



Transcript for “Children and Media Use: The 5 Cs”

Dr. Dipesh Navsaria: [00:00:00] Reach Out and Read where books build better brains. This is the Reach Out and Read podcast. I’m your host, doctor Dipesh Navsaria, a practicing pediatrician with degrees in public health and children’s librarianship. I’m a clinical professor of human development and family studies at the School of Human Ecology, and a professor of pediatrics at the School of Medicine and Public Health, both at the University of Wisconsin in Madison. At Reach Out and Read, we dream of a world in which every child is read to every day. Our show explores how children and families flourish and thrive through a combination of individual well-being, confident parents, supportive communities, strong public health, and good policy. Join us here for thought provoking conversations on these issues with expert guests, authors, and leaders in the field of early childhood health and literacy. Research shows that reading physical books together brings the strongest benefits to children. That’s why we’re happy to have Boise Paper, a responsible paper manufacturer, as the founding sponsor of this podcast. Through their paper With Purpose Promise, Boise Paper looks for ways to make a difference in local communities. Thank you to Boise Paper for investing in our Reach Out and Read community.

Dr. Dipesh Navsaria: [00:01:15] We expect that the products our children use, like food or toys, are to be tested for safety, but the reality is that there aren’t safety regulations around technology designs right now. That means that kids are using platforms and apps that might have been designed for adults, and not kids, at different stages in their development. The American Academy of Pediatrics has really thought about screen use and how to guide families around that for a long time. And that’s been evolving as, of course, the research has evolved. Last year, the academy developed an approach to kids and screens called the five C’s. Our guest today is one of the authors of those five Cs approaches. She is Doctor Jenny. She’s a developmental behavioral pediatrician and an associate professor of pediatrics at the University of Michigan Medical School. She’s co medical director of the Center of Excellence on Social Media and Youth Mental Health, and has authored several AARP policy statements, including Media and Young Minds and Digital Advertising to children. Jenny, welcome to the show.

Dr. Jenny Radesky: [00:02:20] Thank you. It’s good to be here.

Dr. Dipesh Navsaria: [00:02:22] So let's dive into this guidance, the five Cs approach. Can you tell us about what prompted it? And also just a little bit about the history of how we've been thinking and talking about how we guide parents in this strange and crazy digital world?

Dr. Jenny Radesky: [00:02:40] Yeah, it is strange and crazy, right? It's really hard to parent around. And it's really evolved very fast over the past 20 or 30 years. You know, since the internet and mobile devices were introduced and, you know, all the venture capitalists who invested in them wanted them to grow fast and break things and get to scale really fast. Like I say that to start this conversation because it helps pediatricians and families know there's a reason why this feels so hard to parent around. These technologies, like you said, are not regulated the same way that other products the kids spend tons of time with are, and they're often designed to meet the goals of a business model that that says, okay, if you stay on online longer, if you click more things, if you download more things, if you make more purchases, we platforms make more money. And then we get to show our shareholders how much money we made and how much time all of these kids and adults spent on our products. So that is a huge force, a business force, a societal force that is often hard to parent around. So I as the American Academy of Pediatrics has tried to keep up with that. We've also recognized that older ways of talking about kids in media, like screen time, just don't feel as helpful. Time is one dimension that you might want to plan around in your family of. How much time is my kid going to be watching cartoons after they get home from school? Or, you know, how much time do I want to be scrolling through my social media feed? But there's lots of other dimensions that the research suggests are important to healthy relationships with technology and problematic relationships with technology.

Dr. Jenny Radesky: [00:04:29] So that's where our thinking has evolved to. Just as some background, the Center of Excellence on Social Media and Youth Mental Health that the American Academy of Pediatrics runs and which I'm a co medical director of with Megan Moreno. We've been around for three years. We're funded by, SAMHSA, the Substance Abuse and Mental Health Services Administration, and our job is to respond to all the worries that people have about kids and technology, with some practical ways to intervene. Some ways to support families that are based on the science. And so that's where the five Cs came from. Also, because we heard from so many pediatricians that they were still using the two hour rule. Like they were like, give me something quick and easy that I can say in a doctor's appointment to help families have healthy screen time. And we were like, ah, the two hour rule is outdated, and it's not capturing everything that's necessary to talk about. So that's where the five C's came from. I hope a mnemonic helps it be a little bit more memorable. But so far we've got pretty good pretty good feedback on it.

