



REVIEW ARTICLE

A COMBINED APPROACH OF COGNITIVE BEHAVIOR THERAPY AND SOLUTION FOCUSED BRIEF THERAPY FOR COMPENSATORY PROBLEMATIC SOCIAL MEDIA USAGE AMONG ADOLESCENTS

Boddu Aaradhana Reddy

M.Sc Counselling Psychology , Counselling Psychologist, Safe Space Counselling, Hyderabad, India

ARTICLE INFO

Article History:

Received 20th June, 2026
Received in revised form
24th July, 2026
Accepted 19th August, 2026
Published online 30th September, 2026

Keywords:

Problematic Social Media Usage;
Adolescence; Cognitive Behavior Therapy;
Solution Focused Brief Therapy; Theory of
Mind; Peer Relationships; Loneliness;
Social Anxiety; Literature Review.

*Corresponding author:

Boddu Aaradhana Reddy

ABSTRACT

Social media is widely used among adolescents today. There are ample evidence of problematic social media usage and its effects on relationships and socio-emotional well-being. Early smartphone and social media exposure have led to deficits in social and emotional skills necessary for social adjustments and interpersonal relationships at later stages, especially in adolescents. This paper through a literature review firstly, attempts to map out the compounding effects of how early exposure and environmental factors become fertile grounds for developing compensatory use of social media. Ultimately leading to problematic social media usage. Early exposure is linked to deficits in social and emotional skills necessary for establishing and maintaining relationships in childhood and adolescence. This leads to loneliness and social anxiety among adolescents, leading towards increasing dependence on social media solely for social connections. These experiences lead to formations of maladaptive thoughts, dysfunctional attitudes about face-to-face interactions, further deepening their dependence and problematic use. Secondly, this article tries to lay out how Cognitive Behavior Therapy (CBT) and Solution Focused Brief Therapy (SFBT) can be used in combination to help adolescents move towards balanced online and offline relationships. CBT can help in understanding the context and internal working of the individual, helping them deal with the cognitions behind their behavior of dependence on social media. While SFBT can help in moving towards goal and solution-oriented approach for handling offline social interactions and balanced use for social media. Both CBT and SFBT are shown to be helpful in managing interpersonal relationships. While understanding the background, SFBT with its brief solution focused approach can be used providing practical solutions. The framework can be especially useful for therapists and school counsellors to help manage problematic social media usage among adolescents.

Copyright©2026, Boddu Aaradhana Reddy. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Boddu Aaradhana Reddy. 2026. "A Combined Approach of Cognitive Behavior Therapy and Solution Focused Brief Therapy for Compensatory Problematic Social Media Usage Among Adolescents", *International Journal of Recent Advances in Multidisciplinary Research*, 13,(09), .12890-12895.

INTRODUCTION

Social media has been a key point of debate in recent times and among the governments regarding its harmful usage and the steps necessary to reduce its maladaptive effects especially on children and adolescents. Gen Z also known as digital natives, and the succeeding generations have not seen a world without internet and smartphones. Growing up with them, has had an impact on their social and emotional well-being. Important social and emotional skills have not had a chance to develop due to social media and smart phones (1, 2, 3). On the flip side, having access and exposure to information, diverse cultures and races has created a generation who deeply and strongly care about equality, representation and diversity. Although social media started out to create global connections, it has had maladaptive effects on cognitive and socio-emotional well-being right from children to adults. Smartphone addiction, excessive social media usage come under

behavioral addictions. But, their nature and symptoms presented may be different from framework of substance addictions. Griffith's theory of Problematic Social Media Usage (PSMU) proposes six characteristics of PSMU. Salience, tolerance, mood modification, withdrawal, relapse and conflict (4). Salience is where an individual is preoccupied with thoughts relating to social media and its activities (posts, comments, likes, followers etc.). Salience can persist even when one is not using their phones. Tolerance is the need to spend increasingly more time on social media. Mood modification is the act of using social media to distract themselves from emotional distress. Withdrawal is experiencing distress and frustration when one is unable to use social media. Relapse involves failing to cut down on social media usage and conflict is the negative impact social media usage has on an individual's life (4). To understand the contexts in which problematic social media usage occurs and its subsequent interventions, we must first understand the

