# Can ineffective parenting during the treatment course of children and adolescents with ADHD and Screen Addiction be an obstacle to treatment outcome?

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**Abstract**

There is limited research on the treatment of the comorbid diagnosis of Screen Addiction (SA) and ADHD in children and adolescents. This study presents a 16-20 week outpatient treatment (OT) protocol that combines behavioral therapy, family therapy, and digital-based interventions to create a well-rounded approach that addresses three key areas of concern: Attention Deficit and Hyperactivity Disorder (ADHD) management, screen addiction, and family dynamics. Data collected over four years (2021-2025) from 44 patients with this comorbid diagnosis were analyzed. The results indicate that parent participation is a significant factor in treatment adherence and completion. Only 6 patients (14%) successfully completed the protocol, and all had strong parent participation throughout treatment. In contrast, 43% of patients without parent participation never started treatment, and 36% stopped treatment. Only 3 are currently still in treatment despite a lack of parent participation. Parent participation is indicated as a necessary component for adherence and success with this treatment protocol for children and adolescents that have ADHD and Screen Addiction.

*Keywords*: ADHD, screen addiction, adolescents, parenting, cognitive-behavioral Therapy (CBT), family therapy, internet gaming disorder, video gaming disorder, and social media.

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There is extensive research and methods of treatment for children and adolescents diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD) including parent involvement in their treatment. Specifically, community research conducted on older adolescents demonstrates that family cohesion is negatively associated with ADHD (Ding & Li, 2023).

Several barriers stand in the way of proper treatment of what we will refer to as Screen Addiction throughout this study. Screen Addiction is currently not recognized as an official diagnosis in the field of behavioral medicine. No official clinical diagnosis exists for this condition in major diagnostic manuals used in the U.S. or internationally. The closest diagnosis that exists is called Internet Gaming Disorder (IGD) described in the DSM 5, a manual used for diagnosing mental disorders in the United States, or Gaming Disorder in the ICD-11, the international classification system of health conditions (American Psychiatric Association, 2013; World Health Organization, 2019). These diagnoses only address patterns of video gaming disorder and do not encompass the other ways Screen Addiction manifests, such as social media, phone use, or Internet use. This lack of recognition creates challenges in finding research and adequate treatments that address all addictive behaviors related to Screen Addiction (smart phone, video games, social media, or Internet) in the youth population. At the TechConnectReset clinic, Screen Addiction is defined as “impaired well-being and daily functioning resulting from maladaptive screen use such as smart phone, computers, tablets, virtual reality,video gaming, and its underlying diagnosis” (Tech Connect Reset, 2025). This is the definition we are referring to when using the term Screen Addiction throughout this study.

The most efficient methods for addressing technology abuse found in the literature are Cognitive Behavioral Therapy (CBT), CBT-based interventions, family systems therapy and digital-based interventions (Ding & Li, 2023). For example, successful treatment protocols for IGD include multidimensional family therapy approach (MDFT) that recognizes that "the family is the primary unit of socialization for children" making this a key part of any treatment approach for children and adolescents (Bonnaire et al, 2019). Studies show that pathological Internet use has shown to be negatively associated with optimal parenting and restrictive mediation (Bonnaire et al, 2019). Overall there is a lack of significant research on the treatment of ADHD and Screen Addiction in children and adolescents and the role of ineffective parenting in treatment.

This article presents an outpatient treatment (OT) protocol implemented at Tech Connect Reset Family Counseling intended for children and adolescents diagnosed with Screen Addiction and ADHD. The protocol is also being tested among young adults. The protocol is outlined below in Diagram 1. While treating children and adolescents, it became clear that the main obstacle to the success of this treatment protocol is the lack of parent participation in the treatment.

