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Interviewee: pediatric primary care provider ('Sofia' is a pseudonym.)

Interviewer: Okay. The first question's really basic. In what ways do you help parents with their decisions about their kid's screen media practices?

Sofia: Absolutely. I'm a pediatric primary care provider, and so it's kind of funny to think, but people ask your expert opinion on day-to-day nuts and bolts, living, of raising kids. Fortunately or unfortunately, screens are a big part of that. I integrate it, and it comes up, I find, in every well child visit that you do, period, if you do it well, in my opinion. What I have found is that you really can't talk about basics of the well child exam. I mean, sleep, you should ask about sleep habits and time, and you need to talk about growth and development, so like weight and weight management, and BMI goals, activity and exercise.

Sofia: Those three things are very closely linked to screens, both in positive and negative ways, I find, in general. A lot behavior concerns and just troubleshooting comes up in well visits, and a tremendous amount of mental health, provision and mental healthcare, is just delivered in a primary care setting, and when you're talking about mental health, you're always inquiring about sleep, behaviors, activity level, and you're certainly talking about stressors. It's not like screens is just the root of that, but if you are talking about any of those basic things, it's like a basic inquiry, you know?

Interviewer: It's integrated into all those conversations about sleep, about activities, about stress.

Sofia: Right. If you didn't do it every day, and if you didn't hear the same answers over and over, you might not realize that that's an important data point. People don't realize it, or they're like, "I'm just so tired all the time," or, "I can't focus on school," the presenting complaint, people really have, I find, kind of a low awareness of that, because their screen usage, or something, almost universally tends to be really high, I find, in areas where people are coming with a complaint of like, "Well, my kid stays up really late at night." "Well, tell me what's going on? What time do you go to bed at night?" "Well, I get in the bed at 8:00." "What time are you actually asleep?" "About midnight." "Oh. What are you doing for four hours, between 8:00 and midnight?" "Oh. Maybe I'm on YouTube, or I'm here. People, it's so much a part of the fabric of their life that they actually don't even realize it.

Interviewer: Yeah, yeah.

Sofia: I'm sorry. I'm getting a bit ahead. How do I help them about their decisions? To me, it's integral into every conversation that I'm having that's in a well visit.

Interviewer: Okay.

Sofia: Yeah, if you came to talk about your sore throat or your rash, we're not gonna talk about it probably that day, but if you are coming for a well visit or you're-

Interviewer: So, tell me about well visits.

Sofia: Yeah. Yeah. Well Child Check.

Interviewer: Are they annually or-

Sofia: Sure. Two years old and up they are annual. There's two months, four months, six months 12 months, 15 months and 18 months. At [healthcare facility], and many other places, we do a routine screener called the NAS, N-A-S, Nutrition and Activity Screen.

Interviewer: Oh, okay.

Sofia: It's done routinely 18 months to 18 years.

Interviewer: Okay.

Sofia: If I happen to see, like if a 15-month old child, even a younger child than that, if they're in the exam room with me and they have a screen with them, if they have an iPad with them, if they're tapping on it or looking at it instead of looking at me or their parent, I will talk about it the moment, not the moment I see it, but as part of that visit, but we are triggering a question, because on this screener, there's questions about veggie and fruit intake and calcium. We have food insecurity questions on there, and we have activity, like how much physical activity do you have? There is a question about screens.

Interviewer: Okay. Do you know what that question is?

Sofia: Yeah. It has a scale. It's how many hours a day does your child spend on screens, and then there's a parents, and it's TV, computer. I feel like it's a bit outmoded. We need to expand.

Interviewer: Okay.

Sofia: Well, because the question, I believe, is how many hours a day of TV time?

Interviewer: Okay.

Sofia: Many people, I find, they don't identify. They're not looking at a television, so I get much more specific. I build out that question, because it's a passion of mine, and then the options are less than one hour a day, one to two, it's a check box, one to two hours a day, three to four hours a day, or five or more.

Interviewer: Okay.

Sofia: If I see anything that is greater than one to two hours a day, you are going to be talking to me about that more. With school-age kids, middle school and high school, and beyond, if they have three, or four, or more, I ask them and I say, "If you take out Chromebook time, take away homework time, I'm talking about your recreational screen time, your own time, would this number stay the same? Does it get bigger or smaller?" Then I wait for their answer. Summer is coming, even though it doesn't feel like it, but there are very honest kids out there, and I have many kids, just freehanded, write on the right-hand margin like, "Oh, more than five, like seven or more, especially in the summertime."

Interviewer: Oh, okay.

Sofia: It's nuts. People are pretty honest. I always am like, "Thank you. I actually think you are probably telling the truth," because we know, too, from national data that it's a way higher number, that people tend to underestimate their number.

Sofia: Conversely, when I see people that are like, "Less than an hour," it always catches my eye because those are the outliers. When I see people with the less than an hour or one to two, especially in older kids, because you expect that number to drift with age, because it does, I say like an open-ended question, "Do you have rules?" This is what I always say is, "Do you have rules in your family about screens? I'd love to hear your family rule. What are the rules?" They will tell me right away what they are, or they'll tell me, "No, not really. What do you think we should do?"

Interviewer: Do they say that they've tried rules and they've tried different strategies?

Sofia: No. Yeah. Maybe sometimes people will say yeah, if it's something they're struggling with. It's almost universally a conflict with older adolescence and older teenagers.

Interviewer: Yeah.

Sofia: If the number is where I, as a provider, want it to be, or if it's a number that I'm like, "Yes," and I give a lot of praise and a lot of, "Woo," about that, I make the kids shake my hands and their parents shake my hands in front of me to formalize it, and I make it into a joke to sort of make it not as preachy and make it more approachable.