nuances of social media usage. To understand these nuances, we start by looking at how growing up with smartphones affected the social and emotional development of individuals born into the world of smartphones. Consequently, how this led to problematic social media usage in their later stages. Early smartphone usage coupled with negative parent-child relationship can lead to stunted socio-emotional skills among children, in turn affecting their social and peer relationships. This fuels dependence on smartphones and social media for dealing with emotions, social connections and support. Smartphone usage and social media addiction share a positive proportionate correlation, meaning higher smartphone usage leads to higher social media usage (5). The antecedent and maintaining factors behind these behaviors, have their roots in early smartphone exposure and usage, which we will discuss in more detail in the coming sections.

Impact of Smartphones on socio-emotional development:

The most significant relationships in the formative years of a child's life is with their parents and peers. As Vygotsky proposes in his sociocultural theory, important cognitive developments in children happen through social interactions with family and peers. Relationship and conversations with parents, and social play with peers become grounds for developing theory of mind, empathy, turn taking, communication, emotional expression and regulation, expressing needs and wants, sharing, appreciating etc. (6). These skills are developed through face-to-face interactions, social and group play, which have been substituted with screen-based play and online communication. Researches have shown that, children between the ages of 3-10, with excessive smartphone screentime showed decline in empathy, communication, team work and cooperative play. Along with decline in social initiation and increased isolation. They also showed higher preference for solitary screen-based play and reduced social engagement in group activities (7). Social play substituted with solitary screen-based games, deprive children of the space to develop these social and emotional skills effectively (3). Theory of Mind (ToM), which is an individual's ability to attribute and infer emotions, intentions, beliefs, desires from the other person's mental state is affected. ToM is widely implicated in establishing and maintaining relationships. Researches have suggested that as screen time increases ToM skills decrease, especially in adolescents (6).

Another crucial aspect, researches have pointed out is the impact of parent-child relationship in smartphone and social media usage. Especially in double income households, between busy work schedules and managing the chores, parents find it difficult to regulate screentime. Giving a smartphone or TV occupies the child, while parents manage other tasks. This increases screen time and also reduces face to face conversations, that help in developing social skills. Parents also tend to use smartphones to soothe high tension moments. Using smartphones or other screens as digital pacifiers, have an effect on their development of emotional regulation. It hinders them from developing self-regulation skills and move them towards maladaptive coping mechanisms (8). They may increasingly turn to smartphones and social media to escape, push down stressful and painful experiences, engaging in experiential avoidance. Experiential avoidance is linked to increased smartphone and social media addiction (9, 10). Experiential avoidance associated with turbulent parent-child relationships, pushes children and adolescents towards smartphones and social networking sites.

As parental acceptance-rejection theory states, when adolescents feel they are not understood and rejected, they turn towards social media for support and coping with the resultant pain and hurt. Smartphones also play a mediating role between parent-child relationship and social networking sites. It was observed that, turbulent "parent-child relationship can negatively predict smartphone addiction and that smartphone addiction positively predicts the intensity of the use of SNS." (11, p. art. no. 103796 sec. "Discussion"). These skills are of paramount importance for children, as they help in navigating their peer relationships in schools. Lack in these skills can lead to isolation, loneliness, unstable friendships, social anxiety, low self-esteem and emotional distress affecting academic performance as well.

