? *Cureus*. 15(8):e43835. <https://doi.org/10.7759/cureus.43835>
7. Dresp-Langley, B., & Hutt, A. (2022), Digital addiction and sleep. *International Journal of Environmental Research and Public Health*, 19(11), 6910. <https://doi.org/10.3390/ijerph19116910>
8. Levenson, J. C., Shensa, A., Sidani, J. E., Colditz, J. B., Primack, B. A. (2016). The association between social media use and sleep disturbance among young adults. *Prevention Medicine*, 85, 36-41. <https://doi.org/10.1016/j.ypmed.2016.01.001>
9. Andreassen, C. S., Billieux, J., Griffiths, M. D., Kuss, D. J., Demetrovics, Z., Mazzoni, E., & Pallesen, S. (2016). The relationship between addictive use of social media and video games and symptoms of psychiatric disorders: A large-scale cross-sectional study. *Psychology of Addictive Behaviors*, 30(2), 252-262. <http://dx.doi.org/10.1037/adb0000160>
10. Bipeta, R., Yerramilli, S. S., Karredla, A. R., & Gopinath, S. (2015). Diagnostic stability of internet addiction in Obsessive-Compulsive Disorder: Data from a naturalistic one-year treatment study. *Innovations in Clinical Neuroscience*, 12(3-4), 14-23.
11. Murray, A., Koronczai, B., Kiraly, O., Griffiths, M. D., Mannion, A., Leader, G., & Demetrovics, Z. (2022). Autism, problematic internet use and gaming disorder: A systematic review. *Review Journal of Autism and Developmental Disorders*, 9, 120-140. <https://doi.org/10.1007/s40489-021-00243-0>

12. Normand, C. L., Fisher, M. H., Simonato, I., Fecteau, S. M., & Poulin, M. (2022). A systematic review of problematic internet use in children, adolescents, and adults with Autism Spectrum Disorder. *Review Journal of Autism and Developmental Disorders*, 9, 507-520. <https://doi.org/10.1007/s40489-021-00270-x>
13. Eltahir, E., Delfabbro, P. H., & King, D. L. (2025). Autism in relation to gaming disorder and internet addiction: A systematic review. *Computers in Human Behavior*, 162, 108443. <https://doi.org/10.1016/j.chb.2024.108443>
14. Qeadan, F., Egbert, J., & English, K. (2022). Associations between problematic internet use and substance misuse among US college students. *Computers in Human Behavior*, 134, 107327. <https://doi.org/10.1016/j.chb.2022.107327>
15. Thorell, L. B., Burén, J., Ström Wiman, J., Sandberg, D., & Nutley, S. B. (2024). Longitudinal associations between digital media use and ADHD symptoms in children and adolescents: A systematic literature review. *European Child and Adolescent Psychiatry*, 33, 2503-2526. <https://doi.org/10.1007/s00787-022-02130-3>
16. Karaca, S., Saleh, A., Canan, F., & Potenza, M. N. (2017). Comorbidity between behavioral addictions and attention deficit/hyperactivity disorder: A systematic review. *International Journal of Mental Health and Addiction*, 15, 701-724. <https://doi.org/10.1007/s11469-016-9660-8>
17. Dane, A., & Bhatia, K. (2023). The social media diet: A scoping review to investigate the association between social media, body image and eating disorders amongst young people. *PLOS Global Public Health*, 3(3), e0001091. <https://doi.org/10.1371/journal.pgph.0001091>
18. Cataldo, I., de Luca, I., Giorgetti, V., Cicconcelli, D., Bersoni, F. S., Imperatori, C., Abdi, S., Negri, A., Esposito, G., & Corazza, O. (2021). Fitspiration on social media: Body-image and other psychopathological risks among young adults. A narrative review. *Emerging Trends in Drugs, Addictions, and Health*, 1, 100010. <https://doi.org/10.1016/j.etedah.2021.100010>
19. Price, M., Legrand, A. C., Brier, Z. M. F., van Stolk-Cooke, K., Peck, K., Dodds, P. S., Danforth, C. M., & Adams, Z. W. (2022). Doomscrolling during COVID-19: The negative association between daily social and traditional media consumption and mental health symptoms during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(8), 1338-1346. <https://doi.org/10.1037/tra0001202>



12. Digital Media's Impact on Self-Control

It probably will not surprise you that children's experiences influence their learning and their behavior. One important skill that has a significant impact on children (and adults) of all ages is self-control. A child who has well-developed self-control skills will be able to tolerate waiting for things and delay gratification to achieve their goals.¹ A child who is still developing their self-control skills may become dysregulated, even during brief delays, to what they want and might make choices that seem disproportionate to the expectation.

So how does a child's environment impact how they learn this important skill of self-control? Believe it or not, screen use may have a lot to do with it. Digital media is designed to keep people on a given platform or playing a certain game for as long as possible. To ensure this engagement, apps are designed to keep consumers from having to "wait"—for example, most social media apps have endless feeds, YouTube has features like autoplay, social media allows videos to be played at 1.5x or 2x the regular speed, and video games create immersive worlds that go on without a natural end. These experiences create the expectation that our wants and needs should be instantly available and provide little exposure to naturally occurring delays.

What happens when children do not get regular practice developing a skill, like waiting or self-control? It atrophies or weakens. The result is that children are reactive (i.e., have outbursts or other behavioral/mood issues) when they cannot get what they want in the moment.

What can you do to support your child's self-control skills in the digital age? Given the old adage, "practice makes perfect," children need to be taught to wait more deliberately than we did when we were young (since far more waiting occurred organically even a generation ago). Just as a devoted parent/caregiver may take their child out to practice throwing a ball, modern skills practice needs to involve creating opportunities for children to wait. Like any kind of practice, they should be planned, with opportunities for a child to demonstrate calm, safe waiting for short periods of time. Remember, the key to waiting (lest we forget) is the ability to occupy oneself without distraction²—thus, waiting practice should not involve giving them something else to entertain them.³

Start small; even delaying a few seconds is a helpful beginning point.³ Help your child learn to tolerate waiting and develop the skill of self-control. Rather than picking up a device each time they are waiting, what would it be like for the child to wait without a screen and learn firsthand that they can tolerate periods of waiting? Finally, it is important to note that parent/caregivers can model appropriate waiting themselves by increasing their own tolerance and showing their children that they can wait successfully without devices. We know that learning often starts as children observe the environment around them, so parents/caregivers can help their children learn self-control by modeling good waiting practices without devices. Here is a simplified "how to" for getting started at home:

Scan for full Guide and resources



- STEP 1** Start by sharing the plan for skills practice with your child in an age-appropriate way. For younger kids, you won't need to explain too much other than "we are going to practice taking turns and waiting with a safe, calm body." For older children, you might go into more detail about why this is important (e.g., "just like practice for sports or dance, the more you do something the better you get at it. We are going to practice time away from screens because I've noticed it is really hard for you to take a break from them.").
- STEP 2** Find a practice time when your child is already on their screen; although they might get frustrated by the screen interruption, their motivation to have their turn back will help them follow directions to complete the practice. Make sure there is enough time to practice—your child needs to know that only successful practice will restore their screen time.
- STEP 3** Start very small—even a few seconds of waiting might be more than your child is used to. You want them to be successful right from the very beginning so practice is as smooth as possible. Consider a 5-second wait as a beginning point; a successful practice will look like them handing over their device without a fight and waiting for the specified time calmly. Once the wait is over, thank them for their practice and give them their device back.
- STEP 4** Gradually increase the wait time expectation after your child demonstrates at least three successful practices in a row. It might feel strange, but we want children to learn to wait with *nothing*; that is, to occupy themselves without their screen. Try to resist the urge to distract your child with conversation or other demands (i.e., "try taking deep breaths"). Generally it is okay to double the wait expectation once your child has mastered waiting at that particular time (i.e., move from 5 seconds to 10, 10 seconds to 20).
- STEP 5** Pick an end point. Waiting without being occupied is hard, and children have very little experience with doing this. End points should be generally based on your child's developmental age; so, a child who is developmentally 3 probably won't be able to wait longer than 30 seconds. A child who is developmentally 5 may be able to wait for up to a minute; and a child who is developmentally 8 can probably wait up to 3 minutes. The goal isn't to have them learn to wait forever, but instead to tolerate giving up their screen when asked and waiting for a brief period of time without distraction in order to get their screen time back.

Key Tips

Use a signal to help your child understand the passage of time. This signal can include a visual or picture timer for younger children, or a digital countdown timer for older children. Invest in a designated timer just for practice (avoid using a cell phone!), so your child can focus on the passage of time if they start to feel it is difficult to wait.

Don't overpractice! Introducing this skill will not be your child's favorite activity of the day—don't overdo it! Generally having 2 or 3 successful practices at a time is more than enough to develop and maintain the skill. Practice doesn't have to happen every day either, just a few times per week.