Interviewer: Yeah.

Sofia: Yeah. When there is a really, what I feel like, a low number, like the goal number, because what our recommendation is, it's not where most people are, I find.

Interviewer: Sure.

Sofia: What the recommendation is, and I share that recommendation every time, where I said, "Did you know", are you familiar with the 5-2-1-0 framework?

Interviewer: Mm-hmm (affirmative). Okay.

Sofia: We use that.

Interviewer: You're using that. Okay.

Sofia: Absolutely.

Interviewer: Good to know. Okay.

Sofia: I'll ask them, and I'll say if the number differs for what my recommendation is gonna be based on the age of the child, I said, "Do you know, how many hours a day is it healthiest for our bodies to have with screens?" I'll ask them and see what they think. I'll say, "Actually, did you know it's two or less." I'll say, "Why do you think that is?", and we have a conversation about why that might be, and I have some kind of laminated tools from the Healthy Kids Collaborative that I use to sort of enhance that conversation that we did as a pilot last summer.

Interviewer: Oh, really?

Sofia: I still am using those. Yeah. I work in pediatrics, not family practice, so it's only kids. I'm a bit hot on this issue, so it's something that ... I have a huge mental health practice of people that I see. I believe with every fiber of my being that it's not a causation. Or it is causation, excuse me. It's not just correlation, where I am seeing this really sharp increase in mental health needs for a variety of reasons, but I feel strongly that screens in particular, social media, has a huge impact on that. So, I just have a lot of people in my practice that I think has just enhanced how I talk about this, and why I talk about it, and why I try to talk about it very much upfront. Sorry. I'm getting ahead. Do I intentionally address it? Yes.

Interviewer: I just got my pen out, because I had so many questions as you were talking. So, I will start taking better notes. Thinking about the 5 to 11 year old age range, what do you think are the kind of specific concerns that you have, that you see? I mean, you've told me a lot of what you are seeing, right?

Sofia: Yes.

Interviewer: Thinking of that age range, what do you see?

Sofia: In 5 to 11, what do I see?

Interviewer: Mm-hmm (affirmative).

Sofia: 5 to 11, kids already have a habit. They already have some precedent or some habit by age five. If that habit has started out on what I consider a more concerning trend, so if they're in that three to four hour or more, and especially a lot of unsupervised or what I kind of refer to as isolated screen time, where it's not interactive, it's not even family monitored, that is gonna be a hard habit to undue, and it's gonna take more work, and there may not be a lot of wherewithal in the family to make that change.

Sofia: But in 5 to 11, I would say somewhere when kids start begging their parents for a phone and often get their phone, some of the youngest I've seen is around age seven with a smartphone device. Many kids even younger than five have some kind of personal screen device, whether that's an iPad, or a Leap, or a Kindle. I forgot about Kindles, because we don't have these things in my house. I feel like in kids and that age group, especially on the older end of that, these are kids that are elementary aged kids. Many of them, especially them who maybe are from more resource rich families, they do tend to have quite a few activities, and kids who have more activities have less screen time.

Interviewer: Right. So, the scheduled activities.

Sofia: Yes. Mm-hmm (affirmative). That goes on to be true in middle school and high school kids, like kids who are very heavily in athletics, tend to have less time, right?

Interviewer: Yeah. You see the kind of prime concern around time, right?

Sofia: Yes, just a waste of time.

Interviewer: On your wellness-

Sofia: The screening.

Interviewer: Do you have a question about where in the home, like bedroom time?

Sofia: No, and that's a great idea. I would say I ask about that, like in my conversation, but no there's no question. There's also not a question on there about sleep. There's not, on the screener form. Now you talk about sleep, you should be talking about sleep at every well visit. I feel firmly that it should be on the form too. These forms take a long time to generate. They have to go through health equity and health information, they have to be translated into multiple languages and so it's a huge lift and we have just done in about three years ago and we added the food insecurity stuff, which I'm so glad that's on it, and that's been a huge catchment of new work that we've been doing. There's a lot of things that I think could be further enhancements.

Interviewer: I just asked that because I know the American Pediatrics Association recommends that as a question.

Sofia: Correct. That's a great, I'm just going to write my own note.

Interviewer: Just curious.

Sofia: Ask about where.

Interviewer: Okay so-

Sofia: Oh I thought of one other thing, I'm sorry.

Interviewer: Go ahead.

Sofia: We talk about puberty a lot, US specifically about 5-11. In fourth grade, at least in [small city] schools, right around this time of the school year, the end of fourth grade and end of fifth grade, in [small city] schools and many others they teach a human growth and development curriculum so kids are at least getting a first pass in the public school systems on puberty education. Lots of kids have already started the puberty process starting early aspects around age nine, and all of kind of the social aspect that comes along with that. I don't think that puberty, puberty and screens are not the same thing but social media is a driver, I guess I would say, of some of the social emotional dynamics of puberty, or is very closely integrated to that.

Sofia: Again, just like a tenant of I think doing really good primary care is having anticipatory guidance. Even if I am sitting here talking with a nine and half or a ten year old kiddo who doesn't have a lick of pubic hair on them, they will, before I see them next year, or they'll have breast buds or they will have heard this education and you should really be talking to kids about this up front because they already know about it, they have questions. I billed in internet safety and safe screens because they are also getting that education in schools. I link it to puberty, and this feels like a safer and more palatable approach to talking about pornography with kids, because we know the data says that some appalling number, what is it, it's like in the 70% by age 12 of boys, and I think that's what most of the research done has seen internet porn by age 12, right?