Biopsychosocial Factors of Problematic Social Media Usage:

Now that we have a background, we can understand the biopsychosocial factors behind social media addiction. A complex blend of cognitive, behavioral and emotional aspects, can lead to social media usage and dependence. It also leads to fear of missing out, the need to reply and constantly check for likes, follows and comments (12). Especially during adolescence when peer relations become important as they start to want personal autonomy, independent identity and belonging to a social group of similar age. Peer relationships play a powerful role in adolescents' life. Their needs of belonging, self-esteem, validation and support increasingly depend on their peers (13). ToM skills necessary for establishing, maintaining relationships and how they are affected by their exposure to screens and social media (6), can have consequences on their mental health. Coupling this with deficits in socio-emotional skills that early screen exposure brought about can lead to social anxiety (associated with deficiency in ToM skills as well), loneliness, isolation, stress and gaps in all the needs, that friendships provide for adolescents. This can push adolescents towards social media for social connections. Online interactions on social networking sites, not only act as compensatory, but it can actively transform the nature, expectations and demands of friendships (14, 15). All these factors can act as psychosocial circumstances that push adolescents to depend on social media for social connections (16). Social anxiety and loneliness are associated with problematic social media usage and researches have suggested loneliness as a risk factor for PSMU (17). Adolescents facing difficulties in face-to-face connections, social anxiety, loneliness, stress can turn to social media to compensate for the deficits in offline social interactions (15, 18). This can lead to an exclusive preference for online social interactions (POSI) (19). They also use social media as way to cope with their emotional distresses (experiential avoidance). This compensatory usage of social media, paves the way for problematic social media usage, with negative long-term consequences (16). Studies have suggested this online compensation has short-term feeling of comfort and connection for adolescents whose offline, face-to-face relationships are uncomfortable. But, in the long term it is associated with low self-esteem, depression and poor general well-being (18). Exclusive dependence on social media for peer interactions, not only hinders the development of social skills, it transforms expectations and demands from relationships in more unhealthy ways than healthier ways. Frequency, immediacy, availability and permanent access of content can lead to unhealthy interpersonal processes. Expectations of immediate connections, instant responses, availability, publicness and availability aspects of social media

can lead to constant assurances of self-worth and validation and puts pressure on always being available for support and communication. This in turn creates increased time spent and being tied to social media (14, 15). Cue absence in online chatting, especially in socially anxious youth who are vigilant about these cues, can perpetuate insecurity. As Nesi et al, in their theoretical reviews suggest "... we find preliminary evidence that social media may amplify and increase the frequency of problematic interpersonal behaviors that typically occur within dyadic relationships, such as social comparison, co-rumination, reassurance- and feedback-seeking" (14, p. 30 PMC Version). Social media also puts emphasis on quantifiable aspects of relationships such as, number of friends, like, followers etc., rather than the quality of friendships (15). There is also literature suggesting that online friendships have less rich and deep friendships, when compared to offline (14). This matters more, especially in adolescence to meet their needs of intimacy, support and self-worth. As they depend more on social media for social connections and coping with their emotional distresses, it further increases their avoidance of face-to-face interactions with both family and friends. Counterintuitively, while adolescents may turn to social networking sites to decrease social anxiety by bypassing offline interactions, it in fact increases their social anxiety in the long term due to this bypassing and avoidance. Leading to increase in social anxiety, continued deficiency in social and emotional regulation skills, ToM skills, conflict within close relationships and less time spent with family (16).

