O YOU WORRY about the amount of time your child with ADHD spends playing videogames? Does your son scream when you try to get him off the computer? Is your daughter honest about her online activities? Does trying to limit your child's screen time bring about World War III? Just how much screen time is too much? What effect is all of this technology having on your child?

The rapid explosion of digital technology in the past fifteen years has led to unprecedented opportunities and challenges for us all. This is particularly true for people with ADHD, who tend to be attracted to the Internet, digital media, and videogames like moths to a bright light.

According to a 2013 policy statement from the American Academy of Pediatrics,

- Children aged eight to ten spend nearly eight hours a day on media.
- Older children and teens spend more than eleven hours a day on media.
- Seventy-one percent of children have a TV or Internet device in their room.
- One-third of teens send more than a hundred texts per day (largely replacing phone use).
- Our children spend more time with media than in school.
- Yet, two-thirds of children and teens say that their parents have no media rules.

This technology attraction spills over into the classroom, where 62 percent of iGeneration students state that while in class they check their digital devices more frequently than every fifteen minutes. And it's not just children who are so hooked on their screens: One out of three adults say that they check their mobile device before getting out of bed in the morning.

Children with ADHD seem to be particularly prone to excessive screen time use. After all, it's not that people with ADHD cannot pay attention—they do that just fine with videogames and Legos. It's more that they have difficulty sustaining attention to anything that isn't fascinating. What could be more fascinating than videogames, with their visual graphics, sound effects, action, constant change, immediate feedback, and incentive to get to the next level? What could be a more addicting setup than ready access in your own room to the Internet, with its endless content of information or services for just about any question or desire?

People with ADHD tend to require frequent and immediate rewards, which are needs quickly fed by screen-time activities. Each stimulus instantly drops a small bolus of the neurotransmitter dopamine right into the brain's reward center. No wonder it is such a fight to get our kids off of the computer or console.

The effects of screen-time usage

People with ADHD run a much higher risk of Internet addiction than neurotypicals—estimates run as high as twenty-five percent of the ADHD population. Such excessive screen-time use is associated with a multitude of problems. These include troubled relationships with families and friends, poor school/work performance, fatigue, and poor sleep (even the light emanating from a laptop interferes

too much screen time?

When Your Child with ADHD Over-Connects to Technology

by Martin L. Kutscher, MD, and Natalie Rosin, CASAMHC



preventing media overuse

The American Academy of Pediatrics makes the following preventive recommendations:

- Discourage electronic media use by children under two years old.
- Limit entertainment screen time to less than one to two hours per day.
- Keep TV and Internet devices out of the child's bedroom.
- Monitor media use for duration and content.
- Co-view media. This also gives rise to the opportunity to discuss issues.
- Establish and enforce a family media plan, including technology use at meal time and bedtime "curfew."

Paraphrased from the AAP Policy Statement, "Children, Adolescents, and the Media," published in Pediatrics, November 2013, vol. 132 no. 5; available online at http://pediatrics. aappublications.org/content/early/2013/10/24/peds.2013-2656. full.pdf+htm.

Additional simple preventive interventions include:

- Take a technology break every fifteen minutes, turning off websites and phone for one to two minutes. Make dinner and homework time screen-free as well, unless an assignment specifically calls for online research. Just knowing that a technology break is coming up soon may help soothe the pain of transient abstinence.
- Alternatively, partition the day into different activities: Work/study, social networking, and email sessions.
- Close computer windows that are not needed for work.
- Turn off phone's message alert sounds/vibration. Research shows "Out of sight, out of mind," or more importantly, "In sight, in mind."
- Use an alarm clock or TimeTimer to monitor duration of technology usage.
- Teach the skill of "practicing the opposite." If you want to stay off the computer/smartphone, then do something different!
- Set up site filtering and time control software or apps on hardware including desktops, laptops, iPads, and smartphones. Some WiFi routers allow different settings for different users and cover all Internet connections from one central location. See www.
 FamilySafeMedia.com for specifics.



with sleep onset). There may be monetary losses from gaming, shopping, gambling, pornography, etc. There is considerable evidence that a TV in the child's bedroom increases the risk for obesity, substance abuse, and exposure to sexual content.

