

Social Media and Adolescent Mental Health: A Practical Approach

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EDUCATION GAP

Pediatricians should be able to describe the role of social media in adolescent mental health.

OBJECTIVES *After completing this article, readers should be able to:*

1. Summarize the current state of the evidence for social media's effect on adolescent mental health.
2. Evaluate mechanisms linking social media use and mental health.
3. Adopt resources and tools to promote positive mental health and social media use among adolescent patients.

ABSTRACT

The vast majority of youth use social media, which plays an important role in the lives of adolescents. Concerns around social media and mental health closely follow a previous pattern of concerns and cross-sectional studies that examined internet use and mental health. Social media and mental health study findings can be sorted into 3 categories: negative association, no population-level association, and a more complex association. Several critical mechanisms can be applied to understand the risks and benefits of social media for adolescents. Mechanisms explaining negative outcomes include problematic internet use (PIU) and exposure to negative content or experiences. Mechanisms to explain positive outcomes include social support, identity development, learning, and civic engagement. Screening for PIU and social media use with validated instruments and nonjudgmental approaches is critical. Prevention and management include ongoing communication and providing resources for families. In summary, population-level concerns about social media and adolescent health are not scientifically supported. However, pediatricians are charged with caring for individual adolescents who may experience a variety of positive and negative outcomes from their social media use that pediatricians can positively impact through communication and resources.

AUTHOR DISCLOSURE: Dr Moreno serves as the co-medical director of the AAP Center of Excellence on Social Media and Youth Mental Health. Ms Salerno is a research staff at the same center. This commentary does not contain a discussion of an unapproved/investigative use of a commercial product/device.

ABBREVIATIONS

AAP	American Academy of Pediatrics
ADHD	attention-deficit/hyperactivity disorder
ED	eating disorder
EMA	ecological momentary assessment
LGBTQ	lesbian, gay, bisexual, transgender, and/or queer
PIU	problematic internet use
PRIUSS	Problematic and Risky Internet Use Screening Scale

INTRODUCTION

Social media is important to the lives and health of adolescents; it is something that is used by and thus impacts the vast majority of teens.¹ Public discussion about social media's relative harms and benefits is common, and this topic is often featured in news stories.^{2,3} A National Academy of Sciences Report as well as a US Surgeon General's warning have further ignited interest in this topic.^{4,5} Thus, it is important for pediatricians to understand how social media intersects with adolescent health to best counsel patients and families.

This review article will begin with an understanding of what social media is and how it is defined and will provide examples of popular platforms. We will review common concerns about social media's impact on youth mental health. Next, we will dive deeper into proposed mechanisms or the pathogenesis behind how social media may impact adolescent health. We will conclude with practical aspects of screening and counseling about media use in the pediatrician's office.

SOCIAL MEDIA: BACKGROUND, DEFINITION, AND PLATFORM POPULARITY

Social media emerged as an internet phenomenon in the first decade of the 2000s.

Social media are a diverse form of media that share key characteristics including the capacity to build a profile on a digital platform and share one's own content, and the ability to view and interact with content created by others including adding endorsement (such as through "likes" of the content). Many digital platforms also provide opportunities to build an online social network by linking the profile to others in the network, and to directly message others on the platform. Most platforms provide users a "feed" or stream of content that is driven by an algorithm. The algorithm typically responds to the users' previous patterns of what they viewed and interacted with to provide more similar content.

Social media is also referred to as interactive media and includes social media platforms such as Instagram and Snapchat, video streaming platforms including YouTube, and interactive games such as Roblox. YouTube is the most-used platform, utilized by approximately 95% of teens. Other popular platforms include TikTok (used by 63% of teens), Snapchat (used by 60% of teens), and Instagram (used by 59% of teens). Most teens report daily use of these platforms, with approximately 15% overall describing themselves as "constant users" of platforms.¹

COMMON CONCERNS ABOUT SOCIAL MEDIA

A major concern about social media use is its impact on youth mental health. In this context, negative impacts on mental health can include anxiety and depression symptoms as well as poor body image and poor self-esteem. These adverse mental health symptoms and outcomes have been proposed as potential negative consequences from using technology, including social media.⁶