A vicious cycle perpetuates PSMU, through compensation by deepening deficits in familial and peer relationships. A lack in socio-emotional skills as a result of early smartphone and social media exposure leads to increasing dependence on social media as offline social engagements become stressful and unstable. This in turn deepens their distance from real world relationships, lack in socio-emotional skill deficits, increased social anxiety, keeping them dependant on social media. These experiences of difficulties in relationships also have cognitive effects. They can lead to dysfunctional attitudes about face-to-face social interactions regarding themselves and others, which can arise out of core beliefs formed because of their difficult social experiences (20). These dysfunctional thoughts and maladaptive cognitive are discussed more in detail in the coming sections. There is a biological component as to why adolescents are prone to social media use as well. During adolescence, the dopaminergic system undergoes important developmental changes, especially in the density of dopamine receptors. These changes in the density are closely connected with reward processing and sensation seeking in adolescents; which are known to be responsible for the risk taking and novelty seeking behaviors. The same reward pathways that are activated during non-social behaviors, are activated during social situations in adolescence (21). Hence, social acceptance, validation and appreciation (follows, likes, comments) one receives on social media releases dopamine, acting as positive reinforcers resulting in immersion and compulsion as seen earlier. The constant need to check comes from variable reward system. The rewards one gets from social media are not at timed intervals, they are random. One does not know when they will receive a like, comment and follow, so we end up constantly checking. This is where compulsion and salience arise out of. Although biological underpinnings have an effect, environmental factors of social isolation, difficulty in offline relationships, and the addictive

features of social media can exacerbate and ultimately lead to pathological use. There are inherent aspects of social media, that makes it addictive as well. The cumulative effect of biopsychosocial factors and the aspects of social media itself, fuel problematic social media usage. Social validation and gamification features embedded into social networking sites, tap our biological need for social validation and reciprocity. Follows, likes and comments trigger social validation loops, and keep us tethered to social media (22). The combined effect of all the above factors is pathological use. Adolescents may especially be affected by this because of their need to be validated/accepted by their peer circle.

CBT and SFBT: A Combined Theoretical Approach:

Although Cognitive Behavior Therapy (CBT) and Solution Focused Brief Therapy (SFBT) have very different approaches towards a concern; a combined approach can help in understanding and creating coping strategies and solutions for pathological social media use. These two approaches, combine strong theoretical understanding of cognitive, emotional, behavioral factors, with concrete, strength, goal-based approach. CBT can help in conceptualizing and understanding the deeper roots of the questions of the why and what of pathological social media usage and social skills. SFBT on the other hand can help move towards setting a goal, concrete possible solutions for managing social interactions, tackling distraction, coping and ways to balance out online and offline interactions. CBT can also help in disputing certain core beliefs or thoughts that might be leading to the behavior and SFBT can help in tracking progress through scaling questions. CBT posits that pathological use develops from environmental and personal underlying factors. These are explained by their proximity and their distance to the symptoms presented. Proximal factors are aspects that are closer to the symptoms, which are a direct result of these factors. Distal factors are those which are farther away from the symptoms, but still play an important role in their development. Proximal causes according to this model are certain maladaptive thoughts and behaviors that lead to problematic social media use. Distal causes are any mental health concerns like, social anxiety, depression etc. They could be exacerbated by the environmental factors of lack of interpersonal relationships in their life, social isolation in school due to difficulties with social skills, low self-worth, social hopelessness, lack of a sense of support etc.

As Davis proposed in his theory of Cognitive-Behavioral model of Pathological Internet Use, he called the above environmental causes negative enhancers. These are environmental, social factors, situational triggers that reinforce maladaptive cognitions that lead to pathological usage. Maladaptive cognitions and beliefs can include beliefs that they are safer online and online conversations are easier than face-to-face interactions. Preference for online social interactions (POSI) is also associated with maladaptive cognitions about self and others. Cognitions about self, such as "I am a failure offline and I feel at ease and much better online" and about others; "People treat me badly offline" are shown to be one of the precursors in developing POSI (19). Dysfunctional attitudes arising out of core beliefs, such as "Nobody loves me when I am not on the internet", directly affect behavior leading to more social media usage (20). Distal factors exacerbate the susceptibility to develop these maladaptive thoughts. Other beliefs such as "The internet is my only friend, it's the only place I am respected"

and the above-mentioned beliefs reflect black and white thinking or all or nothing cognitive distortion, leads to more dependence on the social media(23). As Davis said, “prone to maladaptive cognitions, and were socially isolated, they had no way of expressing their angst. The Internet in its social role, acts as a means of communication to the most extreme degree imaginable. It is the individual's lifeline to the outer world.” (23, p. 192). These maladaptive thoughts and negative enhancers, keep individuals stuck in a vicious cycle of pathological social media usage (20).

