

**Executive Summary: Addressing Screen Time Use in Adolescents with ADHD: A
Behavioral Intervention in Outpatient Primary Care**

Courtney Bowden

College of Nursing, East Carolina University

Doctor of Nursing Practice

Addressing Screen Time Use in Adolescents with ADHD: A Behavioral Intervention in Outpatient Primary Care

This Doctor of Nursing Practice (DNP) project identified the following main findings:

- Adolescents reporting four to six hours of daily screen use, excluding educational purposes, had an attention-deficit hyperactivity disorder (ADHD) symptom burden approximately 115% higher than those reporting two to four hours of daily screen use.
- Higher amounts of screen use were associated with increased symptoms of difficulty finishing tasks, interrupting others, restlessness, and losing items.
- Gaming (70%) and social media (40%) were the most reported forms of media use among adolescents with ADHD.
- Eighty-three percent of guardians expressed a desire to implement change in their family's media habits.
- Following the intervention, one reassessment survey indicated that they neither implemented a Family Media Plan nor reduced screen use; subsequently, their ADHD symptom burden increased from nine to ten.
- A provider post-implementation survey indicated that they would “continue to discuss screen use for ADHD symptom management” in future practice

Background and Purpose

Attention-deficit hyperactivity disorder (ADHD) currently affects more than seven million children and adolescents in America (Wallace et al., 2023). Research demonstrates that higher amounts of screen time are associated with hyperactivity, impulsivity, and inattentiveness, subsequently exacerbating ADHD symptoms (Wallace et al., 2023). The American Academy of Pediatrics (AAP) (2024), guidelines recommend that children older than six years address screen

use through a personalized Family Media Plan, rather than imposing rigid time constraints (Muth et al., 2024).

This DNP project aimed to promote media use management based on AAP evidence-based guidelines for adolescents aged 12 to 18 diagnosed with ADHD. It assessed how these guidelines affected symptoms like inattention, hyperactivity, and impulsivity. To facilitate this, an educational infographic, a website, and an instructional video were created to help patients with ADHD and their families develop a Family Media Plan. The target audience included adolescents with ADHD, their caregivers, pediatric primary care providers, and clinic staff. The results supported ongoing education on healthy media habits during ADHD appointments and informed future quality improvement efforts.

Methodology

This project, which utilized the Plan-Do-Study-Act (PDSA) framework, was conducted over a 19-week implementation period at a pediatric primary care clinic in North Carolina. Adolescents aged 12–18 years with pre-existing ADHD completed baseline surveys assessing recreational screen use and five core ADHD symptoms. Educational interventions included a printed infographic, an instructional video on the Family Media Plan, and a website with associated resources.

Descriptive statistics, including means, standard deviations, medians, ranges, and composite scores, were used to assess baseline associations between screen use and ADHD symptoms. Participants were invited to complete a follow-up reassessment survey four weeks following the intervention to evaluate behavioral changes and responses to the implementation of Family Media Plans.

Results

There were 17 total participants. Eight participants, or 48%, reported spending two to four hours on screens per day, and six, or 35%, used media for non-educational purposes for four to six hours per day. Adolescents reporting four to six hours of media use demonstrated an ADHD symptom burden of 9.7, compared to 4.5 for participants who reported two to four hours of media use daily.

Among the participants with higher media use, restlessness was the most prominent symptom, followed by difficulty completing tasks, losing items, and interrupting others. Gaming and social media were the most frequently used forms of media.

Caregivers initially completed baseline surveys to share their views on their teen's media habits and ADHD symptoms. While 83% wanted to change their family's media routines, such as reducing screen time, only one participant completed the reassessment survey at four weeks post-implementation. Minimal participation limited the ability to assess behavioral changes, especially since the participant's ADHD symptoms increased; however, they did not follow through with the intervention. Despite the limited follow-up data, a provider found that educating on healthy screen use in relation to ADHD was practical, required little additional appointment time, and increased family awareness of current AAP guidelines.

Strengths and Limitations

Several factors strengthened the project implementation. The project site staff was supportive, engaged, and receptive to feedback. The use of a PDSA framework enabled multiple cycles of revision to address implementation barriers.

Low reassessment response rates limited data collection and analysis of ADHD symptom response to managing screen use. Additional limitations included limited face-to-face interaction, poor response to electronic surveys, inconsistent distribution of project materials, and a small

single-site sample. Potential investigator and response bias may have affected the data reported and collected. Identifying these limitations provides the opportunity for improvement in future studies.

Implications and Conclusion

This DNP project highlights the importance of providing evidence-based education and discussion regarding responsible media use in relation to ADHD symptom management. The findings from the study demonstrate a correlation between exacerbated ADHD symptoms and higher media use. The study also revealed that most families are motivated to re-examine their screen use habits; however, improved follow-up may assist with adherence.

The partnering organization now has an established and sustainable educational approach to maintain for future ADHD visits and assessments. As for the healthcare organization, nursing practice, and the broader community, the findings offer structured opportunities for family-centered media discussions and strengthen provider counseling. Sustained implementation of this evidence-based strategy could lead to better long-term patient outcomes by encouraging healthy screen habits, improving ADHD symptom management, and integrating screen time counseling as a standard practice in primary care. While data on the effectiveness of a Family Media Plan for reducing these symptoms is limited, there is an increased awareness of how media use impacts individuals with ADHD.

Health care providers play a key role in delivering appropriate education about screen use to help manage screen time effectively in vulnerable populations. Since screen use impacts individuals with ADHD differently, families can adopt modifications and lifestyle changes to support better outcomes (Munzer et al., 2026). With millions of adolescents affected by ADHD,

the nursing profession has an ethical obligation to advocate for vulnerable groups and ensure non-maleficence.

References

- American Academy of Pediatrics. (2024). *Family media plan*. HealthyChildren.org.
<https://www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx>
- Munzer, T., Parga-Belinkie, J., Milkovich, L. M., Tomopoulos, S., Ajumobi, T., Cross, C., Gerwin, R., Madigan, S., Psych, R., Radesky, J., Evans, Y., Cahan, E., Milkovich, E., Bracho-Sanchez, E., Parga-Belinkie, J., Munzer, T., Espinoza, J., Husain, A., & Patel, A. (2026). Digital ecosystems, children, and adolescents: Policy statement. *Pediatrics (Evanston)*, 157(2), 92-100. <https://doi.org/10.1542/peds.2025-075320>
- Muth, N. D., Bolling, C., Hannon, T., Sharifi, M., Armstrong, S. C., Barlow, S. E., Fox, C., Groos, J. A., Haemer, M. A., Stanford, F. C., Jack, J. L., Bremer, A. A., Reichard, K., Thapar, M., Womack, S., Corkins, M. R., Blanco, C. L., Fuchs, G. J., & Rome, E. S. (2024). The role of the pediatrician in the promotion of healthy, active living. *Pediatrics (Evanston)*, 153(3), 1. <https://doi.org/10.1542/peds.2023-065480>
- Wallace, J., Boers, E., Ouellet, J., Afzali, M. H., & Conrod, P. (2023). Screen time, impulsivity, neuropsychological functions and their relationship to growth in adolescent attention-deficit/hyperactivity disorder symptoms. *Scientific Reports*, 13(1), 1-14.
<https://doi.org/10.1038/s41598-023-44105-7>