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Navigating Digital Wellness for Teens with Mental Health Needs: Developing an Evidence-Based Toolkit to Support Youth Well-Being

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This paper examines the development of an evidence-based digital wellness toolkit for teens experiencing mental health issues and undergoing treatment. A literature review revealed that this group is more susceptible to the adverse effects of technologies such as social media and excessive screen time, including compulsive scrolling, social comparison, sleep disturbances, and exposure to distressing content. Digital wellness can be a protective factor for them, providing the skills and support they need to balance healthy technology use. A critical analysis of evidence-based research revealed strategies such as mindful technology use, setting screen time limits, building digital boundaries, managing emotional triggers, and promoting better sleep habits. The toolkit was designed to provide adults working with at-risk youth, including parents and mental health staff, information and strategies to develop a digital wellness plan that can co-exist with treatment or intervention strategies.

Keywords: digital wellness, youth, mental health, toolkit

Introduction

Adolescents are growing up in an increasingly interconnected digital world, where smartphones, social media, streaming platforms, and online gaming are deeply embedded in their daily lives (Moreno et al., 2022; Rideout et al., 2022). These technologies offer opportunities for self-expression, peer connection, and access to information, but they also present risks to youth mental health and well-being. These risks are particularly high for youth already managing mental health conditions, such as anxiety and depression (Girela-Serrano et al., 2024; Hall, 2024; Odgers & Jensen, 2020).

The World Health Organization (2021) defines adolescence as the period between 10 and 19 years of age. Adolescents with pre-existing mental health conditions, whether formally diagnosed or under assessment, may be especially vulnerable to the psychological impacts of technology engagement. According to Youth Mental Health Canada (2019), approximately 1.2 million children and youth in Canada are affected by mental illness, and

20% of young people will develop a mental illness before the age of 25. These conditions may include depression, anxiety, substance use disorders, psychosis, and trauma-related disorders.

Support systems for youth living with a mental illness vary, ranging from school-based counselling and outpatient therapy to residential treatment programs, inpatient psychiatric care, and youth justice interventions (Good, 2021; Kids Help Phone, 2023; Li et al., 2021). Recent estimates suggest that approximately 550,000 youth in Canada are receiving mental health support, while 720,000 remain without adequate care (Mental Health Research Canada, 2024). Adolescents in intensive treatment settings often present with complex clinical profiles, including histories of trauma, self-injurious behaviour, and suicidality (Girela-Serrano et al., 2024; McAlister et al., 2024). There has also been a rise in comorbidity (the occurrence of more than one mental health disorder at the same time or sequentially) among children

and youth (Convertino & Blashill, 2022; Fisher, 2022). Clinicians often specialize in one area of disorders (e.g., eating disorders, psychosis, anxiety disorders), but now, with many youth experiencing multiple mental health problems, there can be a sense of disconnect within treatment (Fisher, 2022). Individual cases are increasingly challenging for adolescents, their families, and clinicians when navigating multiple diagnoses, varying symptoms, and customized care plans. One area that is lacking in the literature and practice is the role of technology in these care plans and strategies for mitigating technology-based risks for adolescents experiencing mental health problems.

Technology risks for youth with mental health conditions

Adolescents are spending more time online than ever before, with recent studies showing that teens often engage in non-academic screen use for more than 7–9 hours per day (Li et al., 2021; Radesky et al., 2023). Most youth aged 13 to 17 report daily use of smartphones and active participation on multiple social media platforms (Faverio & Sidoti, 2024). TikTok, Instagram, Snapchat, and YouTube are the most popular digital platforms in this age group, offering entertainment, avenues for self-expression, and interacting with peers, while also exposing youth to various risks, such as cyberbullying or distressing media (Conte et al., 2024; Faverio & Sidoti, 2024; Laffier & Westley, 2024; Moreno et al., 2022). However, the frequency and intensity of this use have raised concerns among researchers and clinicians about the potential implications for adolescent development and mental health, particularly in those experiencing mental health problems (Girela-Serrano et al., 2024; Odgers & Jensen, 2020).

