Parenting in the Age of Social Media: What Pediatricians Need to Know

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Dr. Rostain Disclosures

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  o WebMD, APA, Global Medical Education, US Psychiatric Congress
After participating in the presentation, you should have increased your knowledge and enhanced competence to . . .

- Describe the impact of social media use on child/adolescent development and family life
- Describe the impact of social media use on child/adolescent mental health
- Review current age-appropriate recommendations for the use of social media
- Identify warning signs for misuse/addiction of social media
- List key concepts in counseling parents regarding social media use
1. Overview of social media use / screen time
2. Impact of social media use on children, adolescents and family life
3. Review AAP recommendations on screen time
4. How to counsel parents about limiting and monitoring social media use / screen time
5. Review online resources
WELCOME TO THE DIGITAL AGE
Characteristics of the Digital Age

- Rapid development of information technology
- Penetration of IT into all facets of human endeavor
- Globalization of commerce, science, culture, politics
- Fundamental changes in mode of communication
- Remaking of social relationships
- Reshaping of personal/family life
- Generational divides (digital natives vs immigrants)
Wavelets of the Digital Information Age

• Wavelet 1: Growth of the internet  \textit{c. 1980s}
• Wavelet 2: “Communication era” – email/worldwide web \textit{c.1990}
• Wavelet 3: “Mobile era” (laptops, notebooks, PDAs -> WiFi) \textit{c. 2000}
• Wavelet 4: “Social media era” (virtual communities) \textit{c. 2008}
• Wavelet 5: “Smartphone era” (computer linked to phone) \textit{c. 2012}
• Wavelet 6: “Wearables era” \textit{c. 2016}

\textit{This talk will focus on the impact of Social Media and Smartphones}
Screen Time: Definition

The amount of time spent on electronics

- Smartphones
- Televisions
- Video game consoles
- Computers
- Tablets
- E-readers
- Wearables
- VR goggles
- ...
Social Media: Definitions

- “Websites and applications that enable users to create and share content or to participate in social networking” (Wikipedia)

- “Forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos)” (Merriam-Webster)

- “A group of Internet-based applications that build on the ideological and technological foundations of Web 2.0 and that allow the creation and exchange of user-generated content” (Kaplan & Haenlein)
Popular Social Media

- TikTok
- Snapchat
- Instagram
- YouTube
- WhatsApp
- Facebook
- Twitter
- Pinterest
Total US population (12+)
% Using Social Media

Image of a bar chart showing the percentage of the US population using social media from 2008 to 2019.
Nearly 1 in 5 Kids Use Mobile Devices Every Day

% of 0- to 8-year-olds in the U.S. who engage in the following media activities at least once per day*

- 60% Read or are read to
- 58% Watch TV
- 18% Watch DVDs
- 17% Use a mobile device
- 14% Use a computer
- 7% Use handheld video game
- 6% Use video game console
- 4% Read an ebook

* based on a survey among 1,463 parents of children aged 0-8, May-June 2013

Source: Common Sense Media
Screen media diet
Among 0- to 8-year-olds, percent of total screen media time by platform:

- 10% Video game players
- 4% Cell/iPod/iPad
- 13% Computer
- 74% TV set

Time spent with media
Among 0- to 8-year-olds, time spent in each activity in a typical day:

- TV/videos: 1:44
- Reading/being read to: :29
- Listening to music: :29
- Computer or video games: :25
- Other computer activities: :06

SOURCE: COMMON SENSE MEDIA
DESERET NEWS GRAPHIC
Social media usage: children

THE MOST UNSAFE SOCIAL MEDIA APPS USED BY CHILDREN

- tinder
- kik
- Snapchat
- whisper
- tumblr
- ask.fm
- D]
- Vine
- musical.ly
- 70blender
- voxer
- Poof!
- funny.com
- skype
- ooVoo
- Omegle
- LE VPN

INTERNET BY YOUR OWN RULES
“The complete dominance of the smartphone among teens has had a ripple effect across every area of iGen’ers’ lives from the social interactions to their mental health. They are the first generation for whom the Internet access has been constantly available, right there in their hands.”

-- Jean Twenge, *iGen*
Social media usage: teenagers

- 95% of teens use internet on a mobile device
- 85% of teens are Facebook users; Snapchat is now more popular!
- Typical teenager has 145 Facebook friends, 150 Instagram followers, 95 Twitter-ers

Teens describe the effect of social media as mostly positive (31%) or mostly negative (24%); largest share (45%) says that effect has been neither positive nor negative.

“The majority of online problems young people report to helplines are due to a breach of privacy at some point during their online interactions. Understanding what personal data is, and how to protect it, is intrinsic to being literate in today’s world. Children need to learn from earliest childhood that privacy is their most precious possession – and an essential human right.”

Janice Richardson, Senior Advisor at European Schoolnet
IMPACT ON FAMILY LIFE
Parental Perceptions

- 69% of dads use Facebook as friends with their kids.
- 55% of mums use Twitter.
- 32% of mums use Twitter.
- 72% worry their kids will reveal inappropriate info to strangers.
- 72% have helped their children establish privacy settings.
- 33% have helped their children establish privacy settings.
- 50% have installed parental controls.
- 42% call it "irresponsible" to post photos of minors.

