

Digital Screen Disruption

Family centered professional intervention

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This document provides information on my coaching intervention for families affected by obsessive, excessive, and uncontrolled digital screen. Such screen use is particularly addictive for children with ADHD and those on the autistic spectrum.

It has been shown that frequently interrupting and unregulated digital screen use adversely affects motivation, learning for

This is not to demonize the many beneficial and required use of screens. Moreover, see value in recreational screen use.

I begin my program y moderating a structured dialogue among family members which focuses on functional personal and family goals. , lessening stress by establishing fair rules, consistent expectations, boundaries, and accountability.

I firmly believe that every human being will learn more about themselves, their personhood, their interests, and their capabilities by going without digital device for a while.

In the process, motivations for self-regulate increase, and family systems are strengthened.

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Introduction

Dr. Ron Bashian, pediatrician and ADHD coach, provides a four-week family oriented electronic screen coaching program., based on total abstinence for three weeks. Its goals are to evaluate individual and family needs and use of screens, after the abstinence period, and to develop a balanced electronic screen contract.

Family values, specific goals, individual strengths and executive functions are assessed in the process. Details at www.validationcoaching.com

As developmentally trained and experienced, I recommend this program for families, and consider it most effective for children between the 4th and 12th grade

The value of wholesome play and recreation

It is only recently that the health benefits and purposes of play and recreation radically changed. Our species, most disturbingly our children whose brains are developing, now partake of 50 hours per week of

electronic screen time in a non-reality world. No professional organization has or can reassure us of a sanguine outcome.

Recreation has been traditionally regarded as re-creating ourselves, regenerating our well-being through hands on real-world activities and diversions. We restore our minds and bodies in the process.

Play is best defined as an activity where we may compete, but where the outcome does not define or demean our sense of personhood. We enjoy the excitement and take some delight when we win, but we know that the results are not that important in the larger scheme of things.

Electronic screen play and social media add a dimension which can distort our real-world perception of reality, and even our own personhood and personal values. Intensity, hyper-stimulation, endless game achievement levels, and endless variety elevate dopamine levels to heights which usually occur only in romantic love, gambling, and the manic phase of bipolar disorders.

I enjoy play a lot – especially word games, spontaneous creative play, board games, and chess. I have also enjoyed several video games. As has been said, “the business of children is play.” Play engages our imagination, our dexterity, our emotional life, and promotes learning. Many adults have lost the ability to play in this way because play becomes symbolic for their sense of status, power, self-worth, and domineering control.

Therefore, consider my comments to be an endorsement of balanced and wholesome play, social skills, and needed recreation – and not a Scrooge-like condemnation.

Why are electronic screen game addictions more alluring to individuals with ADHD

-ADHD is characterized by an avoidance of boredom, seeking exciting and new stimuli, and a preference for instant rewards. Recreational screen activities do these things...always...and are invariably more interesting, novel, exciting, and action-packed than the tedium of real world sequential focusing.

Advanced technology simulates the real world accurately and in high definition. With VR headsets, “it’s like you’re really there” (Oculus). This is accentuated by the tendency to hyper-focus and persevere often found in ADHD.

-Any strong pleasure draws us back and requires self-regulation to resist – willpower. In teens, especially for those in ADHD, this cognitive faculty is not fully developed. Moreover, its growth is stunted by the habit of giving in to immediate gratification.

-My student clients say that even the thought of this available distraction and pleasure often intrudes without invitation. It is like trying to diet when a piece of chocolate cake is within reach. You know that you can experience pleasure within five seconds. And, all of this for its main clients, teens whose hormone changes make for impulsive and emotionally based decisions, at an age when brain changes are accelerated, and patterns of connectivity are laid down and reinforced.

-These conscious or subconscious urges take up brain power. Thus, energy for attention is sapped. The effect is even worse for people with ADHD and executive function deficits.

-Game play or even just anticipation cause dopamine spikes. These spikes of pleasure are higher and much more common than in the everyday world. It has been estimated that the intensity of these spikes approximates intense sexual pleasure. All this, then, occurs in teens whose hormones are increasing, and whose brains are actively growing and laying down foundational connectivity.

DMDD (disruptive mood dysregulation disorder) is a new 2013 DSM-5 diagnostic term. Did it just appear, or might it be related to the nearly 50 hours of recreational screen time weekly for teens? Has increased screen time caused it – or a ten-fold increase of Bipolar diagnoses?

And why do its symptoms overlap with the Electronic Screen Syndrome described below.