Don't use practice as a punishment. We want children to believe that learning this new skill is important; if it is required following misbehavior it will always be aversive and may result in reactivity.

Older children can do this too! There is no age limit for learning tolerance skills. However, for older children we recommend inserting a task demand during the wait to make it more age-appropriate (i.e., completing a chore). Instead of using a timer, you might require that the task be completed correctly prior to regaining their screen access.

References

1. Raghunathan, R. S., Musci, R. J., Knudsen, N., & Johnson, S. B. (2023). What children do while they wait: The role of self-control strategies in delaying gratification. *Journal of Experimental Child Psychology*, 226. <https://doi.org/10.1016/j.jecp.2022.105576>
2. Grayson, J. B., Foa, E. B., & Steketee, G. (1982). Habituation during exposure treatment: Distraction vs. attention-focusing. *Behavior Research and Therapy*, 20(4), 323-328. [https://doi.org/10.1016/0005-7967\(82\)90091-2](https://doi.org/10.1016/0005-7967(82)90091-2)
3. Edelstein, M. L., Becraft, J. L., Gould, K., & Sullivan, A. L. (2022). Evaluation of delay and denial tolerance program to increase appropriate waiting trained via telehealth. *Behavioral Interventions*, 37(2), 383-396. <https://doi.org/10.1002/bin.1855>



13. Enhancing Adolescents' Emotion Regulation Strategies

Many teens are drawn to digital media because it is an easy, reliable way to change how they feel (by activating the reward circuitry of the brain)—or, what is referred to as *regulating their emotions*. Scrolling on social media, gaming, or using pornography can feel good, while simultaneously providing an escape from feeling bad. In this way, some teens may begin to rely on digital media as their primary way of managing their emotions, which can be problematic. In fact, several researchers have found that difficulties with regulating emotions predict a variety of maladaptive and addictive behaviors.^{1,2,3,4}

Therefore, a protective factor against digital media addiction is to build strong emotion regulation skills. Let's talk about what that skill set could look like.

Emotion regulation is a person's ability to monitor, assess, and

modify their emotional experiences.⁵ Ask yourself, what do you do to make yourself feel better when you are experiencing an undesirable emotion? Where did you learn how to do that?

There are adaptive or positive ways to engage in emotion regulation (e.g., spiritual practices, social support, relaxation techniques) and maladaptive ways to regulate emotions (e.g., substance use, overuse of digital media, overeating, compulsive shopping). The goal is to help teens learn to change how they feel in adaptive, positive ways that align with their goals and values.

Typically, individuals learn what emotions are and the fact that they can be regulated in the first few years of life, but emotion regulation skills can be strengthened and developed across the lifespan. To aid in the development of strong emotion regulation skills, it is helpful to teach adolescents how to:

- **Identify their emotions** (what am I feeling and where am I feeling it?)
- **Label their emotions** (what word best describes what I am feeling?)
- **Express their emotions appropriately** (how do I best share how I am feeling?)
- **Modify their emotions effectively** (how do I change how I am feeling?)
- **Tolerate distress** (I can handle more discomfort and distress than I think I can)
- **Self-soothe** (I can effectively make myself feel better)

The ability for a teenager to regulate their emotions takes both education and practice. There are several ways in which we can help our teens learn emotion regulation skills. Let's review five of them below:

1 Situation Selection

First, we can think big picture and help our teens put themselves in situations that are likely to lead to desired emotions and less likely to lead to undesirable emotions (e.g., help them manage their environment and organize their life in such a way as to increase the probability of positive emotions).^{5,6} This means talking to our teens about how they spend their time and who they spend it with—what people, places, things, and activities are most likely to lead to desirable emotional experiences?

2 Situation Modification

Even with the best life plans, we are all going to be in situations that are difficult and elicit negative emotions. So, we can help our teens learn how to change their environment or change their current situation to lead to better emotional experiences (i.e., modify their current situation to change its effect on their emotional experiences).^{5,6} This may mean helping our teens learn when to leave a situation or how to effectively change their environment when it is generating undesirable emotions.

3 Attentional Deployment

Of course, there will be times when it is not within our teen's control to change a situation or environment. In these cases, we can help our teens learn to change what they attend to (or focus on) in order to regulate their emotions (i.e., distract themselves or switch their attentional focus onto something that aligns with more positive emotions).^{5,6} This may mean helping our teens recognize that if they can't leave or change a situation, they can determine what they are going to pay attention to that could lead to more desirable emotions.

4 Cognitive Change

Although we don't always have control over our environment, we do have control over our thoughts. We can help our teens learn how to think about their thinking—to take the time to ask, what are they saying to themselves? How are they interpreting a situation? What is their internal dialogue? Oftentimes, our thoughts fuel our emotions—so if we want to change our emotions, we can consider how to change our thoughts.^{5,6} For example, our teens can learn to ask themselves, how are they interpreting a situation or event? Could it be interpreted differently? By adjusting their interpretation of a situation or changing their thoughts, it can have a meaningful impact on their emotional experiences.

Imagine if a teenager is faced with a challenge, such as a difficult math test, and they have the thoughts: "I can't do this! It's too hard and I can't do it! I am a failure!"—what emotional experience might those thoughts produce? If the teenager could learn to think about their thinking and adjust their thoughts, it can be a powerful tool. Imagine the same teenager faced with the difficult math test. If she can change her thoughts to, "This is really challenging for me, and I might not be able to do it successfully. But even if I don't, I will be OK."—what emotional experiences might those thoughts produce? Changing our thoughts is not lying to ourselves or just "thinking positively"—instead, it is assessing our thoughts and making rational modifications (all of us can handle failing a math test. It might not feel good at the time, but we will be OK. Everyone has imperfections and can learn from them).

5 Response Modulation

The last potential means of emotion regulation occurs when a teen is already having a strong undesirable emotion and helping them learn how to change it in the moment. This occurs by employing positive, adaptive, self-soothing strategies that can effectively alter their mood (e.g., deep breathing, listening to music, prayer, walking outside, journaling, talking to a friend, meditation, relaxation techniques, positive self-statements, reading a book, stretching or moving, creating a gratitude list).^{5,6} It is important to educate our teenagers about the variety of self-soothing strategies that exist and help them practice to develop self-efficacy. If they feel capable of employing the strategy, they are much more likely to use it in an emotionally-charged situation.

Scan for full Guide and resources



References

1. Estevez, A., Jauregui, P., Sanchez-Marcos, I., Lopez-Gonzalez, H., & Griffiths, M. D. (2017). Attachment and emotion regulation in substance addictions and behavioral addictions. *Journal of Behavioral Addictions, 6*, 534-544. <https://doi.org/10.1556/2006.6.2017.086>
2. Dingle, G. A., Neves, D., Alhadad, S. S. J., & Hides, L. (2018). Individual and interpersonal emotion regulation among adults with substance use disorders and matched controls. *British Journal of Clinical Psychology, 57*, 186-202. <https://doi.org/10.1111/bjc.12168>
3. Prosek, E. A., Giordano, A. L., Woehler, E. S., Price, E., & McCullough, R. (2018). Differences in emotion dysregulation and mental health symptoms among illicit substance users and nonusers. *Substance Use and Misuse, 53*, 1915-1918. <https://doi.org/10.1080/10826084.2018.1436563>
4. Cashwell, C. S., Giordano, A. L., King, K., Lankford, C., & Henson, R. K. (2017). Emotion regulation and sex addiction among college students. *International Journal of Mental Health & Addiction, 15*, 16-27. <https://psycnet.apa.org/doi/10.1007/s11469-016-9646-6>
5. Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development, 59*, 25-52. <https://psycnet.apa.org/doi/10.2307/1166137>
6. Gross, J. J. (Ed.). (2014). *Handbook of emotion regulation* (2nd ed). Guilford Press.

WHAT CAN WE
DO ABOUT IT?



14. Helping Adolescents Change Digital Media Use

Perhaps your teenager's use of digital media is already problematic. Parents/caregivers may think, "It's too late. I wish I had done things differently years ago." The good news is, you always have the option to make changes. Behaviors and expectations can always be adjusted, especially with new information. It is never too late! Below are some strategies you can use to help your adolescent change their relationship with digital media.

Introduction of Healthy Alternative Activities

In addictions treatment, we tell clients, "If you want to successfully remove the addictive substance or behavior from your life, you must replace it with something else." For some people, that "something else" is a 12-step program like Alcoholics Anonymous, for some it is a spiritual practice, for others it is a new hobby or activity (like running marathons or volunteering), and for others it is learning a new skill, going back to school, or getting a new job. The truth is, the addiction took up a lot of space in their life, and if you remove it, it leaves a hole. You must fill that hole with adaptive, goal-aligned activities to avoid relapse.

