The Balanced Brains Protocol

Clinician's Manual

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Table of Contents

1. Introduction

This Protocol is to be used to assist clients in identifying concerns with screen use and overuse. It is effective with children and with adults who have “inner children”. In other words, it can be used with clients of any age. It was developed in response to clinical observations of increasing loneliness, declining friendships, and rising health-related conditions among young clients. In addition, young clients themselves have indicated a desire to reduce their screen use, and over time this necessitated the creation of a more formalized protocol for education, assessment, and intervention. The principles and practices herein are versatile and can be adapted to any age.

Recent academic studies, news articles, governmental position papers, and interpersonal experience suggest that “digital drugs” are having a negative impact on our mental health, and on the social-emotional development of our children.

Technology impacts every aspect of our lives, from our communication with loved ones to the therapeutic alliance itself. The personal has become the technological, and I would argue that, consequently, our traditional “biopsychosocial assessment” must transform into a “bio-psycho-social-technological assessment” in order to best understand and help our clients– and ourselves. In many ways we are always online. Though we have been desensitized to this reality, it is important for clinicians to recognize the ways that technology has permeated the therapy room, our lives, and our clients lives. Clinical misdiagnoses in therapeutic and educational contexts is becoming prevalent due to desensitization or outright blindness to the role of technology in our lives, and the ways that technology has impacted our neurological and social development. Tech is not only an “experience disruptor”, it is also a “development disruptor”.

If we are to implement bio-psycho-social-technological assessments, the question then becomes: what next? How do we help clients reclaim their brain and not become dependent on their “other” brain– technology? How do we assist clients in returning to their original five senses rather than relying on technology to interpret and mediate the world for them? This Protocol is designed to do exactly that. The Balanced Brains Protocol is a way to reclaim the brain’s natural development by encouraging and facilitating organic brain development by introducing intentional choices with respect to screen and technology use.

Purpose and Intentions

Rarely does a client come to therapy specifically to address their problematic or chronic screen use. More often do we see clients that exhibit symptoms of anxiety, distraction, depression, and social isolation. These clients report feelings of loneliness, hopelessness, and confusion about the source of their feelings. This Protocol is designed to be integrated into a variety of therapeutic goals, and into the therapeutic relationship itself. It allows clinicians to spot problematic screen use and place a client’s usage on a spectrum, and to develop a more

nuanced understanding of screen use in our culture today. This perspective recognizes that not all screen use is screen “overuse”, nor is all screen use problematic.

A note on terminology: throughout this Protocol the phrases “screen use”, “screen overuse”, and “chronic screen use” are used rather than “screen addiction”.

Use	Overuse	Chronic Use

This Protocol is a comprehensive educational, assessment, and intervention tool. There are elements of self-assessment and clinical assessment, as well as both home practices and clinical practices. Additional resources are provided throughout that can be used in concert with this Protocol, depending on client and clinical needs. Though designed for use with clients age 12 and older, this Protocol can be adapted to be of use with younger clients and those beginning to engage with technology.

Family members and collaterals may be engaged in the process at any point, and specific intervention points are noted throughout. Parents are an important part of establishing healthy patterns of screen use and they can play a vital part in assisting children in managing their screen usage. In fact, a 2019 Yale University study[1] found that working with parents as a replacement intervention was just as effective as working with young people individually to address their mental health. This finding makes sense, especially given that kids require co-regulation, which is a principle routed in attachment theory and nervous system science, in order to learn how to self-regulate. When the parents can feel good and think clearly, kids can do the same. Therefore, if children refuse to participate in screen interventions or are resistant, parents can work with the clinician to implement aspects of this Protocol regardless.

Lastly, this Protocol is helpful in assessing both individuals and families. The self-assessment aspects of this document can be used repeatedly to gauge screen use over time, and this can prompt targeted discussions of “digital drugs” in the home and elsewhere among family members.

[1] Lebowitz, et al. (2019). Study can be found here. Read more about the findings here.

