PFA & SBT Community

By Practitioners, For Practitioners

SCREEN

The Screen Time Dilemma PART ONE: Navigating Screen Use Among Children with Disabilities

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BIO

- IBA, QBA (and BCBA)
- MS in Behavior Anaylsis 2007
- Started in the field when I was 20 (plus raised by behavior analyst mom
- Passionate about adapting ABA in countries with limited and funding and support
- Main clinical values are: Unconditional Positive Regard, Fun Humility and Data.

Emily Kearney

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BIO

- BCBA, LBA
- MA in Special Education 2008
- Started in the field when I was 19
- Passionate about teaching newer BCBAs and parents how to assess and analyze using the core principles of ABA
- Main clinical values are: conditioning the learning environment and engagement between teacher and student as strongest reinforcer, increasing student's quality of life, modeling flexibility and variety



Objectives – part 1

Philosophical Discussion and scientific research

1. Identify the ethical implications of portable screen time for children, particularly with disabilities
2. Discuss the nuance related to related skills that decrease the EO for screen use and increase the EO for wider engagement.
3. Engage in critical thinking regarding the costs and benefits for using screens for families of children with disabilities



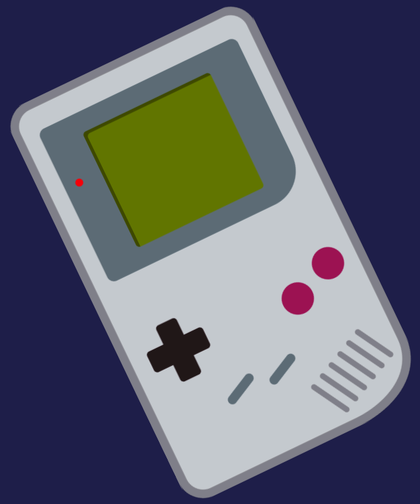
Introduction

- Why this presentation?
  - See it with our clients
  - See it in questions in our group (and others) all the time
    - no other leisure activity
    - no other reinforcer
    - Parents have different rules
  - See it with our own kid(s)
  - RBTs don’t know a better way
    - an over generalization of assent.

- Personal Background with tech



First CODE: 3345





NOT ALL TECH USE IS CREATED EQUAL!

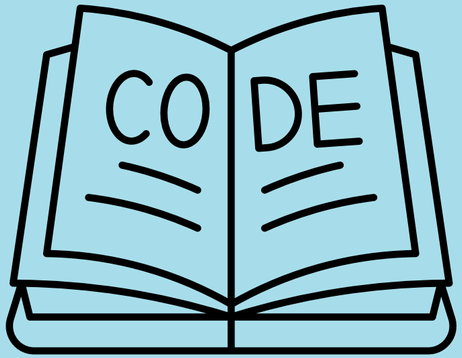






Ethics Code Applications: BCBA/BCaBA

- 1.07 Cultural Responsiveness and Diversity
- 2.09 Involving Clients and Stakeholders
- 2.14 Selecting, Designing, and Implementing Behavior-Change Interventions
  - (5) best meet the diverse needs, context, and resources of the client and stakeholders.
- 2.15 Minimizing Risk of Behavior-Change Interventions
- 2.19 Addressing Conditions Interfering with Service Delivery



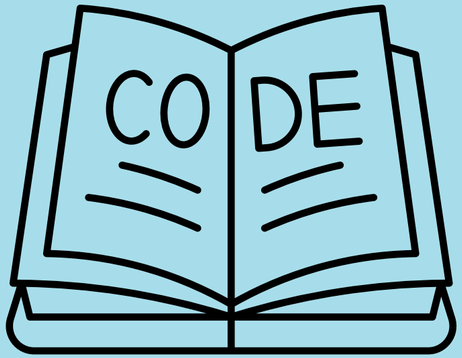
Ethics Code Applications: BCBA/BCaBA

- **1.07 Cultural Responsiveness and Diversity**

Scenario: Client is non verbal, and aggressive toward mom. The tablet is her only leisure skill. Parents main goal is that she will behave well at a party two weeks away.

What if the party was 2 months away?

What if the party was 6 months away?



Ethics Code Applications: BCBA/BCaBA

2.09 Involving Clients and Stakeholders Behavior analysts make appropriate efforts to involve clients and relevant stakeholders throughout the service relationship, including selecting goals, selecting and designing assessments and behavior-change interventions, and conducting continual progress monitoring

Who here has had stake holders disagree on Screen Time? How do we decide what is socially significant?

Scenario: 11 year old wants to play fortnite, parents have a very strict no shooting games rule.



Ethics Code Applications: BCBA/BCaBA

2.14 Selecting, Designing, and Implementing Behavior-Change Interventions

5) best meet the diverse needs, context, and resources of the client and stakeholders

Scenario:
Client shows aggression when iPad is taken away. Parent's number one goal is reducing screentime.

Client is 16.

Client is 16. and watched by frail grandma



Ethics Code Applications: BCBA/BCaBA

2.15 Minimizing Risk of Behavior-Change Interventions



Scenario: 12 year client got bad grades at school, parents want to ground him from all screens for 2 weeks. What do you as the BCBA say?

Behavior analysts select, design, and implement behavior-change interventions (including the selection and use of consequences) with a focus on minimizing risk of harm to the client and stakeholders. T**hey recommend and implement restrictive or punishment-based procedures only after demonstrating that desired results have not been obtained using less intrusive means,** or when it is determined by an existing intervention team that the risk of harm to the client outweighs the risk associated with the behavior-change intervention. When recommending and implementing restrictive or punishment-based procedures, behavior analysts comply with any required review processes (e.g., a human rights review committee). Behavior analysts must continually evaluate and document the effectiveness of restrictive or punishment-based procedures and modify or discontinue the behavior-change intervention in a timely manner if it is ineffective.

Ethics Code Applications: BCBA/BCaBA

2.19 Addressing Conditions Interfering with Service Delivery

Scenario:
Parents always have the TV on and it seems to distract your client.

It is a one bed room apartment.

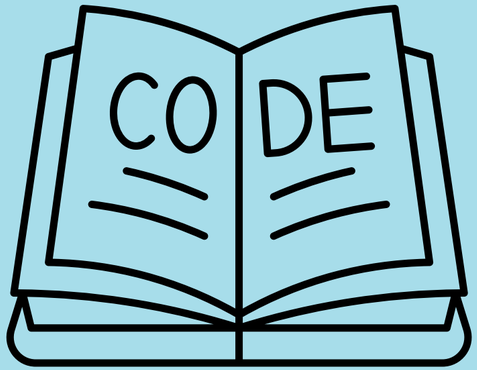
Mother-in-law is the one watching TV



Ethics Code Applications: RBT

2.01 RBTs do no harm and work to support the best interest of their clients

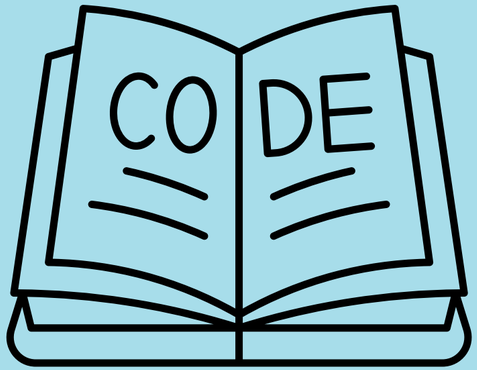
Scenario: An 11 yo client has completed 45 min of programming with minimal interfering behaviors and earned tokens that he chooses to exchange for video time on his iPad. He opens YouTube shorts and begins to watch an animated short about a man who reaches into a wastebasket and is accidentally stuck by an uncapped syringe with a needle. The RBT does not believe the content is appropriate for the learner and directs him to choose a different video. He argues with her and his behavior begins to escalate. After refusing several suggested alternatives, he elopes from the therapy room.