Dr. Dipesh Navsaria: [00:05:35] Yeah. And we'll dig into that in a few moments. It does strike me, though, how so much of this dialogue has previously been, you know, well, parents just

need to parent as if it's that simple. Right. And what we do is we basically take away all responsibility from anyone else to how about not make a product that is creating so many problems?

Dr. Jenny Radesky: [00:05:59] The way you just framed that is all about individual responsibility, right? So you know be the parent and set those limits and talk to your kid about what they're watching and monitor all their screen time. But what we know from our clinical practice and from lots of research, is that that's really hard for families to do if they're living in poverty, working multiple jobs, having lots of other psychosocial stresses that are taking up all their bandwidth. So our argument is that it would be a much healthier digital ecosystem and much easier for all parents of all sorts of socioeconomic backgrounds and opportunities. It would be easier for all parents to parent around if it had more child centered design. The designs that are like, okay, here's some great content. It's going to make you think it's going to, you know, help you try new things, and then we're going to let you go. Then we'll just say, okay, bye. You can turn off the TV now, you can turn off the iPad, hand it over to Mom and Dad. Like we just don't see those designs because that's not how the companies make money. They, you know, want a feed, want there to be an algorithmic recommendation system to help kids stay on longer and click on more things. They include those intermittent rewards like little coins and candies and stars and treasure chests, because they know that reinforces the behavior. And kids keep coming back day after day if they have those.

Dr. Jenny Radesky: [00:07:31] And companies have been running these large scale experiments on all of us, it's called A/B testing. They released two versions of a product. One's A and one's B, they see which one is stickier, which one we use longer, which one we can't put down. And then they keep that one right. So it is a kind of an unfair system where we as parents are trying to set some boundaries and keep our, you know, kids having a healthy bedtime or not distracted during homework. And we have technology kind of acting directly against those interests, you know, pinging kids like, come on back, you know, even like during the school day. There's all this debate right now about school phone bans and how to keep kids from being distracted during the school day. And it's all focusing on this individual responsibility of, hey, kid, put your phone in a pouch and, you know, hide it all day. And that way you won't be tempted. And I wonder, okay, tech companies, could you make your products a little bit harder to use between like 8 a.m. and 3 p.m.? Maybe, like maybe make it a little bit more friction or not send as many notifications. Because, you know, when we've tracked kids phones in my research lab through the school day, the number the top three things they use during school hours are social media, video games, and YouTube. Right? Which none of those need to be during the school day.

Dr. Jenny Radesky: [00:08:55] And there are a lot of design features that keep kids coming back to those products again and again. So it's hard to resist during the school day. So just use that as an example to help us shift our thinking. If your immediate response is what is this parent doing wrong? What is this kid doing wrong? Try to pause and think about how is the system not supporting this parent. How could this tech be designed better to let us go and respect our attention? And you know, how could even the business incentives behind technology be designed to, you know, want to promote more healthy patterns of use? I wish all these tech companies, they can track everything we're doing right. They can tell if we're on our phone or on the app overnight. Wouldn't it be amazing if they had a metric that they had to bring to their shareholders every quarter to say, hey, we got the number of teenagers using our product overnight down by 50%. Right. Like they have that data. That's not what they measure success by. They measure success by the monthly or daily active users. How many people logged on. So yeah there's lots of different levels to this. And if we only treat it like an individual responsibility problem, we're going to feel guilty and we're going to blame each other. And that's not really working.