2. Assessment: Primary and Secondary

Assessment is divided into Primary and Secondary options. The clinician begins by engaging in a Primary Assessment with the client. As mentioned previously, this can be as simple was adding questions regarding technology into a traditional biopsychosocial assessment / intake. Based on information learned during the Primary Assessment, the clinician and / or the client may wish to delve further into the issue of technology using options discussed under Secondary Assessment.

An important part of both Primary and Secondary Assessments is the use of the ***Balanced Brains Developmental Guidelines***. This tool provides information on standard milestones for development, as well as recommendations for appropriate screen use at each stage. Using observation and questioning, clinicians can assess whether their client is reaching significant milestones appropriate to their age.

Primary Assessment

The options below are helpful for the purpose of initially determining if the client or clinician feels that the individual is engaged in problematic screen use. They can be used independently or in concert. It may be appropriate to "skip" to the Secondary Assessment phase if the client has already indicated a concern about their screen use, and / or a desire to reduce their screen use, though a primary biopsychosocial assessment is encouraged.

Step 1: Initial Clinical Observations and Biopsychosocial Assessment

It is strongly recommended that clinicians make note of their initial clinical observations. Consider the following **observables**:

- Is the client using their phone or tablet during the session?
- Do they appear to be distracted by sound, visual, or vibrational notifications on their phone?
- Does the client appear present or does their mind seem in another place, perhaps focused on their screens or devices?

Integrating some or all of the following questions into your traditional biopsychosocial assessment is recommended:

- "Do you struggle with screen use?" and "Do you want to stop?"
- We're going to spend some time talking about technology. Do you use social media (Instagram, Snapchat, Discord) or entertainment apps (YouTube, TikTok)?
    - At what age did you first start using social media and entertainment apps?
- Do you participate in any forums, online discussion boards, or online gaming platforms (such as Reddit, Discord, Twitch)?

- What smartphone apps do you use most frequently?Do you have a desire to reduce the amount of time you spend on these apps?
- What electronic devices do you have regular access to (smart phone, desktop computer, gaming console, tablets?)
- Do you have any restrictions on screen-time?
    - Are there any times during the day when you are not allowed to use screen devices? How is this restriction implemented?
- Approximately how long would you estimate you spend on social media each day? (Check screen time stats with the client in their smartphone settings for "data".)
- Do you think social media has impacted your relationship with your family and/or friends? If so, how?
- Have you ever had any negative experiences while using your screens such as being bullied, gossiped about, or excluded? What was that like for you?
- For parents:
    - How has your child's use of technology impacted their behaviour or mood?
    - How has your own use of technology impacted your behaviour or mood?

Step 2: Compare the client's presentation and observables with milestones found in the ***Balanced Brains Developmental Guidelines***. In collaboration with the client and/or their parent(s), use the ***Balanced Brains Developmental Guidelines*** to reflect on current screen use and whether or not it has impaired their development of specific goals or milestones.

Step 3 (optional): Consider additional questions regarding social media use summarized by Bettman et al. (2021)[2]:

- "During the past year, have you regularly devoted less attention to people around you, such as family and friends, because you were using social media?"
- "How much time would you say you spend behind a screen (excluding school and work activities)?"
- "Do you feel an emotional 'rush' or 'high' from social media use?"
- "Do you experience feelings of inadequacy and rejection sensitivity (possibly correlated with FOMO) when using social media? Is social comfort a primary motivator for use of social media?"
- "Do you use social media to avoid negative emotional states like boredom, loneliness, or stress?"
- "Do you use social media to avoid relationship problems you're currently experiencing?"
- "Do you fear being without your phone?"

[2] Bettman et al. "Young adult depression and anxiety linked to social media use…" (2021)

Secondary Assessment

If a client has identified a concern about their screen use, or the clinician has concerns about a client's screen use based on their Preliminary Assessment, a Secondary Assessment can assist both in further understanding and nuancing the dynamic of the concern. It can also assist with identifying goals for treatment. Below are a variety of options that can be used independently or in concert, depending on client or clinical need.