72% closely monitor their children's online activity.
Parents far more likely to see children’s access to smartphones as potentially being more harmful than beneficial

% of U.S. parents who say the following statements most accurately describes how they feel about children who are 11 years old or younger having access to a smartphone

<table>
<thead>
<tr>
<th>Statement</th>
<th>Potential harm outweighs the potential benefits</th>
<th>Potential benefits outweigh the potential harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\frac{71}{27}$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Based on parents who have at least one child under the age of 18 but may also have an adult child or children. Those who did not give an answer are not shown.


“Parenting Children in the Age of Screens”

PEW RESEARCH CENTER

Parenting concerns related to digital devices

Roughly three-quarters of parents don’t think it’s OK for a child under 12 to have their own phone

% of U.S. parents who say, in general, it is acceptable for children to have their own phone at age ...

<table>
<thead>
<tr>
<th>Age of child</th>
<th>Smartphone</th>
<th>Tablet computer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>&lt;1 HURT</td>
<td>3 HURT</td>
</tr>
<tr>
<td>3-4</td>
<td>3</td>
<td>13 HURT</td>
</tr>
<tr>
<td>5-8</td>
<td>4</td>
<td>26 HURT</td>
</tr>
<tr>
<td>9-11</td>
<td>16</td>
<td>23 HURT</td>
</tr>
<tr>
<td>12-14</td>
<td>28</td>
<td>19 HURT</td>
</tr>
<tr>
<td>15-17</td>
<td>28</td>
<td>12 HURT</td>
</tr>
</tbody>
</table>

Note: Based on parents who have at least one child under the age of 18 but may also have an adult child or children. Those who did not give an answer are not shown.


“Parenting Children in the Age of Screens”

PEW RESEARCH CENTER

Roughly seven-in-ten parents say smartphones will hurt children’s ability to develop healthy friendships, learn social skills

% of U.S. parents who say that children age 11 or younger using smartphones will ___ their ability to ...

- Learn effective social skills: 71 hurt, 21 help, 8 makes no difference
- Develop healthy friendships: 68 hurt, 19 help, 13 makes no difference
- Do well in school: 54 hurt, 32 help, 13 makes no difference
- Be creative: 46 hurt, 40 help, 13 makes no difference
- Pursue hobbies and interests: 45 hurt, 44 help, 11 makes no difference

Note: Based on parents who have at least one child under the age of 18 but may also have an adult child or children. Those who did not give an answer are not shown.


“Parenting Children in the Age of Screens”

PEW RESEARCH CENTER

Parenting concerns related to digital devices

Roughly eight-in-ten or more parents limit when and how long their child can use screens or digitally ‘ground’ their child

% of U.S. parents of a child age 5 to 11 who say they ...

- Limit the times of day or length of time when this child can use screens: 86%
- Take away this child’s smartphone or internet privileges as punishment: 80%
- Check the websites or apps this child visits or uses: 75%
- Use parental controls to restrict how much this child uses screens: 72%
- Look at the call records or text messages on a smartphone this child uses: 49%
- Track their child’s location through GPS apps or software: 33%
- Friend or follow this child on social media sites: 28%

Note: If parent has multiple children, they were asked to focus on one child when answering this question. Those who did not give an answer or who gave other responses are not shown.
PEW RESEARCH CENTER

About a quarter of parents say their young children spend too much time on a smartphone or playing video games

% of U.S. parents of a child age 11 or younger who say their child spends ___ doing the following activities

- Too much time
- About the right amount of time
- Too little time

Playing video games*:
- 26%
- 59%
- 14%

On a smartphone**:
- 24%
- 62%
- 13%

On social media***:
- 20%
- 55%
- 21%

*Based on those whose child plays video games.
**Based on those whose child uses a smartphone.
***Based on those whose child uses at least one social media site.
Note: If parent has multiple children, they were asked to focus on one child when answering this question. Those who did not give an answer are not shown.
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Self Assessment Questions

- How are digital media affecting your family life and your parenting?
- How have digital media changed parent-child relationships?
- In what ways are digital media changing things for the better?
- In what ways are digital media making things more difficult?
- Do you and your family members discuss digital media usage?
- How do you go about determining problem areas and trying to address/resolve them?
Benefits of social media use

• Learning in early childhood
  o “Video deficit” limits learning from screen until 30 months of age
  o Adult interaction is critical for learning from digital media
  o Language development is enhanced when parents talk to toddlers while watching TV and videos
  o Unclear how interactive media use affects learning

• Skyping
  o Allows children to communicate with family members at a distance
  o Facilitates social connection

• Educational programming and applications
  o High-quality TV shows improve cognitive, language, social development
  o Digital interaction via apps have low educational content and may reduce meaningful social interaction
  o A vital necessity during the pandemic
Benefits of social media use

• Socialization and communication
  o Enhancement of individual and collective creativity
  o Opportunities for community development
  o Expansion of one’s online connections through shared interests
  o Strengthen family relationships through ties and sharing

• Enhanced learning opportunities
  o Allows students to gather outside the classroom
  o Non-game computer use is associated with literacy progress