To best understand the current state of the evidence and arguments regarding social media and youth mental health, it is important to first understand the history. Concerns regarding the relationship between mental health and technology use are not new. In the late 1990s as the internet gained popularity, concerns were raised regarding the impact of internet use on adolescent health. One of the first publications on the impact of internet use was a small qualitative study in which participants reported declines in socialization with family members, decreases in offline socialization, and increases in depression and loneliness.⁷ This study defined and elevated concerns about an "internet paradox." This term refers to internet use leading to decreased socialization and poorer mental health, rather than its purported goal of enhancing social connections. Following this initial landmark study, further studies reported a similar positive association between internet use time and decreased socialization and mental health.^{8,9} However, other studies soon emerged that found no association between internet use and depression.¹⁰⁻¹²

In 2001, the initial internet paradox study was replicated and found that participants did not report the same concerns regarding internet use quantity and psychological well-being.¹³

A new argument emerged suggesting that the relationship between internet use and depression may not be linear. One study suggested a U-shaped relationship between internet use and depression, with increased risks for depression at both the extreme low and high ends of use.¹⁴ Similar studies emerged, which also found evidence that internet use and depression were best modeled via a U-shaped curve.¹⁵

Closely following the playbook about internet use concerns in the late 1990s, the emergence of social media led to concerns about associations between social media use and adolescent mental health. A clinical report released by the American Academy of Pediatrics (AAP) described a new phenomenon labeled "Facebook depression," when youth "spend a lot of time on social media and then begin to exhibit depression symptoms."¹⁶ National and international news sources picked up this story, and subsequent coverage made "Facebook depression" well known. Examination of

the AAP report's citations provided as evidence led to a disappointing assessment; citations included a college newspaper editorial and several web pages (including a trend hunter site). This clinical report was recognized as having widespread impact with little evidential backing and served as a "cautionary tale" of putting hype ahead of evidence.¹⁷

THE RELATIONSHIP BETWEEN SOCIAL MEDIA AND ADOLESCENT MENTAL HEALTH: 3 ARGUMENTS

In the history of how concerns around social media unfolded, 3 general arguments have been proposed through empirical and review articles.

Negative Association

One common argument is that there is a negative linear relationship between social media use and youth mental health. Similar to past arguments regarding internet use and health, this argument asserts that as the quantity of social media use increases, mental health decreases. This argument is typically supported by cross-sectional survey studies examining the relationship between a social media use self-report assessment and a mental health measure.¹⁸

There are a few critical issues with the conclusions drawn from these studies. First, the directionality of the relationship in a cross-sectional study cannot be determined. It may be that increased social media use quantity is associated with depression; it may be that increased depression is associated with increasing use of social media. A second issue with these conclusions is that the effect size, or the magnitude of association of social media use and mental health, is typically very low. One study found that the association between social media use and mental health had an effect similar to the number of potatoes one reported eating and mental health.¹⁹ This low effect size issue may make sense to readers, as mental health is a complex phenomenon with many contributing factors. A third issue is that similar to past studies of internet use, it is very challenging to report one's total social media use time. It may be that youth are reporting how much time they spend thinking about social media use and thus overestimate time spent.²⁰ A recent systematic review of studies examining social media and anxiety found that the majority of studies did not measure social media use, but problematic social media use, which may bias the findings toward identifying associations with mental health.²¹

No Association

Some studies examining the association between social media use and youth mental health have found no statistically significant association. One previous study avoided

using self-reported social media use and instead used ecological momentary assessment (EMA) (repeated sampling of subject's behaviors and feelings in real time in subject's natural environment) and found that there was not a statistically significant association between social media use time and depression.²² A review summarizing previous studies also concluded that the evidence did not indicate a clinically significant association between social media use and youth mental health *at the population level*.²³ However, it is critical to keep in mind that these studies are designed to detect an association that represents population-level impact. Thus, these studies should not be used to make an argument that social media cannot impact an *individual adolescent*.