So, what does this mean for adolescents who overuse digital media? Just taking away devices or limiting the digital media use is not enough. Parents/caregivers and adolescents must consider what they are going to do to "fill the hole," so to speak, in the adolescent's life. What can the adolescent do with all the time they used to devote to digital media use?

The answer lies in developing alternative activities to help adolescents fill their lives with value and goal-aligned behaviors (it may even be helpful to sit down with your teen and identify their top values and short- and long-term goals to help select alternative activities). Here are a few ideas to consider with your teen as you develop alternative activities:

- Create a list of activities or skills you want to do (or learn!) and explore realistic ways to practice or improve them based on your time and resources. For example: "I really like art and would like to become better at drawing. I can start to decrease the time I would have spent scrolling on a screen with time improving my drawing skills. I will be able to see improvements as I continue to focus on this skill."
- If you are having trouble finding a new skill or activity that does not include a screen, think back to something you used to enjoy and give it another try. For example: "I used to like cooking with my grandmother when I was young. I can start baking again and try to find new things to make."
- Think of ways to track your progress and celebrate your success in new activities. This might also involve reflecting on how far you've come. For example: "When I first learned to play soccer, I could barely kick the ball, now I'm amazing!"
- Ask a friend or family member to join you in cutting down screen time and supporting each other when the urge to pick up a screen is strong.

- If cutting down on screen time feels overwhelming, start by looking at content that has clear start and end times. This will help you become more aware of how much time you're spending on screens and give you natural stopping points to help put the device down and do something else.
- Spending time in nature or getting some exercise can help you feel more grounded and boost your circulation, which can improve both your mood and how your body feels!

Preparing for Backlash or Withdrawal

Changing behavior is hard (just think about how many people struggle with New Year's resolutions, new diets, or new workout routines). Typically, we don't make changes successfully and completely on the first try. Change is more like a process than a one-time event. And changing digital media use is especially complicated because of how it affects the brain.

Reducing excessive screen time can lead to a drop in dopamine (one of the neurochemicals implicated in the experience of reward), which may lead to irritability, sadness, restlessness, emotional outbursts, moodiness, insomnia, headaches, or risky behavior. We call these "withdrawal" symptoms. With regard to behavioral addictions, withdrawal symptoms are defined as "unpleasant feeling states and/or physical effects which occur when the particular activity is discontinued or suddenly reduced."¹ In severe cases, especially when other mental health concerns are present, a reduction or end of digital media use can increase the risk of self-harm, suicidal thoughts, or aggressive behavior. If safety is a concern, seek immediate help.

When preparing to reduce or limit an adolescent's digital media use, it can be helpful to first understand what digital media use *does* for your teen (e.g., helps them socialize, provides an escape from distress, is entertaining, helps them feel worthwhile, gives them a chance to be someone else). Determining the main function of digital media use in the child's life can help in two ways: (a) identify effective replacement activities that meet the same need, and (b) prepare for how the adolescent might respond when digital media use is reduced.

Remember, taking a screen away from an adolescent or reducing their digital media use without alternative activities may lead to emotional and behavioral outbursts. These outbursts can be minimized by clearly explaining the reasons for the change and outlining what the adolescent can do instead (what are the alternative activities?). For example, parents/caregivers can explain that the change in digital media use is not a punishment, but instead, comes from a place of caring for the adolescent. Given how much we now know about the risks associated with excessive digital media use, a change is needed. Parents/caregivers can provide an explanation of how excessive screen time affects the brain, emotional regulation, behaviors, socialization, motivation, and frustration tolerance. This type of psychoeducation can help adolescents understand the "why" behind the behavior change.

It also may be helpful to come up with a plan for how the adolescent might cope with initial withdrawal symptoms (e.g., irritability, emotional volatility, restlessness, frustration, discomfort, cravings). When the adolescent cannot access digital media, how can they cope with the distressing feelings that they might feel? These withdrawal symptoms will not last indefinitely, so it could be helpful to develop a plan to cope with them when the initial change is made. Coping strategies may include: engaging in guided imagery/guided meditation, engaging in exercise or physical activity, calling a friend or family member, writing in a journal, listening to music, creating a gratitude list, being outside in nature, engaging in a spiritual practice, drawing, stretching, engaging in deep breathing exercises or yoga, taking a warm bath, or asking for help.

As parents/caregivers and teens begin to make changes to digital media use, connecting with other families or peers who have similar goals (reducing digital media use) can help the teen feel less isolated and out of place within their friend group or school.

Scan for full Guide and resources



References

1. Griffiths, M. (2005). A 'components' model of addiction within a biopsychosocial framework. *Journal of Substance Use*, 10, 191-197. <https://psycnet.apa.org/doi/10.1080/14659890500114359>

WHAT CAN WE
DO ABOUT IT?

15. Seeking Professional Help for Digital Media Addiction

What if your teenager is demonstrating problems with digital media and you are having trouble finding solutions on your own or feel the problem is more serious than you're able to manage? A mental health professional, such as a school counselor or a Licensed Professional Counselor (LPC), could be a great resource for your teenager and the entire family.

Counseling is defined as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.”¹ Licensed professional counselors can be trained in many different specialties, including addictive behaviors, trauma, mental illness, career readiness, anxiety, relationship issues, and much more. They have advanced training and meet specific licensure requirements in their state. They offer individual, couple, family, and group counseling services.

When looking for a professional counselor, many people start with a list of providers that accept their insurance (you can get this information from your insurance provider). Then, it would be helpful to look for a counselor who specializes in work with

adolescents and/or addictive behaviors. It is important that the counselor is licensed and has availability (this information can be found on their website).

Another good resource is your teenager's school counselor. School counselors are “highly educated, professionally certified individuals who help students succeed in school and plan their career. An integral part of the total education system, school counselors help students for healthy goals, mindsets and behaviors.”² School counselors are mental health professionals in the school setting and can serve as a great point of contact for professional mental health services. School counselors can offer brief individual and group counseling, while also making referrals to long-term counseling with a licensed professional counselor in the community.

If you believe your teen would benefit from professional mental health services with regard to digital media addiction, there are many resources available. Reaching out to the school counselor or a Licensed Professional Counselor with experience with addiction and/or work with adolescents would be a great place to start.

Scan for full Guide and resources



References

1. Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development, 92*(3), 366–372. <https://psycnet.apa.org/doi/10.1002/j.1556-6676.2014.00164.x>
2. American School Counselor Association (2025). *School counselor roles & ratios*. <https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios>

WHAT CAN WE
DO ABOUT IT?

16. Levels of Care for Digital Media Overuse/Addiction

Some adolescents will benefit from professional mental health treatment services for their digital media overuse or addiction and/or co-occurring mental health conditions. Below is a brief overview of various types of treatment and

potential mental health resources. Working with a school counselor or mental health professional can help you determine the appropriate level of care for your adolescent if professional mental health services are needed.

Outpatient Counseling or Psychotherapy

- Appropriate for a wide array of mental health conditions and emotional challenges
- Typically meet with a therapist/counselor one time per week (usually for 50 minutes for individual sessions or 1-3 hours for group sessions)
- Services provided by a licensed or trained professional (e.g., counselor, psychologist, psychiatrist, social worker)
- Counselors/psychologists provide different treatment approaches depending upon the need of the client (e.g., Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Solution-Focused Therapy, Motivational Interviewing)
- May work toward abstinence (end the addictive behavior completely) or harm reduction (reduce the harm of the behavior)

Intensive Outpatient Counseling or Partial Hospitalization Programs

- A more time-intensive, structured, daytime program
- Includes multiple group counseling sessions and individual sessions per week
- Typically, nine or more hours of clinical services per week
- May take place at a hospital or treatment facility
- Clients reside at their own place of residence and attend the program during the day

Residential Treatment

- Live-in treatment facility
- Provides 24-hour care for a duration of time (may be 30 days, 60 days, 90 days, or longer)
- Provides a safe, stable environment for clients to live without addictive behaviors
- Programs typically include group counseling, family counseling, individual counseling, psychoeducation, nutrition/dietary services, spiritual guidance, recreational activities
- Relies heavily on peer support in addition to professional counselors, physicians, psychiatrists, and other mental health providers

Inpatient Treatment

- Medically-managed 24-hour care (typically within or connected to a hospital or medical center)
- Primary goal is stabilization of the client (especially when clients are in crisis)
- Medical practitioners and mental health professionals care for the client
- May offer short-term group or individual counseling in the hospital/clinic
- This level of care is relatively short (can be days or weeks)

There are many ways for adolescents to receive mental health support. Depending upon the unique needs of the client, a professional will refer them to the appropriate level of care.