- NIMH topic site:

<http://www.nimh.nih.gov/health/topics/disruptive-mood-dysregulation-disorder-dmdd/disruptive-mood-dysregulation-disorder.shtml>

-Addiction recovery website::

<http://www.treatment4addiction.com/conditions-disorders/disruptive-mood-dysregulation-disorder/>

-A current NIMH study (Irritable Child? Disruptive Mood Disorder, ages 8 to 17), is underway. Details at <https://www.nimh.nih.gov/labs-at-nimh/join-a-study/children/children-irritability.shtml>

Symptoms - AACAP

American Academy of Child and Adolescent Psychiatry, May 2013

- Severe temper outbursts at least three times a week
 - Sad, irritable or angry mood almost every day
 - Reaction is bigger than expected
 - Child must be at least six years old, and symptoms appear by age ten
 - Symptoms are present for at least a year
 - Child has trouble functioning in more than one place (e.g., home, school and/or with friends)
- (Reference: [http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Disruptive-Mood-Dysregulation-Disorder-\(DMDD\)-110.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Disruptive-Mood-Dysregulation-Disorder-(DMDD)-110.aspx) .

Electronic Screen Syndrome

Dr. Dunckley's abstinence-based rehabilitation program has helped hundreds of her clients, resulting in dramatic improvements of symptoms attributed to ADHD and Bipolar Disorder. Some of her clients have gone off medications entirely. Her book, *Reset Your Child's Brain*, <http://resetyourchildsbrain.com/>, describes this program in detail and provides scientific references which support her thesis.

Electronic screen syndrome symptoms include:

- Intensely drawn to screen devices and have difficulty pulling away from them.
- Intense, continuous hyperarousal mimicking: chronic stress or sleep deprivation.
- Often manifested by rapidly changing mood, disorganized behavior, opposition defiant behavior, learning disabilities, and diminished short term memory
- Revved up, wired
- Behavioral symptoms relieved temporarily by intense video gaming
- Long-term improvement or complete subsidence often occur after an electronic screen fast
- Often recur with the re-introduction of unmonitored electronic media
- Boys with ADHD and/or autism spectrum disorders are at particular risk.
- A detailed list of these symptoms, as described in Chapter 1 of Dr. Dunckley's book http://drdunckley.com/wp-content/uploads/2016/04/RESET-YOUR-CHILDS-BRAIN_Ch-1-Health-Summit-Gift_P.pdf

Reset Your Child's Brain: End meltdowns, Raise Grades, and Boost social skills by reversing the effects of electronic screen-time, 2015, Victoria Dunckley, Integrative Psychiatrist.

<http://drdunckley.com/> .

- This book described at <http://drdunckley.com/reset-your-childs-brain/>. Reviews at Amazon.
- Her major premise is at <https://www.psychologytoday.com/blog/mental-wealth/201508/screentime-is-making-kids-moody-crazy-and-lazy>
- A list of symptoms, which overlap with ADHD and Bipolar symptoms are at http://drdunckley.com/wp-content/uploads/2016/04/RESET-YOUR-CHILDS-BRAIN_Ch-1-Health-Summit-Gift_P.pdf

Dr. Dunckley's rating scale – Is your child overstimulated from too much screen time?, Nov. 24, 2017 <https://www.psychologytoday.com/blog/mental-wealth/201711/is-your-child-overstimulated-too-much-screen-time>

Similarities and Differences

Symptomatic Similarities – ADHD and Childhood onset Mania (John D. Preston PsyD)

- Irritability
- Inattention
- Hyperactivity
- Impulsivity

- High level of energy
- Pressured speech
- Chronic and non-episodic moodiness

John D. Preston, PsyD

-Early onset bipolar disease and distinction from other diagnoses, Ryan Sang Bipolar Foundation

http://www.ryanlichtsangbipolarfoundation.org/site/c.ltJZJ8MMIsE/b.2107349/k.4471/What_is_earlyonset_Bipolar_Disorder.htm

Symptomatic Similarities of ADHD and Electronic Screen Syndrome

- Irritability when interrupted from gaming
- Trouble making or keeping friends
- Attraction to a screen “like a moth to a flame”
- Revved up behavior
- Hyperfocus on a limited number of activities – losing interest in others.
- Failing grades, or dropping grades
- Your doctor says your child needs medications
- Unmotivated with poor attention to detail
- Your child receiving services in school which are not working, or which used to be working and are not now working. (70% of the time, ADHD has comorbidities which include oppositional defiant disorder, depression, anxiety, or depression).

