



Dealing with Screen & Substance Overuse in Neurodivergent Young Adults


Rick Silver, MD

John Yearick, LCPC



**QUICK START
GUIDE
For
Successfully
Modifying
Screen Overuse**



1. Send your email to Amanda.Johnson@mythrive.net
 2. See the chat for her email
 3. She will send the Quick Start Guide to your email address.
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THRIVE NEURODIVERGENT SERVICES

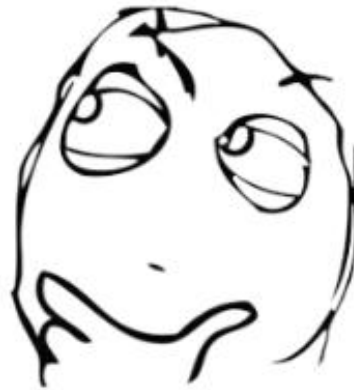
Which Solution Is Right For You?

"My kid uses too much electronics"
Detox Program

Medication Tools
For Your
Neurodivergent Mind

"Stuck and Struggling"
The Village:
Intensive program to
launch young adults

"Do I have ADHD?"
**Neurodivergent
Evaluations**



In-School Solutions:
"My student struggles
in the classroom"

**Executive
Function
Coaching**

Neurospicy:
A Parent
Empowerment Book

“I could use some help right away!”

Free 15-minute parent consults

With John Yearick, LCPC and Rick Silver, MD

Brief support session for parents with questions about screen overuse

“I need resources about neurodivergence!”

NEUROSPICY NAVIGATOR NEWSLETTER

Email us and let us know which resource we can help with!

contact@mythrive.net

“I want the great assessment and support tools in the workbook
**Dealing With Screen and Substance Overuse
In Neurodivergent Young Adults.** My choices are...”

“For \$20, I can get started with the **Abridged Edition** –
19 pages of powerful skill-building resources.”

<https://square.link/u/pNDzNOJs>

“I’m ready to take the deep dive for \$30
with the **66 pages** of the **Complete Edition.**”

<https://square.link/u/nKKK82HB>



Rick Silver, MD

Adult Psychiatrist/ Founder, Director of Thrive Emerge

Neurodivergent teens and young adults struggling with
the transition to independent adulthood

3 daughters/ bookends have ADHD + dyslexia

My brain: hyperactive/ impulsive ADHD



John Yearick, LCPC

Practicing for 10 years, specializing in addiction treatment for substance abuse and screen overuse

Father of 3 and husband who enjoys spending time with friends and family



GOAL: DECREASE OVERUSE IN OUR KIDS

The Quality We Embody as Change Agents

Connection, curiosity and communication

Clarity

Compassion

Calm

Courage

Consistency

Clever and creative

Concrete

Coffee

The Skill to Practice

Motivational Interviewing

Setting Realistic expectations

Appreciating the ND experience “from the inside”

Emotional regulation and distress tolerance

Dealing with our individual and family issues

Understanding pacing of recovery, stages of change

Selecting specific detox strategies

Creating a very specific action plan

Making it through the long

FOR EACH TOPIC, ASK:

What can I take from this exercise or discussion that would allow me to feel more skilled and informed re: my ability to act as a change agent for my child's overuse behaviors?

OUR FOCUS TODAY

- **Problem Behavior:** Screen overuse vs screen addictions
- **Approach:** DIY (Do It Yourself) vs ?Professional Help?
- **Location of treatment:** In the home setting
- **Treatment Approaches**
 - **Behavior change:** Harm Reduction (reducing screen use)
 - **Psychological change:** Individual + Family Approaches
- **Principles of DIY Program:** Applicable to both screen and substance overuse

SETTING REALISTIC EXPECTATIONS

“Changing deeply ingrained habits – that serve to protect us emotionally and provide rewards -- is a slow process. There will be many trials – false starts, small successes, setbacks, pride, frustration – and a lot to learn from everyone involved.

“The path to robust and lasting change is long; and setting realistic expectations – for both parents and kids – is essential if we are to achieve our goals with some measure of grace and sanity.”

THE PROCESS OF EXPLORATION AND TREATMENT PLANNING

OBSERVE
WHAT WE SEE
FROM THE OUTSIDE



INVESTIGATE
WHAT WE LEARN BY BEING
CURIOUS AND ASKING



INTEGRATE
WHAT WE REFLECT ON >
WHAT MEANING WE DERIVE



PLAN TREATMENT
WHAT WE DO





IN THE SERVICE OF...