• Accessing health information
  o Adolescents with chronic illness can access helpful websites
  o Mobile technologies that teens use can improve their health care
Risks of social media use

• Excessive TV viewing in early childhood leads to delays in cognitive, language and social development; executive functioning also appears to be affected, as is “theory of mind”
• Clear link between violent media content and aggression
• Parenting mediates effects of social media use in otherwise vulnerable children – parents who are preoccupied with their own social media use are less interactive with their children
• Excessive media use is associated with physical health problems
  o Obesity
  o Cardiovascular risk
  o Sleep disturbances
• SM used to target advertising and market products to children
Risks of social media use

• Excessive distractions interfere with performance - Multi-tasking is fiction
  o Homework/studying is less efficient (takes longer, less accurate)
  o Increases in MVAs linked to distracted driving

• Fear of Missing Out (FOMO)
  o “Anxiety that an exciting or interesting event may currently be happening elsewhere, often aroused by posts seen on social media.”
  o “A mediator linking **deficits in psychological needs** to social media engagement.”
  o Correlates with lower mood and overall life satisfaction
  o Predicts “smartphone addiction” and emotional distress
  o **Vicious circle:** Excessive social media engagement may trigger even more FOMO

• “Facebook Depression”
Risks of social media use

- Privacy concerns and the digital footprint
  - Impact on future – college admission, job opportunities, reputation
- Cyberbullying / aggression
- Sexting / sexual boundary violations
- Internet addiction / problematic internet use (PIU)
  - Risk is greatest for kids with developmental or mental disorders, temperamental vulnerabilities, psychosocial adversity and/or from highly stressed families
Risk/Benefit Analysis of Media Use

Nicholas Carson, MD
Cambridge Health Alliance

Risk/Benefit Assessment

- sex, race/ethnicity
- sexual orientation
- mental health/trauma
- access to technology
- parenting/family factors
Increases in Depression, Self-Harm, and Suicide Among U.S. Adolescents After 2012 and Links to Technology Use: Possible Mechanisms

Jean M. Twenge, Ph.D.

Objective: Increases in depression among adolescents have been concurrent with increases in digital media use. In this article, recent trends in mental health among U.S. adolescents and young adults are discussed and theories about their possible connection with concurrent increases in digital media use are presented.

Methods: Large studies of trends in mental health in the 2000s and 2010s are described and possible mechanisms for the trends are discussed based on existing literature.

Results: After remaining stable during the early 2000s, the prevalence of mental health issues among U.S. adolescents and young adults began to rise in the early 2010s. These trends included sharp increases in depression, anxiety, loneliness, self-harm, suicidal ideation, suicide attempts, and suicide, with increases more pronounced among girls and young women. There is a growing consensus that these trends may be connected to the rise in technology use. Increased digital media and smartphone use may influence mental health via several mechanisms, including displacement of time spent in in-person social interactions, individually and across the generation, as adolescent cultural norms evolve; disruption of in-person social interactions; interference with sleep time and quality; cyberbullying and toxic online environments; and online contagion and information about self-harm.

Conclusions: U.S. adolescents and young adults are in the midst of a mental health crisis, particularly among girls and young women. The rise of digital media may have played a role in this problem via several mechanisms.

FIGURE 1. Indicators of poor mental health among U.S. girls and young women, 2001–2018

Standard deviations are within means at the generational level, not at the individual level, and thus should not be used to calculate individual-level effect sizes.

*Source: Centers for Disease Control and Prevention. Suicide rates among 12- to 14-year-old girls.


*Source: Twenge et al. (11). Major depressive episode among 14- to 15-year-old girls.

*Sources: Kveses et al. (8) and Twenge et al. (9). Depressive symptoms among eighth-grade girls.
Postulated Mechanisms

- Displacement of in-person social interaction (Individual Level)
- Displacement of in-person social interaction (Generational Level)
- Interference with in-person social interaction
- Interference with sleep
- Cyberbullying and toxic environments
- Self-harm information and contagion

FIGURE 2. Proportion of adolescents with depression or low psychological well-being, by hours a day of social media or smartphone use.

Source: Kelly et al. (23).
b Source: Przybylski and Weinstein (25) and reanalyzed by Twenge and Campbell (28).
In response to the global pandemic of COVID-19, many countries around the world adopted social isolation measures to contain the spread of the virus. For children and adolescents, limitations in face-to-face activities and interactions with their traditional peer groups has been a frustrating experience. Following disease containment measures, which included school closures, social distancing, and home quarantine, children and adolescents faced a prolonged state of physical isolation from their peers, teachers, extended family, and community networks that affects their emotional and behavioral health. Parents and pediatricians are reporting signs of mental distress in children of all ages within the context of the pandemic. In several cases this unexpected social isolation has paradoxically improved the psycho-social state of fearful children, and the mental health of those who have been victims of bullying. School function improved with distance learning and socialization may have increased using virtual connections to create a larger social group.

Recommendations:

• Raise awareness about potential increased online risks to children during the pandemic

• Promote educational initiatives on child online safety including using media and communications channels to spread key messages
Enhancing relationships through technology: directions in parenting, caregiving, romantic partnerships, and clinical practice

Margaret E. Morris, PhD

- Parenting
  - Talk with kids about internet use; set negotiated limits; protect privacy; share apps; learn together; play together.