Youth with mental health conditions are at heightened risk for problematic technology use. While all teens are susceptible to the

effects of social media and excessive screen time, those with pre-existing mental health vulnerabilities are more likely to experience negative outcomes from their digital engagement (Conte et al., 2024; McAlister et al., 2024; Odgers & Jensen, 2020). For example, they may experience challenges with emotional regulation and impulse control, which are key skills essential for healthy technology use (Laffier et al., 2025). Without appropriate protective factors, adolescents may engage in high-volume or maladaptive digital behaviours (Boer et al., 2021; Steinberg, 2020). For instance, a teen experiencing anxiety may struggle with impulse control and become entangled in online conflict or “digital drama” (Laffier & Westley, 2025). A recent study by Choi et al. (2025) found that adolescents with depression or anxiety are more likely to engage in passive scrolling, which is strongly associated with increased anxiety, emotional dysregulation, and behavioural difficulties.

This population is also more susceptible to the harmful consequences of digital engagement, including disrupted sleep, compulsive scrolling, cyberbullying, social comparison, and exposure to distressing media content (Conte et al., 2024; Li et al., 2021; Marengo et al., 2018; Pasko & Arigo, 2021). These behaviours and risks can exacerbate symptoms and hinder healing, particularly in adolescents who turn to technology as a coping mechanism (Girela-Serrano et al., 2024; Good, 2021; McAlister et al., 2024). These realities underscore the urgent need to prioritize digital wellness as part of adolescent mental health care. While technology can offer many benefits, its impact on well-being depends heavily on how it is used. Educating teenagers about mindful tech use, digital boundaries, and emotional self-regulation is crucial in supporting their overall well-being in an increasingly digital world (Farrow et al., 2025; Laffier, 2025; Laffier et al., 2025).

In response to these growing concerns, the concept of digital wellness has gained prominence. Digital wellness (DW) refers to using technology to enhance well-being and minimize harm, including mental, emotional, and physical health effects (Büchi, 2021). It involves developing self-awareness, creating healthy digital boundaries, and building habits that align with one's values and mental health needs (Blankson & Hersher, 2025; Laffier, 2025). DW can be a protective factor for adolescents, especially those already experiencing anxiety, depression, or emotional regulation difficulties, by promoting emotional balance and resilience (Laffier & Westley, 2025; Laffier et al., 2025; Thomas et al., 2022).

Research Problem and Purpose

Although extensive research has investigated the general impact of technology on youth, there remains a lack of research on the specific population of youth with mental health disorders or in treatment. As screen time rises and digital platforms grow increasingly emotionally immersive, adolescents with mental health vulnerabilities face amplified risks, such as digital fatigue, social comparison, cyberbullying, and exposure to harmful content (Conte et al., 2024; McAlister et al., 2024; Odgers & Jensen, 2020). Additionally, there is a void in the availability of practical, youth-centred tools specifically designed to assist these youth and their caregivers or mental health professionals in addressing unique digital stressors connected to anxiety or depression (Boer et al., 2021; Büchi, 2021; Girela-Serrano et al., 2024). The literature review underscores a significant need for resources that support practitioners working with this demographic (McGorry et al., 2022; Mental Health Commission of Canada (MHCC), 2015; Wiedermann et al., 2023). Despite these challenges, a limited number of tools are grounded in the intersection of evidence-based practices and the lived experiences of both youth and the professionals

who work with them (Malla et al., 2018; McGorry et al., 2022; MHCC, 2015; Wiederman et al., 2023). Adults design many existing programs and focus on the general population, failing to address the specific risks and needs of youth dealing with emotional or psychological distress (McGorry et al., 2022; Odgers & Jensen, 2020).

Therefore, the toolkit, "Navigating Digital Wellness: A Toolkit for Teens with Mental Health Needs," was developed to bridge this gap. This toolkit is still in process, and a modified version has been released. It provides practitioners, youth, and families working with youth with mental health conditions with evidence-based strategies to promote DW during treatment and beyond. Using a case study approach, we outline the development of this DW toolkit, including the comprehensive steps involved, such as conducting a literature review, extracting evidence-based interventions, and establishing methods for assessment and evaluation.

Our goal is to contribute to knowledge translation (KT), the ultimate objective on the research continuum, which involves integrating research evidence into practice to inform and improve health outcomes (Barac et al., 2014). Knowledge translation efforts in healthcare, such as the creation of toolkits, ensure that knowledge users are aware of and utilize research evidence to inform health and healthcare decision-making (Grimshaw et al., 2012). Toolkits are becoming increasingly popular as a KT strategy for disseminating mental health information, building awareness, and informing and changing public and healthcare provider behaviour (Barac et al., 2014). Toolkits communicate messages aimed at improving health and changing practice to diverse audiences, including healthcare practitioners, health organizations, and community members (Barac et al., 2014; Thoele et al., 2020; Yamada et al., 2015).

