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Behavioral Counseling To Reduce Smartphone Addiction In Childern

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ABSTRACT

Uncontrolled gadget use in children can lead to addiction, characterized by difficulty limiting screen time and impaired learning or social activities. This study analyzes the implementation of behavioral counseling in reducing gadget addiction through a narrative literature review. Findings indicate that gadget addiction is a learned behavior maintained by pleasurable reinforcement. Behavioral counseling reduces this behavior by identifying antecedent-behavior-consequence patterns, monitoring usage, establishing behavioral contracts, applying positive reinforcement, controlling stimuli, and developing alternative activities. Intervention effectiveness is strengthened when parents and teachers consistently enforce rules and model healthy technology use. Ultimately, behavioral counseling aims to establish controlled, functional, and developmentally appropriate digital habits.

Informasi Artikel

Kata Kunci:

kecanduan gawai;
konseling behavioral;
kontrak perilaku;
self-management.

ABSTRAK

Penggunaan gawai pada anak yang tidak terkontrol dapat memicu kecanduan, ditandai dengan sulitnya membatasi waktu layar serta terganggunya aktivitas belajar dan sosial. Penelitian kualitatif melalui tinjauan literatur naratif ini bertujuan menganalisis konseling behavioral untuk mengatasi kecanduan tersebut. Hasilnya menunjukkan kecanduan gawai merupakan perilaku terpelajar yang dipertahankan oleh penguatan menyenangkan. Konseling behavioral dapat mereduksi kecanduan ini melalui identifikasi pola *antecedent-behavior-consequence*, pemantauan, kontrak perilaku, penguatan positif, kontrol stimulus, dan pembentukan aktivitas alternatif. Efektivitas intervensi meningkat jika orang tua dan guru konsisten menerapkan aturan serta memberi teladan. Konseling behavioral tidak bertujuan menghapus gawai sepenuhnya, melainkan membentuk perilaku digital yang terkontrol, fungsional, dan sesuai perkembangan anak.

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Tata Nama dan Singkatan

A	Antecedent (Pemicu/stimulus lingkungan sebelum perilaku terjadi)
B	Behavior (Perilaku yang dapat diamati dan diukur
C	Consequence (Konsekuensi atau konsekuensi yang menyertai perilaku)
S^{R+}	Positive Reinforcer (Penguatan positif yang meningkatkan frekuensi perilaku)
S^{D}	Discriminative Stimulus (Stimulus diskriminatif/pengendalian pemicu)
AAP	American Academy of Pediatrics
WHO	World Health Organization

1. Intructitation

Advances in digital technology have transformed the ways children learn, play, communicate, and seek entertainment. Digital devices offer benefits when used purposefully, such as helping children access learning materials, develop creativity, improve digital literacy, and communicate with family [. Problems arise when devices are used excessively, uncontrollably, and in place of more fundamental developmental needs, such as sleep, physical activity, face-to-face play, learning, and interaction with family [2].

Device addiction in this study is not determined solely by the amount of time a child spends staring at a screen. The assessment must take into account the child's ability to control usage, the purpose of use, the content accessed, the family context, and the impact of usage on daily life. The American Academy of Pediatrics [1] emphasizes that there is no single screen time limit that can be applied uniformly to all children and adolescents. The quality of content, the context of use, the child's characteristics, and important activities displaced by screen time must also be considered.

Device use can be considered problematic if a child loses control, continues to use devices despite negative consequences, and exhibits disruptions in learning, social, emotional, and family functioning [3]. Symptoms may include anger when devices are taken away, lying about usage duration, neglecting responsibilities, losing interest in non-digital play, staying up late at night, and constantly thinking about games or digital content [4].

The World Health Organization's [11] guidelines for young children classify screen time as a form of sedentary behavior that needs to be limited so it does not replace physical activity, sleep, reading, storytelling, and interaction with caregivers. The WHO recommends that one-year-olds have no sedentary screen time, while children aged two to four years should be limited to a maximum of one hour per day—and the less, the better [11].