Technology is also changing the way our students learn, and not always for the better. According to one teacher survey, nearly 90 percent of teachers felt technology has created a distracted generation with short attention spans. Further, constantly turning to digital distractions means that there is no downtime, which interferes with problem solving and creativity. Excessive media use also cuts into free time that could have been utilized for other productive activities.

Finally, trying to multitask media with work is inefficient. Current thinking is that what most people call "multi-tasking" is actually "multi-switching." We switch back and forth between tasks so frequently that we think we are doing more than one thing at once, but we rarely are. You can't type a text into your smartphone and read a school book at the same time! It actually takes anywhere from one to twenty additional minutes just to get back to where you were when interrupted. Of course, texting while driving should be explicitly forbidden. Even texting while walking (TWW) is dangerous: It results in more injuries (albeit milder ones) per mile than distracted driving.

The problems are on a spectrum

Screen-time problems run along a spectrum of severity. At the mildest end are the problems we perceive among typical, well-functioning children and teens, such as texting multiple times an hour or ignoring friends and family at get-togethers in favor of communicating elsewhere with their smartphone. Then there are the kids whose screentime activities result in modest family discord and inefficient work, but who are still able to get good grades and participate in other activities such as sports. At the most severe end, there are those who suffer from what can be called a true Internet addiction: an inability to control one's digital or Internet behavior despite significant resultant problems such as falling grades, withdrawal from friends and activities, and significant family turmoil.

So what distinguishes enthusiasm for an activity from a true addiction? The simplest answer is that healthy enthusiasm adds to life, whereas an addiction detracts from it. It's not the excessiveness time-wise of the behavior. Rather, it is (a) the individual's inability to control behavior (b) despite its having negative consequences. Additional features of addiction are withdrawal (including anger/tension/depression when trying to stop); and tolerance (including need for more and better software/ hardware/time). Preference for socializing online with "virtual friends" as opposed to direct human interaction is a strong predictor for Internet addiction. Other risk factors include other addictions such as to drugs, family dysfunction, spending more than twenty hours online/week, and strong reactions to parental attempts at limiting access.

Estimates of the prevalence of Internet addiction vary widely, based on the criteria used and nationality studied, but the following rates appear to be reasonable estimates:

- Adolescents: 4.6 to 4.7 percent
- College Students: 13-18.4 percent
- General Population: 6-15 percent
- ADHD: up to 25 percent

Dealing with screen-time problems

A family meeting to create a technology plan is an excellent tool to use with children aged eight and up. For some families, ensuring a casual and relaxed environment may require a professional.

The meeting is a means of improving family cohesiveness. Never come in anger; this is not a forum for discipline. Set content and total screen-time limits, including TV. Schedule times and choices in advance. Address fairness issues with all those involved. Seek a solution where

everyone feels their needs are met, if possible. Develop and follow up on consequences. Finally, develop a list of fun activities that don't use technology.

Parents are role models, and must examine and address their own technology habits. Although this doesn't mean the same rules apply to everyone in the family, all rules need to operate from a similar philosophy. Be sensitive to the message you give your child when you place answering your own text messages or phone calls above paying attention to your child. This can affect his or her sense of self-worth.

See the sidebar for additional strategies for preventing screen-time problems.

Treatment for screen-time addiction

Total abstinence from technology is not possible in our current society (unlike addictive substances). With those who have a true addiction, therefore, it's necessary to identify the specific applications that are triggering addiction, and exercise total abstinence from those applications.

Severe problems may require formal therapy, which can be individual or group. Cognitive behavioral therapy (CBT) is widely used for substance, depression, anxiety, OCD and other behavioral disorders. Dialectic behavioral therapy (DBT) is a form of CBT with emphasis on validation; that is, accepting uncomfortable thoughts, feelings, and behaviors (versus struggling with them). DBT seeks to establish a balance between acceptance and change, and thus helps reach the goal of gradual transformation. DBT also focuses on coping skills, relaxation techniques, and mindfulness.

Therapy also aims to promote the individual's recovery by repairing the damaged relationship, and bringing the family back as a supportive resource. Unfortunately, research has not yet shown any particular therapy to be more effective or useful than any other. **G**

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