Scan for full Guide and resources



TOOLS & RESOURCES



Talking with Teens About Technology Use

This document offers a framework to help parents/caregivers talk with their children about digital media overuse and addiction. Practitioners also can share this document with the families they serve. The approach emphasizes empathy, collaboration, and strategies appropriate for various stages of development. Specifically, content is organized by age group (ages 10–12, 13–15, and 16–18). Each section includes research-informed insights, sample scripts for what a parent might say, and reflective questions or activities. The tone is inclusive, compassionate, and nonjudgmental. Because every family is different, we encourage you to adapt these conversations to fit your own needs.

By practicing empathy, collaborative boundary-setting, and using reflective listening, parents/caregivers can help teens build healthier relationships with gaming, social media, online pornography,

gambling, and other digital activities. This Guide also includes interactive worksheets to encourage open dialogue and self-reflection between parents/caregivers and teens. Remember, the goal is to create a supportive environment where adolescents feel heard and involved in finding solutions, rather than shamed or punished.

We recommend you read through each section of this document to become familiar with key approaches, review the example conversation starters, and adapt them to your own words and your teen's personality. Use the age-specific suggestions as a starting point—you know your child best, so adjust the wording as needed. After discussing, consider using the worksheets together with your teen to turn insights into concrete plans. The references listed at the end are the sources that informed this section of the Guide, if you'd like to explore them further.

Empathy and Understanding

Research Insight

Empathy and active listening are powerful tools in communication with teens. When parents listen without immediately judging or giving advice, teens feel heard and respected. This approach has been shown to reduce defensiveness in adolescents and increase their openness to conversation. Reflective listening—paraphrasing what your teen says to show you understand—helps them feel seen and valued. By actively listening and showing genuine interest, you create a safe space that builds trust and supports honest dialogue.

Example

Express empathy about a teen's interest (in this case, gaming) before diving into concerns:

**Ages
10–12**

Parent: “I know you're really into gaming, and it looks like you're having a lot of fun. Can you tell me more about what you enjoy most about it?”

This shows your child you value what matters to them and invites them to share, instead of opening with criticism.

**Ages
13–15**

Parent: “Gaming seems to be something you really enjoy and a way you connect with your friends. What’s your favorite part, and do you sometimes find it hard to step away?”

Here you’re acknowledging the social and fun aspects of gaming, while gently probing if they also feel the downside of it (like difficulty stopping). Balancing understanding with curiosity can lead to a more open conversation.

**Ages
16–18**

Parent: “I understand gaming is important to you—it’s a great way to relax and connect with others. How do you feel it fits with your other goals and responsibilities?”

With older teens, showing that you recognize the value they get from gaming (or another activity) is important. This question also encourages them to think about how gaming impacts other parts of their lives, framing them as the one making decisions about balance.

In all these examples, the parent starts by validating the teen’s interests or feelings before discussing limits or balance. This empathetic approach helps the teen feel respected. Research in adolescent psychology shows that when teens feel understood, they are less likely to shut down and more likely to engage in conversation. Empathy doesn’t mean you agree with everything your teen says or does; it means you are trying to understand their perspective. This understanding forms a foundation of more challenging discussions about behavior changes.

Acknowledge Feelings and Concerns

Research Insight

Validating your teen’s feelings—even when setting boundaries—helps them feel supported and less resistant to guidance. Studies show that when parents/caregivers acknowledge a teen’s struggles or point of view, it leads to better outcomes in resolving conflicts and building mutual respect. In practice, this means letting your adolescent know that you take their feelings seriously. By openly discussing the emotional side of digital media use (stress, excitement, peer pressure, etc.), you normalize those feelings and show that you’re on their team. This validation can defuse defensiveness and open the door to collaborative problem-solving.

Example

Acknowledge the mixed feelings a teen might have about social media and online activities:

**Ages
10–12**

Parent: “Spending time online is really fun, I get that. I wonder if there are times you find it hard to stop, too. What’s it like for you when it’s time to do something else?”

This approach both recognizes the enjoyment and gently addresses the potential difficulty of switching off. It invites the child to reflect on their own feelings when asked to log off, without blame. A younger adolescent might say it’s “hard to stop because the game is exciting”—giving you insight into their experience.

**Ages
13–15**

Parent: “I know scrolling through TikTok or Instagram can be exciting, but it can also be overwhelming sometimes. Do you ever feel like it’s hard to keep up with everything online? Let’s talk about how to keep it positive and balanced.”

Here the adult labels two common feelings: excitement and overwhelm. This normalizes the teen’s possible sense of being overwhelmed by social media (like feeling pressure to respond or fear of missing out). It shows the teen that you’re aware of both the pros and cons of social media. Studies indicate that teens are more receptive when they feel their emotions are understood rather than dismissed.

**Ages
16–18**

Parent: “Social media can play a big role in our lives, and I know it’s a huge part of yours. Balancing it with school, work, and other activities can be challenging—I’ve even felt that myself. Have you ever felt like it’s taking too much of your time? Maybe we can work together on making sure it stays balanced.”

With older teens, showing that you recognize the value they get from gaming (or another activity) is important. This question also encourages them to think about how gaming impacts other parts of their lives, framing them as the one making decisions about balance.

In all these examples, the parent starts by validating the teen’s interests or feelings before discussing limits or balance. This empathetic approach helps the teen feel respected. Research in adolescent psychology shows that when teens feel understood, they are less likely to shut down and more likely to engage in conversation. Empathy doesn’t mean you agree with everything your teen says or does; it means you are trying to understand their perspective. This understanding forms a foundation for more challenging discussions about behavior changes.

Collaborative Problem Solving and Boundary Setting

Research Insight

Involving your teen in setting limits (“collaborative boundary setting”) gives them a sense of ownership and autonomy, which is linked to higher follow-through on agreements. Adolescents are more likely to comply with rules or limits that they perceive as fair and that they had a hand in creating. On the other hand, they often resist rules that feel arbitrary or imposed without discussion. Developmental psychology research shows that teens have a heightened need for respect and autonomy as they grow—if they feel overcontrolled, they may shut down or rebel. By working together on solutions, you shift from a top-down approach to a partnership approach. This doesn’t mean “anything goes”; it means teens help shape the boundaries, guided by your values and safety concerns.

Example

Discussing and setting screen time limits or schedules in a collaborative way:

**Ages
10–12**

Parent: “Playing on the iPad or console is a lot of fun, I know. But we also need time for homework, dinner, and other fun things like biking or reading. Let’s think about a typical school day: after homework and chores, how much time do you think is fair for playing games or watching videos?”

This invites the child to do some time-budgeting with you. A child in this age range might suggest a number (say, an hour)—giving you a starting point to either agree or adjust gently. By letting them propose an amount, you encourage them to reflect on their own routine. (You can guide them: “Well, you get home at 4 and bedtime is 9, so...”) This way, they feel the limit is based on logic (only so many hours free) rather than an arbitrary rule.

Ages 13–15

Parent: “It’s really hard to step away from the screen when you’re in the middle of something fun or talking to friends, I get that. Instead of me laying down the law about it, can we figure out some limits together that we both think are fair? I want your input so it doesn’t feel one-sided.”

A young teen or middle teenager will appreciate being treated with this respect. This phrasing explicitly says you don’t want to dictate unilaterally. You might be surprised—many teens will suggest reasonable limits when given the chance. For example, your teen might say, “How about I do all my homework first, then I can have two hours online, and be off by 10 PM?” If the suggestion is in the ballpark, you can refine it together. The key is that by negotiating, you’re teaching them communication and compromise. They also learn why the limit exists (e.g., need for sleep, homework, family time), rather than just feeling it’s a random rule. Research suggests that teens find negotiated rules more acceptable and are more willing to follow them.

Ages 16–18

Parent: “It’s really hard to step away from the screen when you’re in the middle of something fun or talking to friends, I get that. Instead of me laying down the law about it, can we figure out some limits together that we both think are fair? I want your input so it doesn’t feel one-sided.”

For older teens nearing adulthood, framing it in terms of their goals (college, jobs, health, etc.) can be effective. You are essentially acting as a coach or advisor rather than a rule-enforcer. You’re asking them to self-evaluate first. Many 16–18 year-olds will acknowledge, for example, “Yeah, I procrastinate by watching YouTube and then I’m up too late.” If they acknowledge the issue, you can follow up with, “What do you think would be a good way to handle that? Maybe setting a cutoff time at night?” and work together from there. Involving them in problem solving shows respect for their growing autonomy and can help them internalize the importance of balance.

When setting boundaries collaboratively, it’s important to be clear about nonnegotiables versus areas of flexibility. For instance, you might say: “We have to make sure you get at least 8 hours of sleep (non-negotiable for health), but how you manage your evening schedule to make that happen can be something we decide together.” This way the teen knows you are not just waiting to say “yes” to everything—there are firm principles guiding the discussion. Within those principles, they have room to make choices. Parenting experts note that this approach—sometimes called autonomy-supportive parenting—can lead to better adherence and less rebellion compared to a strict top-down approach. Teens learn decision-making skills and feel respected, which in turn strengthens the parent/caregiver-teen relationship.