Although duration guidelines are important, addressing device addiction cannot be adequately addressed by simply confiscating devices or suddenly banning children from using them. Prohibitions without a process to establish new behaviors can lead to conflict, covert behavior, or a shift in addiction toward other digital activities. Management requires an approach that helps children recognize their behavioral patterns, control their urges, follow rules, and find sources of enjoyment from more adaptive activities [5].

One relevant approach is behavioral counseling. The behavioral approach views behavior as the result of a learning process through the relationship between stimuli, responses, and consequences. Behaviors that receive reinforcement tend to be repeated, while behaviors that do not receive reinforcement or result in certain consequences tend to decrease [9]. In the context of device use, notification sounds, winning games, praise from friends, virtual rewards, short videos, and the relief from boredom can serve as reinforcers that sustain children's behavior [9].

$$B = f(A, C) \quad (1)$$

where B represents the observed digital behavior, A represents antecedent triggers, and C represents reinforcing consequences.

Reviews of interventions for digital addiction in children and adolescents indicate that treatment involves various approaches, such as behavioral interventions, cognitive-behavioral therapy, education, physical activity, group counseling, and family-based interventions [3]. A review of 17 intervention studies published between 2018 and 2022 highlights the importance of multidimensional interventions and family involvement in addressing problematic digital use [3].

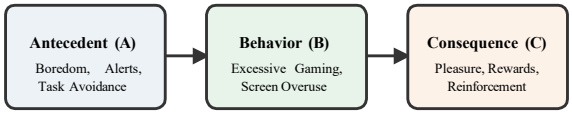
Research in Indonesia also shows that behavioral techniques, such as self-management, self-control, and behavioral contracts, have been applied to reduce problematic device use among students [7, 8]. The application of behavioral counseling using self-management techniques has been reported to help reduce smartphone addiction behaviors among students [8], while self-control techniques are used to build students' ability to control their smartphone usage habits [4]. Behavioral contracts are also used in guiding children to establish boundaries and responsibilities regarding smartphone use [7].

However, most studies have been conducted on adolescents at the high school level. Application to children requires adjustments based on their level of cognitive development, self-control abilities, dependence on parents, and familyenvironment. Children are not yet fully capable of practicing self-management independently. Therefore, behavioral

counseling for children must involve parents as environmental managers, reinforcers, rule enforcers, and models of digital behavior [10].

2. Reserch Methodology

This study employs a qualitative approach using a narrative literature review. The narrative literature review was used to identify, compare, and synthesize concepts and research findings regarding smartphone addiction in children and the application of behavioral counseling [2, 6].



Gambar 1 Model Kerangka Antecedent-Behavior-Consequence (ABC) dalam Konseling Behavioral

Data sources consisted of national and international journal articles, counseling textbooks, learning theory textbooks, and guidelines from health organizations addressing children's use of digital media [1-12]. The literature focused on discussions regarding: (1) smartphone addiction or problematic digital use;
(2) the impact of screen time on children; (3) behavioral counseling; (4) self-management; (5) behavioral contracts; (6) positive reinforcement; and (7) parental involvement.

Literature selection was based on several criteria: relevance to the study's focus; discussion of school-aged children or adolescents; explanation of behavioral interventions or changes in digital behavior; and origin from traceable scientific sources. Literature that only discussed technology use in general without a connection to children's behavior or interventions was not included as a primary source.

Data analysis was conducted in four stages. First, identifying the key concepts and findings of each source. Second, grouping the literature based on the themes of smartphone addiction, behavioral principles, intervention techniques, and environmental involvement. Third, comparing the similarities and differences in research findings. Fourth, developing a conceptual synthesis regarding a model for applying behavioral counseling to reduce smartphone addiction in children.

3. Result and Discussion

3.1 Smartphone Addiction as a Learned Behavior

In the behavioral approach, behavior does not occur without a cause but is related to preceding conditions and subsequent consequences. This relationship can be understood through the antecedent-behavior-consequence (ABC) model [5, 9].

Antecedents are situations that occur before a child uses a smartphone. These triggers can include boredom, loneliness, fatigue, family conflicts, difficult school assignments, the presence of a smartphone near the child, notifications, or the habit of parents giving their child a smartphone when they cry.