It's Complicated

Some studies have taken a more nuanced approach to understand whether certain aspects of social media use beyond self-reported time can advance our understanding. One early study evaluated how social media time was spent, whether it was passively via scrolling, or actively engaging with others. This study found that passive use was associated with negative mental health impact, but active use was not.²⁴

Since that time, other studies and reviews have used approaches to address the nuances of social media functions, affordances (task-oriented functionalities that a platform offers), and motivations and how they intersect with mental health. Social media affordances include characteristics of social media platforms that suggest how they can be used, such as the ability to join groups with shared interests or build a profile that represents one's identity.²⁵ The Differential Susceptibility to Media Effects Model proposes that dispositional, developmental, and social variables as well as different response states to media such as cognitive, emotional, or excitative can influence an individual's susceptibility to the effects of media use.²⁶ This model illustrates how media has bidirectional effects on individuals depending on what strengths and challenges an adolescent brings to their media use.²⁶ One paper concluded "whether it enhances or diminishes one's well-being depends on how and why people use it, as well as who uses it."²⁷

Summary Reports and Consensus Studies

In recent years, large-scale efforts to understand the association of social media use and mental health have included a National Academies Report, a report from the US Surgeon General, and a report from the Kids Online Safety Task Force.^{4,5,28} These reports have reviewed and synthesized the existing literature and concluded that there is not sufficient evidence for a causal effect of social media on adolescent populations. The reports have illustrated that

relationships between social media and adolescent mental health are indeed complex and may be impacted by individual factors such as pre-existing conditions or by group belonging (feelings that come from being a part of a group). These reports have emphasized that new paradigms and narratives may be needed to translate social media use and adolescent mental health findings into helpful resources for adolescents and for adults who support adolescents.²⁹

HOW SOCIAL MEDIA MAY IMPACT ADOLESCENT MENTAL HEALTH IN POSITIVE AND NEGATIVE WAYS

Although population-level impacts of social media are not supported by causal evidence, individual adolescents have an array of experiences via social media. These experiences may have short- or long-term impact that may be experienced negatively or positively. In this next section, we explore some of the proposed mechanisms by which social media may impact mental health for individuals.

Mechanisms and Experiences Related to a Negative Impact on Mental Health

Problematic Internet Use. PIU is defined as “internet use which is risky, excessive or impulsive in nature, leading to adverse life consequences, specifically physical, emotional, social, or functional impairment.”³⁰ There are several ways in which PIU can negatively impact an adolescent’s mental health. First, PIU can lead to diminished sleep or physical activity, which are important health activities that support mental health.^{31,32} Depending on how PIU manifests, individuals may engage in impulsive or risky behavior, which could increase risk of harm.³³

Evaluation of the relationship between PIU and mental health is complex. In this relationship, it is also challenging to determine the directionality of association. One systematic review of studies about PIU found that depression was predictive of developing PIU in 13 out of 17 studies (76.5%).³⁴ Anxiety symptoms are also associated with the development of PIU. A meta-analysis of studies focused on PIU and mental health outcomes found that anxiety was positively and moderately associated with PIU.³⁵

Exposure to Risky Content: Substance Use and Pro-Eating Disorder. Adolescence is frequently a time of behavioral experimentation, which, for some adolescents, includes experimentation with risky behaviors. Social media provides adolescents opportunities to post personal information, including risky behaviors. Thus, risky content can reach and influence other adolescents. Many previous studies have described adolescents’ risky content on social

media, including alcohol and substance use displays.³⁶ These displays may normalize substance use; previous studies have shown that youth exposed to peer content on social media about alcohol reported stronger intentions toward drinking.³⁷

One particular type of social media content that has been well studied is pro-eating disorder (pro-ED) content. Pro-ED content promotes disordered eating views and behaviors as normal.³⁸ Increased risk for disordered eating behaviors has been associated with exposure to pro-ED content. In one study, older adolescents viewed 1.5 hours of pro-ED website content. One week later, 84% reported decreasing their caloric intake.³⁹ Three weeks later, 24% reported that they were still using approaches learned from those pro-ED websites.³⁹ A scoping review of 50 studies found that adolescents with a history of eating disorder behaviors were more likely to seek out pro-ED content online, which may increase these behaviors.⁴⁰