Sofia: I try to normalize. My phrasing, if it's useful or important to hear, I use Google as a reference. I'm like, "A lot of people your age have really good questions, questions that we might not want to raise our hand in class during human growth and development and ask when are my boobs," if I'm talking to a female patient, "When are my boobs going to get bigger?" If I'm talking to a male patient, "When is my penis going to get bigger?" They kind of laugh and I'm like, "Are those normal questions to want to know? Yes they are." I said, "I don't know about you guys, but when I don't know the answer to someone who do we ask?" I'm like, "I

ask Google." They're like, "My mom and my dad." I'm like, "Great answers." I said, "Let's think together. What would happen if I typed into google, or asked Alexa when would my penis get bigger?" The kids have the answer they're like, they know. That also shows me if they've seen something already that was disturbing to them. Like if they come up with the answer right away, I know that they've already seen something maybe a little inappropriate.

Sofia: We talk about how first of all you might not get your question answered. You might, but you might not. That's one risk. Then I said, "You might get some new information but you might get a lot of other stuff that might make you feel sad or uncomfortable or embarrassed. This is one time where books are so, they're always going to beat a computer and a person, like your mom, your dad, your big brother, your big sister, your nurse practitioner or your doctor. Talk to a human," and then I give them a lot of puberty research books. Then depending on the age of the kid or what I sort of am getting from them if they're like, "Yeah," then we dive into a little bit further. I do that in confidence, kids 12 and up. We talk in greater detail because I've stayed long.

Interviewer: Okay so 11 and under are the parents in the room?

Sofia: Yes.

Interviewer: Then you'll get-

Sofia: I talk about it openly with the parent in a room too, as a way, because I think there's some parents that are pretty savvy, especially if it's a second or a third child in the family, who have older kids who have already kind of moved through that. Many parents, they need the modeling of how to have those conversations with their kids. I just think normalizing and taking shame out of stuff is really important for both parents and for our kids. There's a lot of shame around screens.

Interviewer: What about sexting?

Sofia: Oh my god. Oh my god. We talk about it. I'm showing my age because, and I'm pretty transparent with a lot of my kids, my patients, and they know. I'll tell them all freely I gave up Facebook three years ago for lent, and they laugh, and it changed my life, and I talk about the why I did that. I just really felt bad. It mad me sad. Sometimes it made me happy if I found out somebody had a baby or got married. Most of the time I noticed it just made me feel really stressed and like I had this job to do, and I already have a pretty hard job. I just decided I'm going to take a break for awhile and I took a break for 40 days and 40 nights and I was like, "I don't want to go back." I have no other social media of any kind. Just because I don't know, I'm too old. The Snapchat thing I'm like, "What is that?" I've often thought maybe I need to keep an account just so I know scientifically what this crap is so I can better relate to my patients, but I learn a lot from them.

Sofia: A couple years ago, a lot of my teen girls, I was appalled to learn of the object, and I'm sure it's girls and boys and everybody, who identifies wherever, they get object just solicitations everyday. You get snaps from people you may or may not know that are like, "Show me your boobs, send me a naked picture." I don't know if you knew that or not, but I was just rocked when I heard this. I was like, "Wait what?" I swear I have half of [semi-urban] High School that is my clientele so they tell me these things. These are good kids messaging other kids. We talk a lot about the anonymity of a device. The isolation and the anonymity of screens and what I often use the metaphor I say, I try to normalize it. Then again, I make a joke often at my own expense saying, "Hey I didn't have my first email address until I was a freshman in college." Because it wasn't a thing. They're like ... Then I'll say, "My grandma used to think, when I told her FaceTime she thought it was magic." I'll talk about the Jetsons and kind of make them laugh.

Sofia: I say this again with the parents in the room and we kind of have a pull together moment where you're like, "Middle school and high school there's always been hard things about being an adolescent growing up but it's harder now for you guys, for these reasons. You don't get a break from it." We try to, and I sort of try to, again de-personalize or make a shared responsibility. I'm like, "You didn't have a choice about whether or not these devices and these social media aspects existed. You've always lived in a world where they have. It just means that you have to work a little harder to be a little smarter and keep yourself safe. Here's why."

Interviewer: You talk about anonymity as one of the risks, 24/7.

Sofia: 24/7, it's like a 24 hour news cycle, at least a lot of exhaustion and emotional exhaustion.

Interviewer: That kind of amplification?

Sofia: The amplification. Exactly. I'll use the megaphone metaphor-

Interviewer: I could tell you were. I knew what you were going for.

Sofia: Italian, talking with my hands. Anybody, using that reference point of talking about parents and then sometimes again, I like to model that conversation so hopefully families are having this conversation on the drive home from clinic or later that night or whatever. Then I'll say, "Anybody could be a bully or say something unkind, but it takes a lot less courage to say something cutting or damaging from the privacy of someone's room but it casts a lot wider net than saying it bold faced up to somebodies face." It's like the potential for impact is larger when you have this vehicle. Yeah.

Interviewer: Do you feel like you're having those conversations mainly with high school students or does it go to under age 11? Is it dropping, do you see a change?

Sofia: There's a section in our smart form, on the physicals, "Oh you're at [local elementary school], you're in third grade. How do you like school? How's it going?" I talk about bullying or code word for bullying. "Are there kind kids in class? Anybody who isn't kind, what do you do when somebody isn't being kind?" You just adjust that up and down. I often use the word drama when I'm talking to middle school and high school kids. I say, "How's the drama level in seventh grade? What are the people like in your life?" They're like, "It's pretty good." Then I say, "That's awesome. How do you stay out of drama? Tell me what helps you stay out of drama."

