Welcome to Conversations About Care: A Podcast for Pediatric Clinical Providers

Hi! This is Sandy Hassink and I'm the medical director for the Institute for Health Childhood Weight at the American Academy of Pediatrics. I recently sat down with my colleague Dr. Amy Christison, pediatrician and director of the Healthy Kids U weight management clinic at the University of Illinois medical school to discuss the impact screentime is having on children and adolescents during the COVID-19 pandemic. We continue to hear stories about how kids are more sedentary and has disrupted routines because they're spending more time on screens. Dr. Christison offers some clear steps for pediatricians to engage families on the topic of screen time. Stay tuned to hear our conversation.

Sandy: Hello everyone! This is Dr. Sandra Hassink. I'm the medical director of the AAP Institute for Healthy Childhood Weight and I'm talking today with Dr. Amy Christison, a pediatrician at the University of Illinois College of Medicine in Peoria, Illinois. Amy's been taking care of children with obesity for a long time as director of the Healthy Kids U weight management program, and we're here today to just mull over what's happening with our children now during the COVID epidemic, particularly with screen time. So, welcome Amy.

A: It's great to be here! Thank you for inviting me to speak.

Sandy: So, I want to start out, Amy, by just asking you. You've been taking care of children with obesity for a long time. What got you interested in taking care of these kids?

A: Wow, yes, that takes me back to about 1990 when I first started practices 0:01:54 pediatrician. At the time I was so keen on retroviruses thinking that was going to take over the world, but you know, as I kind of took care of families and patients over time, I really noticed that my children, my patients, were expanding and maybe some of the threats as we were looking forward with the population of children, I was 0:02:16 every day was that they were really having excess weight gain. What I thought was really an interesting observation at the time was that they seemed to be exercising their thumbs more than they were their body. You know, they were just sitting there in front of a screen, you know, moving their thumbs around. I thought, hmmm, this might be an opportunity. So, that's when I partnered with Park District and we opened at that time when there was a largest active 0:02:43studios. You know to 0:02:46 group management and to see if we couldn't leverage some of this technology for good rather than "evil" as I was seeing at that time. Certainly, things have changed since then though. They really have in terms of children's access to screens. So, we don't have these large sorts of equipment, that's what 0:03:06 to do active gaming, now it's all streaming and regularly accessible, both sedentary and active gaming. So, it's a very different time than in the early '90s. That's what kind of got me interested in this whole topic.

Sandy. So, Amy as you move through this trajectory of looking at gaming and screen time, what have you been concerned about recently particularly during the COVID pandemic?

A: Well, I think that it's so amazing to see how everyone, children and families alike have been 0:03:39 off, and a lot of, I've noticed that it just seems to have really impacted their daily routine. You know, there's this whole notion about summer where there isn't a structed daily sort of activity for everybody, and this same sort of notion has been translated over to everyday for over a year now where people have been stuck at home and then their routines are completely off. There's nothing structured including no other activity and their eating habits. So, you know, and it's really interesting to me how it grew to affect their sleep, especially the … you know, before it was all the teenagers in the summer, but now it's the middle school and the teenagers and some of the younger kids who this last year have not been sleeping. They turned into what I call vampires. "Oh, you're a vampire." You know, they 0:04:36, they're up all night 0:04:36 gaming, streaming videos, whatever shows they're watching. It's 4:00 or 5:00 in the morning and we sleep in until 3 or 4:00 in the afternoon, and they're crabby, and they're irritable, and everybody's crabby in the household. It's just really kind of a very difficult situation. Their moods are terrible.

Sandy: You know, I've always thought that the screens were a lure for children and adolescents to trade active daytime for inactive nigh time. So, when you see them morph their schedules into nighttime there's not much to do except screen time. That becomes kind of the lure, pulling them into the night, and then if they're sleeping until 1, 2, or 3 they're trading daylight hours, potentially active daylight hours, for nighttime hours. How, when you have a kid, and we've all seen children and adolescents in that position, previously during summer and now during COVID, getting their schedules sort of reversed. How do you start to handle that or help the family? We're all looking forward to school starting and we know that if you have a flipped schedule that's going to be really tough in those first weeks of school for the kids to get up and at 'em.

