

# DIGITAL MEDIA USE AND MISUSE AMONG YOUTH

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Digital Media Use patterns

- Screen use has increased steadily for youth of all ages
  - Teens use nearly 9 hours of entertainment media daily, while tweens are using recreational screens almost 5 hours daily – these numbers are higher among minority youth and lower SES
- During the COVID-19 pandemic, screen use among youth increased substantially across multiple domains, including recreational, educational, and social media use
- Access to phones at earlier ages has been a major contributing factor and phones pose unique risks
- Parental screen use patterns also impact youth

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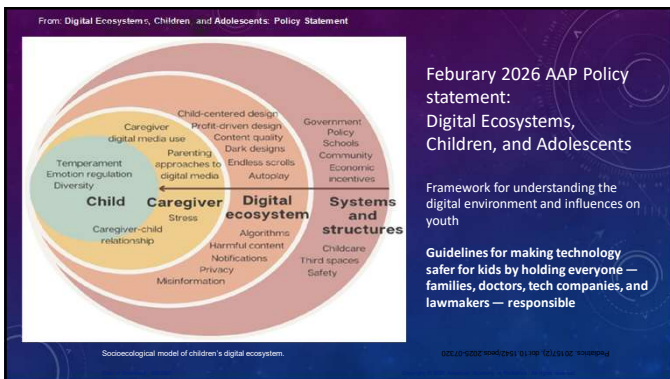
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AAP Time-Based Benchmarks:

Younger than 18 months: only video chatting

18-24 months: limited, high-quality, watch together

2-5 years: 1 hour max, co-viewing encouraged

6 and up: place consistent limits, allow time for sleep, exercise, other activities, no devices in bedrooms

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Social Media and youth

- Social media use is nearly ubiquitous among teens
- Underage use is common
- Access to smartphones increases frequency and duration of engagement with social media sites
- Potential benefits but considerable risks
- Risk appears to be dose dependent
- **LGBTQ+ youth** experience both unique benefits and unique risks

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Potential benefits of social media use

- Staying connected to friends
- Meeting new friends with shared interests
- Finding community and support for specific activities
- Sharing art work or music
- Exploring and expressing themselves
- For LGBTQ+ youth, social media can serve as a critical space for identity exploration, community-finding, and accessing support

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Potential Risks of Social Media Use

- Exposure to harmful or inappropriate content/people
- Cyber bullying
- Exposure to excessive advertisements
- Privacy concerns including the collection of data about teen users
- Identity theft or being hacked
- Interference with sleep, exercise, homework, or family activities
- Increased risk of internalizing problems
- Body image concerns and disordered eating
- Unique risks for LGBTQ+ youth including targeted harassment

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Social Media, Body Image, and Disordered Eating

- Dose-dependent association between social media use and body dissatisfaction, disordered eating
- Selfie-posting and photo manipulation linked to eating disorder symptoms — including in males
- Algorithmic amplification of "ideal" body types intensifies exposure
- Most vulnerable: adolescent girls, LGBTQ+ youth

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Special Concerns for LGBTQ+ Youth

- Digital spaces can be critical for identity exploration, community, and accessing affirming resources
- Especially important for youth in unsupportive environments
- Risks include targeted harassment, cyberbullying, and exposure to harmful content
- Ask about both positive and negative online experiences

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**US Surgeon General's Advisory (2023)**

- 2023 formal advisory: social media poses a "profound risk of harm" to youth mental health
- Children lack the developmental capacity to navigate these risks alone
- Called for safety standards, age-appropriate design, and tech company transparency
- Recommended warning labels on social media platforms, similar to tobacco and alcohol

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**Use of AI Chat Bots**

- >60% of US teens have used an AI chatbot; ~1 in 5 use them for mental health advice, most without telling anyone
- 47% report a harmful experience — including manipulation, misinformation, or self-harm content
- Chatbots can replace human relationships during key developmental windows, offering validation without the conflict needed to build resilience
- Unsafe mental health responses occur in an entirely unsupervised space
- Most vulnerable: youth with mental health conditions, loneliness, or neurodivergence

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**Excessive Screen Use Impacts Youth Across Domains**

Social/emotional consequences of excessive screen use

- Social isolation/disrupted relationships
- Decreased distress tolerance
- Emerging evidence of causality with depression

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Excessive Screen Use Impacts Youth Across Domains

Physical consequences of excessive screen use

- Loss of sleep
- Lack of activity/obesity
- Distracted driving
- Exposure to stress hormones

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Excessive Screen Use Impacts Youth Across Domains

Academic/vocational consequences of excessive screen use

- Delays in language and reading
- Decreased attention span and increased hyperactivity/impulsivity
- Reduced ability to maintain long-term goals in the face of distraction

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Diagnosing Problematic Use of Digital Media: IGD