Our work is done in the service of others – so that individuals can overcome their suffering, pursue their dreams and create a life of joy and purpose connected to a larger community.

- As you do this training, who do you want to keep in mind as the beneficiary of what you learn today?
- What are the changes you hope they pursue in the future that can be supported with what you learn today?
- How will you work with them to help them clearly define and achieve their goals?

THE STORY OF MY KID'S ELECTRONICS OVERUSE

Workbook p. 10

1. Pick a partner next to you
2. Each person has 5 min to tell their story: kid's screen/ sub overuse
3. Use the questions in the workbook p.10
4. Do as many as you wish in 5 min, then switch
5. Large group share – 5 min

THE STORY OF MY KID'S ELECTRONICS OVERUSE

1. Who are you telling your story about?
2. How old are they?
3. *What's the problem that you're having with them around electronics?
4. How often are they using?
5. How many hours each day?
6. How long has this excessive use been going on?
7. What does their overuse stop them from doing in life?
8. What big things do you wish could change in their lives, in addition to less screen use?
9. *How are they doing generally in terms of their psychological, academic and social development? Are they struggling?

THE STORY OF MY KID'S ELECTRONICS OVERUSE

10. What has caused this habit of overuse to develop?
11. *How might their neurodivergence have contributed to why they started overusing?
12. *Sometimes family dynamics or parenting behaviors push our kids in the direction of excessive use. Is there anything in your family or parenting patterns that might do this?
13. *If you had to start somewhere helping with their screen overuse or other life issues, where would you begin?
14. What have you done to try and get them to change in the past?
15. What worked and what didn't work?
16. Do they think there is a problem with their screen use patterns?
17. How much do you think they are aware of the need to change?
18. How much do they want to change?



ADDICTIONS/ OVERUSE OVERVIEW

THE NAME OF THE GAME: RECOVERY

UNHEALTHY/ DYSFUNCTIONAL > HEALTHY/
FUNCTIONAL

CHANGE:

Overt Behaviors – Addictions, Overuse
Underlying Emotional Patterns

TREATMENT TOOLS:

Behavioral – Abstinence, Harm Reduction
Psychological – Improve Emotional Regulation
Biological – Medication
Family Support

RECOVERY

An iceberg floating in the ocean. The tip of the iceberg is above the water line, and the much larger, submerged part is below. The text 'BEHAVIORAL FOCUS' is overlaid on the tip, and 'PSYCHOLOGICAL FOCUS' is overlaid on the submerged part.

BEHAVIORAL FOCUS

PSYCHOLOGICAL FOCUS

BEHAVIORS (TREATMENT)

Addictions (Abstinence)

Overuse (Harm Reduction)

EMOTIONAL DRIVERS OF BEHAVIORS

Numbing

Avoidant Coping

Small “t”, large “T” trauma

Emotional Dysregulation

Masking fatigue

Impulsiveness/ Stimulus Seeking

Failure/ Learned Helplessness

Depression, Anxiety

Family/ Social Challenges

ADDICTIONS/ OVERUSE ARE COMPLEX

Addictions and overuse
are not isolated behavioral phenomena but are
complex coping mechanisms
rooted in the developmental setbacks
caused by nature
-- the biology of the neurodivergent brain --
and nurture
-- the challenges that brain encounters
when interacting with a neurotypical world.

ADDICTIONS VS OVERUSE

- Use is getting in the way of normal functioning at a severe level
- Person continues behavior despite awareness of consequences
 - Avoiding school or work to play video games
 - Unable to be social without using marijuana or alcohol
 - Gambling despite severe financial consequences
 - Alcohol use continues despite fatty liver

THE CONTINUUM: OVERUSE TO ADDICTIONS

- Initiation > experimentation > “normal” use > risky use > dependence/addiction
- Overuse differs from addictions in two key ways:
 - Addictions: causes more extreme impact on healthy functioning due to the reliability on the drug or behavior
 - If not treated, the unhealthy substance or behavior controls daily decision making
- Overuse is a *relatively* easier phenomenon to change
 - An inner readiness for change
 - An emotional openness to learning healthier behaviors
 - Brain is still not sufficiently hijacked and change in behavior is more likely

ABSTINENCE VS HARM REDUCTION

ABSTINENCE

- How: Discontinue electronics use for 8 weeks minimally > slowly reintroduce screens if necessary
- Advantages
 - Gives the addicted brain 8 weeks to biologically reset
 - Necessary and more effective for complex, more serious addictions
- Challenges:
 - Overcoming deeply ingrained emotional patterns > ?risk?
 - A more complex process requiring professional help

ABSTINENCE VS HARM REDUCTION

HARM REDUCTION

- How: Reduce screen use – where, when, what used
- Advantages:
 - Change more easily accepted
 - Good for “overusing” kid with less serious addictive patterns
 - **Can be done at home as a DIY program**
- Challenge: Addictive brain processes never stop > harder to overcome underlying biological and emotional patterns

WHICH OF THE FOLLOWING CHARACTERISTICS OF ADDICTION/ OVERUSE DOES YOUR CHILD STRUGGLE WITH?