Methodology

Using a case study approach, we outline the creation of this evidence-based toolkit for professionals and community members supporting youth in treatment for various mental health conditions. This design facilitates a structured exploration of how theory can be translated into practical tools, enabling us to bridge the gap between research and practice (Crowe et al., 2011; Yin, 2009). It also provides an established approach to “generate an in-depth, multi-faceted understanding of a complex issue” (Crowe et al., 2011, p. 1), which was essential as we considered various factors within this issue, including the intersections between youth mental health disorders, technology use and risks, DW needs and recommendations.

Creating toolkits for mental health research and practice often involves a combination of qualitative and quantitative research methods, stakeholder engagement, and iterative development. We used the Knowledge to Action (KTA) framework (Graham et al., 2006) to guide the integration of research evidence into the toolkit development process. Steps identified in this framework, along with our own modified steps, include 1) needs assessment or stakeholder engagement, 2) review of the literature, 3) extraction of evidence-based strategies/interventions, 4) creation of the toolkit, and 5) assessment and evaluation of the toolkit (Graham et al., 2006). These steps are described in our case study.

Case Study: Creating a Digital Wellness Toolkit for Youth with Mental Health Conditions

These steps are explored in detail in the following sections to explain how a toolkit like the *Navigating Digital Wellness: A Toolkit for Teens with Mental Health Needs* can be designed to meet the practical needs of mental health professionals, parents, educators, social workers, and youth themselves.

Step 1: Needs Assessment: Youth-Based Mental Health Settings and Professionals

Our first step was to explore mental health settings to understand the needs of the mental health professionals working with youth with mental health problems and in treatment. We took a three micro-step approach to this phase: 1) review research on youth with mental health problems in treatment, 2) explore needs based on the authors’ first-hand experiences, and 3) explore needs based on existing literature.

Youth in Treatment

Youth accessing treatment for mental health conditions may be enrolled in inpatient programs in which they live in a hospital or mental health services facility for the duration of their treatment program (days to months, depending on severity and progress) (Centre for Addiction and Mental Health (CAMH), n.d.; Ontario Shores Centre for Mental Health Sciences, n.d.). Inpatient programs are typically designed to support individuals who are at risk of harming themselves or others, and hospital stays may be voluntary or involuntary, depending on the severity of risk and symptoms (Newport Institute, 2024). They may also receive medical care through outpatient services, which means the individual visits the healthcare facility (e.g., doctor’s office, clinic, mental health department in a hospital) for their counselling appointment or treatment program and then goes home afterwards (MHCC, n.d.). Many mental health service organizations, such as SickKids Hospital, CAMH or Ontario Shores in Canada, offer both inpatient and outpatient programs for children and youth experiencing anxiety disorders, depression, psychosis (e.g., bipolar disorder, schizophrenia), suicidal ideation, self-harm, eating disorders, and trauma-related conditions. Teams of psychologists, counsellors, and psychiatrists work together to design and implement treatment plans in these settings.

Within clinical settings, youth may participate in individual or group therapy. These treatments aim to help the individual develop skills, support networks, self-advocacy, coping strategies, resilience, empowerment, and flourishing. Mental health professionals may use various psychotherapeutic approaches, such as cognitive behavioural therapy (CBT), eco-therapy, creative arts therapy, or dialectical behaviour therapy to achieve these goals (American Academy of Child & Adolescent Psychiatry, 2019). However, there are barriers to these interventions being effective in practice, including a lack of coping skills, no family support, limited to no monitoring of the individual, financial constraints, and low motivation (Kaiser et al., 2024; Tsamadou et al., 2021). Technology use may also be a barrier, hindering their progress in their treatment and making it more challenging to develop resilience. Therefore, protective factors and additional support are needed since technology is such a big part of youths' lives. Without addressing DW needs, we are not providing a holistic approach to treatment that is needed for resilience.