Dr. Dipesh Navsaria: [00:10:21] Yeah. And then speaking of guilt and blame and also language. Before we get into the five C's, sometimes the dialogue we have around this is not helpful. Using these words like addiction, right. Or digital heroin, a story that I often tell is of a public school teacher who asked me at a conference. I just finished doing a talk and we talked about digital media, and she raised her hand and she said, my principal told us that we can't take phones away from teens because they're all addicted. And if we take it away, they'll go into withdrawal and that's harmful to them. And it took me a moment to even understand what she was talking about. I was like, oh, okay. This is because of this language that equates it to, you know, things like heroin. And, I told her, yeah, no, they'll be fine. It's you. If you choose to do that, you can do that. But what are your thoughts about how we can talk about this without creating all this shame and guilt and also kind of hype on the other side that makes it out to be perhaps way worse than it is.

Dr. Jenny Radesky: [00:11:28] So I think that partly the reason that such extreme or more inflammatory metaphors or narratives around this topic have evolved is because of the information ecosystem we live in right now. What gets attention? A big inflammatory headline, right? Like kids, you know, are being addicted to phones or just, like, cigarettes or something like that. That's emotionally arousing. It generates more clicks and newspapers and other, you know, journalists are competing for that same attention due to that same underlying business model. So that's one reason. A second reason is that people are upset, right? People are really upset that there really isn't regulation or control over these rapidly evolving technologies. So they want to make some noise. They want to ring some alarms. And they do that through getting us worried about the effect that this is having on kids. However, I know and you know, from being clinicians is that if we let worry and fear take up all the

space in a conversation about how a child is doing, we don't make much progress. Often families feel more paralyzed if they get stuck in just oh my gosh, this is overwhelming, oh my gosh, my child's addicted or their brain is being rewired. That creates a lot of emotional distance between a parent and their child.

Dr. Jenny Radesky: [00:13:01] And it doesn't help with understanding. And we know from relational health that building understanding of what my kid is going through, why are they so driven to use this product, is a much more healthy and productive way to think about your child's problem than a I'm going to label you, I'm going to distance you, I'm going to medicalized you. That increases the shame around a problem. And that's what we've heard. Our Center of Excellence has a youth advisory panel, and we've asked them this like, what word should we be using to describe this problematic relationship or habits that can occur around technology. And they said not the addiction language because that is stigmatizing. That makes us feel like people are blaming teens for not being able to stop using technology, rather than blaming the tech design and also addiction, like, what's the treatment for addiction? It's detox. It's like removal of the substance compared to the healthy balance that you need with something like food or technology that you're going to have to use at some point. So the term we use at the American Academy of Pediatrics and a lot of other experts use is problematic media use or problematic internet use. It implies that there's a problem in the relationship in terms of overuse, compulsive use, risky use, getting into things like pornography or contact with strangers, overspending, you know, things that are just have crossed a line into low functioning, getting in the way of your sleep, or doing other things, causing lots of arguments.

Dr. Jenny Radesky: [00:14:44] And you could see that there's like some people might say, oh, I have some of those happening in my family about technology. It also lets us intervene when things are a little bit milder. Like, okay. Are you guys battling about tech rules all the time? Let's intervene now before it turns into something where your kid is sneaking the tablet all the time, or you guys are having big blow ups and your child is threatening to hurt themselves. So, that's why that's a more helpful framing. Strengths based framing of health behaviors also helps people feel more agency, like they're more in control, rather than a deficit based or fear based framing makes you feel there's no hope. Like, why even try? Or what we've also heard from parents is when they hear a lot of fear based framing, they're like, ah, I just need to shut it all down and take it all away. It's all or nothing.

Dr. Dipesh Navsaria: [00:15:40] And also because, and I must be a bad parent, right? So.

Dr. Jenny Radesky: [00:15:44] Yeah. Exactly. If I can't do this, I'm terrible at this. And in the ten years that I've been doing policy with the American Academy of Pediatrics around screens and kids, I've heard from thousands and thousands of people, journalists, physicians

who are all like, I hate this topic. I'm so bad at this. I'm like, I can't keep up. I'm terrible. We're fighting all the time. So turning down the heat on the conversation, increasing the strength, space, nature and coming up with more pragmatic guidance of like, hey, this is hard for all of us. Here are some things that might help make this feel better in your household. That's why that's our strategy at the Center of Excellence. Instead of coming in and saying, if you want to be a good parent, you have to take all the phones away or don't get your kid a phone until they're in high school or other sorts of things that feel like really safe, hard and fast rules that parents might be like, okay, I could do that. But it doesn't leave room for the natural variation that in parenting that we know is still healthy.