Negative Experiences: Cyberbullying. Cyberbullying is often defined as “the deliberate use of technology including social media to attack or cause harm to another individual.” Cyberbullying can include “name calling, spreading rumors, pretending to be someone else, sending unwanted pictures or texts, distributing pictures without consent, and making threats.”⁴¹

Cyberbullying has been linked to negative mental health outcomes. A meta-analysis of longitudinal cyberbullying studies found that cyberbullying victimization was a significant risk factor for depression and anxiety.⁴² Cyberbullying perpetration was also a risk factor for depression, but not for anxiety. This study also found that pre-existing internalizing problems such as depression and anxiety are a risk factor for being a victim of cyberbullying, indicating that the relationship between cyberbullying and mental health may be bidirectional.

Media Multitasking. Media multitasking is defined as using more than 1 media device, platform, or program concurrently. A previous study of older adolescents used EMA and asked participants to report their online activities in the moment. Across the times participants reported being online, more than half of the time participants were multitasking including online shopping, social media use, and academic work.⁴³ Media multitasking has been associated with increased risk of depression in previous work.⁴⁴

Mechanisms and Experiences Related to a Positive Impact on Mental Health

Social Connection and Belonging. Social connection is an important mechanism driving positive associations

between social media and mental health. The importance of developing and relying on social connection is heightened during the adolescent developmental time period.⁴⁵ Previous work has found that online communication can enhance existing offline relationships. One study identified a positive association between offline and online time spent with friends and well-being.⁴⁶ A qualitative study of adolescents illustrated that online communication through texting, social media posts, and instant messaging fostered belonging and validation.⁴⁷ Further, previous work has described social connections via social media as similar in value to family connections, and supported that social media may play an important role for adolescents' development of social connectedness.⁴⁸ Social media can also contribute to building and maintaining social capital (value derived from positive connections between people). Studies in this area have focused on at-risk young people, women of color, and those experiencing low self-esteem and life satisfaction and found that social media use can have benefits for social capital.⁴⁹

Another group that has been shown to benefit from online connections is adolescents who are neurodiverse or have ongoing mental health conditions who find and connect to those similar to themselves. A previous study of adolescents with attention-deficit/hyperactivity disorder (ADHD) found that teens often portrayed others with ADHD in a positive light on social media. Thus, having ADHD and being part of that group was used as a form of self-branding to ward off social stigma.⁵⁰ Other studies have focused on individuals with mental illness who have found support networks through YouTube. These support networks have led to outcomes including reduced isolation, improved hope, and the ability to share strategies and information about managing mental health.⁵¹

Identity Development. Identity development is central to adolescence, and social media profiles offer a canvas on which adolescents can shape, share, and revise their public-facing identity.⁵² Self-disclosure on social media, particularly authentic self-expression, can support identity clarification and progression of one's identity in response to peer feedback and new experiences.⁵³ Social media observation of others can also enhance identity expression. Observing representation of different racial and ethnic identities can support adolescents in shaping one's own identity through social comparison.⁵⁴

Social media also provides a venue for adolescents to explore their gender and sexual identity. One previous study demonstrated that youth who engage in lesbian, gay,

bisexual, transgender, and/or queer (LGBTQ) online communities experience decreased fear surrounding developing and sharing their identities.⁵⁵

Learning and Civic Engagement. There are several ways in which social media can lead to learning. Social media can provide audio, video, or multimedia sources to complement traditional textbooks and online sources. Further, social media can be used as a means of communication about academic work, both between students and between students and educators. During the COVID-19 pandemic, youth used interactive media to learn new things in a myriad of ways, including how to seek mental health help for friends and how to fix their own bicycles.