Option 1: Screen Use Self-Assessment Tool (SUSAT)

Request that the client complete the ***Screen Use Self-Assessment Tool (SUSAT)***. Upon completion, first review responses scored as 1 ("I strongly disagree" or 5 ("I strongly agree"), as these statements have elicited the most emphatic, emotional, or truthful responses from the client. Each statement and score is an opportunity to further refine what aspects of screen use are troubling rather than comfortable.

- The clinician may also wish to group the key client concerns together in order to identify explicit treatment goals. Progress towards these goals can be identified by asking the client to fill out the SUSAT at later points– mid-intervention and post-intervention.
- The clinician may wish to discuss each question subject or topic throughout the session or be mindful of how these answers operate within the therapeutic relationship.

Screen Use Self-Assessment Tool (Scoring)

0-220 = General Screen Use
221-280 = Screen Overuse
281-360 = Problematic Use

0-220 = General Screen Use

- Continue to monitor for overuse and continue engaging in healthy screen use.

221-280 = Screen Overuse

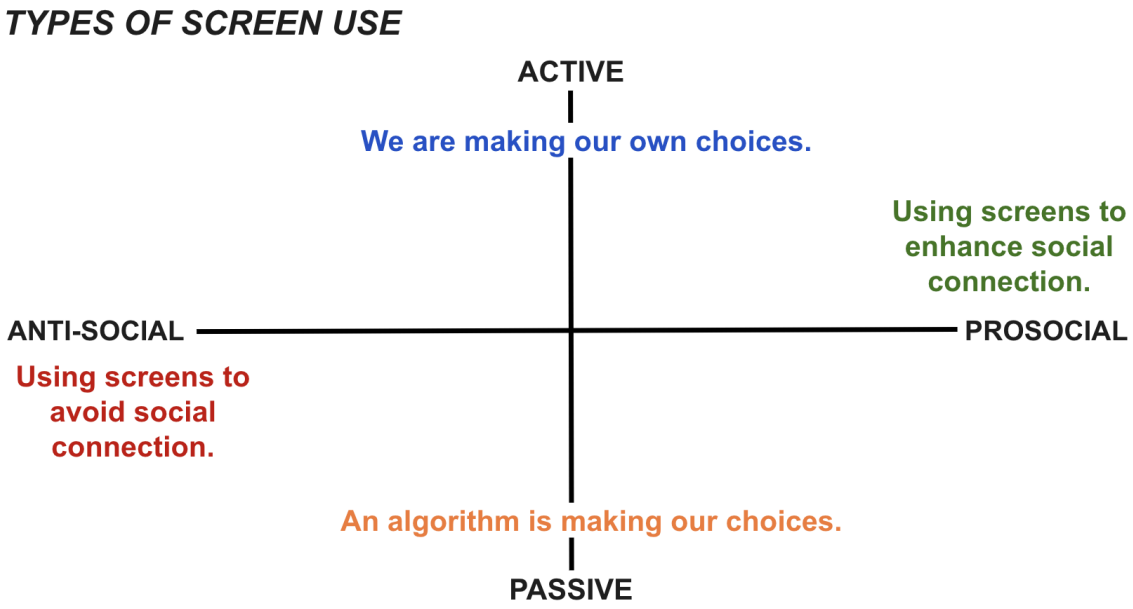
- May benefit from taking a break from a specific screentime behaviour or a specific app.
- May benefit from implementing screen-free zones in the home, screen-free routines, or using screen monitoring tools to limit screen use at certain times.
- May benefit from a 14-day dopamine detox (smartphone, all apps, one specific app).