Behavior refers to observable actions, such as opening a game, watching videos, accessing social media, using a device while studying, or refusing to stop even after the allotted screen time has ended.

Consequence refers to the outcome received after the behavior is performed. Consequences may include enjoyment, relief from boredom, winning a game, attention from friends, or being freed from a task. These positive consequences serve as reinforcement, causing the behavior of using devices to be repeated.

For example, a child cries when asked to stop playing. A parent who wants to stop the crying then returns the device. This event reinforces the crying behavior because the child learns that tantrums can restore access to the device. At the same time, the parent's behavior is also reinforced because returning the device successfully stopped the crying. This cycle explains why parental inconsistency can perpetuate device addiction [10].

Addictive behavior can also form through reinforcement with an irregular schedule. In-game rewards, the next interesting video, comments, messages, and notifications appear in unpredictable patterns. This uncertainty drives children to keep checking their devices. Therefore, intervention cannot rely solely on advice about the harmful effects of devices. Counselors must help change the triggers, behaviors, and consequences that perpetuate the problem [5].

3.2 Effects of Problematic Device Use

Excessive device use can be linked to various emotional and behavioral issues in school-aged children. Research on screen time in children shows a connection between excessive screen exposure and an increase in emotional and behavioral problems [1, 3]. Although this connection does not always prove a direct cause-and-effect relationship, monitoring and reducing problematic exposure remain necessary.

Visible impacts in educational settings may include decreased concentration, delays in completing assignments, lack of engagement in class, and a constant urge to check devices. In family settings, children may exhibit anger, arguments, defiance, and resistance to shared activities. Evening use can also disrupt sleep, leaving children feeling tired during class [11].

However, device use should not always be viewed negatively. Technology can facilitate learning, communication, creativity, problem-solving, and collaboration if the content and patterns of use are appropriate for the child's developmental stage. Studies on physical-digital play technology show that certain technologies can support self-monitoring, collaboration, decision-making, problem-solving, and physical activity when designed with the right objectives. Thus, the goal of counseling is not to eliminate technology, but to transform maladaptive usage patterns into healthy digital behaviors.

3.3 Goals Of Behavioral Counseling

The goals of behavioral counseling must be formulated in a way that is specific, measurable, realistic, and observable [2, 5]. Statements such as "the child is no longer addicted" are too general to serve as intervention goals. These goals can be operationalized into several indicators, including:

- The child uses devices according to an agreed-upon schedule;
- The child is able to stop when the usage time ends;
- The child does not use devices while eating, studying, praying, or before bedtime;
- The child completes responsibilities before gaining access;
- The child participates in physical or social activities every day;
- The frequency of conflicts caused by screen time decreases; and
- The child is able to express feelings of boredom, anger, or disappointment without demanding screen time.

The goal does not have to be an immediate, drastic reduction. A gradual reduction is more realistic, especially when the child has been using devices for extended periods. A gradual reduction also gives the child the opportunity to develop alternative activities.

3.4 Stages of Behavioral Counseling

3.4.1 Stage 1: Behavioral Assessment

The counselor assesses the type of device, the apps used, duration, times of use, triggering situations, reactions when access is restricted, and the impact on the child's activities. Information is gathered from the child, parents, teachers, and device usage logs [5, 6].

The assessment should not focus solely on the number of hours. The counselor needs to distinguish between usage for learning, family communication, creativity, passive entertainment, gaming, and social media. A child who uses a device for two hours to work on a school project cannot be treated the same as a child who uses a device for two hours to watch videos without supervision [1].

Counselors also need to assess the behavioral function. Devices may be used to seek pleasure, seek attention, avoid tasks, reduce anxiety, cope with loneliness, or mimic parental habits. Interventions that do not consider behavioral function risk merely removing the device without addressing the underlying psychological needs.

3.4.2 Stage 2: Establishing Baseline Data

A baseline is an initial snapshot of behavior before intervention. Data may include daily duration, number of device checks, frequency of tantrums, nighttime use, and number of neglected tasks [5].