- Use is getting in the way of normal functioning at a severe level
- Person continues behavior despite awareness of consequences
- Avoiding school or work to play video games
- Unable to be social without using marijuana or alcohol
- Overuse/ addictions despite severe financial consequences

SCREEN ADDICTION

- Screen addiction is the inability to function without the use of screens and technology.
- Screen use has become addictive because the way the technology is used is disrupting the lives of individuals in the same manner that substances and other addictive behaviors are
- Social media: Facebook, Instagram, Twitter, TikTok
- Video games: driving artificial rewards
- Smart phones: many studies are showing increased phone use at alarming rates
- Content streaming: Netflix, Youtube, Hulu, etc.

THE ADDICTED BRAIN

- Nucleus accumbens (reward center)
 - “Hijacked” by the substance or addictive behavior
 - Has learned: if person repeatedly engages in an addictive behavior, it will get “squirts” of dopamine
 - Drives the brain to seek the substance or process again and again
 - Rewires the brain to ignore basic needs in pursuit of the desired “high”
- Continued use leads the reward center to not receive the same amount of dopamine in the “squirt” due to tolerance increases
- Addiction leads individuals to use more substances and spend more time performing the addictive behavior, seeking it, or recovering from effects
- Lack of addictive substance or behavior triggers the amygdala to react leading to withdraw
- Drugs, screens, and sex: all addictions have the same roots in the brain

WHAT CHANGES FROM OVERUSE TO ADDICTION?

- The difficulty of functioning without the substance or behavior increases dramatically due to dependence
- The brain is looking for pleasure through the artificial dopamine increase caused by usage
- When the addictive substance or behavior is discontinued, the amygdala is likely to shift the brain into fight-or-flight
- Physical and psychological withdraw occurs consistently when effects of substance have diminished
 - Physical: shakes, sweats, tremors, vomiting, etc.
 - Psychological: irritation, rage, sadness, mood swings, etc.



DOES MY KID HAVE A PROBLEM WITH ADDICTIONS/ OVERUSE?

IMPACT OF ADDICTIVE/ OVERUSE BEHAVIORS

Workbook p.13

1. Individual exercise
2. Take 1 minute to complete p.13

SAOA: SCREEN ADDICTON OVERUSE ASSESSMENT + REFLECTION

Workbook p.14-15

- Individual exercise: take 3 minutes to complete p.14-16
- Reflections p.16 – focus primarily on #1-4
- Large group: thoughts from the Reflection p.16 -- focus primarily on #1-4

SAOA: SCREEN ADDICTION OVERUSE ASSESSMENT

1. How many hours per day do you spend on screens?

0-4 4-8 8-12 12 plus

2. I feel anxious, depressed, irritable, and/or agitated when I am away from screens?

Yes No

3. Do I trade sleep for screen time?

Yes No

4. Does my screen time interfere with completion of schoolwork, employment, and activities of daily living?

Yes No

5. Do I have an “in real life” social support system?

Yes No

6. Do I find myself needing to text message, check social media, or game causing safety issues (ex. phone use while driving)?

Yes No

7. Have I attempted to limit my screen time unsuccessfully?

Yes No

8. Has my physical health suffered due to screen time?

Yes No

SAOA: SCREEN ADDICTION OVERUSE ASSESSMENT

9. Has my mental health been negatively impacted due to screen usage?

Yes No

10. Have I ever had suicidal thoughts when I do not have access to electronics?

Yes No

11. If you answered yes to question 10, please explain.

12. Do you ever fantasize or have thoughts of homicide due to screen usage?

Yes No

13. If you answered yes to question 12 please explain.

14. Do you sometimes feel that you live in a reality that is created by games you play or the virtual worlds you may enter?