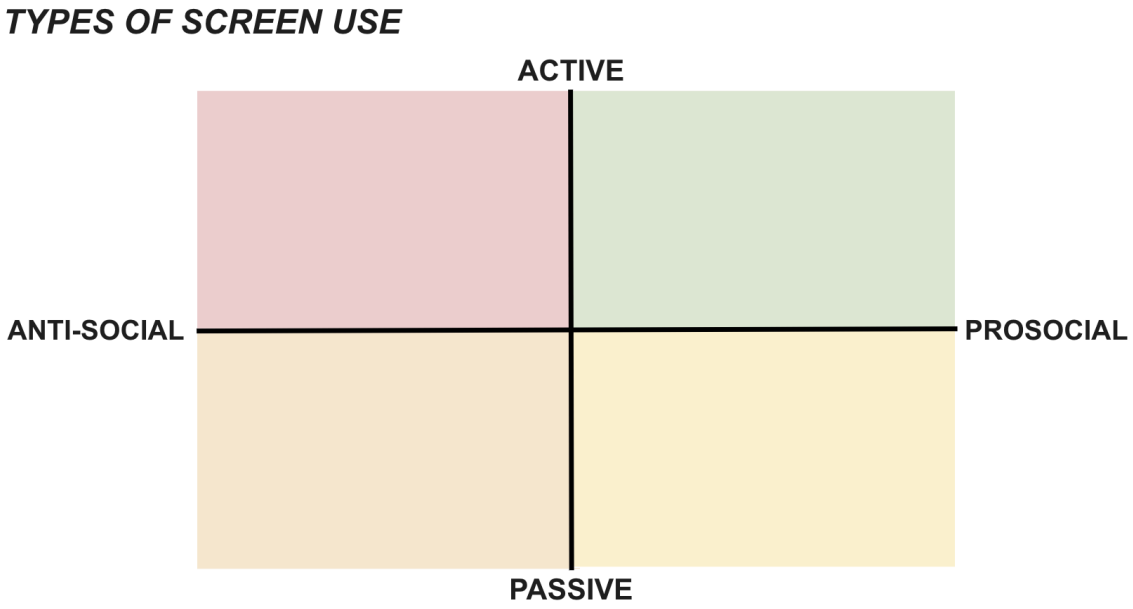
281-360 = Problematic Use

- Abstain from a specific screentime behaviour or a specific app.
- Establish screen-free zones in the home and screen-free routines.
- Recommended 30-day dopamine detox (smartphone, all apps, one specific app).

Option 2: Types of Screen Use Tool

Using the ***"Types of Screen Use" Tool***, work with the client to determine the clinical target and, if necessary, identify the number of hours spent in "passive" screen use. Ideally, clients shoul spend less than four hours per day in passive screen use. Together, you can plot out the current screen use data (used as an assessment tool) or use it to track changes in screen use over a period of time (used as an intervention tool). You can also have parents or caregivers plot their impressions of a client's screen use to get more data using different colours. Finally, it's important to normalize "green" screen use rather than stigmatize or contribute to panic around screen use in general.





Option 3: Alternate Screening Tools

A variety of alternative screening and assessment tools already exist, and Bettman et al. provide a helpful summary of the pros and cons of each tool.[3] These tools can be helpful as more specialized assessments of particular behaviours, screens of choice, or concerns. Below is a list of available tools (as of 2024):

- **Social Media Disorder Scale** (van den Eijnden et al. 2016)
    - "clinicians may want to separately assess problems and conflict related to social media use through clinical interviews" (Bettman et al., 2021)

- **DSM-5** diagnostic criteria for **Internet Gaming Disorder** (9 items)

- **Online Cognition Scale (OCS)** is a 36-item questionnaire to measure problematic Internet use, including items such as "I get more respect online than "in real life," and "When I am on the Internet, I often feel a kind of 'rush' or 'emotional high.'" The subscales of this instrument are loneliness/ depression, diminished impulse control, social comfort,and distraction.

- **Mobile Phone Problem Use Scale** is a 27-item questionnaire, which includes items such as "I have used my mobile phone to make myself feel better when I was feeling down" and "I find myself occupied on my mobile phone when I should be doing other things, and it causes problems."

- **Bergen Social Networking Addiction Scale** consists of six items assessing core elements of addiction (salience, conflict, mood modification, withdrawal, tolerance, and relapse). This scale includes items such as, "How often during the last year have you felt an urge to use social media more and more?" and "How often during the last year have you used social media in order to forget about personal problems?"