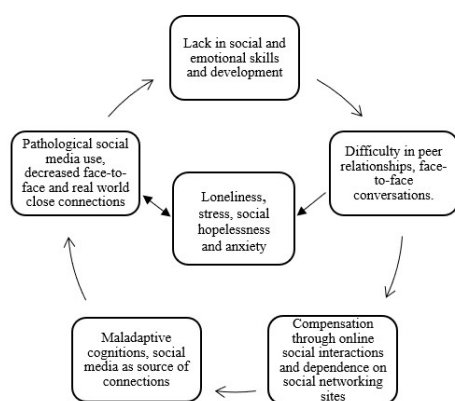


Fig. 1 Showing the proximal (Maladaptive cognitions, social media as a source of connection) and distal factors (difficulty in peer relationships, resultant psychopathology) that lead to the development of pathological social media use according to the CBT model [23, 3]

Therapeutic Interventions: SFBT as the name suggests is a solution oriented therapeutic approach that can be helpful in giving a structure, forming goals, practicing coping strategies, identifying solutions and tracking progress through scaling questions. This is done in collaboration between the therapist and client. These aspects help in moving towards a solution and measuring the progress; using all the steps involved in problem solving and decision making. CBT on the other hand deals with cognitive, emotional and behavioral aspects that can help in case conceptualizations through symptom maintenance cycles, flow charts, mapping core beliefs and maladaptive cognitions, negative automatic thoughts (NATs) and maladaptive behaviors and emotions. Therapeutic interventions include thought records, Rational Emotive Behavior Therapy (REBT) self-help forms, behavioral experiments etc. A combination of CBT and SFBT interventions can go to the root of the concern. CBT can be used to map out and conceptualize the proximal and distal factors that are leading to problematic social media usage. Symptom maintenance cycles can help therapists understand what maladaptive cognitions and behaviors are perpetuating and maintaining the concern. Therapeutic interventions for CBT involve disputation. Disputation involves challenging the maladaptive thoughts, by searching evidence for and against them and ultimately creating a balanced thought. This balanced thought replaces the existing maladaptive cognitions. Maladaptive cognitions can be disputed using thought record, REBT self-help form etc. As the thoughts change, behaviors and emotional responses change as well. Behavioral experiments such as role playing, rehearsing can then be employed for creating and maintaining peer relationships. While CBT helps with challenging maladaptive thoughts about social interactions, themselves and others, SFBT plays a role