Recording is done over several days to identify a relatively stable pattern. Baseline data serves as the foundation for setting goals and conducting evaluations. Without a baseline, the success of the intervention is assessed solely based on parents' subjective impressions.

3.4.3 Stage 3: Setting Shared Goals

The child should be involved in setting goals appropriate to their developmental level. This involvement can increase their sense of ownership regarding the rules. The counselor can use simple language, picture cards, visual schedules, or a point system [2].

Parents are advised not to unilaterally set targets that are too demanding. Targets must take into account learning needs, communication skills, age, school activities, and previous habits.

3.4.4 Stage 4: Applying Behavior Change Techniques

Counselors select techniques based on assessment results. Techniques can be used individually, but a combination of several techniques is generally more appropriate because smartphone addiction is influenced by many factors [3, 5].

3.4.5 Stage 5: Evaluation and Follow-Up

Evaluation is conducted by comparing post-intervention data with baseline data. Indicators include not only screen time duration but also the ability to stop using devices, sleep quality, task completion, social activities, and conflict intensity.

Once goals are achieved, external reinforcement is gradually reduced so that the child does not become permanently dependent on rewards. New behaviors need to be maintained through family routines and social reinforcement [5, 10].

3.4.6 Self-Management Techniques

Self-management is a technique that helps individuals observe, regulate, and evaluate their own behavior. This technique consists of self-monitoring, stimulus control, self-evaluation, and self-reinforcement [5, 8].

For children, the application of self-management must be age-appropriate. Children can use a simple chart to record the start and end times of their device use. For younger children, recording can be done using stickers or emoticons. Parents should help with recording but should not take over the child's entire responsibility.

Self-monitoring involves recording the duration, apps used, triggers, and feelings before and after use. This recording process makes previously automatic behaviors more conscious.

Stimulus control is achieved by modifying the environment that triggers device use. Devices should not be kept in the bedroom, notifications should be turned off, gaming apps should not be placed on the home screen, and devices should be stored by parents outside of scheduled usage times.

Self-evaluation involves comparing actual usage with set goals. Children are encouraged to evaluate their success without being shamed when they fail.

Self-reinforcement is achieved by rewarding oneself after reaching a goal. For children, rewards can include choosing a family game, getting extra time to play outside,

selecting a meal, or doing an activity with parents.

Research findings in Indonesian educational settings indicate that self-management is an effective strategy for reducing smartphone addiction among students [8]. However, its implementation with children requires adult assistance because their planning and self-control skills are still developing.

3.4.6 Behavioral Contracts

A behavior contract is a written agreement between a child and a parent regarding expected behavior, timing, reinforcement, and logical consequences [5, 7]. The contract should be brief, specific, use positive language, and be easy to understand.

An example of a contract is as follows:

> *"The child is allowed 45 minutes of smartphone use after completing schoolwork and putting away school supplies. The smartphone must be used in the living room. When the alarm sounds, the child hands the device over to a parent. If the rules are followed for five days, the child gets to choose a family activity for the weekend."*

The contract should not consist solely of prohibitions and punishments. The child needs to know what behavior is required to earn access. The contract must also be applied consistently. When parents give in because the child is crying, the contract loses its purpose [7, 10].

Implementing a behavior contract with a child who is addicted to their device provides a clearer structure of rules than inconsistent verbal prohibitions. The contract also helps shift the conflict from personal relationships to mutually agreed-upon rules.

3.4.7 Positive Reinforcement

Positive reinforcement is the provision of a pleasant stimulus after a child demonstrates the desired behavior. Reinforcement increases the likelihood that the behavior will be repeated [5, 9].

Reinforcement doesn't always take the form of material objects. Specific praise, attention, hugs, shared activities, the opportunity to choose an activity, and extra time to play outside can all serve as reinforcers. Specific praise is more effective than general praise. Parents can say, *"Dad is happy that you handed over your device right away when the alarm went off,"* rather than just *"You're a good kid."*

A token system can be used with school-aged children. Children earn stars when they follow a schedule, stop without getting angry, or complete a task. The stars are then exchanged for agreed-upon activities. Reinforcement should be provided immediately, consistently, and proportionally.