Dr. Dipesh Navsaria: [00:16:48] Excellent. Well, I'm sure our audience has been waiting, with notepads and pencils in hand, to write down what the five Cs are. Or maybe not, but either way. Let's get into the five Cs. So the first one is child, can you tell us more about that?

Dr. Jenny Radesky: [00:17:09] You know, before I talk about them, I just want to give credit to the fact that we based them on the three Cs, which were developed by Lisa Guernsey. She's a child media expert. I emailed her to say, can we use these because I really like this mnemonic, but I just wanted to blow them up a little bit. And she was like, fine.

Dr. Jenny Radesky: [00:17:28] The five Cs are child, content, calm, crowding out, and communication. We started with child because that's where we all need to start. What does this feel like for kids? We may not know, we didn't grow up with these technologies. If you can try to take your child's perspective, understand their unique strengths and challenges, you'll be much more likely to figure out what's driving them to use social media or any digital media, and then identify different ways to satisfy that drive with another activity, or to really help them through negative experiences that happen. So rather than assuming a one size fits all for all kids, it's important to think about who's my particular child and how can I help them with this.

Speaker4: [00:18:16] Excellent. And then second is content.

Dr. Jenny Radesky: [00:18:20] Content. So content is so important for shaping whether media use is positive or negative. And design also kind of falls into content. But design starts with D so it was out. But if you think about if you have a really child centered content, you have PBS kids, you have, you know, a nice episode of educational storytelling that someone took the time to write and build the characters and animate. That sort of design is associated with better learning outcomes, like even in early childhood, if kids are watching more high quality educational content like PBS Kids or Sesame Street, they actually have better language outcomes compared to kids who are watching more hours of screens per day, but lower quality stuff where you're just kind of watching toy unboxing or, you know, other

satisfying stuff on YouTube that is associated with more developmental delays language, fine motor, more behavioral issues. So, content is really key. If you're going to spend some time with media and there's so much competing for your attention, you know, be really intentional about making it the good stuff. Same thing with teenagers. If their feeds are filled with cute, you know, golden retrievers and funny positive comedians and inspirational things like that's much more linked with positive experiences online compared to someone who's seeing hate speech, eating disorder content, you know, more stressful, violent things. So knowing what kids are consuming and what messages they're seeing is a really important part of this, and not just assuming all screen time is the same.

Dr. Dipesh Navsaria: [00:20:15] Yeah, I think it's important for folks to recognize this, because I think there is almost as sometimes a defeatist attitude of, well, they're spending all this time, so I'm not even gonna, you know, because it really was a time thing before. And recognizing that, you know, there's such a thing as better versus worse content.

Dr. Jenny Radesky: [00:20:34] Yeah. I mean, you can spend five minutes online with terrible, horrible hate speech and dehumanizing content, and it can be really bad for kids. And you can spend three hours with Lord of the Rings, you know, laughing along. Sorry, it's longer than three hours. But this is what my teenagers are really into right now. And that's three hours well spent, you know, nerding out with my son about, you know, really well crafted media. So, helping parents think about things in terms of like, is this worth our time and attention or is this brain rot? That is one distinction we really want families to start thinking through.

Dr. Dipesh Navsaria: [00:21:13] And for the record, the extended edition of Lord of the Rings is 17 hours, so.

Dr. Jenny Radesky: [00:21:19] I'm not watching that. No, I love my son, but not that.

Dr. Dipesh Navsaria: [00:21:26] There you go. We found Chinese limits, so. Let's go to the third, see which is calm.