Social media can also be used to advance adolescents' civic engagement.⁵⁶ Digital tools can provide adolescents with information related to current issues, news stories, and non-profit organizations. Social media can be used by adolescents to create groups and organize civic or community events. This information and connection to others with similar interests can then lead to action through advocacy and or political activism.⁵⁷

RECOMMENDATIONS FOR PEDIATRICIANS

Social Media Anticipatory Guidance and Counseling

Pediatricians can provide anticipatory guidance around healthy social media use by discussing media use at every well-child visit starting in infancy and continuing through adolescence. The AAP Center of Excellence on Social Media and Youth Mental Health (<https://www.aap.org/socialmedia>) developed a framework to use when talking with patients and families about media use, the 5 Cs of Healthy Media Use.⁵⁸ The 5 Cs are explained in depth with resources for 5 distinct developmental stages: Infancy (0–18 months), Toddlers & Preschoolers (2–4 years), School-Aged Children (5–10 years), Young Teens (10–14 years), and Older Teens (15–17 years). Clinicians can use the 5 Cs to guide child-centered discussions about media use with patients and can provide the age-specific resources as additional resources to families.

The 5 Cs of Media Use include Child: centering the discussion on the child and their experiences; Content: focusing on content and whether the adolescent is engaging with quality content (rather than a focus on quantity of use); Calm: ensuring the adolescent has a variety of options to calm themselves down during stress that may include media but not exclusively media; Crowd Out: checking that media is not crowding out other important healthy behaviors such as sleep, physical activity, and time spent engaging with family

and friends; and **Communication**: having frequent and supportive communication between adolescents and their caregivers about their media use.

The 5 Cs of Media Use can also be used to provide problem-based guidance if specific concerns about media crowding out health behaviors are mentioned, such as media impacting sleep or physical activity. Each visit does not have to include all 5 Cs, but it provides an approach to navigating discussions with specific health-centered areas of focus. Further resources about how to use the 5 Cs in practice, and recommendations for how families can use this framework for conversations at home, are available on the AAP Center website.

Prevention

Discussing media use early and often is an important strategy for preventing problematic social media use. Rather than waiting until an adolescent shows signs of problematic use or has an upsetting experience online, the AAP Center of Excellence on Social Media and Youth Mental Health's Conversation Starters for Teens resource equips caregivers to discuss media proactively. The conversation starters cover topics such as setting boundaries, managing unwanted online contact, avoiding unwanted content, protecting sleep, and navigating interactive gaming environments. Clinicians and parents should approach conversations about media with openness, curiosity, and nonjudgment while inviting adolescents to share their perspectives and experiences. The timing of these conversations is also paramount. Ideal times to start preventive conversations with youth about media use could include family meals, car rides, and downtime at home. Times to avoid such conversations include during or right after a conflict related to technology or when the adolescent's friends are around.

Building healthy media habits as a family is also an important PIU prevention strategy. The Family Media Plan⁵⁹ is a free online tool that can be used to select media guidelines that align with the family's shared goals (<http://www.healthychildren.org>). By choosing 1 or 2 guidelines to focus on as a family, parents can model healthy media balance while allowing youth to have input in their family's plan.

PIU Screening and Assessment

A common challenge for pediatricians is a lack of validated screening approaches to understand adolescents' social media experiences. The Problematic and Risky Internet Use Screening Scale (PRIUSS) is a practical screening tool that can be used in clinical settings. The PRIUSS has both a 3-item brief screener (PRIUSS-3) (Figure 1) and an 18-item

full assessment in which each item is scored from 0 to 4.^{60,61} A total score of 3 or more on the 3-item brief screener indicates that the patient should take the full 18-item assessment to identify specific areas of concern. Further, the PRIUSS is a validated English language screening tool with a robust evidence base in the scientific literature. Screening is recommended at health supervision visits, as well as for problem-focused visits that may involve technology use, such as a visit focused on difficulty sleeping. Screening can also be part of subspecialty care either inpatient or outpatient, if concerns about technology use or sleep challenges impacting ongoing disease management are an issue.