Ethics Code Applications: RBT

2.05 RBTs implement restrictive or punishment-based procedures only when included in a documented behavior-change plan and after their supervisor has verified their competence.

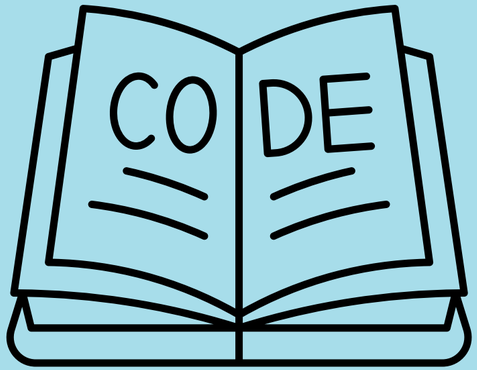
Scenario: A learner who does not speak has only one iPad that he uses for both an AAC app and playing games. During music class, instead of participating in the activities, he opens his AAC and begins to spell the names of his favorite Disney characters. His BT directs him to pay attention and participate. After the second time, the para puts his ipad behind the teacher's desk and prompts him to participate.



Ethics Code Applications: RBT

2.06 RBTs direct any questions or concerns that they or others (e.g., caregivers, coworkers) have about their behavior-technician services to their supervisor.

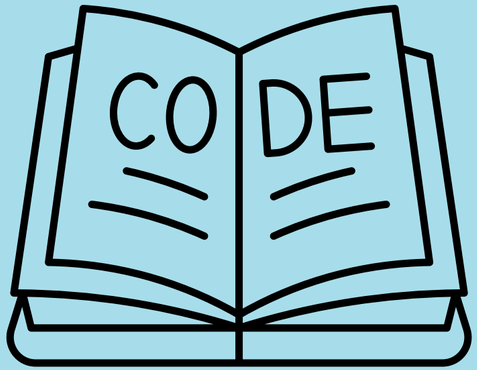
Scenario: The child's parents and BCBA have agreed on some goals involving fading screens during mealtime. The behavior technician is following the plan but anytime the child begins to cry, his grandmother comes out of her room and consoles him and gives him the device until he's calm again. She does not speak English so the technician is not able to explain the program to her. The technician is very frustrated even after talking to the parents multiple times and goes on Reddit to complain.



Ethics Code Applications: RBT

2.07 RBTs take necessary actions to protect clients when they become aware that a client's legal rights are being violated or that there is risk of harm to a client.

Scenario: The child's parents allow her to watch videos. Lately she has discovered the dictation feature and has been able to search for terms she doesn't know how to spell yet, and to use this feature on an internet browser rather than in an app. The RBT notices that at the bottom of the videos there are other suggested search terms that the child can click on, which bring up thumbnails of suggested videos. One of these is "adult videos" and on testing it himself, finds that although none of the videos are pornographic, many of them are very suggestive and not appropriate content for children.



What the Research Says

- 8 total studies that mention screentime in JABA (3 were about social media, 1 about teleheatlh, 1 about tummy time but it mentions the AAP recommendations and 2 were not related and one was 2009 about physical activity.
- 4 from Behavior Modification (1 contingency management management in College Students, and one about from 2010 about removing the bedroom TV
- 5 from Behavioral Interventions but only one that was sort of relevant but was another young adult study.



AAP Recommendations

- It can be tempting to want a set number of hours on screens that is “safe” or healthy to guide your family’s technology use. Unfortunately, there isn’t enough evidence demonstrating a benefit from specific screen time limitation guidelines. For this reason, the American Academy of Pediatrics updated their media use recommendations in 2016. These evidence-based guidelines do not give a set screen time limit that applies to all children and teens. Because children and adolescents use screen media for a variety of activities, including school, work, connecting with friends and family members, playing games, browsing social media, watching entertaining videos, learning new hobbies, reading the news, and more, rather than setting a guideline for specific time limits on digital media use, we recommend considering the quality of interactions with digital media and not just the quantity, or amount of time.

Studies on how screen time effects on sleep

- Metastudy showed screen time is adversely associated with sleep outcomes (primarily shortened duration and delayed timing) in 90% of studies.
- Many components related to this will discuss on sleep page



Study on tech use by children and youth with disabilities

- Generally found that children and youth with ASD had the highest levels of screen time, followed by children and youth with ADHD
- Screen usage ranged from .5 hrs–7.27 hrs per day. Average consistent with children w/o disabilities.
- Higher levels of recreational screen time use by children and youth with disabilities who had screens in their rooms compared with participants who did not.



Tech use among families disabilities

- Differences in use of tech when using portable devices versus non-portable
- Family versus individual use
- Variations across culture related to shared v individual use



Positive and Negative Effects: Television Set



- lack of movement
- passive activity
- can be limited based on whether wifi or not



- participating in a shared activity.
- social proximity.
- multitask
- easier for caregiver to control w/ remote
- monitor content easier
- natural spacing and choice-making
- sharing and compromise



Positive and Negative Effects: Tablet/phone



- You can take it anywhere. so no tolerance of waiting or boredom.
- Teaches US to expect to be entertained at all times.
- CMO-S with ADLs
- Safety (communicate w/ strangers online, sharing data, sharing personal info
- Apps with questionable research but strong marketing