Sofia: That's often a slide right into sleep and social media. If I have a kid who is like, "Lady," like they are showing low patience through their body language cues, their one word answers, whatever, I have an extremely abbreviated version of internet safety that I use where I'm like, "I can tell I'm burning you out." I always thank them. I'm like, "Thank you for listening to my preachy lecture on screen time." I'm like, "I could give you the one second version or I could give you the one hour version. Here's my one second version." I lift up the keyboard, I point to a button I say, "What does that say?" They say, "Delete." I say, "It doesn't exist. Remember that. In the world of the internet there is no such thing as delete. Represent yourself well. Represent other people well and you won't go on the golden rule of the internet."

Interviewer: Okay, okay, so that's your guiding principle.

Sofia: Correct. It's my guiding principle.

Interviewer: Represent yourself well-

Sofia: Represent yourself well. Represent others well, and try to say, "If you didn't do that in front of someone's face, if you don't want the world to know about it, don't do it on the internet and don't look for it on the internet either." Yes.

Interviewer: Do you have guiding principles for parents?

Sofia: Absolutely. The American Academy of Pediatrics guidelines. Yes. I guess it's right there. I give them the parameters from the AAP every time. It's surprising to most people. How do I disseminate information about this? I'll give that as a resource, but I do a lot through storytelling, and examples and-

Interviewer: During your session.

Sofia: Correct. Exactly.

Interviewer: During your wellness visit.

Sofia: Yes, exactly, and guided on the pathway of what is, what's the need, what's going on.

Interviewer: Do you send them home with physical handouts?

Sofia: Sure. It depends. We try to keep a really paper-free environment but we always have an after visit summary and I have that as an integrated, it's in every after-visit summary I have, recommendation. It is something that people, I think when one of your common questions, parents ask about, yeah common questions parents ask about items on the list because you have a question on here about devices. The common questions they ask is, "How much time is okay?" They want to know. Then their other most common question I hear is, "How do you get your kid to put their phone down?" They'll talk about openly this is a major conflict for them. They want to know. They're like, "Tell me."

Sofia: What they always do is they put me in the hot seat, and I'm very happy to do that. They're like, "Okay did you hear the doctor? She said blah, blah, blah." It's giving it more weight.

Interviewer: There it's more about behavior management than-

Sofia: Correct, limit setting.

Interviewer: [crosstalk 00:25:58]

Sofia: No I would say that is very secondary unfortunately. I would like some enhancements from the librarian I need to ... That's like next level, do you know what I mean, where we're kind of at this bedrock-

Interviewer: And it's kind of like-

Sofia: Crisis management.

Interviewer: Exactly. That was the word I was looking for.

Sofia: Yes.

Interviewer: You also spoke at the museum [for children]. That's how I got your name.

Sofia: Yes you were so speedy. I think I got the fax later that day. I was like, "I'm somebody now, wow."

Interviewer: How did that come about and do you do other things like that?

Sofia: Yes. That was my first opportunity getting to do that because [local health care facility], we have this really wonderful, our PR and public relations thing. They

do a “what's going around town” segment. Then we're actually launching a blog, which is pretty cool. Then this opportunity had just come up at the museum [for children], [local health care facility] financial partner for the first time parents initiative. Even though these are very young kids, I'd say the youngest was like two months and the oldest was like closer to two. I have this later on here, if we want to be preventive, it's a really daunting thing. It's like, "Oh man if you've hit three and things are off the rails good luck with the rest of life," but we know that.

Sofia: We start the NASH screener at 18 months. You get your buzz, I am talking about screens at 18 months. Hopefully as I mentioned, if I see it before that I'm talking about it before that. I talk about it ... The very first time when we do the NASH, when I see parents that have that, I would say that number is always on the left side of the scale. 1-2 hours or less than an hour a day. I hone in on that because a lot of toddlers are setting up for peaking needing strategies, it's all the same thing. It's power struggles between kids and parents. There's these themes that you see. It's so easy to be preventive because between 12 months and 2 years, so much of the conversation is about behavior management and temper and all this stuff. Parents are very willing to avoid things that are going to fan the flames of toddler drama.

Sofia: We've already talked through what happens when they're sitting in the high chair or what happens when they, after they leave grandma's house or biting or something. Then what happens during mealtimes. Then I'm like, "Okay," a place where people often enter into screens with very young children has to do actually with meals. If you have a picky eater, you're totally higher risk of having a bad screen habit I have found, because parents who are struggling with picky eating behaviors, we have a question, ah there's another question on the NASH. It asks about eating around screens. It says, "Does your child eat meals and snacks in front of the TV? How many days per week?" That's a trigger for me.

Sofia: Then we go right in there. I say, "Beware the trap of," they're like, "Well they won't sit down and the only way I can do is I put a Thomas on or a Daniel Tiger," and this is where you get kids in high chairs who are only eating when an iPad is in front of them. This is an epidemic in this country. Again, using a little self deprecation and humor I'm like, "So this is the toddler equivalent of Netflix and chill, and I don't know about you but I eat a whole bag of tortilla chips and salsa when I am watching Crazy Ex-Girlfriend." That's parents are like, "Oh my god, me too." I'm like, "Mindful eating starts here."

Sofia: Then you get real, real with them. I'm like, "One, parent always needs to be their choking prevention," but I'm like, "Two more importantly, if your children is only learning to eat and associate, we know that they tend to eat more and it's really closely linked to obesity and not as guided food choices. You should be eating together." We make just a strong recommendation for keeps screens away from meal time, and here's why. When I see that really low number, especially in young children, again I just praise it up and down. I talk about it and, "I know it

might seem weird that I'm talking about screens. You have a year and a half old child here. We have already talked about your safe car seat and your healthy sleep habits and wearing a helmet. I do not see this as any less important because your child has this good habit now. I am very sure that if you can maintain this, when I see your kiddo at three and they still have this low number, they are more likely to have that low number when they're five and when they're 10." I'll tell them the opposite too.