in concretely coming up with an action plan and measuring progress. Working on these aspects can help adolescents move towards healthy social media usage and balancing online and offline relationships. “Healthy Internet users can separate Internet communication with real life communication. They employ the Internet as a helpful tool rather than a source of identity.” (23, p. 193). As stimulation hypothesis also states, online communication with already existing offline friends can enhance friendship quality and closeness (14). Both CBT and SFBT can help in social skills as well. Cognitive behavior social skills training (CBSST) can help in identifying, catching and changing maladaptive cognitions, learning communication skills, role plays for practicing communication, strategies for emotional regulation, managing expectations etc.(24). This can help with deficits in socio-emotional skills that ultimately drive dependence on social networking sites for social connections. Although most of the CBSST researches are done on clinical populations, the same strategies can help with adolescents battling social anxiety, loneliness and general difficulties in face-to-face communications. SFBT can help with the more concrete parts and give it a more goal oriented, solution focused approach. SFBT is effective in helping adolescents manage social interactions, changing relationships, interpersonal problems etc., in both school and college settings(25). Four key techniques of SFBT can help with social and relational outcomes. Strength based questioning, exception questions, coping questions and miracle questions. Strength based questions can help individuals take a look at their strengths and how they can and have been using them deal with the concern. Exception questions focus on times when the problem didn’t occur or less severe(25). It can help in reminding socially anxious adolescents with social hopelessness of times when conversations were smooth and even positive. Especially as they are more biased towards negative cues, exception questions can force them to look at the other side. This can be done by disputation as well, which helps in cognitive restructuring. Exception questions and disputation together can help adolescents tackle their maladaptive cognitions about self and others. Coping questions focus on how they have coped with the problem before and miracle question helps in visualizing, the kind of future and goal they wish to move towards. Combining the reflections of these four questions, can help the goal seem more reachable and make them move towards solutions(25). SFBT helps in moving towards solution oriented approach, while CBT delves deep into the concern. Solutions must focus primarily on the root of the concern, i.e. difficult face-to-face social interactions, lack in socio-emotional skills. This can be done through moving the student towards identifying people they have some acquaintance or comfort within school and home/neighborhood settings and trying to deepen those ties. This can involve role playing initiating conversations, communication skills, finding similarities, curiosity about differences, forming connecting rituals with family and friends, joining clubs/classes student is interested in etc. Interventions should also focus on setting boundaries with social media. Active use, rather than passive use with time limits, tailor making social media connections and communities (retaining people who help and support), making time for activities that induce a flow state in place of social media can be helpful. The next step would be to measure progress through scaling questions and reviewing solutions. With good rapport, therapeutic relationship and collaboration, adolescents are able to come up with solutions that best suit them. Helping adolescents identify patterns such

as expectations of availability, immediacy, fear of missing out (FOMO), that act as perpetuating factors can also be helpful in moving towards concrete, realistic solutions. Such as Joy of Missing Out (JOMO), turning off notifications, curating social media friends and posts, choosing other relaxing activities to do in breaks that don't involve technology etc. All of which can aid in balancing out social media dependence and problematic use.

Practical Application and Future Directions: Pathological use can be mitigated and managed through connection and communication rather than control. A combined approach of CBT and SFBT can help therapists, school counsellors and parents to provide holistic care that tackles the root of the concern, while also dealing with all the important aspects that affect pathological use. School Counsellors can play an important role in helping children and adolescents handle these concerns and educating teachers and parents about multiple realms that contribute to pathological use. Especially in school settings with opportunities for ample social interactions, school counsellors can help with fostering adaptive interpersonal relationships. Using a combined approach of CBSST and SFBT for social skills training, core root problems for problematic social media usage can be tackled. School counsellors and therapists can also play a role in bridging parent-child relationships and help with communication in this important relationship. Helping parents understand the context in which social media usage is taking place in their child's life, can help them understand where this behavior is coming from. CBT can help them understand the context and move them towards tackling communication and emotional regulation. While SFBT can help with moving towards a solution and opening up spaces for creative solutions from adolescents and parents. Positive parent-child relationship directly and indirectly correlates with low social media usage and vice versa. Relationships with warmth, support, attunement towards emotional needs show reduced tendencies towards social media usage(11). A combination of these approaches balances out deep dive into the cognitive, behavioral and emotional understanding of the concern in CBT with solution-oriented interventions and progress tracking tools by SFBT.