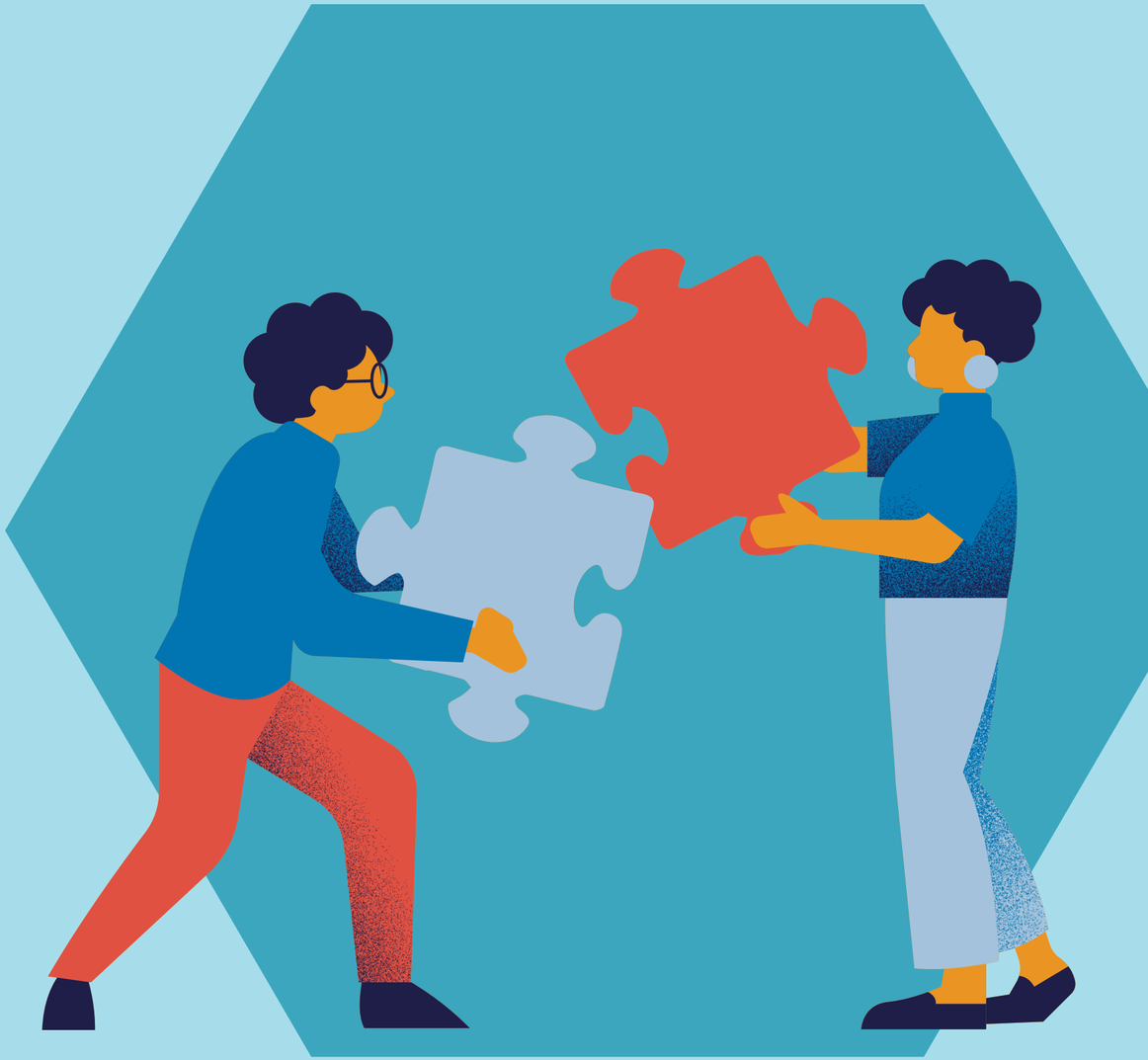


- Learning Apps
- Information at your fingertips
- Social connection with peers.
- Safety (location, ability to call etc)



Next steps

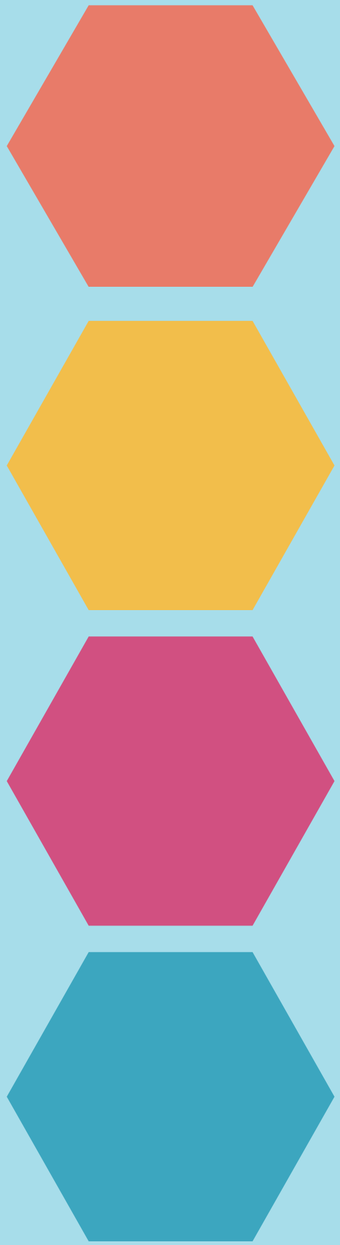
- Consider switching to TV.
- Encourage caregivers to wait for the learner to ask, rather than just giving it to him.
    - sometimes out of sight is out of mind.
- Caregiver can model better screen behavior.



Health

Effects of screen use on children’s health

Second CODE: 1919



Sleep

Physical Activity

Nutrition

MentalHealth

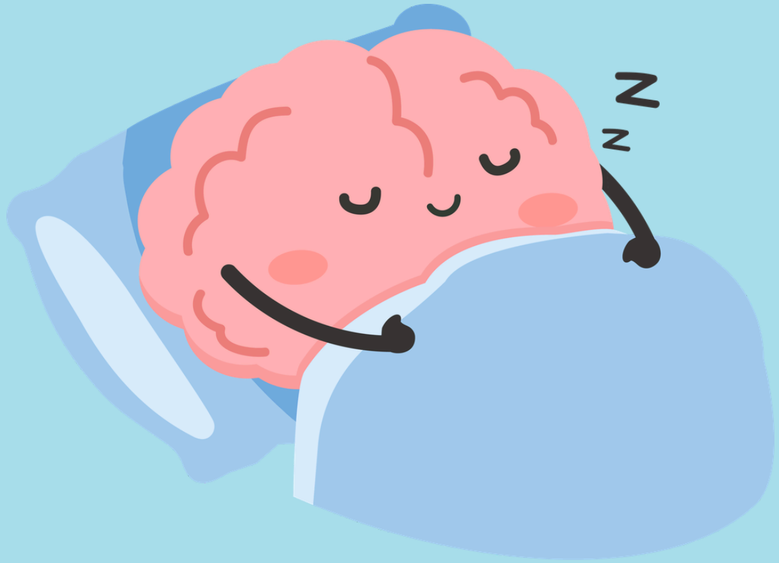
Positive and Negative Effects: Sleep



- Melatonin production
- Exercise
- Acquisition of behavioral quietude repertoire
- Screens in middle of night