Sofia: I'm like, "If I meet a kiddo at 18 months who already has 3 or 4 hours a day of screen time, this is a very hard habit to unwind and it starts now. The best way to do is just build this in. It's much easier to reinforce with a very young child who's less arguing potential than a more verbal child." That seems to resonate a lot. I've really taken my screen conversation and I've aged it down, because if you want to cast the widest net, just like dental health. Most kids don't get to see a dentist period, if they have public assistance. Most dentist don't see kids three and older. You get your full mouth of teeth before you hit the dentist office. If you haven't been brushing your kids teeth and if you've been giving them juice everyday, you're talking about complete dental rehab. We're just going to be climbing uphill. Put fluoride on kids teeth at the 12 month visit, and especially with our high risk kids. It's prevention and I see it, to me I don't know how you can work in pediatrics and not talk about screens. It's not an option.

Interviewer: It's interesting because you're kind of integrating it, it's all so linked to prevention, habits, healthy habits for all of lifestyle kinds of things.

Sofia: That's part of that 5-2-1-0 framework where it's like you focus on it as a healthy habit and you speak about it positively instead of bringing a lot of shame. I have been leaning heavily on [inaudible 00:32:35] work, the art of screen time and throwing that out. Again, if we don't have a lot of time because there's a lot of other kids in the room or somebody was late for their appointment or that kid is really sick today, there's a million and one things that can kind of not give you this big, I'm giving you the best case scenario when we have all the time in the world and a robust time to have really great anticipatory guidance and counseling. That doesn't always happen obviously.

Sofia: I will say, "Hey have you heard of the Michael Collins food rules?" A lot of people, well we live in [small city], are like, "Yeah." I'm like, "I don't know about you. I don't read parenting books. Who has the time? Are you ready for the Cliff Notes version? Enjoy screens, not too much, mostly together." I'm like, "There's a time and place for what I call lock-down mode, aka the very young child with a headset and an iPad who's dead to the world." I said, "There's a time and place for that, like you're on a 9 hour flight, but for the most part have this be together." We do the reach out and read program which is early literacy with the books and model and everything with very young kids, and again I give myself as an example where I'm like, "The problem is,"

- Sofia: What do parents struggle with is that for many of us, when you're allowing your kid to have screen time it's because you need to get that hot meal on the table. You need that 20 minute PBS babysitter time. I, again, I give my own family as an example. I have two young boys. I'm like, "I need them to stop beating the hell out of each other and sit down and watch Puff and Rock," but it's not like sit down and watch, I do definitely, you're making the selection. It's like, "You can watch this, or you can watch this, or you can watch zero. What's the choice?" It's not a free-for-all by any means, as it shouldn't be.
- Sofia: Most of us, when we need screen time, to use that with our kids, it's not because we get to sit down and watch it with them. That's the hard part. I try to praise the times when parents will be like, "Yeah we do family movie night." I'm like, "That's fantastic." I'll give, again, a story. My mother learned to speak English with my sisters and I by watching Sesame Street. Sesame Street helped my mom learn English. She sat down and she watched it with us, and that's a very positive experience that was beneficial to our whole family, and so I'll tell them that. I will say, because I always model, "Where's the doggie," like with the book that I have.
- Sofia: Then I'll say, "What we know now, is especially with very young children, the best way to use a screen is to use a screen like a book. Yeah sometimes my toddler does want to sit there and with contentedly look independently for a short time, but most of the time what do they want? They want you to read it to them." That is actually the same thing with screens. They get more out of it, and high quality children's programming that is PBS based, and Netflix does have some nice things too, more educational stuff, is interactive in that way. It's solicitous. Super Why or something. Say your name. It's asking for input. It's not just fast presented cruise making stuff.
- Interviewer: You're about to get to some kind of evaluative content stuff.
- Sofia: Correct.
- Interviewer: Winn, I want to be respectful of your time, so tell me what else you wanted to talk about from your notes.
- Sofia: You asked what devices are most frequently mentioned by parents. Again, it depends on the age of the child. Smart phones, iPads, Chromebook, school stuff.
- Interviewer: I have talked with [the state-wide organization for curriculum and instruction] and the school media specialist, but I'm not getting a lot of information. Are you able to get much information?
- Sofia: I just think it's a terrible idea. Yes, we want our kids ... I try to say to people, because some people are like, "Well I want them to have good computer skills," and it's sort of the thing when you talk to a non-native English speaking family where you're like, "If you live in the United States, don't worry. There's no fear

that you're going to lag behind your peers in your screen knowhow. You'll get it by osmosis." I just don't think that we need, I think it's so relied on way too much. It's too much technology. I have younger kids so I don't know as much as I would like to know. I know that kids look at porn on Chromebooks at school, and I need to know how the hell that happens. They need that feedback. They can have every firewall they want and guess what? Those kids are smarter than you. They'll figure it out.

Sofia: They have their phones. Six, seven years ago when I worked in the district, when we moved back, we had these completely ineffectual posters all around, "See it and take it." Nobody does that. They're everywhere. It's so stupid. My kid is in second grade and his best friend in first grade just showed him some inappropriate material that he saw at school on a fellow first graders phone. Why does a seven year old have a hundreds of dollar device in their backpack that you have no ability to police and then my child, I didn't have any say in that. This is what I do too. Luckily my child has heard a lot about the screen rules. He still lost three weeks of sleep worrying about it at night not knowing how to talk to me about it because he was afraid, and I quote, "You were going to be horribly angry with me." He knew enough to know that he saw something that made him feel uncomfortable, that he knew didn't feel right, and he knew he should tell his mom about. Took him awhile to get there. We've had some long nights because of it.