Dr. Jenny Radesky: [00:21:33] Yeah. So this one is about not how much we use media but how we use it. Is it becoming a primary way that we soothe our emotions or try to escape from distress? There's emerging research that both in young kids and teens, those who use media as an emotional coping skill frequently, it doesn't help in the long run. It may soothe and quench that difficult feeling in the moment, but then it's getting in the way of actually managing that emotion and thinking through how to solve the problem. Or in younger kids, it might reduce the parents comfort with, okay, how can I help my kid through this tantrum? So we are recommending that families have other non screen based ways to recognize handle,

talk about emotions. And I think that resonates with a lot of kids when I talk to them in clinic about like, what's your calming toolbox? Tell me what you do other than taking out your phone that helps you chill your brain and your body down. Kids have lots of thoughts about that. And then that's a strength based way for us to say, all right, parents, how can you guys make time for more of this in your day? Or like a nightly routine where you work on these, ways to snuggle with your pet or do your breathing or listen to music?

Dr. Dipesh Navsaria: [00:22:56] Yeah. You know, It reminds me of when I first recognized in training that, oh, this child on their phone, you know, looking at it constantly while I'm trying to interview them is not just because they're quote unquote addicted to their phone, right? It's actually a stress response. And it helped me and hopefully parents and others say, okay, my child is stressed. Not, oh gosh, why are you on your phone again?

Dr. Jenny Radesky: [00:23:22] Exactly. Yeah. And that's what we're also training pediatric providers to see when you walk in a room and people are on their phone. It's not a sign of rejection or rudeness. It could be a sign of distress. Being at the doctor's office is a little nerve wracking. And so I will often engage with the child who's on their device and be like, what are you looking at? You know, show me who you follow and things like that, just to lighten it up a little bit or to, you know, not saying something that's going to increase the stress in the room, but try to open it up into more like, how's life? How are you doing? That's inviting more of an emotional conversation.

Dr. Dipesh Navsaria: [00:24:05] It makes me wonder if maybe health systems should consider at least changing the tone or language of some of those really judgy posters they have in exam rooms saying, please put your phone away when we are trying to interact with you.

Dr. Jenny Radesky: [00:24:20] Some of those have phones on them that look like blackberries. You know, I know they were posted like 20 years ago. Yeah. So instead, here's a pitch for a five poster on your wall. So if people want a five course poster, go to our website. Aarp media. You can reach out and contact us. We don't have a way yet to order it on the website, but if you just send us an email, we'll be able to send you some. And this is a way to have something on your wall that could act as a reference point. Even if you have two minutes to talk about it, you could say, hey, there's a new way we're thinking about screens and kids. It's called the five C's here. Scan that QR code, but really two important ones are crowding out and communication and thinking about those are the last two. So what is getting in the way of it because it grabs our attention and it won't let it go. And that experience resonates with a lot of people who are like, yeah, I'm on my phone more than I probably want to be. And then communication. Just talk about it more. Don't let it be this taboo stress topic in your family, but open it up to more curiosity and more watching

together so you can talk about like, what do you think of that sports betting ad? Or, you know, what do you think about why that influencer is acting that way? So we can build kids digital literacy skills as we watch together.

Dr. Jenny Radesky: [00:25:49] Or just the whole idea of the last second communication is we need to open those channels. If kids have a negative experience online, they often feel a lot of shame. Right? And ashamed. Child does not want to come talk to a judgy adult. They're worried that they're going to get blamed, their phones going to get taken away. And instead, you know, if you use these as learning moments as like, I'm here to help you through whatever happens, even if it's something negative, like a sextortion or, you know, I spend too much money, at least you can use it as okay, what's our next step? How can I help you through this? You really want a child knowing they can come to a parent rather than feeling alone. Because that's what has led to some kids becoming suicidal. If they feel like I'm so ashamed and I don't know who I can turn to about this.

Dr. Dipesh Navsaria: [00:26:45] Yeah, that sense of isolation and you know, my parents are going to kill me but I can't handle this. It's more than they can take on and if we could briefly just say a few words about infants because I think we've been talking about teens. We've talked about preschoolers and all. I think people often view infants as being a passive screen media users. But you and I know that that's not always the case. How should parents be thinking about them?

Dr. Jenny Radesky: [00:27:21] Well, let's think about it in terms of those systems like the digital ecosystem. Right. So you have a lot of channels on YouTube, advertising being like baby TV or cute little nursery rhymes. Keep your child occupied for an hour. So it kind of normalizes this idea of like, oh, yeah, babies engage with screens, right? This all looks like it's normal. It helps me, you know, take a break from parenting.