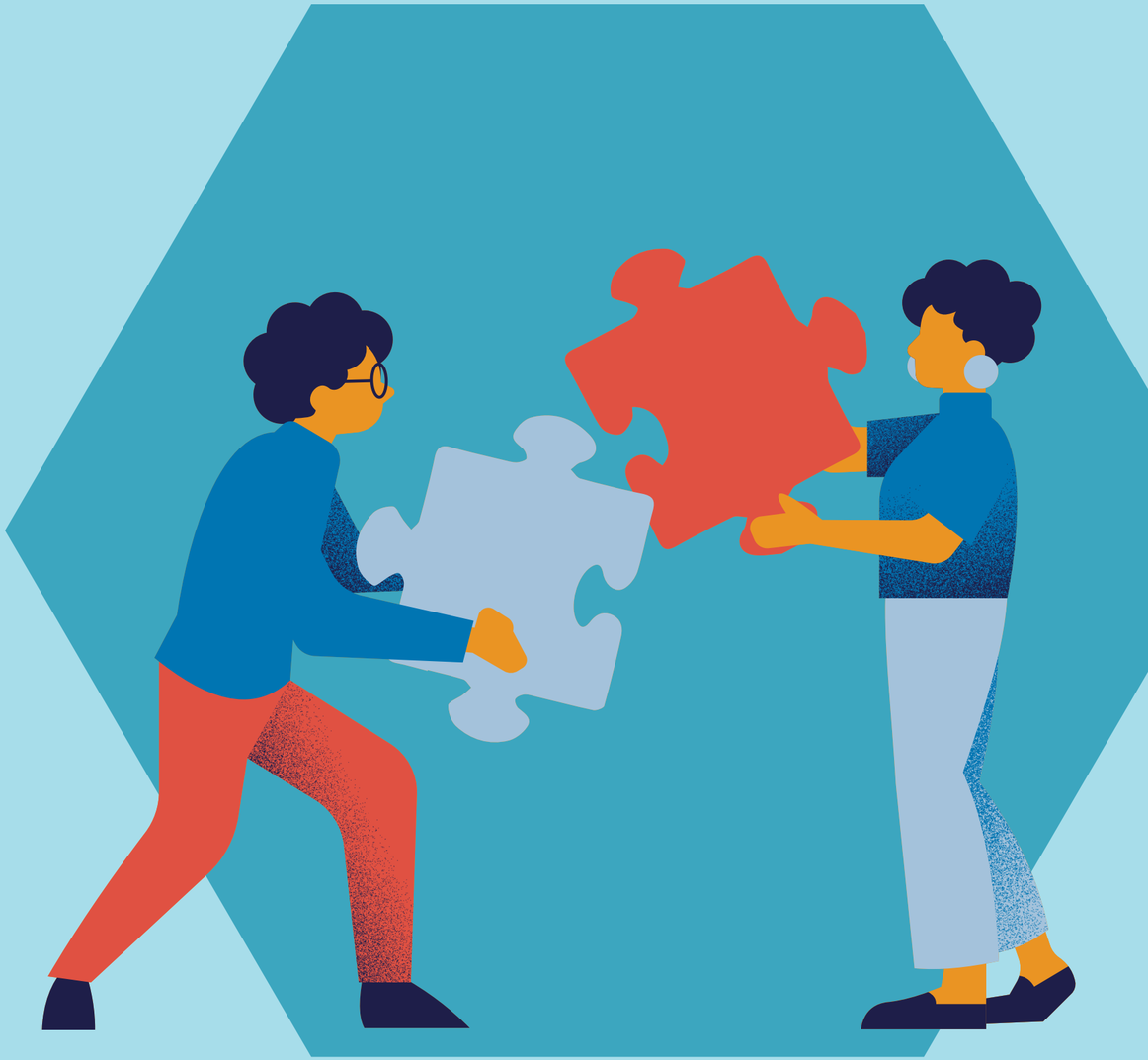


- Set up routines
- Movement videos or video games
- Guided relaxation



Next steps

- Screen darkness settings
- Guided Access/Timer to reset
- Screen limit settings
- “Parking spot” outside the bedroom
- Review environmental changes
- Adjust current bedtime routine to include some behavioral quietude practice



Positive and Negative Effects: Physical Activity



- Contrast between stationary and movement activities difficult
- Link between health issues and screen use
- Baseline movement increased rate and low purpose
- Unwilling to go places where they can’t [illegible]ng the portable device

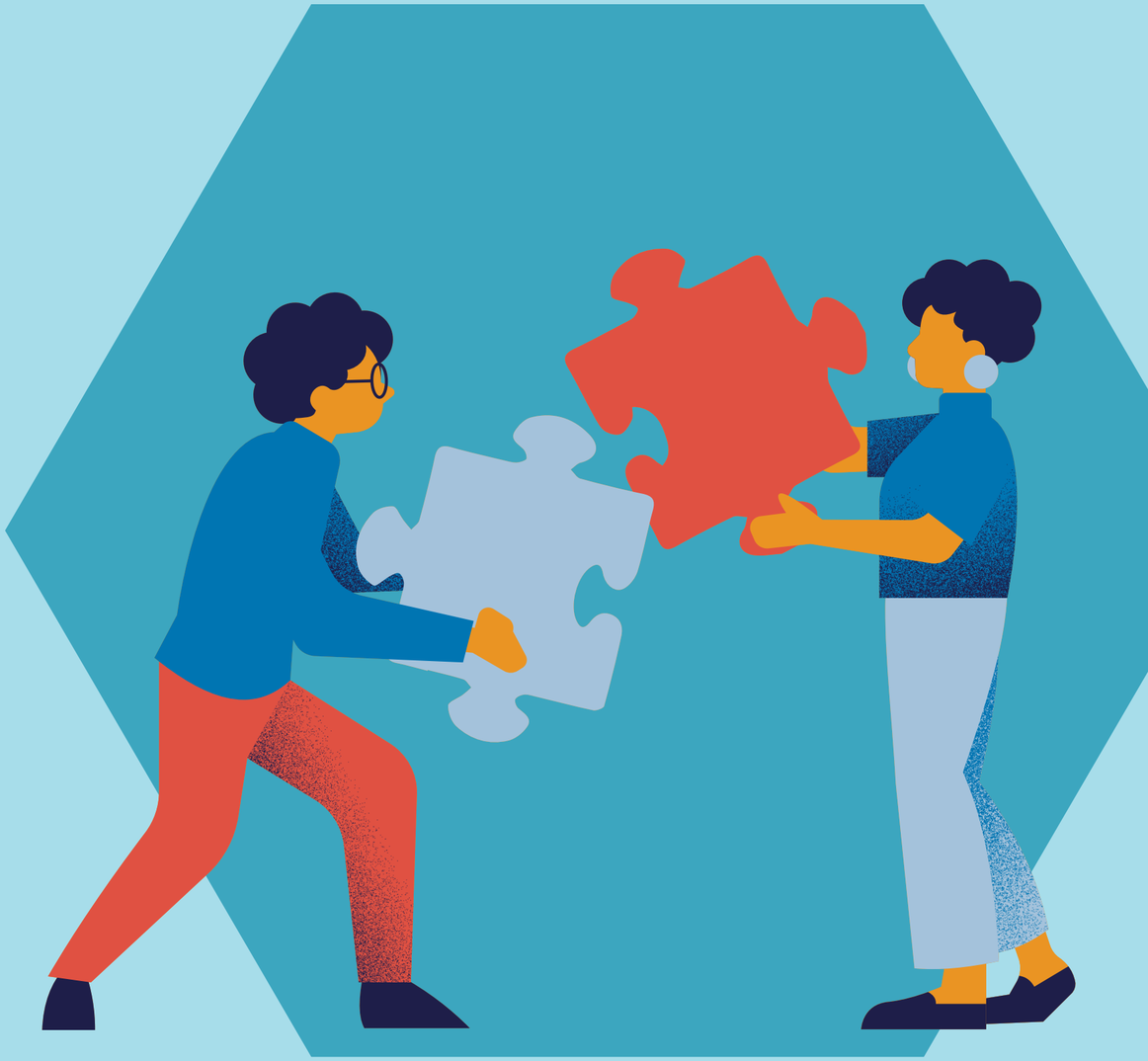


- Movement videos or video games
- Synchronous reinforcement
- Family exercise time
- Guided relaxation



Next steps

- Add movement to current schedule of use.
- Model activity.
- Build in movement in breaks between screen use.
- Limit locations.