- Romantic relationships
  - Threats to vs. deepening intimacy; coordination across distance; smart lights as cues; location sharing.

- Caregiving
  - Medication prompting; fall detection; companion robots.

- Clinician-patient relationships
  - Tele-video sessions (access, informality, ); apps; wearables; self-monitoring; tracking activities; emotional support activities; trust building; AR/VR.
Enhancing relationships through technology: directions in parenting, caregiving, romantic partnerships, and clinical practice

Margaret E. Morris, PhD

Lessons from the Pandemic

- Finding new ways to be together – low intensity video-chatting – “show and tell”
- Seeing more of each other – glimpsing into others’ environments
- Drawing boundaries – setting time limits – “off-line” time
- Matching helpers with needs – volunteers, civic organizations
- Intergenerational participation – inclusivity of older adults; sharing experiences
PROBLEMATIC INTERNET USE

[PROBLEMATIC INTERACTIVE MEDIA USE]
Definition

• Maladaptive preoccupation with internet use, experienced as irresistible, for periods of time longer than intended
• Significant distress or impairment resulting from internet use
• Absence of other psychiatric pathology that might explain the excessive Internet use.
Epidemiology

- Prevalence rate: 1%-18% of adolescents
  - Western societies: 2-12%
  - Eastern societies: 2-18%
- Gender
  - Boys tend to have higher rate of PIU

Negative Consequences

- Impaired academic performance
- Impaired social interaction/ family relations
- Decreased self-perceived acceptance by peers
- Increased drinking in males
- Lower self-worth in females
Risk Factors

• Psychiatric Comorbidity
  o Attention deficit hyperactivity disorder (ADHD)
  o Social anxiety / social avoidance
  o Depression / dysthymia

• Social support
  o Socially isolated

• Low self esteem

• Poor quality family relationships

• Loneliness
Signs of possible PIU

- Spending more time alone in his/her room
- Poor Sleep or excessive daytime sleepiness
- School truancy
- Decline in grades
- Decreased self-care
- Cessation of previous activities
- Increased Irritability
- Secrecy
- Extreme measures to access media
Brain Effects

- fMRI similar to opiate use disorder (chemical dependence)

- Changes in orbitofrontal cortex and anterior cingulate cortex
  - Superior & Anterior corona radiata
  - Fronto-occipital fasciculus

- Diminished executive control and impulse control
Problematic Interactive Media Use (PIMU)

With the popularity of mobile devices, and the ability to be connected nearly anytime anywhere, children and teens are spending more and more time online and playing video games, whether at home or on the go. It is important to be aware of the signs of addictive, excessive, or compulsive behaviors towards screen media use, as this can be detrimental to a child’s physical, emotional and mental health.

How can Problematic Interactive Media Use (PIMU) affect children?

Ongoing research shows that when media are overused or used compulsively, they can interfere with a child’s daily life and lead to poor school performance, family conflicts, emotional and psychological concerns and relationship problems. While these problems have been called a variety of different names such as, “Internet Addiction”, “Internet Gaming Disorder” and “Media Addiction”, these terms all refer to Problematic Interactive Media Use (PIMU).

- Problematic Interactive Media Use often appears in one of the following ways:
  - Video gaming—including excessive gaming on a computer, console, or mobile device, where the child or teen plays for hours on end, often only taking breaks when forced.
  - Social media—including using social media as a primary way to connect with others instead of through face-to-face communication.
  - Pornography—including obsessive pornography use that results in sexual dysfunction.
  - Information-seeking—including spending hours of time online surfing websites and binge-watching videos in place of other activities.

- While one of the most common symptoms of PIMU is a fixation with screen media, other symptoms exist. If your child changes in any of the following areas, be sure to talk to your child, and your child’s doctor:
  - Poorer personal hygiene

(PRIUSS)

Scale Description

The Problematic and Risky Internet Use Screening Scale (PRIUSS) was developed for use in adolescents, and reflects a data-driven, conceptual framework of the nature of Problematic Internet Use (PIU) as a component of adolescent and young adult health.¹

The PRIUSS has 18 items and three subscales: (1) Social Impairment (items 1-6), which assesses the impact of internet use on both offline and online social interactions; (2) Emotional Impairment (items 7-11), which assesses degree of emotional attachment to Internet use, and (3) Risky/Impulsive Internet Use (items 12-18), which assess salient problematic behaviors regarding Internet use.²

Scoring Guideline

A cut-off of 25 for the overall scale score is proposed for identifying those at risk for PIU.³ Screening studies have suggested that 11% of adolescents may be at risk for PIU, as measured by the PRIUSS and using this scoring guideline.⁴

4. Jelenchick LA, Christakis DA, Moreno MA. A longitudinal evaluation of Problematic Internet Use (PIU) symptoms in older adolescents. Pediatric Academic Societies, 2014; Vancouver, BC.