The PRIUSS can detect problematic use of the internet overall and can also detect subtypes of electronic media use, such as video games, social media, gambling, and the use of smartphones. A previous study found that screening using the PRIUSS had the optimal sensitivity and specificity for clinic-based screening compared with instruments focused on specific types of technology use such as video games.⁶² Adolescents who screen positive via the PRIUSS can have further conversations about the specific media or technology they use. Because of the strong correlations between mental health concerns, particularly depression and PIU,⁶² any screening for PIU should be accompanied by concurrent screening and prioritization of management for depression. The PRIUSS-3 and full 18-item PRIUSS with scoring instructions are available for free online: www.smahrtresearch.com/use-our-methods/.

Another way pediatricians can assess media use is to integrate media use discussion into the HEADSS assessment when asking about either family rules and relationships in the home or leisure-time activities.⁶² The HEADSS title for this assessment is an acronym that covers aspects of an adolescent's context that may affect their well-being and risk behaviors: home, education, activities, drugs, suicidality, and sex.^{58,62}

Management of PIU⁶⁰

The evidence surrounding PIU interventions is currently weak. A recent meta-analysis found that intervention approaches included sports intervention, biofeedback, sand play therapy, cognitive behavioral therapy, and mindfulness.⁶³ A previous study of older adolescents' patterns of PIU found that for many, PIU self-resolves with intentional behavior change or the passage of time.⁶⁴ Thus, screening for PIU and using motivational interviewing to engage the adolescent patient in a management plan may be an appropriate initial step, with involvement of a mental health clinician also supported by the evidence.⁶⁵ The PRIUSS assessment can be used to identify specific areas of concern

Problematic and Risky Internet Use Screening Scale (Brief)

PRIUSS-3

Place an X in the box which best describes your answer.					
How often do you...	Never 0	Rarely 1	Sometimes 2	Often 3	Very Often 4
<i>experience increased social anxiety due to your internet use</i>					
<i>feel withdrawal when away from the internet</i>					
<i>lose motivation to do other things that need to get done because of the internet</i>					

Patients with a total score of greater than or equal to 3 on the PRIUSS-3 can then be administered the PRIUSS-18 as a more thorough evaluation.

FIGURE 1. The Problematic and Risky Internet Use Screening Scale (Brief) PRIUSS-3. Please answer the questions based on how you have felt and conducted yourself regarding your internet use over the past 6 months. Please do your best to interpret these questions as they apply to your own experiences and feelings. When considering your internet use time, think about any time you spend online, whether you are using a computer or a mobile device. Do not include time you spend texting unless you are using text messages to interact with an online application.

to address (eg, feelings of anxiety, avoidance of other responsibilities, lack of offline social activities) as part of that plan.

CONCLUSION

Social media is woven into the fabric of most adolescents' daily lives, and it is critical for adolescents to have supportive adult relationships to help them navigate their experiences. Pediatricians should understand that the current evidence base for social media use and adolescent mental health follows patterns similar to those with past technological breakthroughs, with an emphasis on population-level cross-sectional studies that do not illustrate causation. However, every individual adolescent using social media likely experiences both positive and negative experiences, and pediatricians can provide a health-focused space to discuss and to support adolescents in their use of social media. The AAP Center of Excellence on Social Media and Youth Mental Health has accessible tools for pediatricians to use during clinic visits or in counseling patients and families.

Summary

- The argument for a clinically significant population-level effect of social media on adolescent mental health is supported by evidence that is considered weak.^{4,5,19,23,28} (Level of Evidence: Weak)
- There is no evidence to support counseling all adolescents to abstain from social media or digital technology use.
- Certain groups of adolescents, such as those in LGBTQIA+ communities or with ongoing conditions, may derive unique benefits from social media use that enhances belonging or identity development.^{50,55} (Level of Evidence: Moderate)
- Certain groups of adolescents, such as those at risk for eating disorders, may need additional caution or support in their social media use to avoid content that is misleading or triggering.³⁸ (Level of Evidence: Moderate)

- Given that the majority of adolescents use the internet, and most use social media, screening with a validated assessment tool to identify problematic use is merited. The PRIUSS is a screening tool with a strong evidence base for validation and assessment in both screening and longitudinal use.^{60,61,66} (Level of Evidence: Strong)



Take the quiz! Scan this QR code to take the quiz, access the references and view and save images and tables (available March 1, 2026).