Positive and Negative Effects: Nutrition



- prevents social interaction
- part of restricted behavior cycle
- portable snacks v meals - no true satiation
- challenging behavior during meals
- food reinforcers used for device tolerance

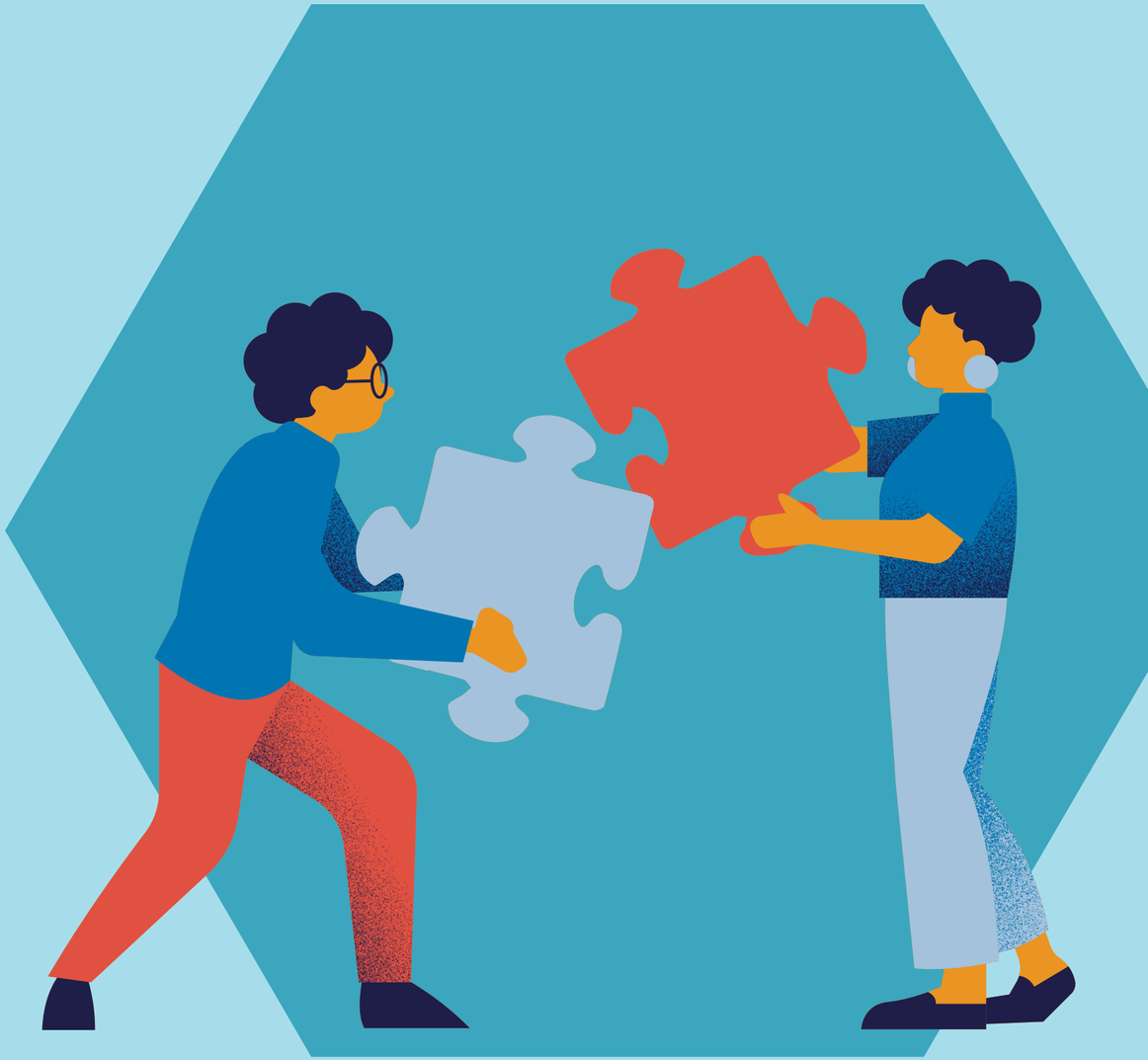


- child eats if distracted by screens
- family can go out to eat
- screen time reward for eating or other mealtime behaviors (synchronous/distributed reinforcement)
- AAC /screen schedule use during meals
- video modeling/exposure



Next steps

- Serve snacks from central location so child must go there to get the snack.
- Limit certain foods to mealtime area (e.g. ice cream or chocolate).
- Build in hygiene routine involving screens and snack such as wiping hands.
- Child helps prepare snacks.
- Discuss family use of screens.



Positive and Negative Effects: Mental Health



- restricted behavior - pliance with rules
- isolation and solo leisure
- default leisure
- peer pressure or cyberbullying
- SM algorithm favors negative emotional content
- other areas we discussed have effect on mental health



- access to *a* community that shares your interests
- virtual reality
- online therapy
- information and educational opportunities



SCREEN

The Screen Time Dilemma PART TWO: Navigating Screen Use Among Children with Disabilities

Objectives – part 1 continued

- Engage in critical thinking regarding the costs and benefits for using screens for families of children with disabilities
- Engage in perspective-taking on the contingencies for caregivers
- Supervision considerations for behavior technician



Objectives – part 2

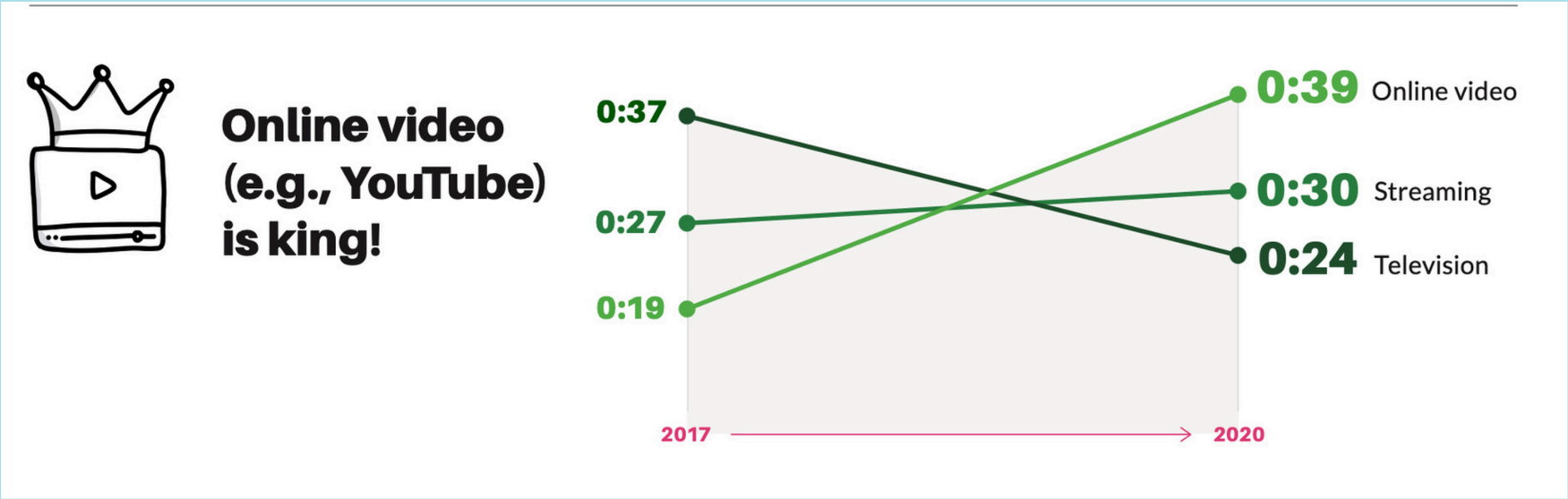
Action plan for assessment and goal creation