About Gaming

Research Insight

Digital games are a double-edged sword in adolescence—moderate use can provide social connection, cognitive stimulation, and entertainment, but excessive gaming can interfere with sleep, academics, and real-life responsibilities. It's helpful for parents/caregivers to acknowledge the potential positive aspects of gaming while still addressing limits. Research has found that playing video games can have benefits such as improved problem-solving skills, creativity, and social interaction (especially in cooperative or team-based games). Many teens also use gaming as a way to de-stress or bond with friends.

However, heavy gaming (to the point of “overuse”) is associated with issues like declining grades, reduced physical activity, irritability, and even symptoms of addiction in some cases. The World Health Organization has recognized “gaming disorder” as a condition in extreme cases of addictive play, and surveys suggest a small percentage of youth struggle to control their gaming. The key is balance: helping your teen enjoy games as one part of a rich life, rather than as the dominant activity. By empathizing with what they love about games and then working together on boundaries, parents/caregivers can guide teens to healthier gaming habits.

Conversation starters for discussing gaming habits and setting limits:

**Ages
10–12**

Parent: “Gaming is really fun, and I can see how excited you are when you play. How do you feel after a really long gaming session? Do you notice if it makes you super tired or maybe a bit cranky when it’s time to stop? What do you think is a fair amount of time to play each day so you still have time for homework and other stuff?”

This approach gets the child to reflect on the effects of prolonged gaming (self-awareness) and invites them to suggest a daily time limit. By framing it as “fair amount of time,” you signal that you’re not trying to take away their fun entirely, just looking for fairness to other activities. Try to use gentle guidance (“Let’s remember you also need time for dinner, homework, and relaxing before bed”) to arrive at a reasonable limit together. Citing expert guidelines can help—for example, the American Academy of Pediatrics recommends around 1 hour on school days for entertainment screen time at this age—but the key is that the child feels involved in the decision.

**Ages
13–15**

Parent: “I know you love gaming, and I think it’s great how you and your friends team up online. I also want to make sure gaming doesn’t interfere with your other priorities, like school and sleep. How do you feel about us setting some reasonable limits so it stays enjoyable and doesn’t take over everything else?”

Here, you start by praising the social aspect (“team up with friends”) and acknowledging it’s something positive in their life. Then you express your concern in terms of shared goals—not just “I say so,” but because you also care about their school and sleep. By asking “how do you feel about setting some limits,” you’re opening the door for them to participate.

A young teen might respond with something like, “Okay, what were you thinking?” or even propose a plan themselves. Be ready with a specific suggestion (e.g., “How about no games until homework is done, and then at 9 PM we switch off for the night?”), but invite their input or tweaks. Research suggests that when teens perceive rules as protecting their well-being (and not just arbitrary),

they are more likely to agree with them. You can even mention a fact: “I read that too much gaming late at night can really mess up sleep, and I know staying sharp for school is important to you.” This shows it’s not just about your preference—it’s backed by knowledge of health effects.

Ages 16–18

Parent: “Correct me if I’m wrong, but it seems like gaming is a pretty big part of your life right now. I don’t necessarily think that’s bad—there are a lot of worse things a teenager could be doing! As you’re getting closer to adulthood though, I want to be sure I’m supporting you as you balance all your activities and roles. What do you think you might need to do differently (if anything) to keep gaming in balance with, say, studying, a job, or other goals you have?”

This approach is almost peer-to-peer. You’re literally giving them the floor to critique their own habits. You also acknowledge that, comparatively, gaming is not a terrible hobby (which many teens will appreciate hearing, given how often they might feel lectured about games). This sets a collaborative tone.

A 16–18-year-old might say, “Yeah, I know I spend a lot of time on it. Maybe I should cut back when exams start,” or they might downplay the issue. If they don’t see a problem, you can gently offer observations: “I did notice you were really stressed last minute finishing that project. Think staying up late gaming might’ve played a part?” Keep it conversational. At this age, you can even talk about self-regulation strategies as if you’re coaching them: for example, using phone alarms or the console’s timer to remind them to stop, or prioritizing tasks before play. Emphasize that managing leisure and responsibilities is a skill that will serve them well in college/work life.

Setting gaming boundaries might involve concrete rules like “no gaming until after homework,” “devices out of the bedroom at night,” or “no games past 10 PM,” tailored to your child. Enforcing consequences (like loss of gaming privileges for a day) can be part of the plan, but whenever possible, make the teen part of deciding what the consequences should be. For example, ask, “What do you think should happen if the agreed time limit is ignored?” Teens are often surprisingly fair—they might say, “I guess I’d lose the Xbox the next day if I break the rule.” When they articulate the consequence themselves, it can feel less like a punishment and more like upholding an agreement.

Importantly, acknowledge the positives of gaming during your talks. You might say, “I know gaming is where you socialize with friends and unwind. I don’t want to take that away—I just want to ensure it’s in addition to other important things, not instead of them.” By showing you see the good in gaming, your teen is more likely to trust that your goal is to help them, not just control them.

Research published in *American Psychologist* notes that video games can provide “immersive and compelling social, cognitive, and emotional experiences” that may enhance well-being, so it’s okay to recognize gaming isn’t all bad. Your role is to help your teen enjoy those benefits without falling into the pitfalls of overuse.

In addition to overuse of gaming, it also may be important for you to talk to your teen about the content of the games they play. For example, you may say, “I understand you want to play *Grand Theft Auto*, and it is really popular with your friends. I am concerned about the violent content in this game and the rating from the ESRB (Entertainment Software Rating Board) indicates this game is for someone older (Mature 17+). What game within the Everyone or Everyone 10+ rating could you choose instead?”

This allows the adolescent to have choice within boundaries—out of all the games within a particular rating, which one would they like to play?

Another approach (perhaps for an older adolescent) might be saying, “I know you love gaming and it really gives you a lot of excitement and energy. However, violent video games are actually designed to increase your adrenaline, which can cause you to feel more angry and agitated over time. I am not comfortable with you taking this risk. What other non-violent games would you choose instead that allow you to connect with your friends if *Grand Theft Auto* is not something I can support?”

Again, this conversation starter includes two important pieces: choice within boundaries. When discussing the content of video games, it might be helpful to also discuss shared family values and consider which games align with those values and which ones do not. It is important for parents/caregivers to be informed about the games their teen would like to play and research the degree of violence, sexuality, and use of crude or inappropriate language in the game. This is where reviewing the game's rating (esrb.org) and conducting internet searches about the game can be helpful.

About Social Media

Conversation starters for discussing gaming habits and setting limits:

Given that many social media platforms have a minimum age requirement of 13, we start our example conversations for adolescents aged 13–15. For younger adolescents, parents can discuss the minimum age requirement and even show them the minimum age requirement on the social media platform's website. Importantly, just because the platform requires a minimum age of 13, that does not mean it is the appropriate age for youth to use social media. In fact, a recent study of professionals who work with youth indicated that 16 is the most commonly suggested age for social media use among adolescents.

**Ages
13–15**

Parent: “Social media is a cool way to stay in touch with friends and see fun stuff, right? But sometimes it can also make us feel left out or upset—you’ve heard of FOMO, right? Fear of missing out? I know you’re just starting to use apps like [TikTok/ Instagram/etc.]. How do you feel after you spend time on them? Have you ever seen something online that made you feel sad or left out?”

This question gently introduces the idea that it's normal to have mixed feelings. If your teen felt left out (for example, seeing friends in a photo from a gathering they weren't invited to), it gives them a chance to express that hurt. If they mostly feel good, that's fine too. The key is showing you're open to talking about negative feelings if they come up. You can share your own example: “Sometimes I see pictures of my friends' vacations and I feel a bit jealous—even adults feel that!” Normalizing these feelings helps them feel comfortable.

**Ages
16–18**

Parent: “Social media is everywhere, and it’s probably going to be part of life for a long time. I know you use it to keep up with friends and events. I’m curious, do you ever feel like you have to keep up on social media itself—like responding to everyone, keeping streaks, or posting often so people don’t forget you? I’ve heard some teens feel a lot of pressure from that. How is it for you? If you ever do feel that pressure, maybe we can figure out how to make it feel less overwhelming.”

Older teens often have a more mature take on social media; some might say, “Yeah, I use it but I don't care about people liking my posts as much as I used to,” while others might still feel wrapped up in it. Asking open-ended questions lets them reflect on their own experience. If your teen acknowledges stress (“It actually is a lot sometimes, like I feel I have to answer messages right away”), you can discuss strategies such as turning off notifications during homework or at night, or setting specific times of day to check social media instead of constant checking.