    - "Clinicians may find this scale useful as a quick means of assessing whether a client uses social media problematically. However, the scale does not provide a fine-grained understanding of problematic social media use patterns or motivations, and therefore." (Bettman et al., 2021)

- **Fear of Missing Out Scale [Przybylski et al. 2013**] is a 10-item questionnaire which assesses an individual's FOMO. Its items include "I fear others have more rewarding experiences than me," "I get anxious when I don't know what my friends are up to," and "When I have a good time, it is important for me to share the details online (e.g. updating status)."

- **Fear of Missing Out Scale [Abel et al]** assesses self-perception, feelings about social interaction, and levels of anxiety associated with social media use (Abel et al. 2016).

[3] Bettman et al, 2021

3. Intervention (Immediate)

After assessing the client's screen use and identifying specific areas of concern, the clinician and client can work together to identify SMART goals (specific, measurable, achievable, relevant, time-bound). It is most important to work with the client to determine what needs they feel technology is currently meeting (social connection? validation? community? sexual gratification? etc.) and then assist the client in determining alternative ways for those needs to be met.

The following interventions can be weighed and evaluated by the clinician and client. On an immediate basis, there are certain interventions (Option 1 - Psychoeducation, and Option 2 - Dopamine Detox) that are both strongly recommended and highly effective as the client and clinician formulate a longer-term plan for managing screen use. Otherwise, clinicians can "mix and match" the options below.

Option 1: Psychoeducation About Balanced Brains

The purpose here is to educate the individual and their family about the effects of excessive screen use on mental health, including increased stress, decreased productivity, and disrupted sleep patterns. Drawing on neuroscience and neuropsychology, clinicians can discuss the concept of "digital drugs" and the ways in which screens / technology can hijack the brain's reward system, leading to compulsive behaviours and addiction-like symptoms. This is followed by providing information on the importance of balance and moderation in screen use, emphasizing the need for alternative activities and healthy coping strategies.

Significant **discussion points** may include:

- The effects of exposure to algorithms and the neurological impact on our brains
    - They fragment our attention.
    - They are powerful enough to change how we think and feel.
    - They reduce our ability to connect with ourselves and others around us.
- The relationship between technology, screen use, social media, stress, and dopamine
    - The role of algorithms and how they influence our decision making
    - *Active screen use:* We make our own choices
    - *Passive screen use:* An algorithm makes our choices (aim for less than 4 hours)
    - *Prosocial screen use*: We are using screen to enhance social connection
    - *Antisocial screen use:* We are using screens as a way to socially disconnect
- Defining and envisioning a "balanced brain": *What is it?*
    - We are connected to ourself.
    - We are connected with others.
    - We can take effective action in our lives.
- Understanding our species' basic human needs:
    - Survival needs: Breath, hydration, rest, nourishment
    - Growth needs: Movement, learning, freedom, innovation, novelty
    - Group needs: Bonding, safety, belonging, mattering

Option 2: Dopamine Detox

It is recommended that all clients engage in a period of "detox" from screens and technology, whether for 24 hours, 48 hours, a week, or a month. Starting by suggesting an abstinence approach *gives you data* to work with and to work from.

Recommended steps:

1. Determine a time period for the detox (highly encouraged: 30 days).
2. Establish detox parameters (all screens? Just social media? Certain apps? Gaming?)
3. Discuss goals and outline "replacement" activities or behaviours (See Option 3 below)
4. Normalize the "collective action problem" and "social dilemma"
    a. "Many of us want to be off, but many of us are dependent on our phones."
    b. "Being away from certain apps or screens altogether feels like we're out of the loop and disconnected from our social lives and the changing culture."
5. Support the client through withdrawal symptoms:
    a. Turn off notifications or reminders
    b. Activate grayscale mode as needed
    c. Deactivate certain profiles or accounts
    d. Provide education about withdrawal
6. Outline any clinical or self-administered exercises the client will engage in during detox period (see Option 4 below)
7. Discuss how screens and technology will be consciously and gradually reintroduced (see Section 4: Intervention below). Decide on whether or not abstinence may be required for certain apps beyond the 30 days.