Glossary of Abbreviations

PSMU- Problematic Social Media Usage

ToM- Theory of Mind

POSI- Preference for Online Social Interaction

CBT- Cognitive Behavior Therapy

SFBT- Solution Focused Brief Therapy

REBT- Rational Emotive Behavior Therapy

CBSST- Cognitive Behavior Social Skills Training

NATs- Negative Automatic Thoughts

FOMO- Fear of Missing Out

JOMO- Joy of Missing Out

REFERENCES

- Suhana, M. "Influence of Gadget Usage on Children's Social-Emotional Development," *Advances in Social Science, Education and Humanities Research*, vol. 169, pp. 224-227, 2017. doi: 10.2991/icece-17.2018.58
- Sa'ngadah, N. Y. S. Arief and I. Krisnana, "Gadgets addiction behavior towards social development in adolescents," *Eursian Journal of BioSciences*, vol. 14, no. 2, pp. 2733-2737, 2020. <https://www.proquest.com/openview/16a0935041514c937118bfa502937e15/1?pq-origsite=gscholar&cbl=2042720>
- Gani, S. A. "Parenting Digital Natives: Cognitive, Emotional, and Social Developmental Challenges," 2017. (Online). Available: https://www.academia.edu/65336387/Parenting_Digital_Natives_Cognitive_Emotional_and_Social_Developmental_Challenges. (Accessed 25 September 2026).
- Peng P. and Y. Liao, "Six addiction components of problematic social media use in relation to depression, anxiety, and stress symptoms: a latent profile analysis and network analysis," *BMC Psychiatry*, vol. 23, p. 321, 2023. doi: 10.1186/s12888-023-04837-2
- Has, E. M. M. N. Istianah and A. Qona'ah, "The Correlation between Intensity of Smartphone Usage with Social Media Addiction, Fear of Missing Out, and Need for Touch among Adolescents," *International Journal of Psychosocial Rehabilitation*, vol. 24, no. 09, pp. 856-862, 2020. doi: <https://doi.org/10.61841/71tm6x48>
- Sain, D. H. Demirci and Y. Bilge, "Screen exposure and social cognition: examining the relationships between screen time, smartphone addiction, internet addiction, and theory of mind components in adolescents," *Psicologia: Reflexão e Crítica*, vol. 39, p. 8, 2026. doi: 10.1186/s41155-026-00381-6
- Jain, P. "The Impact of Smartphone Addiction on Social Skills and Play Behaviour Among Children," *International Journal of Innovations In Science Engineering And Management*, vol. 4, no. 1, pp. 1-7, 2025. doi: 10.69968/ijisem.2025v4i101-07
- Radesky, J. S. N. Kaciroti, H. M. Weeks, A. Schaller and A. L. Miller, "Longitudinal Associations Between Use of Mobile Devices for Calming and Emotional Reactivity and Executive Functioning in Children Aged 3 to 5 Years," *JAMA Pediatrics*, vol. 177, no. 1, pp. 62-70, 2023. doi:10.1001/jamapediatrics.2022.4793
- Wang, J. N. Wang, Y. Liu and Z. Zhou, "Experiential avoidance, depression, and difficulty identifying emotions in social network site addiction among Chinese university students: a moderated mediation model," *Behaviour & Information Technology*, pp. 1-14, 2025. doi: <https://doi.org/10.1080/0144929X.2025.2455406>
- Song, X. X. Wang, X. Wang, X. Zhang, Q. Zheng, X. Zhang and S. Lyu, "The Relationship Between Adolescent Experiential Avoidance and Smartphone Addiction: A Study Based on Latent Transition Analysis and Cross-Lagged Panel Network Analysis," *Cyberpsychology, Behavior, and Social Networking*, vol. 29, no. 5, pp. 309-317, 2026. doi: <https://doi.org/10.1177/21522715261441401>
- Yue, Y. Z. Aibao and T. TingHao, "The interconnections among the intensity of social network use, anxiety, smartphone addiction and the parent-child relationship of adolescents: A moderated mediation effect," *Acta Psychologica*, vol. 2301, p. 103796, 2022. doi: 10.1016/j.actpsy.2022.103796
- Koessmeier C. and O. B. Büttner, "Why Are We Distracted by Social Media? Distraction Situations and Strategies, Reasons for Distraction and Individual Differences," *Frontiers in Psychology*, vol. 12, p. 711416, 2021. doi: 10.3389/fpsyg.2021.711416
- Liu, Y. "The role of peer relationships in adolescents' psychological well-being," *SHS Web of Conferences*, vol.