Symptoms Common to Bipolar Disorder but rare with ADHD (John D. Preston PsyD)

- Decreased need for sleep without daytime fatigue
- Intense prolonged rage attacks (lasting 2 to 4 hours)
- Hypersexuality
- Flight of ideas
- Morbid nightmares
- Psychotic symptoms
- Hyperthymia (a form of chronic hypomania characterized by high energy and productivity, gregariousness, impulsive behavior, and decreased need for sleep.
- Family history of obvious bipolar disorder or one or more of the following:
 - Suicide, severe alcohol or drug abuse
 - Adults: multiple marriages, tendency to start multiple businesses

Professional intervention Program for Video Games/ You Tube / Social Media Addiction

Electronic screens are constantly around us. Their usefulness in communications, business, and information sharing is critical to modern society, even modern civilization as we expect it to function.

Screens will not go away, but they need to be used wisely, and with a high degree of self-regulation. They are pervasive and alluring. Their attributes include immediate access, an infinitude of images and scenes, continual hyperstimulation, and instant satisfaction which our species has never dealt with before. Their *interactive* nature makes them entirely more powerful, for good and for bad, than movie or television. Albeit critical to the function of modern society. prolonged screen use often leads to compulsive screen use, secretive screen use, surrogate realities, and even the blurring of reality. As a pediatrician, I well know that such effects are harmful, particularly to children and their developing brains.

I offer a personalized rehabilitation program for children, teens, and their families. This program reflects developmental knowledge, insights and experience gained from years of pediatric practice; parent/child negotiation skills; and parenting two children with ADHD to adulthood.

I also offer this program to **families of young children** because they have more control as to how their child uses a screen. If half of six-to-twelve-month-old children use touch screen devices daily, there is no earliest age to begin. If cyberbullying is occurring at the third grade, no intervention is too soon.

Several recent clients, motivated young adult males, each engaged in educational or professional work pursuits, have written of their continuing inability to set boundaries on computer gaming. Each of them realizes the harm, if only in time kept from needed and more urgent tasks. Having written anonymously, they have given me permission to share their testimony.

It is striking that these clients, intelligent and working to be successful, logical and intelligent people, are cognitively aware of this loss of control but still struggle. It is not far-fetched to consider such conflict to be in the addictive spectrum.

My program is local and direct, and much less expensive than a rehab center – which is often a “sanitizing and return to the same home environment” process. Any program restricting alluring and addictive screen activities requires - for success - healthy, natural, and enjoyable personal and family replacement activities.

My program is also family and family-values centered. The family is the most powerful social unit, and its stability is key to the survival of civilization as we know it. The family teaches, it models behavior, it guides, it encourages, and it sets boundaries and limits.

However, forbidden fruit approaches to such overuse and dependence do not work in the long run. They do not teach. Rather than demonizing screen use parents will benefit from observing their child videogaming, and talking about it. They might even try it. Whatever is hidden and suppressed, or taken away punitively, does not teach and is likely to be a temporary solution only.

My program includes observing by Skype or in person, clients videogaming, a post-game discussion of what makes it so appealing. What values and needs are satisfied. Parents provide crucial information about degrees of compulsion and effects of turning off or doing without the screen. Professional scales of electronic screen addiction are used. How difficult is it for a child to even *consider* going without recreational screen use for four hours, or four days, ...or four weeks.

Social media can have positive or negative effects. (search: social media in this document). These should be looked into. For instance, the types of communication, cyberbullying, ostracizing by peers, put-downs, and real social support.

Even if not at the level of addiction, a period of time without screen use is extremely helpful, *and I highly recommend it*. Each child is different, and beneficial effects may amaze parents. It is simply impossible to know how your child is like off constant screens until you do this.

Effects include things like retrieving your child's basic personality. They appear calmer. They are more socially engaged. They are less likely to whine or be bored. Sometimes the effects of screen use may be so substantial that medications can be lessened or even discontinued. It seems highly unlikely that the thirty-fold increase in the diagnosis of bipolar disorder is not associated with this new activity, 25% of a child's day, taken up by non-real-world recreation which requires no real-world work and effort.

Individualized, one size fits one, my program features:

- A review of past medical, educational, and psychological reports.
- As advisable or requested, direct contact with your child's pediatrician or mental health professional.
- Family INVOLVING, and family VALUES oriented.
- Family BUILDING – replacing screen times with fulfilling personal and natural family recreational activities
- Using freed up TIME and staving off boredom by creative *goal-free recreational family fun*
- If total abstinence becomes necessary, similar restrictions apply to family members
- Motivational assessment and appeal to new creative options, personal freedom of choice, and not punishment
- Benefit of found TIME for family communications, sharing, and re-forging family cohesion.

- Return to recreational computer use, as tolerated
- Availability of emergency phone communications daily and after hours
- Follow-up program.

CONTACT ME for details and offer at ronsb@msn.com