## Methods

The outpatient treatment protocol applied in this research study is directed at children and adolescents suffering from a comorbid diagnosis of Screen Addiction and ADHD with a multi-modal approach. The protocol combines behavioral therapy, family therapy, and digital-based interventions to create a well-rounded approach that addresses three key areas of concern: ADHD management, Screen Addiction, and family dynamics. This protocol takes 16 to 20 weeks of individual sessions with the patient and parents, and family sessions with both the patient and parents. Markers of success in this treatment protocol include: improvement of

family relationships, improvement of social and academic functioning, ADHD symptoms are well-managed, and screen use is conducted in an independent and healthy manner. Challenges that may arise in the implementation of this protocol include: patient resistance, ADHD exacerbation, family conflict, different parenting styles, cost of the treatment, clinic located too far away, and other comorbidities, such as autism, emotional disturbance, other executive function impairment, anxiety or depression.

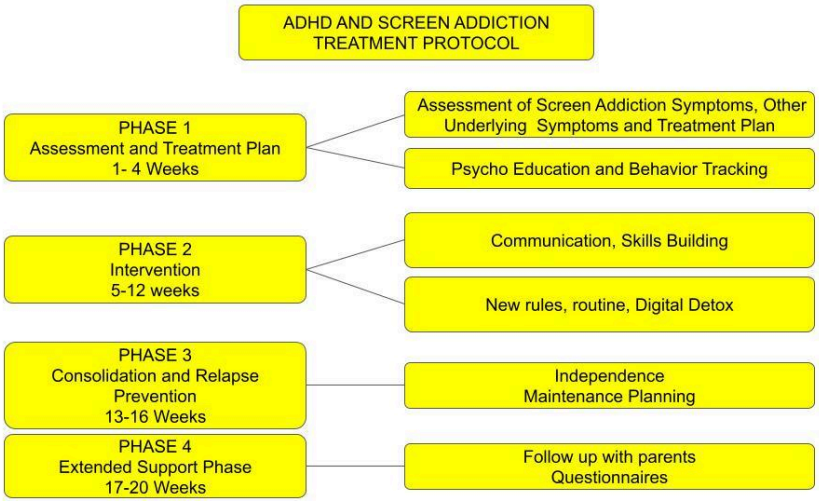


Diagram 1: ADHD and Screen Addiction Outpatient Treatment Protocol Outline

In order to assess the success of the current outpatient treatment protocol developed by Virginie Goldstein, LMFT and implemented at TechConnectReset, parents or guardians were asked to fill out a survey questionnaire regarding their child(ren)'s diagnosis, reason for seeking treatment, and demographic data. The clinician tracked the reasons why patients stopped treatment and some parents who answered the survey "Parents Progress Report 2025" (see Figure 2). This information was cross-referenced with session notes and the TechConnectReset database. Data was collected over a period of four years (2021-2025). Data analysis was conducted using R programming software (R Core Team, 2025).

## Results

Of the 207 responses received, 84 of the patients came to TechConnectReset seeking services for Screen Addiction; 44 of these patients had prior diagnoses of ADHD. This research explores the current treatment status of these 44 patients aged 9 to 18 suffering from Screen Addiction and ADHD (N = 44, mean age: 14.21). Of these patients, 34 (77%) are male and 10 are female (23%). Of the 44 patients with ADHD and Screen Addiction, 6 patients have