Amy: Yes, for sure, and I think with all of our conversations where we're kind of identifying problematic behaviors, right, we may point it out as problematic as physicians, but they may not see it that way, or what's behind it all. So, as a lot of my conversations go with health topics in general, you know, I think the first question is really eliciting from them, asking them, "What seems to … what about screen time? You know, really seeing to do good things for you, and what seems to be problematic? You know, what does it get in the way of? Your well-being or your health?" Sometimes you get different answers from kids and their parents, which I think is fantastic. I love these conversations, but it's a really great starting point, you know, because then, you know this is not the … this is something that I have a little bit of pet peeve on. I'm all about general messaging. These things are really important as they are guidelines. Our families want to have conversations that are really targeted at their own needs and wants. You know, where their opportunities are, they're very personalized when they have these conversations. That's why I love that starting point because it helps them self-identify, you know, what's working, what's not working, and you get different perspectives from the kid and the caregiver. Then we can turn this conversation, which is very targeted to what their needs and wants are. Then, you know, it's not just me telling them what they should be doing … "You've got two or less of screen time. I'll see you next year." Really what this is about is to really help them self-identify what are the concerns, if there are any, and then they're more likely to make a change and to do something about it. I think for all of us we feel that sometimes these conversations are pudal with our families, but when they do those self-reflections and kind of bring out to the forefront what is a strength and what is problematic about these behaviors, boy, then they're certainly more willing to make a change. I've done that over and over in my practices and seen it in research that I've done.

Sandy: So, what a great … and I love that question and always try to ask what is working about this for you first rather than what's not working. You're right, you get a real insight into their lives. Can you share a little bit with our audience some of the answers that may have surprised you or what some of the families might have said about what's working for them about screen time?

Amy: Oh, I love that. You know, again, it's just like food, right. It's nothing that's truly intensely, inherently evil necessarily. So, there can be 0:08:50 building when you're talking about screens. So, some of the surprising things … for instance, I have this one child that came to me just very recently for weight management. You know, I gave him a many of options of where your opportunities were with the health behavior. So, I think it's your choice. You know, what do you want to work on first and the person says, "Well, don't tough my screen time." I'm like, okay. We won't go there. Then you find out from him. He was very isolated, maybe he felt a little socially awkward and it was very difficult for him to connect with kids, especially in a pandemic situation, right? Were everybody's like in their own home. It was this one time and let me also preface this by the fact that his family situation. There's a lot of family disharmony. It was a very tense household. So, this was his one way he could connect with others and kind of find some relief from that tension. Without that personal, in person, sort of awkward 0:09:51 anxiety he has, because I think he has social anxiety as well. So, I was really surprised. You know, I said, "That's fine. You know, tell me more." Then he goes into his whole story and you could see that this is the one aspect that he has for decompression, recouping, and for him to connect with others socially during the pandemic.

Sandy: Well, Amy, you bring up such a good point because kids use what they have when they're in distress they turn to what is available to help themselves. It could be food; it could be screen time. You know, it could be outside activities, but they do turn to activities to help themselves. This little guy, or this guy you're talking about was really turning to screen time to help himself with social anxiety and to relieve some of the distress. I'm guessing that knowing that was a very different conversation than had you not known that about him.