If your teen says it isn't a problem, you can still gently share some insight: "That's good. I do worry sometimes because I see stories about how social media can affect mental health. If you ever feel overwhelmed or like it's affecting you, know you can always talk to me. We can figure out ways to make it healthier." This keeps the door open. It's also an opportunity to talk about digital footprints and privacy. You might say, "As you get closer to applying to colleges or jobs, remember what you post can stick around. I'm here if you ever want to review privacy settings or think about how your posts might be seen by others in the future." While not directly about overuse, this is an important related topic for older teens.

In all these discussions, ensure you are not just highlighting negatives. Celebrate the positives too: maybe your teen learned a new skill from a YouTube tutorial or got inspired by someone's art on Instagram. Taking a balanced view builds credibility—you're not "anti-social media," you just want it to be a healthy space for them.

You might suggest doing a "social media audit" together: Go through the accounts they follow (or even your own) and ask, "Does this account make you feel good, inspired, educated? Or does it make you feel bad about yourself or anxious?" Encourage them to unfollow or mute accounts that bring them down. This empowers them to shape a healthier online environment.

Setting boundaries for social media

For younger teens, you may still have direct limits like no devices in the bedroom at night, using parental controls, or requiring access to the platforms they use. For older teens, outright control is harder; instead, focus on agreements around usage that they can self-enforce, such as "no phones at the dinner table" or "turn off screens an hour before bed to protect your sleep." Explain the reasoning (blue light affects sleep, constant notifications can increase anxiety, etc.) rather than saying, "because I said so."

The American Psychological Association in 2023 recommended that parents/caregivers monitor younger adolescents' social media use and coach them in safe use. This could mean you regularly check their privacy settings or discuss what they see online. As they demonstrate responsibility, you can grant more independence.

Finally, encourage digital media breaks. You might try a family "no social media Sunday morning" or similar, where everyone, including parents/caregivers, unplugs for a while. Frame it as a way to recharge and spend time in the real world. Teens often respond well if the whole family participates (and they love seeing parents/caregivers forced to put down their phones too!). Many teens report feeling relieved when they disconnect, even if they experience a little FOMO (fear of missing out) at first. By practicing moderation yourself and showing that life goes on without social media, you model a healthy relationship with technology.

About Pornography

Research Insight

Talking about online pornography can feel awkward, but having open, nonjudgmental conversations is one of the best ways to protect teens from the potential harms of pornographic content. Many adolescents will come across porn online—whether by choice or by accident—and if parents/caregivers never address it, teens are left with the internet's often distorted portrayal of sex as their teacher. Research shows that most teens have seen pornography by their mid-teens, and while many parents/caregivers want to discuss it, they often hesitate due to embarrassment or not knowing how.

The result is a communication gap: teens might feel they can't bring it up, and parents/caregivers hope ignoring it will make it go away. Experts in adolescent psychology and sexual health strongly recommend that parents/caregivers proactively talk to children about pornography in an age-appropriate way. The key is to reassure your teen they won't get in trouble for being curious, while explaining that porn does not reflect real sex or real relationships. Instead, it often shows extreme or unrealistic scenarios that can give false ideas about consent, body image, and intimacy.

By keeping a calm, factual tone and avoiding shaming, you make it more likely your teen will come to you with questions or concerns in the future. Remember, if you don't talk to them, the internet (or peers) will fill that gap, and not always with healthy messages.

Conversation starters for addressing pornography and setting healthy expectations:

Ages 10–12

Parent: “Sometimes when you’re online, you might come across pictures or videos of people without clothes on, or doing things that are very private. That’s called pornography—it’s meant for adults, not children. If you ever see something like that and it confuses or upsets you, you can always talk to me about it. I promise you won’t be in trouble; I just want to help answer your questions.”

At 10–12, children are likely to have heard the word “porn” or seen a glimpse of something, even if accidentally (like in a pop-up ad or meme). The goal is to define pornography in a simple way and open the door for future conversations. By explicitly saying “you won’t be in trouble” you remove the fear and shame that might keep them silent.

If your child admits, “Yeah I saw a weird ad once,” you can calmly respond, “That stuff isn’t for children, and I’m sorry you saw it. It’s okay, you didn’t do anything wrong. If you see it again, let me know or just close it. And remember it’s not real, it’s like actors in a movie.” Keep your response short and reassuring. The main message is, “If it pops up, come to me.”

Ages 13–15

Parent: “Around your age, a lot of children get curious and might look up ‘adult’ websites or porn. I understand that curiosity—it’s normal to wonder about sex. But I want you to know, what you see in porn isn’t what real relationships or sex are like. It’s kind of like watching an action movie—exciting, exaggerated, often not showing the consequences or the emotional side. People’s bodies in porn don’t always represent what normal bodies look like, and the situations can be unrealistic or even disrespectful. I’d much rather you ask me any questions you have than just believe what you see online. What have you heard about porn?”

This approach is direct but non-accusatory. By this age, most teens have been exposed to some form of pornography (whether intentionally or accidentally). You’re acknowledging their curiosity without condemning them for it (“I understand... it’s normal to wonder”). Then you’re providing context about its unrealistic portrayal of consent, safe sex, and real emotions.

Inviting them to share what they’ve heard opens the conversation. They may be relieved to talk about it because many teens feel confused or guilty about watching porn. If your teen is quiet or embarrassed, you can say, “I know it can be awkward, but I don’t want you to feel ashamed. Lots of teens see this stuff. My job is to help you understand it. So just know, anytime you have questions—even if it’s years from now—you can ask me.”

Ages 16–18

Parent: “I’m sure you’ve seen or at least come across porn online—that’s almost a given these days. As you get closer to adulthood, I think it’s really important we can talk about this openly. I want you to have healthy, respectful relationships in your life, and porn can be really misleading in that area. It often shows extremes and leaves out things like love, communication, and consent. I’d love to hear your thoughts on it—like how do you feel about what you might have seen? And do you have any questions or concerns? I promise to be honest and not judge your feelings. I was a teenager once too, and I remember it was hard to get good information.”

With older teens, you can be quite candid. By 16–18, many teens have a pretty formed perspective on porn (some might be avid viewers, others turned off by it, others indifferent). By speaking to them almost adult-to-adult, you signal respect for their maturity. It’s important to connect pornography to values and real-life expectations: for example, you can discuss how consuming a lot of porn can affect one’s views of partners or sex. (Some research suggests that heavy porn use can lead to unrealistic expectations or even addiction-like behavior in certain individuals, which you can mention if relevant.)

Keep the focus on healthy relationships: what does your teen think a loving relationship looks like, and how does porn differ from that? This gets them to critically analyze the content. Also, be prepared to offer resources—perhaps there’s a good website or book about sexual health for teens that you trust, which you can recommend if they want to learn more privately. Emphasize that curiosity about sex is normal and that seeking accurate information (from you or trusted sources) is far better than learning from pornography.

Throughout all age levels, avoid shaming language. For example, instead of saying “Porn will destroy your mind” or “It’s disgusting, never watch it,” use a factual, calm tone. You might say, “Porn is made to get viewers excited, but it doesn’t show real intimacy or respect. It’s okay to be curious, but I want you to learn what’s real and healthy.” As one child psychologist puts it, when talking about sexual content with children, “It’s not to shame or moralize.” The point is to educate and keep communication open.

Also, set some basic boundaries: for younger children, use filters or parental controls to reduce accidental exposure. For teens, you might still keep devices out of bedrooms at night or check browser histories if agreed upon, but remember that outright bans often fail (tech-savvy teens find workarounds). Instead, appeal to their reasoning: discuss the potential negative effects of too much porn (such as distorted expectations about sex or even addiction). Some families set a rule like “no porn on family Wi-Fi”—not that it can be 100% enforced, but it’s a values statement that you don’t endorse it.

If your teen is already watching porn regularly, approach it as a concern for their well-being, not as a violation to punish. You could say, “I know you’ve been watching porn. I’m not here to yell at you. I am concerned because I care about you and want you to learn about sex in a healthier way. Let’s talk about what interests you and find better sources for that information.” If needed, involve a healthcare provider or therapist to discuss it—sometimes an outside voice helps. Remember to reassure them that sexual feelings are normal; it’s just that porn is not a great teacher for those feelings.

Finally, emphasize healthy relationships and consent as the core lesson. Make sure your teen knows that real-life intimacy should be respectful, mutual, and never coerced. Porn rarely shows consent or mutual respect. So you might say, “In real life, both people check in with each other. They care about each other’s comfort and pleasure. You won’t see that in most porn, but it’s super important in real relationships.” By reinforcing these values, you help your teen develop a critical lens for any inappropriate content they might encounter and prepare them for healthier experiences in the future.

About Gambling and Sports Betting

Research Insight

Today's teens can be exposed to gambling in surprising ways—not just at a casino or through lottery tickets, but through their video games (loot boxes, “gacha” games, casino minigames) and the explosion of online sports betting. Many popular games include loot boxes, which are packs or boxes with random items that players can buy with real money; these mimic the experience of gambling because you're staking money on a chance outcome.