1. Generate a motivational inverview plan to gain a broad understanding of the dimensions involved in the use of screens and build rapport and a plan *with* caregivers
2. Identify critical outcomes important to the caregivers and to the child related to the use of screens
3. Conceptualize interfering behavior and reinforcer issues through a non-linear contingency analysis lens
4. Define members of a broad precursor class involving screens
5. Considerations for goal planning within and without SBT
6. Supervision considerations for behavior technicians regarding screen use during the synthesized reinforcement context



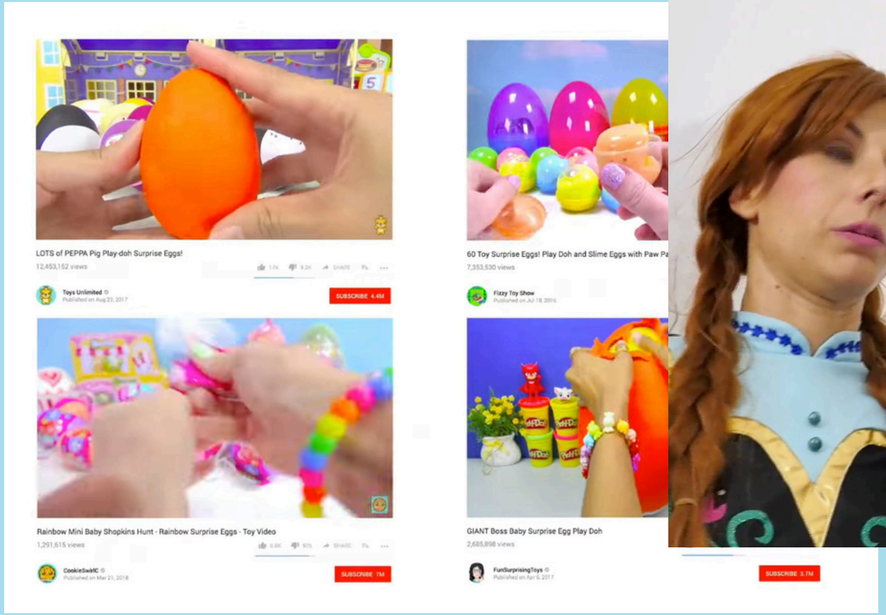
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What’s the problem with YouTube?



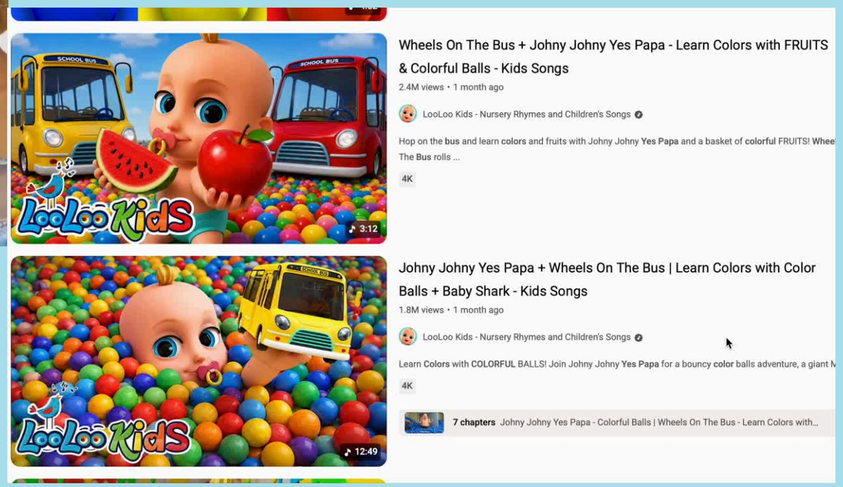
YouTube

What’s the problem with YouTube?









YouTube

What’s the problem with letting kids watch what they want to?



Suggested videos under tag “Haunted Hospital”

1. Doctor poking motionless patient with syringe injected into chest, lying on hospital gurney
2. Doctors examining confused patient in hospital room, holding flashlight, electrical drill, jumper cables hanging off ceiling
3. Doctors examining confused patient in hospital room
4. Teenage boy dies
5. Boy Corpse
6. Obese man gets stuck in MRI machine
7. Leg Ultrasound Exam In Hospital
8. Female patient with intravenous drip in hospital corridor
9. Dead body lying on a gurney in a creepy morgue

What’s the problem with AI?

AI SLOP

AI Slop: Careless, low-quality content generated using automatic computer applications and distributed to farm views and subscriptions or sway political opinion.



JUST WRONG!!!!!



NORTH AMERICA WHERE WE STAND



NORTH AND SOUTH, LEFT AND RIGHT



A FOR APPLE B FOR BALL

DANGEROUS





DISTURBING





Mayer et al 2024

- A survey of 30 experts offers some considerations and guidelines.
  - included 20 clinicians and 10 caregivers
    - neurologist, psychiatrist, speech pathologist, behavior analyst, occupational therapist, developmental pediatriction
  - 100% agreement that there is a significant problem
  - 100% agreement on final guidelines



Considerations

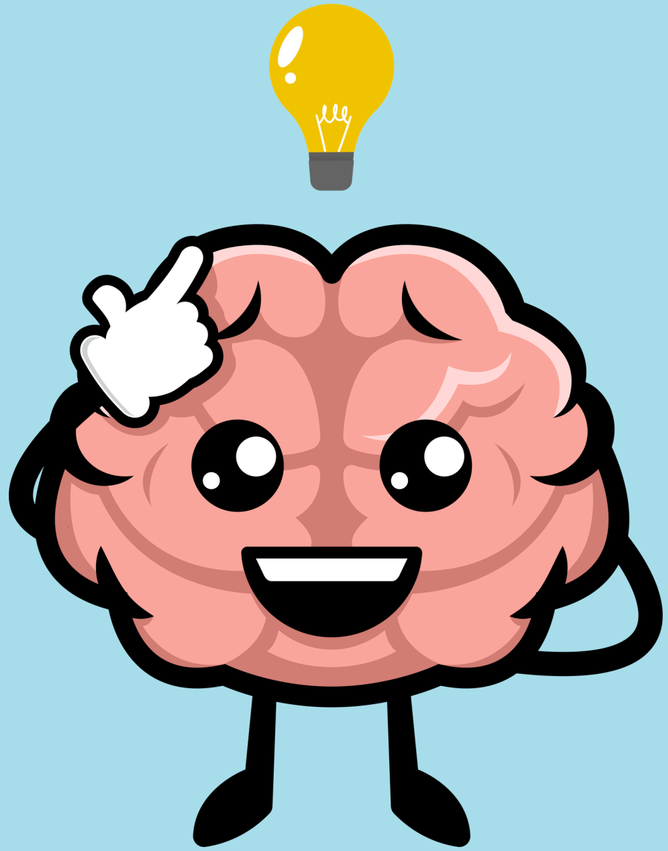
- Screens are an inescapable part of our lives
  - **Learning to regulate screentime is a necessary life skill**
- Think about VALUES
  - Family Culture
  - Children’s interests and wants
- The use of screens differs according to age and development
- Professionals should address screens on a case by case basis



source: https://asdtechnology.osot.ubc.ca.octosa.ca/section2-aspects.html

Guidelines for Screen Use

- Decide as a family how much time is ideal (but be flexible).
  - Share the WHY.
- Make changes gradually.
  - Incorporate non screen activities in the daily schedule.
  - Limit screen use in specific areas or context.
- Parents model the expected behavior.
- Help kids manage their own screen time
  - Visual timer etc. (it is a necessary skills).
  - Try similar non screen activities.
- Choose social screens over individual screens.
- Appropriate content.