Amy: It really was, and we had so many other opportunities where he could work on this habit that he was so motivated to work on. You know, and I think overtime what we did was recognize that strength or the 0:11:03 that the screen time was but try to figure out how we could use it intentionally rather than from an unmonitored, sort of unregulated, "this is going to be my whole life, all day long during the day hours." So, to me I feel like everything is a tradeoff. It was a matter of him increasing his physical activity during those other hours. You know, how do we shift things that have … how do we then also try to change up his health habits with how he eats as it then relates to his screen time because some of these kids are doing unmonitored 0:11:46 related things when they're in their rooms. Either socially interacting, but also obviously some of the other problematic stuff that's related to online gaming or streaming devices, right? So, it was really a matter of figuring out, "Okay, yep. This 0:12:04 for you, but we can also see if it takes up seven hours of your waking hours. You know, that could be a problem." He would be able to see that. He was pretty limited with our three or four hours in comparison to some of my vampire kids who are on screens probably for every waking hour or even during the day. So, there are ways that we can manage that as well, but definitely from a childhood standpoint where we're kind of alluding to we're talking about the notion of coping and how things can help, but are screens really the only way that people can cope? Is that the only tool out there? So, shifting this conversation about recognizing their distress personally and how they manage it, and knowing, yes this has been a terrible year. We all feel it. All of us do. You're not alone. This is such a great opportunity that we have together because you know, at your age, I wish somebody came to me and said, "You know what? Is it okay if I share with you maybe some other tools that other people use that help them cope with that distress?" You know, it certainly makes sense that you don't only have a hammer on the toolbox. You've got a screwdriver and you've got a wrench. It's really great to be able to have the tools, be able to be good with them, and all your life, no matter what comes at you, you'll be able to choose from those tools and be able to help you manage how you are feeling and how you are dealing with what is coming at you. So, yes, you know I recognize, I acknowledge that screens are helpful for you. This is fantastic! I'm so glad you've found that. On the other hand, what do you think about the idea of other tools? And then we have this conversation. It's amazing … they couldn't name 0:13:54. I often say, "What's worked for you in the past, in addition to, or instead of … ?" That way they don't feel threatened and we have this very meaningful conversation. It's really cool. They self-identify other things that help them cope, and a lot of artists are out there so they'll bring their artwork in. To me I think that's so incredible. It's an incredible outlet. So, I think our children … you know I think about problematic screen time. What it does for them, but also what it takes away. I really think about, first of all, in the back of my mind, how I categorize what's going on with the kid himself or herself. You know, is this a coping mechanism to some emotional distress? Is it their only means of socialization for that time or what they feel most comfortable with? Or is it getting in the way because it's impacting their sleep, or their mood, or their eating habits, or their education, or their relationships with their family members, and then does this child have some underlying sort of propensity towards problematic screen time because they have self-regulation or executive functioning problems. Then, how comfortable does this child, on the trade off of this 0:15:21 deal with being physically active? Maybe that's not their comfort level and finding the thing that helps the mood that they're comfortable with might be another conversation. So, when it comes to 0:15:33 things that are coming or are in the back of my mind as we're having these conversations and then you hear the parent's side of things or the caregiver's side, which I think is really also interesting. I think that when I'm looking back, Sandy, as we've kind of talked about hey how did you first get interested in all of this? Well, gosh, you know, it's amazing how I did a lot of hospital medicine too and I can't forget the first time I walked into an exam room, or hospital room making hospital rounds. There was a couple with a child in the hospital. They were sitting on either end of the couch … so, they were sitting on either end of the couch and they were texting each other as I was walking in. They weren't talking and I thought to myself, wow This is a new day. Right? So, all of this resonates with us, or walking into restaurants. What do you see at the table? These families … now we're seeing that more. Not during COVID, but this happens at home at the dinner table or their bedrooms, like during mealtimes or they're in a restaurant. What are they doing? They're all on their individual screens. Nobody is talking, and if you translate that to the home life and this is the story, I get from everybody, it's like how is it that everybody's interacting with them as a family? What is that family function like? They're all in their own separate spaces on their own devices. So, you know, what does this do for families? For a lot of very busy families/caregivers who are very stressed, you know, they do like being in everybody's really quiet corner as a stress reliever. They're coming home from work. They're decompressing. I remember my dad coming home from work lots of decades ago and he would turn on the news as soon as he came in. Don't talk to him, right? So, we all have our decompression things. You could really see how this is valuable to families, but then when it becomes problematic you can really see how the families become disengaged. If I were to say anything about how this is taking away from our families, is generations of disengaged parenting and family members. I'm seeing it weed out in so many different ways, but specific to excessive weight gain and health habits. I see that they're not sitting at the table eating, everybody's kind of in their rooms eating in front of screens. There's no modeling. The parenting styles become much more permissive and passive so there's a lot of unmonitored eating, unmonitored problematic screen time, unmonitored sleep time. From a parenting standpoint, how is it that our children learn how to deal with stress and uncomfortable situations, and how to eat without food drooling out of our mouth, or not to eat while we're talking? I'm still learning that though. How is it that we … how do we get along? You know, all of those things are done within a family environment, but we're seeing less and less of that and that's where screens can be a problem with how that family 0:19:09 function is. Then the last thing in the back of my mind that I'm thinking about as I'm kind of evaluating and kind of assessing is trying to figure out well, where are those screens? Do they get charged in the kitchen when everyone's asleep? Are they by the bedside 0:19:25, is the neighborhood safe or not, so maybe the neighborhood is 0:19:32 so you have to stay indoors, 0:19:34 feel that you can only do, and then what is that 0:19:37 environment surrounding that family? Is there a place where there are other children that can safely socialize outdoors? So, these are the kinds of things in the back of my mind as I'm listening and asking, trying to find out more from families where screens fit in their lives. I have that sort of rubric in my head so that I can kind of figure out more solutions or menus of options based upon what their situation is so that we're contextualizing their care.