A.A.P RECOMMENDATIONS REGARDING SOCIAL MEDIA USE
### AAP Recommendations for Screen Time

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>2016 AAP Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18 months</td>
<td>NO screen media other than video-chatting</td>
</tr>
<tr>
<td>18 to 24 months</td>
<td>Parents could introduce high-quality programming &amp; should co-view to explain the content</td>
</tr>
<tr>
<td>2 – 5 years</td>
<td>1 hour per day of high-quality programs; parents should co-view.</td>
</tr>
<tr>
<td>6 years and older</td>
<td>Parents should “place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.”</td>
</tr>
<tr>
<td></td>
<td>Parents should designate media-free times (dinner, driving) and media-free zones at home (bedrooms).</td>
</tr>
<tr>
<td></td>
<td>Parents should frequently communicate about online safety and civility.</td>
</tr>
</tbody>
</table>
A Family Media Use Plan helps parents balance their children’s online and off-line lives. Because every family is different, the American Academy of Pediatrics has a new tool to help you create a personalized plan that works within your family’s values and busy lifestyles.
Clinicin Toolkit

The Goal of this Toolkit

Welcome to the Media and Child Health Clinician Toolkit! This toolkit details the importance of recognizing media as an environmental health concern, and as such, provides research-based tools for addressing patients’ media-related health issues. As you will learn, an essential part of this Toolkit is talking to your patients and their parents about their media exposure and use. Helping them realize how media affect their health and well-being can help prevent poor health outcomes and/or help them understand the complexity of a current health issue, while also providing practical tools and tips for resolving it. This Toolkit contains the research, guidance, and materials you need to inform your patients about the effects of media on their health, instruct them on how to best use media, and set them up for success by providing guidance, tips, and tools that they can use in their everyday lives.

Preparing to use the Toolkit

1. Familiarize yourself with the different sections of the toolkit, including the Flowchart and Guidance.
2. Watch the video for a demonstration of how to use the information in this toolkit. It models a conversation between the clinician, parent, and patient about media use related to a particular health challenge.

The Toolkit

- Media and Health History
  - For Parents
  - For Patients

- Using the Clinician Toolkit
  - Flowchart and Guidance

- Age-Based Tip Sheets for Parents
  - Infants and Toddlers
  - Preschoolers
  - School Age
  - Tweens
  - Teens
  - Young Adults

- Healthy Media Strategies
  - Sex
    - Parent Tip Sheet
    - Anticipatory Guidance
  - Social Skills
    - Parent Tip Sheet
    - Anticipatory Guidance
# CMCH Clinician Toolkit Screener

## Adolescent Media and Health Screening Form

**Name:** ____________________________  **Date:** ____________________________

### PART A – Please answer the following questions

1. **Has screen media use seriously affected your sleep?**
   - For example:
     - Trouble falling asleep
     - Difficulty waking up in the morning
     - Going to bed late or waking up in the middle of the night
     - Being sleepy during the day
   - **Yes □ No □**

2. **Has screen media use seriously affected your school performance?**
   - For example:
     - Missing homework or poor quality homework
     - Dropping grades
     - Trouble paying attention in class
     - Missing school or not wanting to go to school
   - **Yes □ No □**

3. **Has screen media use seriously affected your social life?**
   - For example:
     - Spending less time with friends and/or family
     - Giving up favorite activities or hobbies
     - Spending more time alone
     - Fighting more with friends and/or family
   - **Yes □ No □**

If you answered “Yes” to any of the questions above, please complete the attached IAT-Revised Form. Otherwise, please complete Part B below.
Here is how pediatricians can educate themselves about the perils of social media for children and teens, and how they can advise parents.

1. Increase your knowledge of digital technology, apps, and social media programs that your patients are using.

2. Have an open dialogue with patients and parents and encourage the same between parents and kids. Teenagers will use these apps if forbidden, and online predators can prey on ill-informed adolescents hiding usage from their parents.

3. Advise parents to get involved. If their child is using one of these apps, the parents should be on the app as well. The parents should actually use the platform so they can see what sort of things can be done with the platform. Parents should require their child to add a parent to his or her friend list or not allow the child to use the app.

4. Advise parents to focus on healthy online behaviors and good citizenship rather than punitive actions.

5. Advise parents to tell children that they will be monitoring. Check logs, messages, e-mails, and social networking profiles for inappropriate content, friends, messages, and images. Teach children to be wary of friend requests and to think before posting.

Bass PF; “Living life online: Talking to parents about social media;” Contemporary Pediatrics, May 1, 2016
10 STEPS TO UNDERSTANDING SOCIAL MEDIA

6. Advise parents to disable location services in social media apps that may reveal their child's location and to avoid posting things such as "going on vacation" or posting pictures while on vacation.

7. Advise parents to emphasize that nothing is private once it is posted on the Internet or social app.

8. Limit young persons' time spent online and access to a cell phone even if it is the child's personal device. One strategy is that in the home the child's smart devices always remain in the kitchen, especially after bedtime.

9. Advise parents to review and periodically check their child's security settings for social media apps. Enable privacy features for social media sites and apps.

10. Parents often think that a regular review of children’s phones will decrease the likelihood of sexting. However, a Pew Research Center survey found that parental review of phones did not impact an adolescent's likelihood of sending or receiving nude or nearly nude images, but parental limitation of the number of texts a child can send did seem to curb this behavior.