adapted from: https://asdtechnology.osot.ubc.ca.octosa.ca/section3-time1.html

Potential Red Flags

- screens interfer with daily functioning
- inability to reduce screentime
- wanting to spend more and more times on screens.
- giving up other activities.
- angry or anxious when screen is removed
- anger or frustration while on the screens
- less physical activity
- sleep problems
- problems at school.



https://asdtechnology.osot.ubc.ca.octosa.ca/section3-red-flags.html

Competing Contingencies



Competing Contingencies: Parents

SIBLINGS | HOUSEWORK | HYGIENE | MEDICAL | SELF-CARE

- You client is not the only member of the family.
- From a “keeping your sanity” perspective there are many advantages of screens. And that is legitimate.
  - Recommending the caregiver punish themselves is usually not going to work.
  - More than one parent has asked me to teach their kid to play video games.
- What do we do?

Motivational Interviewing

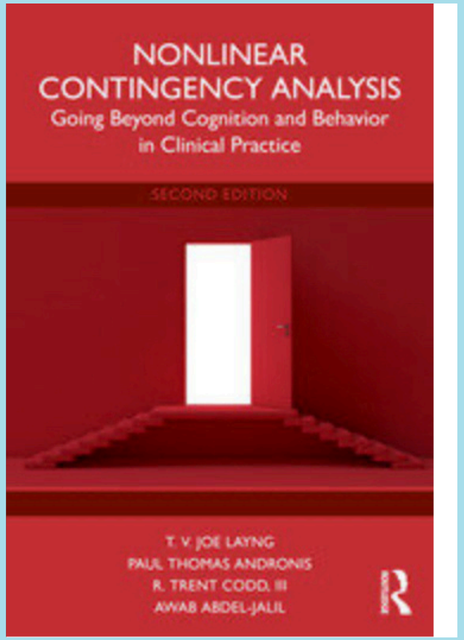
- OARS +I
  - Open-Ended Questions
  - Affirmations
  - Reflective Listening
  - Summarization
  - Information



Constructional Approach/Non-Linear Contingency Analysis

- Israel Goldiamond
- Goldiamond's Constructional Questionnaire

"Instead of considering problems pathologies to be eliminated, it attempts increase client's adaptive options and extend or improve existing repertoires for producing those outcomes that are important the client. This is a direct approach to producing 'desirable' outcomes, rather than an indirect approach, with desirable outcomes as hoped-for by-produces or elimination or acceptance of pathology" (Layng et al., 2022, p. 20)



Questions to answer using Constructional Questionnaire

- Where do you want to go from here?
- Where are you now?
- How can you get there?
- What would keep you going?
- How will you know where you are along the way?



Non-Linear Contingency Analysis

- Behavior is logical
- Learn engages in behavioral repertoires that contact reinforcement
- Focus on building new repertoires that contact reinforcement
- No artificial focus on a linear replacement
- Avoid direct behavior reduction goals or targets
- Focus on increasing repertoires with reduction the free biproduct as the new repertoire meets the learner's needs more efficiently than the old one
- Ask yourself what different behaviors another learner, who didn't engage in the problem behavior, would be doing in those same contexts.
- Then assess whether the learner has the component skills to engage in those behaviors
- When necessary, teach linear targets while the non-linear skills develop

Competing Contingencies: Techs

DATA ENTRY | CLEANING | SUPERVISOR | CONFLICTING RULES | BX

- Average age of behavior technicians
- Responsibilities versus training and education
- Integration of technology into everyday life
- Client v clinic property
- Multiple technologies used within session for different functions

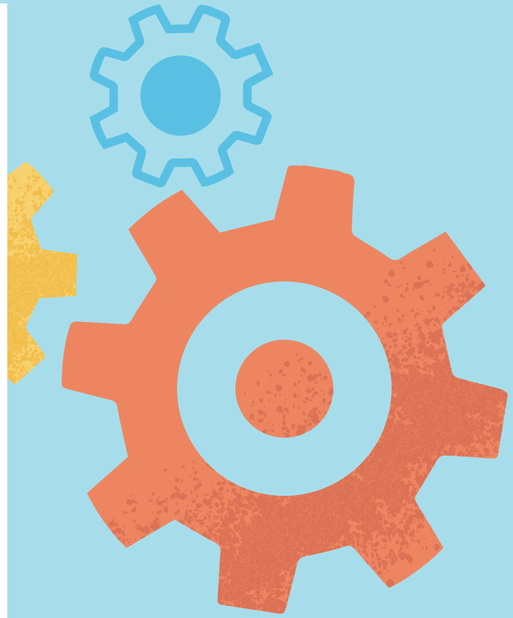


Engagement code: 1105

Signals of Lower Steam as PB member class

Steve Ward, BCBA, Whole Child Consulting

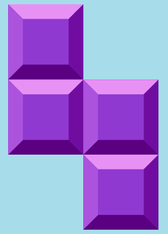
Dimensions	Relatively Low Steam	Relatively High Steam
Necessity of prompts	Requires a high level of prompting/ more intrusive prompts are required.	Little or no prompting is required. When prompting is required, less intrusive prompts are effective.
Inter-response time (IRT)	Long IRT	Short IRT
Latency	Long latency	Short latency
Magnitude of response	Responding is relatively “small”, lacking intensity.	High response magnitude
Affect	There is a relatively poor/ flat affect.	Positive affect
Necessity of extrinsic reinforcers	A lot of extrinsic reinforcers are necessary.	Few, or no, extrinsic reinforcers are necessary.



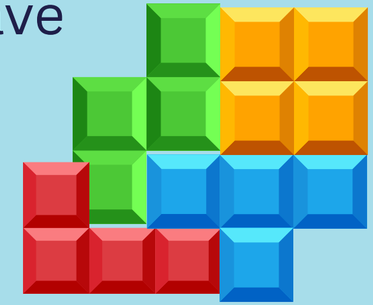
Targets within HRE

- Adult proximity
- Learn about the Learner
- Social expansion of games
- Adult assistance
- Assent measures
- Expand through modeling

CAB1 Relinquishing



- Pay attention to what your learner is actually doing on the screens. Not all “it’s time to work” moments are equal.
  - Deliver the EO at the end of the video, not middle.
  - Give them time to find a stopping point.
  - consider if the specific clip is communicating something.
- Not all games can be paused and it is not reasonable to ask (unless it is an emergency).
- Consider trying to switch to a TV screen.
- Give the relinquishing a purpose (cleaning the tablet, charging the tablet, finding a new game, etc.).
- Relinquish to a neutral place (charging station, bin, let stuffie have a turn etc).