Dr. Dipesh Navsaria: [00:27:52] And maybe it's even quote unquote good for them because it says it's educational. Right.

Dr. Jenny Radesky: [00:27:57] I mean, yeah, I've seen channels that make claims, like the AAP recommends that babies have soothing media to calm them down. And I'm like, that's not true. I just need to say that on the record. That is not true. We do recommend. I mean, we do make the point that when you're under 18 months, cognitively, infants do not have the memory flexibility or the symbolic thinking to really understand what's happening on the screen. They are very perceptually interested in what's happening on the screen. So I see these baby TV videos or other videos. We code a lot of YouTube in my research lab, and they often have like little buzzing bumblebees going across the screen. They're playing nursery rhyme music. So yeah, they grab and then train attention. And infants when they're looking at

something that's moving around and getting their attention, their motor movements calm down. So they just kind of chill out. And that's very appealing to a parent of a busy baby or toddler. But our message to parents is just, no, they're not like learning anything during that moment. They are following stimuli. And so it's not going to be enriching. It's not going to be a positive learning experience. If it is 20 minutes of you as a parent, being able to calm down and do some dishes and they're watching, you know, a song from PBS kids or something like that, like that's okay.

Dr. Jenny Radesky: [00:29:36] Don't feel worried that that's going to, like, hurt your baby. The problem is that parents may get used to these messages of like, oh, well, YouTube says they have a two hour video on for nursery rhymes, and I just don't want it to get to that point where an infant is kind of in a, you know, a highchair watching two hours of a screen that's really not benefiting them anywhere near as close as being sung to and talked to, moving around on the floor a little bit, putting things in their mouth. And that's where I hear from speech language pathologists or occupational therapists who treat kids under three. They're worried that prolonged screen viewing in those early years is just crowding out the opportunities of how babies brains develop. They're just constantly touching and putting things in their mouth and having these back and forth serve and return interactions with adults. So, you know, this is a challenging age range to get the messaging right because new parents are exhausted. They do not have enough supports from our society. They have very short parental leave. They, you know, have pressure to be perfect or society will judge you. And for parents who are like, I'm just going to put on a show, I don't want them to feel like society is judging them for that, but I want them to be aware and reflective enough to recognize, okay, this has become kind of a coping strategy for me and my baby.

Dr. Jenny Radesky: [00:31:18] That's not going to be healthy for them that they're, you know, watching hours of TV. So that is where helping families recognize where it crosses a line into too much once it becomes, you know, more than a brief episode. Now, there's plenty of folks who say, I don't want any screens under age 18 months to two years. Parents who make the decision to be like, we're going to be as low screen as possible. That's totally fine, too. But I also don't want you to be scared. You know, I've had parents ask me, is it okay if my nine month old watches a basketball game with me? And I'm like, of course it is. Like you're snuggling. You're laughing like, you know, you can involve them near some of the screen stuff you're doing. Just recognize that if that screen is on most of the day in your home, you'll talk less to your baby and you'll play less with them. Facetime. Totally fine. Also to like, have your baby start to recognize someone who's far away and to start to play some games over that screen.

Dr. Dipesh Navsaria: [00:32:18] Yeah, screens can provide good social interactions as well. Or structure or scaffold them at least. We're almost out of time here, but I think the five Cs

framework really helps people think and ask good questions of what they're seeing around them and seeing in their child and be thoughtful about how they're parenting. What other resources are there on the AP website?