Researchers have found a significant link between teens spending money on loot boxes and developing problem gambling behaviors. In other words, the more a teenager gambles within games, the higher the risk of real gambling problems later. Meanwhile, sports betting has become widely accessible via apps, and even though underage gambling is illegal, a lot of youth find ways around age checks. Statistics are sobering: in one study, 60–80% of high schoolers reported gambling money in the past year (this could be betting on sports, card games, online bets, etc.), and around 5–6% of teens meet criteria for a gambling addiction or problem.

Experts warn that adolescents are at higher risk of developing gambling disorders than adults because the teen brain is still developing impulse control and risk evaluation abilities. Given these risks, it's crucial to talk to your teen about what gambling is and why it can be dangerous, even if it starts innocently (like buying a loot box or betting \$5 on a game with friends). Emphasize that the “house” (the game or the betting platform) is designed to make money, meaning players usually lose in the long run. Encourage a mindset of skepticism toward “easy money” schemes and an understanding of odds. Setting clear rules (for example, no real-money gaming purchases without permission, or a firm family stance against underage betting) can help prevent impulsive decisions that lead to losses or debt. Most importantly, keep the conversation nonjudgmental: if your teen admits to having gambled, focus on education and solutions, not punishment.

Conversation starters for discussing gambling and gambling-like games:

**Ages
10–12**

Parent: “You know how some of your games ask if you want to buy coins or a mystery box to get a cool item? That’s actually a bit like gambling—you spend money but you’re not sure what you’ll get. It’s designed to make you want to spend more and more to get the good stuff. I want you to know about this because it can be risky. Have you seen anything like that in the games you play?”

Children in this age group might not connect those game features with “gambling,” so you're educating them. Many games aimed at youth do have loot boxes or in-game purchases that have random outcomes. Let them describe what they've encountered. Perhaps they've wanted to buy a box in Fortnite or FIFA packs or similar. Explain in simple terms: “It's like a slot machine in Vegas—you put in money and hope you win a big prize, but often you don't.”

By demystifying it, you help them make wiser choices. You can make a rule: “In our family, we don't spend real money on those random prize boxes”—and crucially, explain why: “because it can lead to wasting a lot of money for nothing, and it can even get people hooked on the thrill of it.” If your child has already spent money (maybe using your card unbeknownst to you), stay calm and use it as a teaching moment: show them the receipt, talk about what else that money could have bought, and perhaps set up parental controls to prevent unauthorized purchases.

**Ages
13–15**

Parent: “I want to talk about something that doesn’t get talked about much—gambling. Sometimes it shows up in unexpected places, like video games (those loot boxes or casino-like minigames) or those fantasy sports and betting apps that everyone’s advertising. They make it look easy to win money. But the truth is, they’re designed so that most people lose money. Have you ever seen this kind of thing or been tempted to try it—like maybe some of your friends betting on an NFL game or buying packs in a game? Let’s chat about why it’s usually best to stay away from that.”

This is a direct approach that assumes the teen has some exposure or at least knowledge (which they likely do; by early high school they might hear peers talk about March Madness brackets, fantasy leagues, or even using an older sibling’s betting app). By treating them as smart and capable of understanding, you invite a more mature conversation.

If they say, “Yeah, I’ve seen those loot boxes” or “My friends and I played poker with quarters,” use that as a springboard. You can share facts: for example, “Did you know that even professional gamblers mostly lose? The games are stacked against you.” Or “I read about children who started with video game loot boxes and later had trouble with real gambling. I just don’t want that to happen to you.” Keep the tone caring: you’re not accusing them of doing something wrong, you’re educating. If the teen shows interest or has gambled, ask them, “What do you enjoy about it?” If it’s the thrill or competition, acknowledge that feeling and discuss safer ways to get it (maybe competitive sports, or games that don’t involve money).

It can also be helpful to set a family rule: e.g., “No using real money for in-app purchases or bets without parental approval.” This covers a lot—from loot boxes to any online bets. They may roll their eyes, but at least expectations are clear.

**Ages
16–18**

Parent: “Sports betting and gambling apps have gotten super popular, and I’m aware that even though you’re under 18, there are probably ways teens find to use them. I care about you and your financial future, so I want to make sure you understand the risks. Have you ever thought about betting on something, or maybe tried a little gambling like at a friend’s house or online? Be honest—I’m not here to punish, I just want to talk openly. What do you think about all this and do you understand how the odds work?”

Older teens are on the cusp of full legal access to gambling (at 18 for some things, 21 for others in many places), so it’s crucial they get accurate information now. By inviting honesty, you might learn that your teen has already placed bets (many teens do small-time bets with friends or through shady online means). If they have, try not to react with anger.

Instead, commend their honesty and pivot to guidance: “Okay, I appreciate you telling me. Let’s look at what could happen if this continues...” You can use real examples—there are plenty of stories of young people falling into debt or addictive behavior due to online gambling. For instance, mention how easy it is to lose track: “Those apps have you link a credit card; people have lost thousands before they realized it.”

Discuss the house edge (the mathematical advantage casinos/betting platforms have)—maybe even do a simple demonstration or math problem together to show how odds are not in the player’s favor. Older teens might also be enticed by things like crypto casinos or informal betting rings; stress that these are unregulated and even more prone to scams. Emphasize that gambling can be addictive—it triggers a rush in the brain much like a drug, especially when you win once and then chase that feeling.

Highlight that adolescent brains are especially vulnerable to developing addictions because their impulse control isn’t fully mature yet. This isn’t to instill fear, but to arm them with knowledge: “Your brain gets a big hit of dopamine when you win, and it remembers that—making you want to do it again. But you can’t control when you win, it’s mostly luck, so people end up chasing losses.”

Also, make a plan with them: If they ever do feel like gambling or find themselves drawn to it, what can they do? For example, promise that they can come to you and you’ll help them find help, without shame. If they owe money, you’ll work out a way to settle it together rather than them feeling they have to hide it (teens in gambling debt have been known to steal or do dangerous things out of panic—an open line of help can prevent that).

Setting boundaries and monitoring

For younger adolescents, definitely use parental controls on app stores to prevent downloads of gambling apps or games rated for adults. Be aware of the games your child plays—if they have loot boxes or microtransactions, consider disabling in-app purchases or at least having the password so they have to ask you. For all ages, you might ban any real-money betting in your house. If you as a parent/caregiver gamble (like buying lottery tickets or betting on sports occasionally), discuss it openly so they see an example of moderation—or reconsider involving teens in it. For instance, avoid asking a teen to help fill out your March Madness bracket with money on the line, as that can normalize gambling.

Encourage alternative activities and watch for warning signs

Maybe suggest stock market simulation games or entrepreneurial projects for a teen who likes risk/reward (though the stock market is not gambling when done wisely, it can satisfy the itch to predict outcomes and see results, with educational value). Or channel their competitive spirit into esports or regular sports that don’t involve money.

If your teen suddenly has money or is constantly short on cash, or becomes very secretive with their device, it could be a sign of betting. Instead of spying, have regular check-ins: “How’s that FIFA Ultimate Team going? You’re not spending real money on packs without telling me, right?” said with a light tone but serious intent. Reiterate that gambling is especially risky for young people, and that even adults can get caught in bad cycles. By instilling a healthy skepticism about gambling (“the house always wins in the long run”), you prepare them to resist the temptation as they gain full legal access in adulthood.

Resources

American Psychological Association (2023). *Health Advisory on Social Media Use in Adolescence*. <https://www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use> (APA’s guidance emphasizes parental monitoring, media literacy, and limiting social comparison on social platforms)

Dawson, K., Gabhainn, S. N., Friday, R., & MacNeela, P. (2023). Barriers and recommendations for parent–child conversations about pornography. *Frontiers in Psychology, 14*, Article 11080982. <https://www.frontiersin.org/journals/sociology/articles/10.3389/fsoc.2024.1349549/full> (Research study finding that embarrassment and not knowing how to start are common barriers preventing parents from talking to adolescents about porn, despite parental concern about the issue)

Children’s Screen Time Action Network at Fairplay. (Oct. 15, 2020). Dear Parents: A Digital Well-Being Resource from Teens to Parents. <https://screentimenetwork.org/resource/dear-parents-digital-well-being-resource-teens-parents> (Teens share how they want parents to listen to and speak with them on tough subjects like cell phone use)

Developmental Science (Blog). (Nov. 30, 2017). Teenagers Might Have a Problem With Respect But It’s Not the One You Think. <https://www.developmentalscience.com/blog/2017/11/29/teenagers-might-have-a-problem-with-respect-but-its-not-the-one-you-think> (Explains that teens are more likely to cooperate when they feel respected and have autonomy; notes studies that teens comply with rules seen as fair and resist those seen as arbitrary)

Douclevf, M. (2023, May 9). Major psychologists' group warns of social media's potential harm to kids. *NPR – Shots Health News*. <https://www.npr.org/sections/health-shots/2023/05/09/1174838633/psychologists-issue-health-advisory-for-teens-and-social-media> (Summarizes APA recommendations; notes rising teen depression and advises parents to protect children online)

Frank, C. (2020). How to Talk to Teenagers About Porn. *Child Mind Institute*. (Advice from clinical psychologists on calmly discussing pornography with teens, emphasizing that parents/caregivers should not shame or guilt teens, and explaining that porn is not an accurate portrayal of sex or bodies) <https://childmind.org/article/how-to-talk-to-teenagers-about-porn/>

Giordano, A. L., Ramsay-Seaner, K., Letcher, A., Crawford, C., & Kim, Y. (under review). Most concerning youth risk behaviors: A survey of professionals who work with youth.