Yes No

15. Do you ever experience panic, anxiety, or hyperawareness in this game-based reality?

Yes No

16. Has anyone close to you or a medical professional advised you to take a break or slow down screen usage?

Yes No

17. Which media are most problematic for you?

- Video games
- Cybersex/ Porn
- Internet gambling
- Text/ email/ on-line messaging
- Internet surfing/ info overload
- Social media – phone, computer
- Shopping/ Auctions (e.g., Ebay Live)



RECOGNIZING AND MANAGING RESISTANCE

YOUR RESISTANT KID

- Resistance is expected!
- Behavior change – reducing overuse – is becoming real.
- The client is most likely exhibiting **FEAR AND ANXIETY** about a massive change in their lives
- Client is now demonstrating resistance through:
 - Arguing
 - Withdrawal/ depression
 - Suicidal verbalizations – ?Vague or real?
 - Less enthusiasm for harm reduction
 - Asking to delay the harm reduction activities

THE FIVE STAGES OF CHANGE

- Pre-Contemplation: no recognition of a problem, ignoring any consequences
- Contemplation: able to see the problem, starting to think about positive changes. Change talk!
- Preparation: deciding to stop or reduce the negative behavior, working to create a plan -- family involvement, professional help
- Action: following through with the plan -- abstaining from, limiting problematic behavior, attending support group, enrolling in treatment
- Maintenance: the desired behavior has been achieved and sustained for a set period

HOW READY IS MY KID TO CHANGE?

Workbook p.18 bottom

1. Individual exercise
2. Take 2 min to complete

HOW READY IS MY KID TO CHANGE?

- “I don’t see any problem. The trouble with me is the trouble with you. Nothing bad ever happens from my use.”
- “Maybe you’re right that there’s a problem with my overuse. There are some things that I might be able to do better.”
- “Mom/ Dad, I think I need to do something about this. It’s really getting in the way. Can you help me figure out what to do and make some plans with me”
- “I’m glad we started our program. Last week, I cut back on how many hours I was spending on electronics. I talked to my counselor and friends about how to keep changing.”
- “High five, it’s been 4 weeks since I last smoked! I’m feeling really good that I could do this, but I think I’ll need some help to keep this rolling.”

ANGEL ON ONE SHOULDER, DEVIL ON THE OTHER

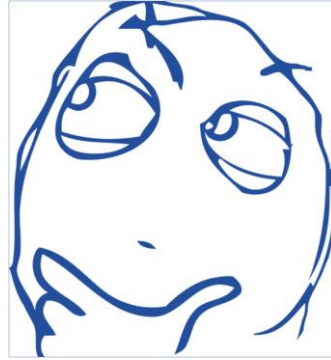
Workbook p.19

1. Individual exercise
2. Take 2 min to complete
3. Large group – 5 min



MOVTIVATIONAL INTERVIEWING

WHY MOVTVATIONAL INTERVIEWING?



← Curious Person

M.I. = Curiosity

Work with our kid – not at them – to create lasting change!

No more NIKE parenting!!

MOTIVATIONAL INTERVIEWING IN A NUTSHELL

Workbook p.21

ENGAGING

Establish a **trusting and respectful** relationship with the client. Use **open-ended questions and reflective listening** to foster communication.

FOCUSING

Identify and clarify the direction of the conversation. Explore the specific behavior or **issue the client wants to address**.

EVOKING

Elicit the **client's own motivations and reasons for change**. Use reflective listening to help them articulate their thoughts and feelings about the change.

PLANNING

Collaborate with the client to develop a concrete plan for change. Discuss **steps, strategies, and potential barriers**, and encourage commitment to the plan.



MOTIVATIONAL INTERVIEWING LARGE GROUP ROLE PLAY

Workbook p. 22 -- Motivational Interviewing Prompts

1. Large Group – call out a prompt question to Rick/ John
2. Reflection
 - Would that be easy, difficult as a parent?
 - How did this feel qualitatively different than your current exchanges with your kid?
 - What might you learn about your kid that you don't know now using your current communications approach?



NEURODIVERGENCE AND ELECTRONICS OVERUSE

NEURODIVERGENCE AND ELECTRONICS OVERUSE

1. Neurodiversity is biologically driven
2. No blame one no shame no Nike parenting
3. Key challenge: emotional dysregulation
4. Cumulative failures and setbacks result in the development of a neuron of an avoidant and numbing approach to life with learned helplessness this is the underlying challenge with addictions and overuse
5. Inside the head/ Neuroaffirming

ADHD

- > Inattention
- > Hyperactivity/
Impulsivity

AuDHD

ASD

- > Social Issues
- > Rigid/
Restrictive



THE NEURODIVERGENT UMBRELLA

- > Learning Disabilities
 - > Slow Processing Speed
 - > Receptive and Expressive Language Deficits
 - > Nonverbal Learning Disability (Developmental Visual Spatial Disorder)
 - > Co-occurring Conditions – mood, anxiety, substance overuse, electronics overuse, small “t” trauma
-

Think of the brain
as a collection of
software packages or apps.