Sofia: This is real stuff that people do everyday. Then it led to a very interesting conversation between myself and my son's best friend's parent where I was like, "Hey PS one of his little savvy friends showed him this over there at [a local elementary school]. You might want to have a conversation. Hey, you're president of the PTO. Why don't you talk to your principal about what we got going on in schools? Even elementary schools." True fact. I am, of all the things that I hate, social media is very high on the list. I also am this, the thing that, like X-box and video game stuff, first person shooter games, that is a whole nother sub conversation.

Interviewer: It is. Do parents express anxiety or they have-

Sofia: No.

Interviewer: It doesn't come up in conversation?

Sofia: It doesn't come up unless I bring it up. I bring it up often when we're walking very far down the line of mental health concerns, and you're already too far there. The trend that is very disturbing to me is I am also a hater of YouTube. Again, you can use your powers for good, you can use it for evil. It's like that whole, with great responsibility, with great power comes great responsibility. I will say here's what my kids know about YouTube. Again, modeling to parents. I'm like, "They like to watch the screaming boat video or the British animals talking when I'm cutting their fingernails. They know okay sit, you need your fingernails cut.

You're going to watch the screaming goat video. That's your relationship with YouTube."

Sofia: My son is in Boy Scouts and you needed to look up something on how to tie that knot. It's like those are instructive things. Kids spend an inordinate amount of time on YouTube, YouTube channels, have their own YouTube channels where they're learning self-harm strategies. It's like that's the amplification piece. The one that's the most disturbing to me is kids watching other kids play with toys online. It's bizarre. It's so meta-bizarre. I don't get it. I will often say to parents, and again as far as resources or what do I need more information on? I'm like, I need more taglines because people don't have a lot of time. I need easy to read, lay press. I need those Cliff Notes, one liners.

Sofia: Something that I think is really impactful is sharing with them. It's like, "Did you know that Bill Gate's kids and Steve Jobs kids and Mark Zuckerberg's kids are screen free?" I find that so interesting that the people who made these tools, they also understood the high risk associated with them, and for their own children they choose to have that locked down. It's like if you wouldn't do that for your own kid, but it's okay for everybody else. I think it's both admirable and deeply frustrating that I'm like, be a spokesperson. Use your position of stance. A lot of people don't know that.

Interviewer: Great power, responsibility.

Sofia: Yes and it tends to blow minds when you saw that, so I say that sometimes. Then again, the needs of parents, it comes down to this. What do I think that they need, or what do they want to help them make decisions, or where are they struggling. I think it would be great to have some easy tools that are like surveillance tools or things related to safety. I had a parent who's also a nurse practitioner like myself tell me about this app, it's called screen time. Have you heard about that? I didn't know because my kids don't have screens. It's like the master switch. I thought that was amazing. I know there's a lot of parent based tools and things but not everybody knows that. I think they just need very straight forward, they need to be more aware of the recommendations and just time limits. Give somebody a rule. It's just like fighting expectations in a class room. You don't go into teach in the third grade with not a single rule on the board.

Sofia: Give them a rule so they have a parameter. Please keep your kid rear facing in a car seat two and under. That's the rule. If you're not doing it, we're going to have a conversation about it. We're going to talk about the risk why not. Set the rule. Why can parents not do this? I feel like screens, the other thing where parents fall down the most is around sleep. That's in infancy. Sleep training is the hardest thing for parents of infants, newborns and infant sleep is the hardest thing to do because sleep is really primary and it's very punishing if you're not getting it and all these things. Older kids screens is the next thing that's the hardest, and sleep. Interestingly they're tied.

Sofia: The main thing they struggle with is limit setting because when you cut it off, it often results in big drama from your kid and it's so unpleasant. We live in a very busy world and the things that people are using, primarily Netflix and YouTube, they are engineered to just keep going unless you tell them to stop. That parent might have been like, "Okay 20 minutes and I have to cook. I have to make this phone or I have to get this report done." They need that time and then everybody's alone in their own corner of the house on their set screen.

Sofia: The other biggest thing that they struggle with is social pressure. I don't mean from other parents but maybe to some extent they mean it from their kids. The deep fear and pain that parents of pre-teens and adolescents, and again this age just keeps narrowing down, kids start doing the phone bag almost universally around fourth grade, often younger. Again, my one liner advice. I have my long version and I have my one liner. My one liner on picky eating, "DON't give up." That's it. My one liner on the, "I want a phone, I want a phone," is just hold out as long as you can. Every month, every half a year, every year that your kid is older, your kid has a healthier life period. Just hold out as long as you can. Pick a year in your family that makes sense and don't waver from it.

Sofia: I don't care if you're the most unpopular parent on the block, but then also empathize. Empathize with that kid, and empathize with the parent. I say to the kiddo, I just say, they're like, "They want a phone." I'm like, "Is this a," I try to normalize, for a lot of kids and parents this is a common confrontation point. "Has that been hard on your family? Tell me more about the conversation." I want to say from the kid, "Why?" "All of my friends have one. I'm the only one who doesn't have it." "It doesn't feel good to feel left out right? What are ways you can stay connected? How can you borrow your mom or your dad's phone to send a text or something?"

Sofia: Honest to god, they have devices or phones that are, they're only for texting and calling but they don't need the internet on them. The best friend of my son and I, our two families, we got them 20 mile range radios. I'm like, motivated by watching stranger things. [inaudible 00:46:59] I was like, "You never need a phone. You need to have a conversation? Get on channel 16." They thought it was the greatest thing in the world, because they like to borrow our phones and send messages. They like to send a picture text. I'm like, "Pick up the phone and call," I mean we called their friends when we were their age. This is the way they communicate.