Sandy: Amy, that was so wonderful. I love getting a glimpse into just how you're looking at the patient and looking … turning the situation and all 360 degrees to see what's happening. One thing that struck me so much about the case you presented was the desire of the little boy to have social interaction. I liked that desire. So, there's an avoidance. I don't want to be in a high stress situation maybe with my parents, but the deep desire for social interaction and my feeling is that that deep desire exists among our patients and families. I think it is a strength and I wonder how you might play on that strength, that deep desire to interact. Maybe it's taking a form across the screen to help families sort of tap into that.

Amy: Yes, I think that's such an important question. I think we are wired to being social beings, which has made this last year even more difficult for all of us. You know, how do we connect and even in those introverted of ourselves, I fear for families. I'm an introvert, but … I think you're right and I think that we have a need to be social. It's really about relationships isn't it, but then if a child views a relationship as a threat, that can be problematic. So, being able to find ways for this child and this family to socialize in a way that is a safe environment, however, they view that. Again, this has to do with that contextualization, right? So, it's not an all or nothing where you're 0:21:58. To me I feel that it's where are they with their comfort level and their ability to socialize knowing that this is what they want. They want acceptance, they want love, they want a connection, right? I would say that I feel like the social media platforms, they can be a strength and they can be a hinderance to that because in some ways it's kind of like a … it's rather, oh how should I say, it's not a very realistic way or real way … it's not an official form of socialization, in a sense, right? Because what they posted and the images, and what they shared isn't always truth. It can be a bit altered, and so I really have to be a bit cautious and careful about that on the one hand, but on the other hand it can be very empowering and inspiring. So, whether it's passive, there are other kids just like you and this is how you connect, and relate, and normalize your experiences together were there are some group chats about weight management or other things. That can be very, very powerful. Even online gaming with your friends and it's the only time that you can connect and maybe you have social anxiety with the notion of somebody seeing you in person and having to talk, and somebody react to that is a very, very uncomfortable situation for you, but can then talk on a headset and do your gaming and roleplaying. I don't think that's wrong, but I think it's a good way to connect, but the question is moving forward as you're going into adulting and we're developing what skills are we developing and stretching into so that we become very functional social beings as adults? Where there are some potential threats out in the real world and society. You know, life is not easy. The real world can be very, very harsh and you know our desire as pediatricians and as parents is that we would love for our children to grow up and feel prepared for what comes at our children, right? And developing those 0:24:22, and developing those skills, and developing those tools. So, it's really meeting that child where he or she is, but then kind of figuring out another safe mechanism in guiding them to be able to be more social in a "real" way and less of an artificial way so that they can stretch, and feel a little bit of that uncomfortableness, but then to grow. I think that that is a really important thing. It could be a one-on-one play time when somebody that comes over that's well matched as a friend. It can be with 0:25:01 management, it can be doing group, and a lot of our rec centers and our YMCAs are now really focused on having children and families that have excess weight that you know, normalizing this. I am so excited to see that with every group that we have there's always a couple of kids who have autism and to see the other kids and families embrace them, and to help them feel confident about their movements, and for families and children to normalize their experiences together, to be relatable. You know, this is a very safe environment to try to learn how to be physically active, to have these conversations. For a lot of my patients with social anxiety I'll say, "You know, would you be open to just coming? You don't even have to 0:25:55, just come and see what you think. You can stand at the door, that's fine. You know, and some of it could be underlying anxiety issues, some of it could be some very, very destructing situations or their past social situations at school in the victimization that they undergo from bullying can be horrific. I would say nine times out of ten these kids will say, "and they continue" and you see these big bright faces 0:26:22 on their faces and that can be so powerful.