- Internet Gaming Disorder (IGD) was added to the *DSM-5* in 2013 as an area needing further study, identified by 5 or more of 9 criteria within a 12-month period
- The prevalence of internet gaming disorder in youth is estimated between 2% and 10%
- Internet and Video Game addiction (IVGA) is an emerging area of concern, diagnostic criteria not universally standardized, prevalence may be much higher

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IVGA: Psychological/environmental risk factors

- Social inhibitions or deficits
- FOMO
- Novelty seeking or harm-avoidant traits
- Insecure or anxious attachments
- Poor family support or family dysfunction
- Poor academic performance

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IVGA: Biological risk factors

- Genetic predisposition
- Epigenetic changes
- Gender differences
- Sleep disturbances

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IVGA: Psychiatric comorbidities increase risk- bidirectional relationship

- Depressive disorders
- ADHD and impulse control problems
- Autism
- Bipolar disorder
- Substance use disorders
- OCD
- Trauma

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Game/digital platform properties designed to reinforce use

- Disinhibition/perceived anonymity
- Content stimulation
- Ease of access
- Dissociation
- Variable Ratio Reinforcement
- Other features that promote addiction- escapism, socialization, competition, "grinding"

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Neurobiology of IVGA: digital media is not biologically neutral

Addiction: "Primary chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic bio/psycho/social manifestations. This is reflected in an individual's pathologically pursuing reward and/or relief by substance use and other behaviors."

Individuals become addicted to an associated brain response mediated by common pathways by which pleasure is experienced, reinforced, and regulated

The "dual processing model" describes imbalance between the "go" network (reactive system) and "stop" network (reflective system) resulting in addictive behavior

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Neurobiology of IVGA (continued)

- Prolonged stimulation of the "go" system results in down regulation of dopamine receptors and development of tolerance, withdrawal, and compulsive stimulation-seeking
  - Reward deficiency syndrome
  - Conditioning results in cravings
  - Loss of inhibitory control
- The impact of the dopamine "hit" is not only related to the magnitude of the stimulation, but also how quickly it is experienced
- The variable ratio reinforcement schedule keeps our brains vigilant, anticipating reward
- The unpredictability - when it will be received, how rewarding it will be – leads to checking behaviors that are hard to extinguish

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Assessment of Digital Media Use, identifying problematic patterns

- Take a careful media history
- Screening tools
  - Problematic and Risky Internet Use Screening Scale (PRIUSS-3): 3 screening questions that have high sensitivity for IVGA
    1. Do you experience social anxiety related to a preference for internet use to the exclusion of "real life" relationships?
    2. Do you feel withdrawal when not using the internet?
    3. Have you lost motivation to do other things that need to get done because of the internet?
  - AACAP recommends clinicians screen for AI chatbot use: "Are you using any AI chatbots for conversation or support?"

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Assessment: Caregiver Media Use and Modeling

- Parental screen use reduces attunement and responsiveness to children
- Caregiver habits set behavioral norms children internalize early
- Address family media patterns — not just the child's use
- Practical tool: AAP Family Media Plan ([healthychildren.org/MediaUsePlan](https://www.healthychildren.org/MediaUsePlan))

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Treatment: moving toward moderate and mindful use

Goals of treatment:

1. Break neural pathways associated with maladaptive use
2. Decrease the pattern of dopamine downregulation and reward deficiency
3. Encourage other forms of rewarding behavior

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Treatment (continued)

- Engagement
- Pattern Disruption
- Identify triggers and develop management skills
- Management of urges, cravings, compulsions

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Treatment modalities

- CBT : teaches people to recognize triggers for use, and alter thoughts and behaviors to support adherence
- Motivational enhancement and harm reduction – readiness to change may wax and wane throughout treatment
- Family based interventions consistent with AAP guidelines that treatment needs to address the whole system
- Pharmacotherapy has limited evidence

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Recommendations from Commonsense Media

1. Foster awareness of use
2. Focus use on quality screen media
3. Engage in selective single-tasking
4. Carve out times and places to disconnect
5. Nurture relationships and face to face conversation

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**The AAP's 5 Cs: A Framework for Conversations with Families**

- Child** — What are this child's individual strengths and vulnerabilities? (age, temperament, neurodiversity, mental health)
- Content** — What are they actually engaging with? (quality matters more than quantity)
- Calm** — Is media being used to manage emotions? (a red flag for problematic use)
- Crowding Out** — What is media displacing? (sleep, physical activity, face-to-face connection, homework)
- Communication** — Is the family talking about media openly and without shame?

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**Conclusion: Practical Takeaways for Clinical Practice**

- The AAP now explicitly states that the burden should not fall on families alone
- The digital ecosystem is designed to capture attention, and systemic solutions are needed
- This framing aligns with social work's strengths-based, systems-oriented approach: support families without blame
- Practical steps: use the 5 C's during assessments, recommend the Family Media Plan, screen for problematic use with PRIUSS, and ask about AI chatbot use
- When media use is causing distress, screen for underlying conditions (ADHD, anxiety, depression, trauma) — the relationship is bidirectional

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