Positive reinforcement is not the same as bribing a child. Bribes are typically given before or while a child is exhibiting problematic behavior to stop that behavior. Reinforcement is given after the child demonstrates the targeted adaptive behavior [5].

3.4.8 Differential Reinforcement and Extinction

Differential reinforcement involves reinforcing alternative behaviors and not reinforcing problematic behaviors [5]. When a child feels bored, parents guide the child to choose alternative activities, such as drawing, biking, playing ball, reading, or helping with chores.Extinction is carried out by stopping the reinforcement that has been maintaining the behavior. If a child is accustomed to receiving a device after crying, parents should no longer give the device as a result of the crying. However, this technique must be applied carefully because, in the early stages, there may be an increase in behavior known as an "extinction burst." The child may cry even harder because the old strategy no longer works.When extinction is applied, parents need to ensure safety, remain calm, and immediately provide attention when the child displays adaptive behavior. The child must not be emotionally neglected. What is not reinforced is the behavior of demanding a device.

3.4.9 Stimulus Control

The digital environment should be managed to reduce triggers. Stimulus control can be achieved through the following steps [5]:

1. designate a storage area for devices;
2. do not bring devices into the bedroom;
3. set device-free times during meals, study sessions, religious practices, and family activities;
4. disable non-essential notifications;
5. delete the apps that are hardest to control;
6. turn off autoplay;
7. use parental control settings; and
8. provide alternative activities before the child asks for a device.

Environmental changes are often more effective than constantly demanding that children rely on willpower. Children will struggle to exercise self-control if devices, notifications, and invitations to play are always available.

3.4.10 Modeling

Children learn through observation [5, 10]. Parents who set rules for their children but continue to use their phones while eating or talking send an inconsistent message. Therefore, counseling should include an evaluation of the digital behavior of all family members.

Parents can serve as role models by putting away their phones during interactions, not using devices while driving, adhering to screen-free time, and demonstrating alternative activities such as reading and exercising. Parental involvement is crucial because parenting styles are linked to problematic digital use among children and adolescents, although the nature of this relationship may vary depending on the specific parenting style and family context [10].

3.4.11 Alternative Activities

Reducing device use will be difficult to sustain if free

time isn't filled with meaningful activities. Children may return to using devices out of boredom, not merely because they are disobedient.

Alternative activities should serve a similar purpose. If a child uses digital games for a sense of challenge, parents can provide board games, sports, puzzles, or creative projects. If devices are used for social interaction, children need opportunities to play with friends. If used to cope with stress, a counselor can teach relaxation techniques, breathing exercises, expressing feelings, and problem-solving. Alternative activities should be planned together with the child. Activities that are forced upon a child without considering their interests tend not to last.

3.4.12 The Role of Parents

Parents serve as supporting counselors in daily life. This role includes [10]:

1. establishing clear and realistic rules;
2. providing a supportive environment;
3. offering consistent reinforcement;
4. avoiding the use of devices as the primary means of calming the child;
5. supervising the child's access to content;
6. providing non-digital activities;
7. serving as a model for healthy use; and
8. communicating with teachers and counselors.

Behavioral counseling should not view the child as the sole source of the problem. Family habits, parents' availability, conflicts, communication patterns, and adults' device usage also need to be evaluated. Children often use devices due to a lack of shared activities or because devices have long been used as "digital babysitters" [10].

3.4.13 The Role of Teachers and School Counselors

Teachers can help monitor changes in concentration, task completion, social interactions, and device use during learning activities. School counselors are responsible for conducting assessments, providing individual or group counseling, teaching self-management skills, facilitating behavior contracts, and providing psychoeducation to parents [2, 6].

School programs should not merely focus on conveying the dangers of digital devices. Studies on school-based interventions show that universal programs that only raise awareness can produce limited changes, whereas selective interventions—such as skills-based training, counseling, peer education, and alternative activities—are more likely to change digital usage patterns [3].