Granic, I., Lobel, A., & Engels, R. C. (2014). The Benefits of Playing Video Games. *American Psychologist*, 69, 66-78. <https://psycnet.apa.org/doi/10.1037/a0034857> (Reviews research showing video games can provide cognitive, motivational, emotional, and social benefits for youth, in addition to potential risks)

Hannay, C. (July 26, 2022). How to Validate Teens (Even When You Don't Agree). *Center for Adolescent Studies*. <https://centerforadolescentstudies.com/how-to-validate-teens-even-when-you-dont-agree/> (Provides examples of teens responding positively when their perspective is validated rather than dismissed—validation leading to reduced resistance)

Leonard, J. (May 5, 2016). Study: For Moms and Teens, Emotions Matter During Conflict. *UC Merced News*. <https://chancellor.ucmerced.edu/news/2016/study-moms-and-teens-emotions-matter-during-conflict> (Covers Professor Alexandra Main's research finding that mutual validation between parents and teens leads to more satisfying conflict resolution)

Livingston, J. (June 13, 2020). "Speak Less and Listen More When Talking to Teens." *MacArthur Medical Center Blog*. <https://macarthurmc.com/speak-less-and-listen-more/>. (Emphasizes asking open-ended questions and practicing active listening; notes that giving direct advice often triggers teen defensiveness, whereas sharing stories and empathy encourages them to listen)

Petry, N. M. (n.d.) Healthy Limits on Video Games. *Child Mind Institute* (excerpt from Pause and Reset). <https://childmind.org/article/healthy-limits-on-video-games/> (Offers guidance on setting time limits for gaming; cites AAP recommendation of -1 hour on school days for children over 6, and notes problems that arise with excessive gaming like school issues or lost interest in other activities)

Raising Children Network (Australia). (October 12, 2025). Talking with teenagers about pornography at 12-18 years: parenting tips. <https://raisingchildren.net.au/teens/entertainment-technology/pornography-sexting/pornography-talking-with-teens> (Recommends casual, frequent conversations about pornography to build trust; suggests explaining porn's unrealistic nature and focusing on healthy, respectful relationships and consent in discussions)

Responsible Gambling Council. (n.d.). Gambling and Your Teenager – Statistics. <https://responsiblegambling.org/for-the-public/safer-play/teens-and-gambling/> (Provides data on youth gambling; for example, around 1 in 10 adolescents have gambled online recently, and about 5% of adolescents exhibit problem gambling behaviors)

Sedona Sky Academy. (March 21, 2024.). Tips for Communicating With Your Teen. <https://www.sedonasky.org/blog/tips-for-communicating-with-your-teen> (Highlights the role of active listening, validation, and empathy in reducing teen defensiveness and building trust in communication)

Sproutable (Podcast Episode 554). (2021). Conflict to Connection – Parenting Teens with Empathy and Understanding. <https://www.besproutable.com/podcasts/eps-554-conflict-to-connection-parenting-teens-with-empathy-amp-understanding/> (Discusses how using empathy and collaborative problem solving in parent-teen conflicts can transform opposition into cooperation, reinforcing the importance of staying emotionally connected)

Think:Kids. (n.d.) Collaborative Problem Solving for Parents. *Massachusetts General Hospital*. <https://thinkkids.org/Parents/> (Dr. Stuart Ablon's Collaborative Problem Solving approach is designed to help children develop the skills needed to deal with challenging problems)

Vogels, E. A., & Gelles-Watnick, R. (April 24, 2023). Teens and social media: Key findings from Pew Research Center surveys. Pew Research Center. <https://www.pewresearch.org/short-reads/2023/04/24/teens-and-social-media-key-findings-from-pew-research-center-surveys/> (Reports that 80% of teens feel more connected via social media, while significant numbers feel pressure and negativity as well)

Weintraub, A., Lang, S., & Lorenzo, S. (December 8, 2022). Online gambling among youth worries experts, one teen says sports betting was an 'escape.' *ABC News*. <https://abcnews.go.com/US/online-gambling-youth-worries-experts-teen-sports-betting/story?id=94577595> (News report including statistics that 60–80% of high schoolers have gambled for money in the past year, -5% are addicted; features expert Dr. Timothy Fong explaining why teens are at higher risk for gambling problems due to brain development)

Zendle, D., Meyer, R., Over, H. (2019). Adolescents and loot boxes: links with problem gambling and motivations for purchase. *Royal Society Open Science*, 6(6): 190049. <https://pubmed.ncbi.nlm.nih.gov/31312481/> (Large-scale study showing a significant correlation between loot box spending and problem gambling among 16-18 year-olds, suggesting that gambling-like microtransactions in games can be a pathway to gambling issues)

(All online resources accessed and verified in March 2025.)

Scan for full Guide and resources





Family Digital Media Plan

As a family, determine the appropriate use of digital media and screens in your household by discussing the questions below. After answering each question together, have all family members sign this document to indicate agreement and commitment to the plan. Determine and discuss consequences if the plan is not followed. Give each family member a copy of the plan for easy access.

What types of digital media use are acceptable in the household? (e.g., social media, gaming, messaging/texting, streaming, FaceTime, email, AI, websites [be specific about which ones], apps [be specific about which ones], blogs, videos, podcasts, e-books, virtual reality, online shopping, online gambling/sports betting, pornography, livestreaming, discussion boards, webinars)

What times of day can digital media be used and when should it not be used? (e.g., first thing in the morning? Right before bed? At night after bedtime? At school? At work?)

Who has access to each device and what can they review? (e.g., if it is decided that the device belongs to the parent/caregiver and the child/adolescent is just using it (rather than it belonging to the child/adolescent), what can the parent/caregiver review? What is private and what can be seen/read by others?)

Where are devices stored at night? (e.g., do all devices “sleep” in parents’/caregivers’ room each night? Are they left in a common space? Are they kept in a particular place to charge?)

What information/material is OK to share online and what is not? (e.g., pictures [if so, what kind?], phone numbers, addresses, personal information?)

How long can digital media be used before taking a break? (Determine pre-set durations of time for digital media use before breaking, e.g., 1 hour of streaming, 15 minutes on social media, 30 minutes gaming)

Is user interaction allowed in games and apps? If so, with whom? (e.g., only those known to the parent/caregiver? Only friends from school? Only those whose identity is verified?)

Who has permission to download new apps/games on the device? (e.g., the child/adolescent? Only parents/caregivers? The child/adolescent but only with parental/caregiver permission first?)

When is checking devices permissible and when is it not? (e.g., only after homework is completed, not at the dinner table, not while driving, not during employment activities)

How should respect be demonstrated for other people with regard to digital media use? (e.g., don't use digital media during an in-person conversation, don't check digital media in a setting where you should be socializing with others, prioritize in-person interactions over digital media use)

What are the expectations for online behavior? (e.g., no bullying, no trickery or pretending to be someone else, no trolling, no hostile/toxic language, no mean/disrespectful comments, be kind)

What activities are always “screen free”? (e.g., playing outside, hobbies, spiritual practices, household chores, homework, family game night, family mealtime)

When should children/adolescents talk to parents/caregivers about something that happens online? (e.g., if they see sexually explicit material, if they are being bullied, if a stranger asks for personal information or a picture, if they feel like they are losing control over their digital media use or experiencing negative consequences, if they see material that is upsetting, if they see content that makes them curious)

When is it appropriate to use AI (and what type) and when should it not be used (and what type should not be used)? (e.g., to get ideas, to create/play, not for class assignments or homework, not for anything that should be original thought, no talking to chatbots or AI characters)

What are the consequences for not following this plan? (e.g., time without any devices, loss of privileges to certain forms of digital media, unable to access devices during certain times, writing a report on a particular topic [digital citizenship, risks of social media use, online privacy, cyberbullying, internet addiction, digital media and mental health, sextortion])

Signatures of All Family Members:

Scan for full Guide and resources