We also recognize the importance of community-based approaches in supporting youth during mental health treatment, recovery and healing, which means that educators, parents and other community members (e.g., social workers) should also be involved in the teen's care plan. However, expecting professionals and families to implement evidence-based interventions without proper strategies and resources in place to help them adopt and use these practices effectively is not realistic (Theole et al., 2020). These care providers would benefit from having awareness and resources, such as an evidence-based toolkit, to understand the DW needs of their youth and how to best support them in educational, clinical, or home environments.

Needs Assessment

A needs assessment involves gathering accounts of issues people are concerned about and identifying their mental health needs. These may be patients, mental health professionals and other stakeholders. This information may be gathered through qualitative interviews, focus groups, or surveys. Needs assessment can also involve exploring the existing research to identify needs in the field. The idea of the toolkit began with a discussion of needs amongst the three authors, all of whom work with youth experiencing mental health problems in therapy and clinical settings, as well as education. One author works with youth in outpatient settings, such as education and community programming. Another author is a licensed therapist and works with youth in inpatient and outpatient clinical settings as well as educational and community settings. The third author works with youth in inpatient clinical settings. The authors identified a lack of understanding amongst their care teams of how to promote DW, specifically for youth with mental health problems. There was a recognized lack of awareness of technology risks and evidence-based interventions to support the youth. After this need was initially recognized, a literature review was conducted to see if the needs were being discussed in the literature.

The literature revealed a growing awareness among educators and mental health professionals that supporting youth with DW is a critical component of mental health care and healthy development. Organizations such as the Boston Children's Hospital Digital Wellness Lab and the Institute of Digital Media and Child Development, among others, emphasize the importance of helping young people navigate the digital world in ways that protect their well-being (Boston Children's Hospital, 2023; Christiakis & Hale, 2025).

Experts have called for more conversations and evidence-based resources in clinical and educational settings to better support practitioners (American Psychological Association, 2023; National Academies of Sciences, Engineering, and Medicine, 2024). Educators and mental health professionals recommend a skills-based approach, by helping youth foster the skills needed for mindful technology engagement, such as emotional intelligence, critical thinking, and self-regulation (Laffier, 2025; Laffier et al., 2025). Schools are an ideal environment to educate children and youth about healthy technology use and DW; however, there is a noted lack of resources and professional development for educators on these topics, leading to gaps in delivery in the classroom (Laffier et al., 2025). To provide youth with the tools to flourish in the digital age, educators, mental health professionals, community program leaders, social workers, and parents must also be equipped with the resources they need to promote DW (Laffier & Westley, 2025; Laffier et al., 2025; Wiedermann et al., 2023), such as toolkits and professional development opportunities.

Because creating a toolkit is an iterative process, we are still adapting it based on need. Our next step is to conduct a survey with mental health professionals to further discuss needs.

Step 2: Review of the Literature and Extracting Key Research

The next step involved the three authors reviewing the existing literature on technology and mental health. A key source of information was the preceding paper, but the three authors highlighted technology habits and risks of youth with mental health challenges and evidence-based strategies. This included a review of (1) mental health problems, symptomatology and risks associated, (2) how youth with mental health problems use

technology, (3) the DW needs of this population, and (4) recommendations. For example, research shows that adolescents with mental health conditions are more likely to experience emotional reactivity, difficulty with self-regulation, and sensitivity to online interactions (Boer et al., 2021; Steinberg, 2020). This makes them particularly vulnerable to harmful digital experiences such as cyberbullying, which has been linked to increased symptoms of depression, anxiety, and suicidal ideation (Girela-Serrano et al., 2024).

Another significant concern is algorithmic exposure to harmful or triggering content. Social media algorithms are designed to maximize engagement, often by promoting emotionally charged or sensational content (Büchi, 2021). For vulnerable youth, this may include repeated exposure to content related to self-harm, disordered eating, or psychological diagnoses, which can reinforce negative cognitive patterns or contribute to symptom contagion (Conte et al., 2024; McAlister et al., 2024; Yeung et al., 2022). This is particularly true on platforms like TikTok, where highly personalized feeds can quickly pull users into a stream of emotionally intense material (Conte et al., 2024). Youth often lack awareness of how algorithms influence their social media feeds and mental health. Teaching digital literacy helps them critically engage with content and reduce susceptibility to symptom contagion or harmful trends (Conte et al., 2024).