Interviewer: I love the Stranger Things connection. Our childhood through media.

Sofia: Oh yes.

Interviewer: It sounds like you do a lot of modeling.

Sofia: Lots, lots.

Interviewer: So that's kind of one of your main ways of kind of addressing it.

Sofia: Yes, because parents don't want their kids to be left out. There's this huge thing that people, the way that people make it okay, the way that I see that parents, I don't know if it's give in or want it, they're afraid for their kid's safety. "How are they going to reach me? They're walking home by their self. I need to know they got there safe." Once kids are at that age where legally they're allowed to stay home, or they head up their activities, "You got to call me when hockey's done," whatever, it's a communication tool so that's how it ends up often. Getting into the okay zone with the phone.

Sofia: I don't know. That's how I see the shift happen. Yep.

Interviewer: You haven't received any training have you?

Sofia: Not one-

Interviewer: I'm impressed. You're on the Art of Screen Time book already, because that came out fairly recently but it did get a lot of coverage.

Sofia: I talk about it almost everyday. It was in Boy's Life, by the way. Way to go scouts. They had a story about it. It was the only, I have almost no apps on my phone but I of course my NPR app and I saw it on that. I heard the story as well too. It's something I've heard some of her work. I'm just trying to spread the gospel of this because I think again, that's something that is familiar to people, is to hear it. It did get a little press. Even in Kid's Press, which is cool, like in a kid's magazine. I would say very infrequently do parents tell me anything. They consulted with some parents, kind of more leaning in parents or that less than an hour a day, of course they know the guideline.

Sofia: Occasionally they'll talk about common sense media. I'm thinking this is a mom in my book club where she's like, "Oh yeah we were going to see that movie. It got this rating on Common Sense Media." I was like, "Woo. I forgot that that was something we could do."

Interviewer: It's hard to keep up, yeah.

Sofia: Exactly. Again, did I receive any training? No and it's embarrassing. When they ask me to talk about this at the museum [for children] I was like, "Yes." Clearly I could talk ad nauseum about this because I feel so strongly about it because I've seen things that are very poor outcomes related to this, which is why I feel so passionate about it. It's primarily from the work that I have to do around mental health where the really extreme and scary examples have come out, which is very motivating to me. It's a little embarrassing to me that I'm, "Local expert Francesca [Vash 00:50:13]," I'm like, "No I'm not an expert. I'm so embarrassed. I'm just a passion expert."

Interviewer: That is everyone's story that we've talked to across the US, so it's not, don't apologize.

Sofia: It's like wow, I'd like to but yeah.

Interviewer: I want to get this on the record too. You also follow NPR's health education.

Sofia: Yes, yes definitely, yeah.

Interviewer: Great. Ask about whining.

Sofia: I'm sorry. That was my note to myself, where kids are in the home. If you are alone, I mean I have this jaded perspective where I'm like if you're alone in your room with your screen, you're probably looking at porn or doing something private, or maybe you're not, but it should be out in public. We know that, right? If you have privacy around that, then talk about that. I've really tried to kind of beef up and enhance, and this is again, one on one conversation with kids, and usually at a little bit older age, 12 and up, but I'll go there and I've just tried to kind of enhance how I talk about it. I'm not good at it yet so I've got to tune up my conversation a bit more, and it's depending on the savviness of the kid, but kids who have done it, and if you have enough rapport built with them, they know you, they trust you well enough. You can kind of go there. I'll talk about and be like, "Hey, first of all, it's okay. People are trying to steal their parents magazines and look at that. It makes you feel good."

Sofia: I talk all the time when I'm talking about sex and safer sexual preferences, which is my other soap box by the way, and that's what my masters work was on in [nearby major city], is sex education, so this is my passion as well. Low and behold, they're linked. I'm like, "The only 100% safe sex is zero sex or sex with yourself, so no problem sex with yourself but let's talk about how to do that safer." Then I'm like-

Interviewer: I know, [crosstalk 00:52:16]

Sofia: Right, exactly. I'm like, the deal with porn is one, it's like the movie version but a really bad movie version of real life, and it actually is going to set you up for a lot of dissatisfaction and actually put you at higher risk of committing or experiencing sexual violence. Let's talk about by why that is. I do exams on kids all the time. It's phenomenal and phenomenally upsetting to see how no kids have pubic hair, guys and girls, and at what young of an age because they're shaving. They're shaving, shaving, shaving. Often times with shaving, they have skin problems because of shaving. Their parents don't know that they're doing it. Their parents don't need to know that they're doing it, but I will say, "Hey do you know why that's a trend and why people do that? It's actually from the porn industry. Did you know that? Let's talk about that."

Sofia: There's just many vehicles that you can kind of heighten that awareness. I don't want kids to feel shame. Parents feel a lot of shame around this too. A lot of parents will come to me and be like, "They're sleeping in my bed." "I took them out of the booster seat." "I co sleep with my baby." I believe you cannot be an absolute-ist, because especially in your approach, as somebody who's supposed to be a guide, I guess to families, one they're not going to tell you the truth if you make them feel judged. Again, that's that showing empathy where you try to show empathy and show understanding and fit it in a real life context.

Sofia: I feel like, I don't know if you'd say storytelling, relationship building is a really important aspect of that.

Interviewer: Yeah, well modeling. I feel like you're talking a lot about modeling. That's your way of imparting information.

Sofia: Parents as models of this is something we haven't touched on.

Interviewer: You have a really powerful position as both a parent and being a healthcare professional.