1. At a medical student pediatric interest group meeting, concerns are raised about recently publicized deaths of adolescents linked to cyberbullying. The group decides to review the impact of social media use on the mental health of the adolescent population. Based on a review of summary reports and consensus studies of recent scientific literature, which of the following best describes at a population level the impact of increased social media use on mental health in adolescents?
 - A. Increased risk for anxiety.
 - B. Increased risk for depression.
 - C. Increased risk for poor self-esteem.
 - D. There is insufficient evidence to support a causal effect on mental health. Increased social media use may have positive and/or negative experiences and consequences.

2. The mother of a 15-year-old boy is concerned about his increasing use of social media platforms. The boy has always been shy and has not been interested in group sports or school clubs. He recently joined an online interactive gaming group that includes one of his few friends. She is worried about exposure to social media “dares” that if attempted could cause harm. He is an honor student, and a HEADSS assessment raised no red flags for concern. He has no history of depression or impulsivity, and his screens for anxiety, depression, and suicidality are negative. The AAP Center of Excellence on Social Media and Youth Mental Health was recommended to the mother as an online resource. Which of the following is appropriate discussion points to bring up with the mother about her son’s well-being?
 - A. Online communication will diminish offline relationships with his friend.
 - B. Online risk for “dares” outweighs positive social media experiences.
 - C. Participation in group gaming platforms should be limited to 1 hour a week contingent on diligent parental monitoring.
 - D. Social media use may play a positive role in development of social connectedness.

3. The parents of a gender-diverse 15-year-old are worried about their adolescent’s social media use. The youth has acknowledged to their parents that they have been communicating with online LGBTQ communities and friends. The parents are concerned about risk for sexual victimization. The youth has no history of anxiety or depression. Validated screens for depression, suicidality, and anxiety are negative. Which of the following content is most appropriate to include in discussions with these parents about their adolescent’s use of social media?
 - A. An urgent referral for cognitive behavioral therapy is indicated.
 - B. Nonacademic screen time should be limited to 4 hours a day.
 - C. The positive aspects of online LGBTQ communities and developing identity.
 - D. Unacceptable high risk for sexual victimization associated with continued communication with online LGBTQ communities.

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4. During a well visit for a 12-year-old girl with attention-deficit/hyperactivity disorder (ADHD) and anxiety, a medical student conducted a HEADSS interview that included a few questions about social media use. The girl reported enjoying online gaming with other players with ADHD. The medical student expressed concerns to the attending pediatrician that the girl may be at risk for negative experiences and outcomes from social media use. The attending explained that adolescents with ADHD may also derive positive benefits from social media engagements especially with other adolescents with ADHD including connectedness, sense of belonging, and validation. Adoption of the 5 Cs of Healthy Media Use tool to provide a structure for anticipatory and problem-based guidance was also recommended by the attending for the care of this girl and other adolescent patients. Which of the following is a characteristic of the 5 Cs of Healthy Media Use?
- A. Designed for exclusive use with adolescents aged 11 to 17 years.
 - B. Focus is on assessing the quantity of social media use.
 - C. Framework includes checking for social media use that crowd out other healthy behaviors.
 - D. The tool is composed of 3 questions for each of the 5 Cs to identify problem social media use.
5. During a follow-up visit for acne, the mother of a 16-year-old girl expresses concerns about the daughter's use of the internet and social media. The mother has noticed the girl multitasking using text, messaging and video-sharing apps, and games. The girl says her use is like that of her friends and emphasizes that she follows the family rule of no smart phone use during family meals. The PRIUSS - 3 item brief screener for problem internet use is administered. During this visit, concurrent screening for which of the following mental health concerns should be prioritized?
- A. Anxiety.
 - B. Depression.
 - C. No concurrent screening for brief screener scores <5.
 - D. Substance use.