Bass PF; “Living life online: Talking to parents about social media;” Contemporary Pediatrics, May 1, 2016
Basic Principles

• Parents need to be in charge of what happens with their children’s use of digital/social media (DSM)
• Parents’ use of DSM in the home should reflect (model) what is expected of children
• Devices are “owned” by parents and “leased” by kids
  o Usage is contingent on a clear set of criteria being met
    ▪ Completion of homework, chores and self-care activities
    ▪ Sufficient sleep, exercise and family time
    ▪ Appropriate behavior
  o Limitations on access can be imposed when expectations are not being met or when rules are not being followed
  o Adjustment to DSM usage rules should be made on a regular basis with age-appropriate input from children
Basic Ground Rules

• Parents need to establish basic ground rules for digital device usage in the home.
  o Clearly defined *text-free time* to allow space for homework, non-digitally based hobbies and human interaction
  o No televisions or digital devices allowed in the bedroom
  o Shut down all screen devices 30 minutes before bedtime
  o Place all family’s devices together in a “recharging station” in a common room (kitchen, living room)
  o Parents are role models – they need to monitor and place limits on their social media usage, esp. during family time
Basic Ground Rules

• Parents need to monitor children’s online behavior to ensure health, safety and civility
  o Time limits on usage
  o Approved and disapproved websites, digital media platforms
  o Content appropriateness of postings
  o Impact of media usage on
    ▪ Child’s emotional health (stress, anxiety, depression, addiction)
    ▪ Child’s social relationships (types and quality of friendships)
    ▪ Family life (quantity and quality of family interactions)
Setting Limits on Screens

- **Timing**
  - Completely off limits
    - Bedtimes, homework time, driving
  - Allowed times
    - Completion of common routines
      - Chores, homework
    - Time limited entertainment
      - Long trips, emergency time-filler

- **Locations**
  - Where can the child use their phone?
    - Common areas are preferable
Setting Limits on Screens

• Managing Access
  o Explore Parental Controls
  o Storage of devices
  o Reinforce access via a privilege

• Monitoring
  o Parents know the password to the phone, apps, and web accounts
  o If concerned about trust, review what communications are shared via texts, social media, and games
  o Review privacy settings
  o Have discussions about how to interpret online communications
Enforcing Limits on Screens

• Establish clear expectations ahead of time
• Most effective limits: consistent, doable, immediate, specific, meaningful, age-appropriate
• Follow through with effective consequences consistently
• Parents, before opening your mouth, ask
  o Is it meaningful for the child?
  o Is it doable for the adult?
• The quicker and briefer the better
Enforcing Limits on Screens

Two Types of Consequences

• Natural Consequences
  o If your child breaks his x-box controller when angry, he won’t have the controller to play the game anymore
  o Drops their phone and the screen cracks, teen may have to use a cracked screen for a while before it is repaired

• Logical Consequences
  o If your child watches more TV than what is allowed, then the same amount of TV is taken away the next day
  o Use of screen outside parental limits leads to greater restrictions on limits
  o Sneaking electronics leads to parents securing devices
<table>
<thead>
<tr>
<th>Medium</th>
<th>What to Search online</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phones/Tablets</strong></td>
<td></td>
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<tr>
<td>Apple/iOS Screen Time</td>
<td>“iphone family time”</td>
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<tr>
<td>Amazon Kindle Free Time</td>
<td>“kindle free time”</td>
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<tr>
<td>Google/Android Family Link</td>
<td>“google family link”</td>
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<tr>
<td>Remote Control Across Platforms</td>
<td>OurPact, ScreenTime</td>
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<td><strong>Video Game Systems</strong></td>
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<tr>
<td>Xbox/Xbox Live</td>
<td>“xbox parental controls”</td>
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<tr>
<td>PlayStation/PS3/PS4</td>
<td>“playstation parental controls”</td>
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<tr>
<td><strong>Computers/Laptops</strong></td>
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<tr>
<td>Windows</td>
<td>“microsoft family safety”</td>
</tr>
<tr>
<td>Mac/Apple OSX</td>
<td>“mac parental controls”</td>
</tr>
</tbody>
</table>
ON-LINE RESOURCES
Parenting Resources for Screen Time

• Media Use Plan
  o [http://www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)

• Common Sense Media
  o [https://www.commonsensemedia.org/screen-time/age/all](https://www.commonsensemedia.org/screen-time/age/all)

• American Academy of Pediatrics

• National Heart, Lung, and Blood Institute
Make Room for Healthy Media Choices

Use screens sparingly with kids 2 and under.
- No studies have demonstrated a benefit to early exposure to TV and movies.
- Kids need direct contact with adults and other children for healthy brain growth and language development.
- "Background TV" has been shown to limit parent-child interaction.
- Reading out loud to children from birth will enhance their development.

Limit screen time to one to two hours per day.
- Playtime helps build problem-solving skills, encourages creativity, and develops fine and gross motor skills. Plus it’s fun!
- To determine kids’ maximum daily screen time, total up use from all screens (smartphones, tablets, TV, computer).