Dr. Jenny Radesky: [00:32:45] So on our social media, which is our Center of Excellence website, you will be able to find a question and answer portal. So, SAMHSA really wanted us to have a portal where any parent, any teacher, any pediatrician can just write us a message and say, I need help with X topic. And we've gotten questions about everything from Pornography to we just got a question about FaceTime. Like, what's the best way to help a toddler interact with a, you know, parent or a loved one who's far away? And how can I help scaffold them? So you'll see all the responses from past questions. You can submit your own response. Another resource we built out pretty early on was conversation starters and ways to have fun activities with kids to build digital literacy skills. Because parents saw this topic as so stressful that they didn't know how to start a conversation, then they would come in too hot and start judging. And so that's on the website as well. People can sign up for the newsletter and webinars and other things that are offered on the website. And so the newsletter is a good way to just, you know, kind of passively have all that come to you. And then the other thing that I'm really proud of and we'll be coming out this fall, is an early childhood provider toolkit. So we, including early childhood providers in Wisconsin and Michigan and nationwide, have heard child care providers, early intervention providers, daycare, preschool, home therapists saying, I don't know how to address this topic with families. Since the pandemic, media use has kind of taken over, and I want to be able to help families. So we will have some training components, as well as some resources for families that really get at how the five C's can be used in early childhood to set up healthier balance.

Dr. Dipesh Navsaria: [00:34:50] I look forward to that because other work I do is in supporting early childhood educators as you know, and they're often a great connection point for families to be able to get some of these messages over. And am I correct in that all of these resources are available free.

Dr. Jenny Radesky: [00:35:08] Oh, yeah. I mean, we're government funded.

Dr. Dipesh Navsaria: [00:35:11] So your tax dollars at work.

Dr. Jenny Radesky: [00:35:12] Exactly. That's why we make everything free. We love collaborating with people. We've been asked by schools or, you know, other nonprofits to figure out ways to get our resources into the hands of families they work with. And we're so happy to do that.

Dr. Dipesh Navsaria: [00:35:29] Well, I can tell that our producer, Jill, thinks that we have used up our allotment of screen time, even though we had an amazing prosocial conversation here about how to think about social media and digital media and all forms and talk about it. Thank you so much for this work. It's so important and it's so great to see the the research that you and others are doing and then really translating that forward into practical advice.

Dr. Jenny Radesky: [00:35:55] Thanks. It's so cool to have an opportunity to talk about it. So thank you.

Dr. Dipesh Navsaria: [00:36:03] Welcome to today's 33rd page. Something extra for you, our listeners, today, we spent a lot of time talking about digital media and how to think about it. And I thought it might be amusing to read aloud from a parody picture book. This one is called goodnight, iPad. The author, it's a pseudonym is Android. Of course, in the bright buzzing room, there was an iPad and a kid playing doom and a screensaver of a bird launching over the moon. There were three little nooks with 10,000 books and a huge LCD, Wi-Fi, TV with Bose, 5.16 remotes and 3D, and a BlackBerry ringing with Eminem singing and a new Facebook friend and texts with no end. And a viral clip of a cat doing flips. And if the bings, bongs, and beeps of emails and tweets and a fed up old woman who was trying to sleep. Leap. Good night iPad. Good night. Doom. Good night. Bird. Launching over the moon. Good night. Nooks and digital books. Good night ma'am. Good night. Facebook friend. Good night lolz. Good night MP3's. Good night. Lcd. Wi-fi. Hdtv. Good night. Remotes and Netflix streams. Android's apps and glowing screens. Good night. Plugs and power lights that guide us to pee in the darkness of night.

Dr. Dipesh Navsaria: [00:37:37] Good night. Buzzing. Good night. Beeps. Good night. Everybody who should be asleep. Good night. Pop stars. Good night, MacBook air. Good night. Gadgets everywhere. And that's today's or tonight's 33rd page. You've been listening to the Reach Out and Read podcast. Reach Out and Read is a non-profit organization that is the authoritative national voice for the positive effects of reading daily, and coaches and celebrates engaging in those language rich activities with young children. We're continually inspired by stories that encourage language literacy and early relational health. Visit us at reachoutandread.org to find out more. And don't forget to subscribe to our show wherever you listen to your podcasts. If you like what you hear, please leave us a review. Your feedback helps grow our podcast community and helps others that this podcast is worth listening to. Our show is a production of Reach Out and Read. Our producer is Jill Ruby. Lori Brooks is our national senior director of external affairs. Thank you to our founding sponsor, Boise Paper, for making a difference in local communities like ours. I'm your host, Doctor Dipesh Navsaria. I look forward to spending time with you soon. And remember, books build better brains.