CAB2: Transitioning

- May need practice moving away from tablet before actual transition
  - going to get cord
  - traveling to an adult for help
  - walking across room for wipes
  - leave screen on table while washing hands
- Actual Transitioning
  - some kids find transitioning for nothing annoying.
  - Step down electronic as first task (game boy, pocket simon, electronic yahtzi
  - bring box with tablet with them

CAB branches

Some ideas to consider

Leisure

expanding non-screen activities	transfer to separate device
how to: using the TV	social responding chains
expand device activities	add in objects/activities to play
toleration/flexibility w/ device	

CAB branches

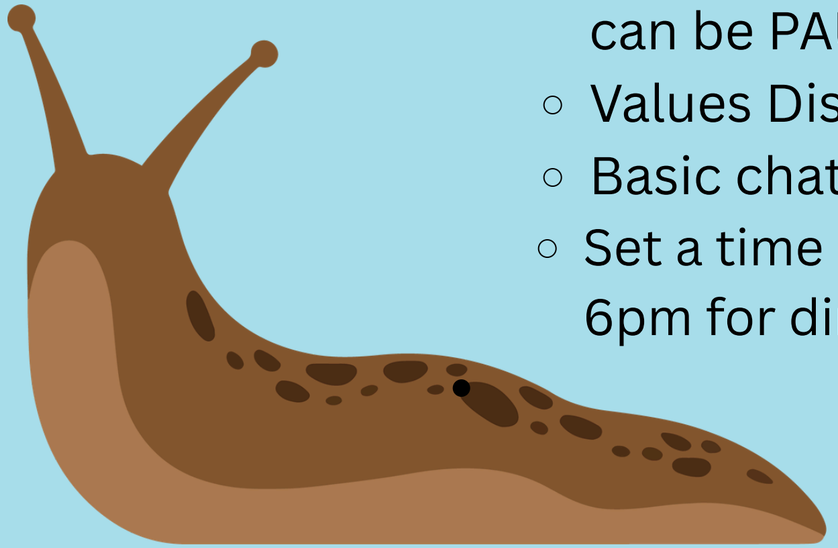
Some ideas to consider

Device navigation/ Communication

assent/dissent targets	AAC use with a separate device
adult engagement w/ app	Comm targets with device
adult uses device	Pragmatics
navigate controls/settings	Timer use

Taylor’s Tips for Gamer type Learners and their Parents

- For the Parents
  - Game chats can often be turned off.
  - blood can sometimes be turned off.
  - Encourage TV screens rather than phone (so it is easier to see what your kid is doing).
  - Not all games can be paused. be fair and have realistic expectations.
  - Play the game too. or at least a game.
- For the Learner
  - Discuss what games make sense to play during session. Aka a game that can be PAUSED.
  - Values Discussion (ACT….AIM)
  - Basic chat safety…no personal info, only friend people you know IRL. etc.
  - Set a time limit. Practice keeping that limit. (if you are supposed to end at 6pm for dinner, don’t start a League of Legends Game at 5:45).



Unavailable data sheet - to use with tech

Arbitrary Unavailable		Not Arbitrary Unavailable		Normally Unavailable	
Things she doesn't care about… Practice Hearing Language Examples: • which charger to use • who turns on the device • which case it has • where it's put when charging • volume high/lower • who's phone		*"No" for things you usually say "yes" to…* May not be a real reason… Examples • specific apps • volume high/lower • Roblox • Games requiring wifi • parent's phones • specific videos		*Always a "no"- Never Available* Things that are not possible… Examples: **Current:** • Shooting games • re-enactment videos **Desired:** YouTube device at mealtime mom's phone	
No PB	PB	No PB	PB	No PB	PB
Total: ____	Total: ____	Total: ____	Total: ____	Total: ____	Total: ____
NO PB = ___ x 100= ____% No PB + PB		NO PB = ___ x 100= ____% No PB + PB		NO PB = ___ x 100= ____% No PB + PB	

PFA & SBT Community
By Practitioners, For Practitioners

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Coming soon

Case Study presentation by Emily and Taylor.

Follow two cases as we discuss how we would do all of the steps outlined in the presentation with different clients.

Feel free to email either of us to discuss follow-up questions or potential ongoing mentorship.

Follow us at pfaandsbtcommunity.com for more courses, information and support or on FB at

PFA & SBT Community



Further Reading/Watching

- 5 kinds of kids slop
- APA’s Screen Time Problems in Children
- The nightmare videos of childrens' YouTube — and what's wrong with the internet today | James Bridle
- AAP’s Screen Time Guidelines
- BC’s Screen Time Use Guidelines and Strategies for Children & Youth with Autism

Further Reading/Watching

- ABA Speech podcast: Using motivational interviewing with Dr. Monica Gilbert
- The Constructional Approach to Behavior Analysis Community
- Behavioral Observations Podcast: Nonlinear with Claire St. Peters

Studies

Mayer, Yael, et al. "Digital Citizenship of Children and Youth with Autism: Developing Guidelines and Strategies for Caregivers and Clinicians to Support Healthy use of Screens." Autism, vol. 28, no. 4, 2024, pp. 1010–1028. doi:https://doi.org/10.1177/13623613231192870.

Hale, L., & Guan, S. (2015). Screen time and sleep among school-aged children and adolescents: a systematic literature review. Sleep medicine reviews, 21, 50–58. https://doi.org/10.1016/j.smrv.2014.07.007

Liden, T. A., & Rosales-Ruiz, J. (2024). Constructional Parent Coaching: A Collaborative Approach to Improve the Lives of Parents of Children with Autism. Behavior Analysis in Practice, 1-18.

Radesky, J. S., Schaller, A., Yeo, S. L., Weeks, H. M., & Robb, M.B. (2020). Young kids and YouTube: How ads, toys, and games dominate viewing, 2020. San Francisco, CA: Common Sense Media.

Rideout, V., & Robb, M. B. (2020). The Common Sense census: Media use by kids age zero to eight, 2020. San Francisco, CA: Common Sense Media.

Vanderloo, L. M., Bourke, M., Taylor, L. G., Phillips, S. M., Loh, A., Disimino, K., Bassett-Gunter, R. L., Koo, T., Thompson-M., & Tucker, P. (2025). Screen Time Among and Youth Children With Disabilities: A Systematic Review and Meta Analysis. Child: care, health and development, 51(4), e70136. https://doi.org/10.1111/cch.70136

Studies, cont.

Wu J, Lapierre MA, Garibay CS, Choi E. Parent and Child Media Use During Family Meals in US Households. JAMA Pediatr. Published online June 15, 2026. doi:10.1001/jamapediatrics.2026.2182

Zablotsky B, Ng AE, Black LI, Haile G, Bose J, Jones JR, et al. Associations Between Screen Time Use and Health Outcomes Among US Teenagers. Prev Chronic Dis 2025;22:240537. DOI: http://dx.doi.org/10.5888/pcd22.240537