Choose age-appropriate, quality content.
- Violent media has a serious impact on children. For example, media violence is one of many risk factors for increased aggressive behavior. Comic violence is particularly dangerous, because it associates positive feelings with hurting others.
- Certain kinds of media can be beneficial for children. Thoughtfully designed apps and games offer learning potential for both academic subjects and life skills.

Designate bedrooms “screen-free zones.”
- Kids who have TVs and other electronic devices in their bedrooms have an increased risk of fatigue, lower test scores, weight gain, and substance use and abuse.

Stay involved in your kids’ media habits through co-viewing.
- Talk with your child and watch, listen, and play along with their shows and games.
- Remember, you are your kids’ media role model. Put your own screens away when spending time with kids.

Create a plan with firm but reasonable rules about your family’s media use.
- Make a family media agreement with input from your kids.
- Enforce screen time limits and bedtime "curfews" on electronic devices.
- Pledge not to text and drive.
Social Networking and Children

No. 100; Updated February 2017

Social networking sites play an important role in the lives of many young people. Over 60% of 13-17 year olds have at least one profile on a social networking site, and many spend more than two hours per day on social networking sites.

Social networking sites can present opportunities to youth who participate with them, but like any activity there are also associated risks. It is important for parents to help their children use these sites wisely.

Some potential benefits are:

- Staying connected to friends and family, especially those who live in other countries
- Developing new social contacts with peers with similar interests
- Sharing content of self-expression such as art work, music, and political views
- Developing and expressing your individual identity

Online social networking can involve new risks such as:

- Bullying online “cyber bullying”
- Sharing too much information
- Vulnerability to predatory adults
- Sharing photos or video that you later regret
- Exposure to large amounts of commercial advertisements which may not be age appropriate
- Risk of identity theft
- Reduced amount of time for physical activity
Resources for Parents

Ages and Stages Tip Sheet
Preschoolers Ages 3 to 5

How preschoolers are affected by media is important to their overall health and development. This tip sheet will help you understand how media can positively and negatively affect how they think, act, learn and grow. Use this information as a guide to help you choose media that are best for your preschooler.

**Media and Preschoolers**

The American Academy of Pediatrics suggests that parents set media limits for their children based on their child's individual needs. Below are some suggestions for how to best use media with your preschooler:

**Video**

- Educational shows for preschoolers can improve their language skills, critical thinking skills, and social skills. Choose educational programs made for preschoolers, such as Sesame Street, or Dora the Explorer.
- Preschoolers are not yet able to tell the difference between fantasy and reality, and may be scared or confused when watching videos. Watch shows and movies first, or read reviews to help you choose content that is best for your child.
- Advertisements can influence preschoolers' food choices. Limit commercials by using ad-free streaming services, or by fast-forwarding through commercials.

**Music**

- Listening and singing along to music can help preschoolers develop their language skills. Choose instrumental music, or music with preschool-friendly lyrics that your child enjoys.

**Reading Materials**

- Reading can help preschoolers develop literacy skills, including spelling and understanding what they read. Choose books written for preschoolers and that your child enjoys.

**Video Games**

- The Entertainment Software Ratings Board (ESRB) rates video games based on content. Games that are rated for Early Childhood (EC) or for Everyone 10+ are usually well suited for preschoolers, but some may still be too scary or violent for your child. Play through video games first, or read reviews before allowing your preschooler to play.

**Apps**

- There are many entertainment and learning-based apps aimed at preschoolers. Choose apps for your child based on their likes and learning needs, such as a drawing app, memory quiz, or nonviolent game.

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Ages and Stages Tip Sheet
School Age Children Ages 6 to 10

How school age children are affected by media is important to their overall health and development. This tip sheet will help you understand how media can positively and negatively affect how they think, act, learn and grow. Use this information as a guide to help you choose media that are best for your child.

**Media and School Age Children**

The American Academy of Pediatrics suggests that parents set media limits for their children based on their child's individual needs. Below are some suggestions for how to best use media with your school-aged child:

**Video**

- The more children watch TV, the more likely they are to gain weight, have sleep problems, and have poor attention. Encourage your child to participate in different activities, such as playing outside and with friends, in addition to watching TV and movies.
- Advertisements can influence children's food choices. Limit commercials by using ad-free streaming services, or by fast-forwarding through commercials.
- Videos that show violence, drinking, smoking, and drug use can lead to children copying these behaviors. Monitor the TV shows and movies your children watch, limiting their exposure to these unhealthy behaviors.

**Reading Materials**

- Reading can help children learn and develop their critical thinking skills. Help your child choose age-based reading materials that interest and challenge them, such as fantasy novels, gaming blogs, or comics.

**Music**

- Listening to music can help children's language skills, creative thinking, and promote their awareness of other cultures. Help your child choose music that they enjoy, and that contains healthy messages.

**Apps**

- There are many entertainment and learning-based apps aimed at school-aged children. Choose apps for your child based on their likes and learning needs, such as a drawing app, memory quiz, or nonviolent game.