- 180, p. 03027, 2023. doi: <https://doi.org/10.1051/shsconf/202318003027>
14. Nesi, J. S. Choukas-Bradley and M. J. Prinstein, "Transformation of Adolescent Peer Relations in the Social Media Context: Part 1—A Theoretical Framework and Application to Dyadic Peer Relationships," *Clinical Child and Family Psychology Review*, vol. 21, no. 3, p. 267–294, 2019. doi: 10.1007/s10567-018-0261-x
15. Ehrenreich, S. E. "Peer Relationship Processes in the Context of Digital Media," in *Handbook of Adolescent Digital Media Use and Mental Health*, vol. II, J. Nesi, E. H. Telzer and M. J. Prinstein, Eds., Cambridge University Press, 2022, pp. 85-103. <https://www.cambridge.org/core/books/handbook-of-adolescent-digital-media-use-and-mental-health/peer-relationship-processes-in-the-context-of-digital-media/8B9E811DAE89291D7B8A9F73B61605E3>
16. Yaltyrk Ş. and E. Bekaroğlu, "The underlying mechanisms between problematic social media use and social anxiety: A cross-sectional study," *The Turkish Journal on Addictions*, vol. 13, no. 2, pp. 234-246, 2026. doi: 10.15805/addicta.2026.503
17. O'Day E. B. and R. G. Heimberg, "Social media use, social anxiety, and loneliness: A systematic review," *Computers in Human Behavior Reports*, vol. 3, p. 100070, 2021. doi: 10.1016/j.chbr.2021.100070
18. Weidman, A. C. K. C. Fernandez, C. A. Levinson, A. A. Augustine, R. J. Larsen and T. L. Rodebaugh, "Compensatory internet use among individuals higher in social anxiety and its implications for well-being," *Personality and Individual Differences*, vol. 53, no. 3, p. 191–195, 2012. doi: 10.1016/j.paid.2012.03.003
19. Fioravanti, G. G. Flett, P. Hewitt, L. Rugai and S. Casale, "How maladaptive cognitions contribute to the development of problematic social media use," *Addictive Behaviors Reports*, vol. 2, p. 100267, 2020. doi: 10.1016/j.abrep.2020.100267
20. Yığman, F. M. H. Aksu, K. Özdel and H. Ünver, "Social Media Addiction among Turkish Young Adults Is Partially Mediated by Automatic Thoughts and Social Problem-Solving Skills," *Alpha Psychiatry*, vol. 22, no. 1, p. 25–30, 2021. doi: 10.5455/apd.219876
21. Steinberg, L. "A Social Neuroscience Perspective on Adolescent Risk-Taking," *Developmental Review*, vol. 28, no. 1, pp. 76-106, 2008. doi: 10.1016/j.dr.2007.08.002
22. Ronzani, M. M. K. Gatzweiler, J. Amis and A. Spicer, "Addiction and Organization Studies," *Organization Studies*, 2026. doi: <https://doi.org/10.1177/01708406261418204>
23. Davis, R. "A cognitive-behavioral model of pathological Internet use," *Computers in Human Behavior*, vol. 17, no. 2, pp. 187-195, 2001. doi: 10.1016/S0747-5632(00)00041-8
24. Laugeson E. A. and M. N. Park, "Using a CBT Approach to Teach Social Skills to Adolescents with Autism Spectrum Disorder and Other Social Challenges: The PEERS® Method," *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, vol. 32, no. 1, 2014. doi: 10.1007/s10942-014-0181-8
25. Franklin, C. S. Guz, A. Zhang, J. Kim, H. Zheng, A. H. Hai, Y. J. Cho and L. Shen, "Solution-Focused Brief Therapy for Students in Schools: A Comparative Meta-Analysis of the U.S. and Chinese Literature," *Journal of the Society for Social Work and Research*, vol. 13, no. 2, 2022. doi: <https://doi.org/10.1086/712169>