Sandy: Amy, I'm so glad you spoke about groups and I'm flashing back to an adolescent group we had. We taught cooking to the adolescents and we had the adolescents in a group and we met with the parents separately several times during the group meetings. The adolescents would cook and then bring food home to the family. The parents overwhelmingly said, "I now have something positive to talk to my adolescent about." They needed something positive to interact around and it was a skill, it was a physical activity, cooking, cooking together, so often I'll, if parents are interested, suggest cooking because it's a way to interact because it doesn't put all the stress on conversation, you're actually doing something together. So, I just remember fondly how excited the parents were to be participating in this with adolescents and having something positive to talk about with their kids. I think families really, really want that. They do.

So, Amy, I just thank you so much for being with me today and having this wonderful discussion. Any last things you'd like folks out there to just think about in terms of screen time when they're interacting with their patients before we wrap up?

Amy: Yes, so what I like to do is really to maybe have like a menu of options that I can offer to families depending on how they self-identify that screen time can be problematic for them. It's not uncommon where I have them walk in and you have this exasperated parent and they're kid won't get off of their screen, they're always yelling at them, there's a lot of tension about this topic. So, several solutions, and I've got like a list of menu options depending on what they come up with, but several things that I'll offer are things like, for instance, maybe earning or trading certain sorts of either chores or physical activity hours for extra screen time. Another thing is when I have my vampires, especially our kids that are really problematic kids, just the thought of them having an activity break. So, they can see themselves, they'll pause their game and they'll take a 15-minute break. I said, "Think about it. You took four hours of gaming, that's a whole hour of physical activity that you just integrated into that. I'm not telling you to not game, I'm just saying, hey, what do you think about an activity break?" That's very doable when they are like hours, like every waking hour on the screen. It can be putting phones and screens on charging stations at a certain time every night so everybody's asleep, it could be screen free family mealtimes so they can be very intentional about that. Sometimes people have conversation cards on their table so that way it gives them a start for some of their conversations instead of the screen so it gives them something to do instead of. Then being very intentional about scheduling screen time. So, maybe everybody needs that decompressing at a certain hour. So, that's the family screen time, like everybody goes to their corners. You know, but at a certain time those things are off and we do something different. It's really being, like using the screens for the family advantage. Taking a look at 0:30:12 of the day and see where it's useful to them and then they can schedule it in rather than just defaulting. Recognizing what it does for them, and then maybe some other things are recognizing their neighborhood situations, really view them as 0:30:30 so then being able to leverage with streaming, what's available there to really use their technology to stay active. It's amazing how even just streaming YouTube Just Dance, and I'm not endorsing anything one or the other, but I will say that the Moana dance is my favorite, you know, like a dance break. You know, it's amazing the things that families can find to do and also leverage that technology for their health. Even when they feel like they're surrounding neighborhood could be a possible threat. So, those are just some things that I have in the back of my mind as menus of options depending on what they share with me and that way we're contextualizing and sharing with them how to pick and choose what resonates with them.

Sandy: So, again, thank you so much! I really enjoyed our conversation. I hope we can have you back at some time in the future as we make this journey with our kids and families back to post COVID times. So, thanks Amy! Thank you very much!

Amy: Thank you so much!

Thank you for listening to my conversation today with Amy about screen time and strategies to address sedentary behaviors. Also, be sure to check out some of these relevant resources including: The Family Media Plan on [www.healthchildren.org](http://www.healthchildren.org), episode 7 of Conversations About Care on physical activity , and the following AAP policy statement, Children, Adolescents, and Media, Media Used In School Aged Children and Adolescents, Physical Activity Assessment and Counseling in Pediatric Clinical Settings, and The Power of Play: A pediatric role in enhancing development in young children. Thank you for listening.

The views, information, resources or opinions expressed during The Conversations About Care Podcase series are solely those of the individuals and do not necessarily represent those of the American Academy of Pediatrics. The topics included in these podcasts do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances may be appropriate. The primary purpose of this podcast is to explore common themes related to quality pediatric care from the perspective of clinicians. This podcast series does not constitute medical or other professional advice or services. This podcast is available for private, non-commercial use only. Advertising, which is incorporated into, placed in association with, or targeted toward the content of this podcast without the expressed approval and knowledge of the American Academy of Pediatrics Podcast developers is forbidden. You may not edit, modify, or redistribute this podcast.