**Video Games**

- The Entertainment Software Ratings Board (ESRB) rates video games based on content. Games that are rated for Everyone 10+ are usually well suited for school-aged children, but some may still be too violent or scary for your child. Play through video games first, or read reviews before allowing your child to play.
SELECTED RESEARCH ON SCREEN TIME AND CHILDREN

The American Academy of Pediatrics, The White House Task Force on Childhood Obesity, and others recommend discouraging any screen time for children under the age of two, and less than two hours a day of educational programming for older children.2

CHILDREN SPEND TOO MUCH TIME WITH SCREEN MEDIA.

- On any given day, 29% of babies under the age of 1 are watching TV and videos for an average of about 90 minutes. Twenty-three percent have a television in their bedroom.4
- Time with screens increases rapidly in the early years. Between their first and second birthday, on any given day, 64% of babies and toddlers are watching TV and videos, averaging slightly over 2 hours. Thirty-six percent have a television in their bedroom.4
- Data vary on the amount of time preschool children spend with screen media, but even the most conservative findings show that children between the ages of two and five average over 2.2 hours per day.5 Other studies show that preschoolers spend as much as 4.16 and 4.6 hours per day using screen media.
- Screen time can be habit-forming: the more time children engage with screens, the harder they have turning them off as they become older children.5
- Including when they’re multitasking, 8- to 18-year-olds consume an average of 7 hours and 11 minutes of screen media per day—an increase of 2.5 hours in just 10 years. For older children and adolescents, excessive screen time is linked to increased psychological difficulties that include hyperactivity, emotional and conduct problems, difficulties with peers, and poor school performance.10

SCREEN MEDIA EXPOSURE IS HIGHEST AMONG LOW-INCOME, AFRICAN-AMERICAN, AND LATINO CHILDREN.

- African-American and Latino children ages 0 to 8 spend more time with screen media, including television, video games, and computers than their white peers.12
- Rates of bedroom television are more than twice as high among African-American (69%) and Hispanic (66%) children than for white children in the same age group (28%).12
- Children from low-income families (less than $30,000 annually) spend more time with television and videos and have bedroom television rates more than three times higher than children from middle- and upper-income families.14

- In 2011 there was still a significant gap in ownership of home computers and mobile devices such as smartphones and tablets, but children from all income levels spend about the same amount of time playing games on digital devices and engaged in other computer-based activities, including homework.13

SCREEN TIME IS AN IDENTIFIED FACTOR IN CHILDHOOD OBESITY.

- Time with screens is an important risk factor for childhood obesity in both low-risk and high-risk populations.16
- Toddler screen time is linked to increased BMI.17
- Television viewing for children 3-5 is linked to increased BMI.18
- For each hour of television viewing per day, children consume an additional 167 calories.19
- TV viewing among two- to four-year old children predicts increased intake of high-energy, low-nutrient foods.20
- TV/video viewing for preschoolers is linked to fast food consumption.21
- Bedroom televisions are associated with obesity risk in children of all ages.22
- Time with video games is linked to overweight.23
- Video game playing increases food intake.24
- Children who own active video games such as the Wii do not show an increase of physical activity.25

SCREEN NEGATIVELY IMPACTS CHILDREN’S SLEEP.

- Screen time for children under 3 is linked to irregular sleep patterns.26
- Screen time is linked to sleep disturbance in 6- to 12-year-olds.27

SCREEN TIME CAN UNDERMINE LEARNING FOR BABIES AND YOUNG CHILDREN.

- Screen time for children under three is linked to delayed language acquisition.28
- The more time preschool children spend with screens, the less time they spend engaged in creative play (the foundation of learning), constructive problem solving, and creativity.29
- For babies and preschool children, time with screens is negatively correlated with time spent interacting with parents—which is essential for learning.30 Even when parents co-view, they spend less time talking to their children than when they’re engaged in activities such as reading or hands-on play with children.31
- Toddler screen time is associated with problems in later childhood, including lower math and school achievement, reduced physical activity, and victimization by classmates.32

http://www.commercialfreechildhood.org/sites/default/files/kidsandscreens.pdf
School Curricula on Digital and Social Media
Films you might find interesting...

- **The Social Dilemma**: The technology that connects us also controls us.
- **Screenagers**: Growing up in the digital age.
- **Web Junkie**: How do you de-programme a teenager?
- **Cyberbully**: Premieres July 17, Sunday at 8/7c
- **The Social Network**: You don't get to 500 million friends without making a few enemies.
Other books you might find interesting...

**Alone Together**
Why We Expect More from Technology and Less from Each Other
Sherry Turkle

**Irresistible**
The Rise of Addictive Technology and the Business of Keeping Us Hooked
Adam Alter

**Left to Our Own Devices**
Outsmarting Smart Technology to Reclaim Our Relationships, Health, and Focus
Margaret Morris, foreword by Sherry Turkle

**What the Internet Is Doing to Our Brains: The Shallows**
The New York Times Bestseller
Nicholas Carr

**Psychology of the Digital Age**
Humans Become Electric
John R. Suler
The Pediatric Psychiatry Collaborative (PPC)

For more Information or to Register for the PPC

Visit:

https://njaap.org/programs/mental-health/

Contact:

NJAAP

Mental Health Collaborative

609-842-0014

mhc@njaap.org
PPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line

- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification

- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan

- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
Questions?

Keep Calm and Think Before You Post

Thank you!!