Schools also need to distinguish between device use for learning and non-academic use. Rules that are too general can hinder the benefits of technology, while rules that are too lax can increase distractions. An ideal policy should specify when, for what purpose, and under what conditions devices may be used.

3.4.14 Behavioral Counseling Program Design

Based on the synthesis results, behavioral counseling can be conducted in six structured sessions as presented in Table 1.

Tabel 1 Desain Sesi Program Konseling Behavioral untuk Anak

Sesi	Fokus Sesi	Aktivitas Utama & Intervensi
Sesi 1	Assessment & Raport	Identifikasi pola pemicu (ABC), fungsi perilaku, dan bina hubungan konseling.
Sesi 2	Self-Monitoring	Pencatatan penggunaan gawai harian dan penetapan target terukur bersama.
Sesi 3	Stimulus Control	Penataan lingkungan rumah, zona bebas gawai, dan jadwal penggunaan.
Sesi 4	Behavior Contract	Penyusunan kontrak perilaku tertulis & sistem token/penguatan positif.
Sesi 5	Alternative Behavior	Pelatihan coping kejenuhan, aktivitas olahraga/sosial pengganti gawai.
Sesi 6	Evaluation & Relapse	Evaluasi data baseline vs pasca-intervensi dan rencana pemeliharaan.

3.4.15 Success Indicators

The success of the intervention can be measured using a combination of quantitative and qualitative indicators, namely:

1. reduced duration of non-academic screen time;
2. increased adherence to the schedule;
3. reduced anger when access is restricted;
4. increased ability to stop independently;
5. increased physical and social activity;
6. improved sleep patterns;
7. increased task completion;
8. decreased family conflict; and
9. increased ability to manage boredom and emotions.

Reduced duration is not the only indicator. A child may use a device for a relatively short time but still exhibit emotional outbursts and loss of control. Conversely, longer use for focused learning projects does not necessarily indicate addiction [1, 3].

3.4.16 Implications for Guidance and Counseling Services

The study's findings offer several implications. First, counselors should use functional assessments before selecting techniques. Second, interventions should be oriented toward observable behavioral changes. Third, parental involvement is a key component, not an afterthought. Fourth, healthy technology use should be understood as a balance between duration, content, context, and function. Fifth, counseling should focus on establishing alternative activities to ensure that changes are sustained.

Counselors should also avoid carelessly labeling

children as "addicts." Negative labels can lead to stigma and reduce motivation. The focus of services should be on behavior that can be changed, not on judgments about the child's personality.

3.4.17 Limitations of the Study

This study is a narrative literature review and therefore does not directly test the effectiveness of behavioral counseling. The analyzed literature also covers variations in age, types of digital use, intervention techniques, and cultural contexts. Therefore, the study's findings cannot yet be used to determine the extent of each technique's impact.

Future research is recommended to use experimental or quasi-experimental designs with control groups. Measurements should be taken before the intervention, after the intervention, and during follow-up. Research should also distinguish between use for learning, gaming, watching videos, and social media, as each activity may have different triggers and consequences.

4. Counclution

Smartphone addiction in children can be understood as a behavior that is learned and maintained by various forms of reinforcement, such as pleasure, social attention, relief from boredom, winning games, and avoidance of tasks. Therefore, advice, punishment, and unilateral confiscation of devices are not sufficient to bring about lasting change.

Behavioral counseling can be used to reduce smartphone addiction through the assessment of antecedent-behavior-consequence patterns, the setting of measurable goals, self-monitoring, stimulus control, behavioral contracts, positive reinforcement, differential reinforcement, extinction, modeling, and the development of alternative activities. These techniques need to be tailored to the child's age, self-control abilities, developmental needs, and environment.

The success of counseling depends heavily on parental consistency, teacher support, the availability of alternative activities, and setting a good example in technology use. The ultimate goal of counseling is not to eliminate devices from a child's life, but to build the ability to use technology in a controlled, responsible, and safe manner—without allowing it to replace the child's need for sleep, learning, physical activity, family relationships, and social interaction.

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