Each app serves
a different adaptive
function.



DYSREGULATION OF MULTIPLE SOFTWARE “APPS”

THE NEURODIVERGENT BRAIN
STRUGGLES TO SELF-REGULATE



CONSTANT FIGHT-OR-FLIGHT RESPONSE



A SENSE OF
DATA OVERLOAD
AND DYSREGULATION



The
Stalled Child/
Late Launch

The Beleaguered Child
Small “t” trauma

The Vulnerable Brain
Genetically-based Dysregulation

NEURODIVERGENT CHALLENGES RELATED TO OVERUSE

Workbook p. 25

1. Rick – explain link: ND software > addictions – 5 min
2. Individual exercise – take 2 min to complete
3. Large Group – reflection/ questions to Rick/ John – 10 min
 - Which of these characteristics seems to drive screen overuse in your kid?

NEURODIVERGENT CHALLENGES RELATED TO OVERUSE

Which of these qualities of the neurodivergent experience seem like they contribute to your kid's electronics overuse?

1. Stimulus/ excitement seeking > gaming > high rewards
2. Lack of "in real life" social contact > on-line social network > social isolation without screens
3. Emotional dysregulation > managing anxiety/ chronic fight or flight through distraction and numbing
4. Rapid escalation to overwhelm, meltdown, SI because of fear of no replacement for anxiety management
5. Masking fatigue > exhausted, chooses distracting, nonproductive activities
6. Rabbit holing on unique, restricted interests
7. Disorganized nervous system > difficulty organizing goal-directed activities, daily structure, scaffolding

NEURODIVERGENT CHALLENGES RELATED TO OVERUSE

8. Sleep disturbances > caused by excessive gaming or by late night use to self-soothe
9. Small “t” trauma/ learned helplessness -- feels beaten down > general avoidance of life demands
10. Problems with initiation and procrastination > avoids, finds distractions
11. Addictive brain programming (genetically driven)
12. Problems making transitions and moving on to new activities > “stuck in gear” with screens
13. Pervasive Drive for Autonomy (PDA) > avoids direction/ suggestions
14. Poor distress tolerance when the “medication” effect of the internet is removed



MANAGING FAMILY DYNAMICS TO SUPPORT HARM REDUCTION

CASE SCENARIO FOR FAMILY Workbook p.29

Scott is a 23 yr old who has struggled with challenges related to his ADHD and high-masking autism. Academic and social problems in school made the family very protective and directive in how they raised him. Over the years, he has become increasingly withdrawn and discouraged, finding connection with other ND peers online as well as solace for his anxiety and depression. Currently, he is not working nor in school and spends 8+ daily in his basement room using electronics.

Mom spends a lot of time unsuccessfully trying to get Scott to do things. She feels guilty that she was not able to help him become the model child and allows herself to be persuaded by Scott to take on the household tasks like laundry and dishes that should be his responsibility. She is frightened for his future and constantly reminds him how much he needs her to succeed. Scott avoids her as much as possible, because she is constantly asking him questions, as well asking for reassurance that he is OK – so she can feel less distressed. If she tries to talk, he yells at her and she backs off quickly.

CASE SCENARIO FOR FAMILY Workbook p.29

Dad keeps his distance, because he is fed up and just sees Scott as lazy and unmotivated and not as having a neurodivergent brain. His understanding of the addictive aspects of Scott's overuse goes as far as "Just stop it now. Your brother did." When they do interact, Dad is critical and at times insulting to Scott. Usually these exchanges escalate quickly, with yelling, cursing, physical threats and slammed doors.

The family has had several sessions with a family therapist, who recommended establishing clear expectations for Scott's behavior, limit setting and appropriate consequences – like shutting off the internet – if tasks weren't completed. They tried a few times, but Scott got extremely volatile, threatening his parents and even implying that without his electronics, his life would not be worth living. The limits and consequences were dropped soon after that at the mother's urging.

From time to time, they seek professional help and will try a few things, but quickly get upset if the therapist is too insistent on changes being made, with Mom saying that "That person wasn't a very good therapist. They weren't listening about how hard it is for me. And they didn't really understand how our family works or how sensitive Scott is."