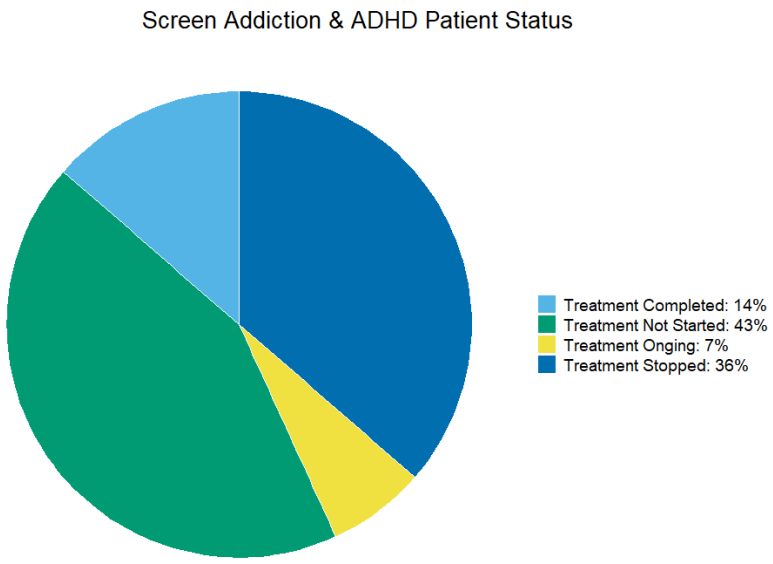


Figure 1. Screen Addiction and ADHD patient status in outpatient treatment protocol (2025)
Note: All patients who completed the protocol had strong parent participation.

successfully completed the treatment protocol with parent involvement. These patients are showing significant improvement in managing their symptoms of Screen Addiction. Of the patients who did not have parent involvement in their treatment protocol, 16 patients stopped the treatment and 19 never started treatment. Three patients without parent involvement are still in ongoing treatment.

The success of this treatment protocol is measured by the child's mood, regulation, relationship with peers, and defiance at the beginning of the treatment and at the end of the treatment: using the Revised Children's Anxiety and Depression Scale (RCADS), Child and Adolescent Disruptive Behavior Inventory (CADBI), and Strength and Difficulties Questionnaire (SDQ) assessments. Both children and parents answered questions about the patient's mood, ability to focus, relationship with families and peers, ability to stop screen use on time on their own, and when asked, or to follow screen rules, and if the child improved their behavior with the

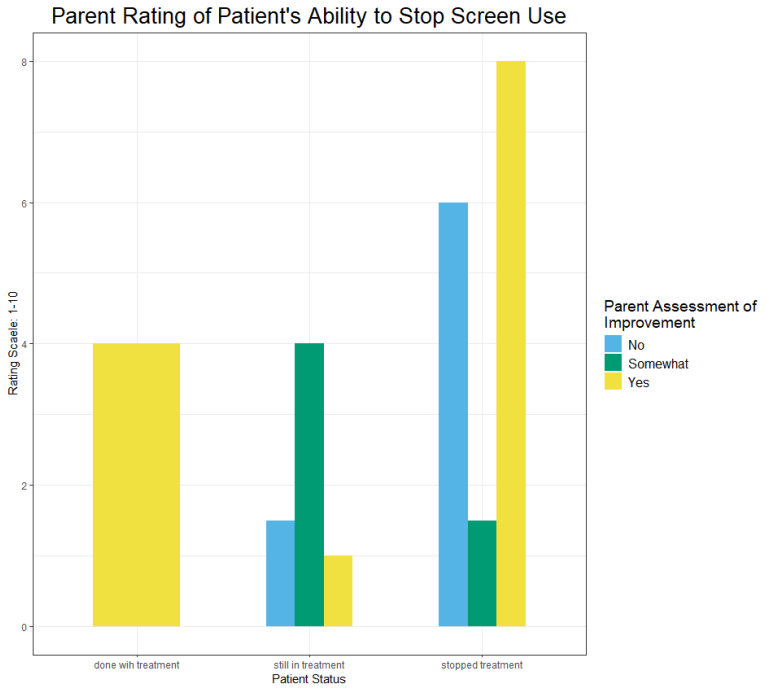


Figure 2: Parent ratings grouped by perception of improvement after completing treatment protocol with partent participation

screen after treatment. There was a significant difference in parent-reported patient progress scores between patients with sufficient parental support vs those with insufficient parental support. Significance was determined using the Mann-Whitney test (p=.043). Figure 2 presents the parent ratings on the patient's ability to stop screen use on their own grouped by their overall impression on whether or not the patient has improved overall. When examining one successful case that completed the outpatient treatment protocol with parent participation throughout the treatment, we see improvements in the parent's reported CADBI and SDQ scores. Figure 3