Sofia: I have a sense that I'll probably get better at it as my kids get older, but it's sort of like, I guess I sort of feel like this because I talk with a lot of kids about alcohol and drug, sick-y stuff, that was never anything I engaged in. I'll tell kids that. I'm like, "You're probably like Francesca, you're such a straight edge. Why should I listen to you? You never smoked weed in your life. What do you know?" I'm like, "That's a fair perspective, but I'm going to tell you why I didn't." That sense of legitimacy. Sometimes I'm like, they're going to be like, "You don't know, you don't have Instagram." I'm like, "You're right I don't. Here's why, because it sinks your mental health. That's why. It's just not worth it. It's not worth it."

Interviewer: Yeah that sense of legitimacy-

Sofia: Especially with teens. They can sniff that out and they're like, "Well how do you know?"

Interviewer: No the DOJ, the Department of Justice person said, they just laugh if I try to talk to teens. She said she just keeps going younger and younger as well.

Sofia: Yes, wow.

Interviewer: Is there anything else from your notes that you wouldn't to share, because we could talk for hours.

Sofia: I'm just so excited. I can't even begin to tell you. The fax came off the computer and I was like, "This is happening." I felt a sense of relief because it's very scary, whether you work in climate change or whatever, this is my business, kids are my

business and I see this as a looming threat. It's not a threat, it's happening. We're doing it to our kids and it's not okay. It's a new normal, and so we have to do it in a really thoughtful way. I felt relieved to know that there's people far smarter than I with better resources than I who are actively working on this. It made me feel like I'm not alone, because it's like a [inaudible 00:56:17] thing.

Sofia: It also, again I felt some shame and then I'm like, I just care about this a lot but I kind of feel very peace-meal, as I think a lot of people in my position do, where I want things that I can point to. Oh I'm sorry I should say I use the most recent data, the very, very bleak data from the youth risk behavior survey from the state of [Midwestern State], and that quick one-liner fact of our rate of suicide has doubled in the past 10 years, again. This isn't causation, it's not a shock to me because I do it everyday. It's confirmation of your worst fear. That's real numbers and that's [Midwestern State]. I'm not talking about New York or Los Angeles, I'm talking about our kids.

Sofia: Then I've thrown out, again, I need to have better, I need to memorize my numbers but again it was on NPR, the one study that's come out about our young women, in particular, who have greater than 4-5 hours a day of social media have higher rates of completed suicide. Fact. Period. I say that all the time.

Interviewer: Yeah that's really helpful because librarians are in a similar position. They see parents for a short period of time. They often have kids that are anxious to get moving, and so having those one-liners is a really good kind of goal setting thing, and to be constantly getting new one liners that are kind of, and guidelines.

Sofia: Yeah I guess I call it, in my mind I call it the Cliff Notes. If you have, we use a phrase, kind of hate it, but max-packing, we use it all the time, especially in healthcare people's, higher and higher, their time, they're trying to pack everything into one quick visit. It's time off of work. Nobody has 10, 10, 10. How can you make it the highest value thing where you're touching on these points. I guess It's what I'm getting at, it has to have practice. Again, I don't ever want to sell short my family medicine colleagues or whatever. I guarantee you, some of them might be talking about this, some of them might look at the BMI chart, some of them might not do that, and I'm proud to say at [local healthcare organization] 80%, a little bit over 80% of all of our providers use the NAS screening tool. Do they use it every single time? I don't know. Do they do it and then never look at it or never talk about it? Depends on how far behind you're running that day. That's the reality check.

Sofia: To me, I want everybody, it's part of what I consider high quality pediatric care. This is an essential. It's not something that, much like there's that awkward moment when you hand people the book when you're doing the Reach Out and Read Thing, if they've never experienced that before I'd say, "You might say why are we talking about literacy in a healthcare office? Well here's why." I said, "Do you think it's kind of weird we're talking about screens? You thought I was here to

look in your ear. Well we're going to do that too, but here's why ... " Quite honestly, if you've got a young person who all that stuff, the mental health stuff, the social emotional stuff, I don't really care what their tonsils look like. That is not their bigger problem. That is important too, but this is primary care. This is healthcare because this is what they're at a lot higher risk, or I guess I'm just trying to integrate it to say, "This is not different than a seatbelt. This is not different than a helmet. This is safety."

Interviewer: Yeah and so it's that guideline thing, having a guideline that they can apply to, a principle. That's a principle. I'm going to make my rules based on this principle, yeah.

Sofia: Yeah. I don't want to be myopic, and I think important feedback always to get is, especially somebody's who's in this role, you have to just meet people where they are and if, it's much like I'm going into a room and I know that somebody has chosen to never vaccinate their kid. Am I going to talk about vaccines? Yep. I'm still going to talk about it. I'm going to talk about it in great brevity if that's the fifth time I've seen that person and I know that they don't vaccinate. I'm not going to skip it entirely. I'm going to say, just like saying with a smoker, "Are you still smoking? Any plans to quit?" I'm like, "I'm going to ask you every time. You always have the right to say no thanks, no vaccines today." I said, "But it's part of my job. I'm going to ask you every time, okay? We'll have our transactional visit when I see you next time."

Sofia: I'm like, they're here. If you came up tomorrow and said, "Give my kid every shot you want," I'd do it with pleasure. A tagline I learned from my dearly departed former partner [name of physician], he just retired after 40 years, a phrase he'd say, "I might be the expert, but you're the CEO." To parents where you say, I think it's this is my expert opinion. You get to decide what happens in your house. This is what I'd recommend, what's healthiest for your family. It just kind of takes the sting out. I don't want to be paternalistic ever. Doesn't work.

Interviewer: Yeah, yeah, yeah. Okay well thank you so much.

Sofia: Oh my gosh.