Option 3: Replacement (From Pre-Social to Pro-Social)

- Replace PRE-social behaviours with PRO-social behaviours
    - Use behavioural activation strategies
- Encourage replacement by choosing habits and behaviours that provide what the screens did for them (achievement and mastery, intellectually challenging, socially engaging, lower stakes social opportunities, hobby group... etc.)
- Encourage independence, freedom, and play: Help children, teens, and families develop a feeling of efficacy (the sense that they can action their own outcomes) through increased responsibility (chores, duties, and tasks)
- Strategies for boredom, curiosity, and decision-making: Let kids be bored; this nurtures a sense of curiosity and encourages play.
- Help the client or family establish new screen norms within their household: For example, creating screen free zones in the home

Option 4: Resourcing & Example Clinical Exercises To Use In Session

The exercises listed below can be useful in helping the client understand the impact of technology in their life, and begin to envision an alternative way of engaging in the world that is more in line with their own values, beliefs, needs, and goals.

- Categorizing stressors as "things I can control" versus "things I cannot control"
- Categorizing technology, screens, apps, and online activities under "stressful and worth it" versus "stressful and not worth it" (builds insight and awareness)
- Mapping out "me" versus "my Avatar" and finding ways to prioritize the development of one's true self over the development of one's Avatar (builds sense of self)
- Review Cognitive Distortions (found in CBT and DBT) and discuss how these cognitions are reinforced or exacerbated by social media
- Discuss the "8 Cs of Self-Leadership" using the "8 Cs of Self-Leadership Wheel" (developed by IFS Foundation for Self Leadership) and map out "scores" before, during, and after Detox; discuss ways in which each C can be developed further, either online or offline

Homework and Home Practice:

Some additional resources to use and share with clients:

- Use the guided decision-making framework by the Center for Humane Technology, which helps people Take Control of Social Media Use.
- Connect young people with the Youth Toolkit by the Center for Humane Technology.
- For families, share the Family Media Plan Tool" by the American Academy of Pediatrics
- Use online games to teach young people about screen use:
    - The Fake News Game
    - Spot The Troll Game

4. Intervention (Long-Term): Life-Mapping

After immediate interventions are implemented, the clinician and client can revisit the goals of treatment and create a long-term plan for managed screen use using the following steps. In some sense they will be planning for the future and establishing principles by which the client can reassess their screen use on an ongoing basis, and re-orient themselves to the principles already established.

Step 1: Identify underlying factors contributing to excessive screen use by considering unmet developmental needs and by addressing the function of the behavioural pattern:

1. Sensory & Relief: *To self-soothe.*
2. Escape & Avoidance: *To avoid something.*
3. Tangibility: *To get something.*
4. Safety & Connection: *To gain comfort and closeness.*

Step 2: Explore replacement activities that fulfill the individual's true needs for connection, stimulation, and relaxation in non-screen-based ways.

- Acknowledge the function of the behaviour
- Establish this as a new treatment target or clinical goal
- Develop collaborative approaches to mitigating the effects of unmet needs

Step 3: Encourage healthy screen use by using the *Balanced Brains Developmental Guidelines*, and the Types of Screen Use Tool to create their own definitions of active/passive and prosocial/antisocial screen use. Note: Less than 4 hours of passive screen use is encouraged.

- Address barriers to skill implementation
- Support the client with developmental processing and milestone achievement

Step 4 (Optional): Use the "Take Control of Your Social Media Use" template if you need more structured coursework or resource materials

- Set goals and parameters for abiding by these principles
- Help the client identify the "why" – i.e. client can remind themself *why* they are choosing to reduce their screen time (what goals they want to achieve, how they want to improve their routines or lifestyle)
- Assign this resource as homework or complete the modules together.