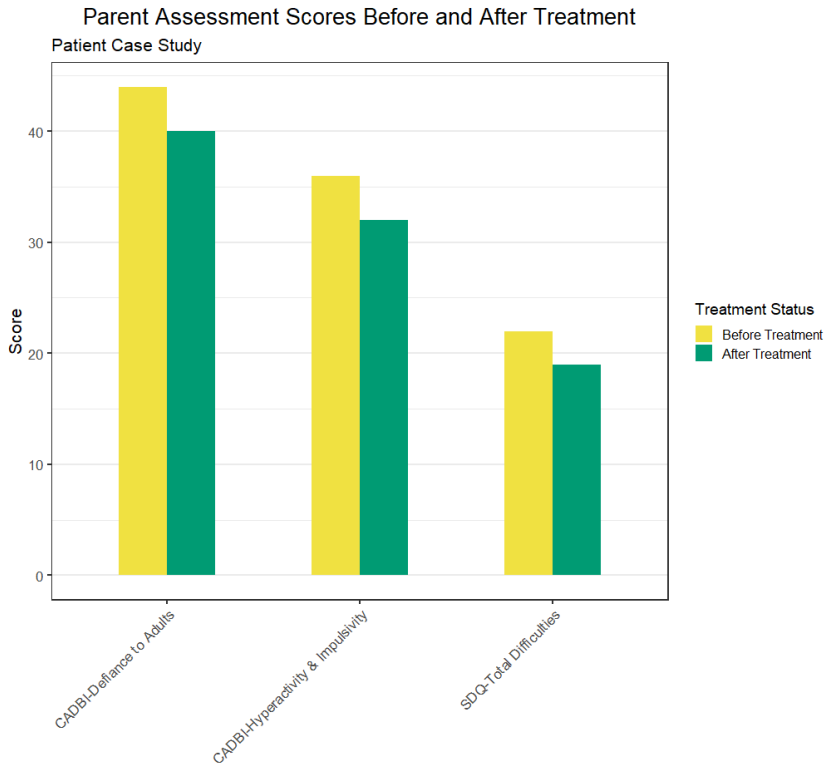


Figure 3: Patient CADBI and SDQ scores before and after completing treatment protocol with partent participation.

presents the before and after ratings submitted by one of the parents. Notably, the patients scores decreased across all measures except the CADBI Defiance to Peers Score which was zero before and after treatment. Outcomes emphasize the importance of parent participation in the adherence to this treatment protocol. A majority of the patients who did not have parent participation in the outpatient treatment protocol either stopped attending treatment or never started. When surveyed about the reason for stopping treatment before completing the protocol, parental conflict was cited for 75% of the patients.

## Conclusion

Children and adolescents with Screen Addiction and ADHD who do not receive effective parental support through adherence to outpatient treatment plans have a higher likelihood of poor clinical outcomes as compared to those receiving effective parental support. The comorbid diagnosis of ADHD and Screen Addiction requires intensive interventions in session and at

home. For children and adolescents, it may be very difficult to adhere to these interventions without the support and involvement of the parents both in outpatient treatment and at home. Parent participation in this treatment protocol is indicated as a significant factor in the continuation and success of the treatment protocol. Additional barriers to successful treatment include the lack of official diagnosis for Screen Addiction in diagnostic manuals. Furthermore, medical insurance will not cover this condition until it is officially recognized. Currently, Internet Gaming Disorder is not covered under most insurance providers in the United States either. It is important that awareness is increased about this barrier to service for those who are suffering from IGD or Screen Addiction. Tech Connect Reset plans to continue advocating for these changes through lectures in the community to inform both parents and policy-makers. In addition, Tech Connect Reset aims to provide psycho-educational materials in schools and community centers to educate parents and caregivers of the first signs of Screen Addiction so their child can get the help they need early. Going forward, the protocol will include periodic questionnaires for the parent in order to assess parenting style and parent-child dynamics throughout the treatment. Future research is warranted to examine this relationship further among patients with strong parental involvement. In addition, patients over the age of 18 are showing success in their independent adherence to the treatment protocol. Exploring the dynamics of what allows for successful treatment among a slightly older demographic is also warranted.

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