WHICH OF THESE FAMILY “DISTRESS” PATTERNS SOUND FAMILIAR?

Workbook p.30

1. Individual Exercise – take 2 min to complete – p.30-31
2. Focus primarily on #1, 2, 3
3. Large Group Sharing/ Reflection
 - Who wants to share a bit about a pattern they see in their family and how they might improve them?
 - Focus primarily on #1, 2, 3



RECOGNIZING AND MANAGING SUICIDAL RISK

RECOGNIZING AND MANAGING SUICIDAL RISK

Workbook p. 33-35

1. SI/ HI are real risks – removing kid’s sole way to manage overwhelming anxiety.
2. Ask, ask, ask – throw them a lifeline
- 3. DO NOT DO THIS BY YOURSELF**
4. If you have any inkling of SI/ HI, **get professional help!**



CREATING DAILY STRUCTURE/ BUILDING SUBSTITUTE ACTIVITIES

DAILY STRUCTURE RATIONALE

1. They love structure - b/o it eases the anxiety of executive dysfunction and allows them to engage in meaningful, productive activities and make progress.
2. Daily activities with productive outcomes can:
 - Decrease exposure to situations that compromise progress
 - Increase comfort with IRL pacing – eg, get up in AM for work
 - Provide a sense of purpose, more consistent experience with things they already enjoy
3. Early Focus: Exercise, time outside, real life social activities, repairing sleep
4. Purpose of exercise: Explore the conversation with your kid that lays the “buy in” foundation for them structuring their day

CREATING DAILY STRUCTURE/ BUILDING SUBSTITUTE ACTIVITIES

Workbook p. 37-40

1. Individual Exercise:

1. Review HELP BUILD YOUR KID'S SCHEDULE + REFLECTION – p. 37, 38
2. Focus on #1-5

2. Large Group

3. SAMPLE DAILY SCHEDULE p.39 -- John presents
4. P.40 -- Fill out at home



EMOTIONAL SELF REGULATION/ DISTRESS TOLERANCE

THE FOUNDATION OF THE DETOX HOUSE: DISTRESS TOLERANCE/ ANXIETY MANAGEMENT

- Rationale:
 - For neurodivergent people: emotional dysregulation > high levels of anxiety
 - Distress is an inherent part of emotional growth
 - If not regulated > numbing, avoidance, escalation
- Distress is present for both the kids and the parents
- EVERYONE needs to learn to tolerate their distress

EMOTIONAL SELF REGULATION/ DISTRESS TOLERANCE

Workbook p. 41-42

1. Individual Exercise: Take a few minutes to these strategies
2. Large Group: REFLECTION



ELECTRONICS OVERUSE HARM REDUCTION STRATEGIES

ELECTRONICS OVERUSE HARM REDUCTION STRATEGIES

Workbook p. 44-45

1. Individual Exercise: Take a few minutes to select several strategies you would like to try first
2. Large Group:
 - What are the 3 strategies that you picked to use with your kid?
 - What are the barriers to doing these?
 - What resources do you need to help?



SETTING REALISTIC EXPECTATIONS

SETTING REALISTIC EXPECTATIONS

Workbook p. 47-49

QUICK LOOK AT WB > REVIEW #1-4 > DO AT HOME

Mention: Thrive Detox

1. Individual Exercise: Review Workbook p. 47. Pay particular attention to items #1-4
2. Large Group:
 1. What are your thoughts about items #1-4?
 2. Quick look:
 1. Abstinence vs Harm Reduction p. 48
 2. Obtaining Personal Support and Other Resources p. 49



THE THRIVE EMERGE DETOX PROGRAM

THE THRIVE EMERGE DETOX PROGRAM

Workbook p. 50-52

1. John – review program
2. Large group – any questions re: how this might be of help to you with your kid?



CREATING THE DIY MASTER PLAN

CREATING THE DIY MASTER PLAN

Workbook p. 54-55

1. Individual Exercise:

- Review DIY ELECTRONICS HARM REDUCTION MASTER PLAN p.54-55
- Pick 1-2 of these reflections on what we have discussed earlier.
- In pairs: each person has 5 min to reflect on the 1-2 items that they feel are most relevant to them at this time

2. Large group – 10

ELECTRONIC OVERUSE HARM REDUCTION SMART GOAL Workbook p.56

1. Large group
 - Pick 1 goal
 - Group formulates the goal

THANK YOU