Teens with mental health concerns also often struggle with impulse control, making it more difficult to set boundaries around screen use (Steinberg, 2020). They may be more likely to engage in compulsive scrolling or late-night use, which can disrupt sleep and exacerbate mood symptoms (Hamilton & Lee, 2021; Li et al., 2021). Sleep deprivation, in turn, is a known contributor to emotional

volatility and reduced coping capacity (Abi-Jaoude et al., 2020; WHO, 2021). DW strategies that would support adolescents to mitigate these risks include learning to establish personal screen time limits, app boundaries, and offline routines to support emotional regulation and sleep hygiene (Boer et al., 2021; Büchi, 2021). When caregivers, educators, or clinicians model or co-navigate digital spaces with teens, youth are more likely to adopt safer and more reflective technology use habits (Thomas et al., 2022).

These research highlights demonstrate the importance of providing targeted DW supports for adolescents with mental health needs. Without guidance, these young people may unknowingly develop digital habits that exacerbate their distress rather than alleviate it. Addressing their unique digital risks is a critical part of any holistic approach to adolescent mental health. This led to the development of the toolkit *Navigating Digital Wellness: A Toolkit for Teens with Mental Health Needs*.

Step 3: Create the Toolkit - A Seven-Phase Process

The toolkit was developed following seven collaborative phases, all modelled after best practices in toolkit creation (Barac et al., 2014; McGrath et al., 2018; Thoele et al., 2020; Yamada et al., 2015).

Phase 1 - Determine the Audience

Based on the findings from Step 1 (reviewing mental health settings and professions that support youth with mental health problems), we identified several professions and target audiences who would be able to integrate DW strategies into their practice to support youth in their care. We narrowed the core roles to include mental health professionals (e.g., therapists, child and youth counsellors, psychologists, psychiatrists), educators, parents, adolescents (themselves and as supportive

peers), and social workers. The goal was to create a shortened toolkit in the form of a downloadable handout that is easily accessible and usable by professionals at work.

Phase 2 - Prioritizing Evidence-Based Strategies

It is essential to ensure that practices, strategies and recommendations are evidence-based and supported by research and empirical evidence before implementing them. Evidence-based practices in psychological treatment “involve the conscientious, explicit and judicious use of the best available research evidence to inform each stage of clinical decision-making and service delivery” (Canadian Psychological Association, 2012, p. 7). Therefore, we looked at existing research, specifically from the current study by Laffier and Westley (2025), which identified the risks, DW needs, and recommendations for supporting youth with mental health conditions to identify evidence-based strategies for the toolkit.

Phase 3 - Identifying Appropriate Evidence-Based Strategies

As a team, we reviewed the research, including the preceding article, (Laffier & Westley, 2025), for evidence-based strategies and first selected our top ten independently. All three authors work with youth with mental health conditions (in therapy, inpatient/outpatient clinical settings, and education) and used their professional perspectives to identify strategies that would be effective in their roles. Then, we critically discussed how each strategy in our respective lists could be applied within different professions and settings. This collaborative process allowed us to narrow our lists to identify ten evidence-based strategies that were adaptable for practitioners working with youth experiencing various mental health conditions and how to support them in different environments (e.g., schools, at home, clinical settings). Once we decided on our collective top ten, we wrote

these out with clear steps and instructions for each strategy to be included in the toolkit.

Phase 4 - Review Methods on Toolkit Creation and Examples of Other Toolkits

To inform the toolkit's development, we reviewed the research on best practices for toolkit creation. Toolkits are collections of materials designed to guide the implementation of strategies or tools, and can bridge the gap between research and practice by offering structured and flexible support for practitioners (Thoele et al., 2020). Researchers have demonstrated a few key criticisms of toolkits that helped us understand how to design and communicate the tools and strategies within ours effectively.

For example, Thoele et al. (2020) highlight that “evidence-based clinical interventions in healthcare are associated with increased quality of care, improved patient outcomes, and reduced healthcare costs” (p. 2). However, practitioners also report challenges with effectively implementing these interventions in real-world settings (e.g., in clinical practice, schools) due to a lack of adequate resources to support the adoption of practices (e.g., workshops and training) and inconsistent ‘buy-in’ across the organization (e.g., financial resources, leadership support, colleagues’ level of confidence) (McGrath et al., 2018; Thoele et al., 2020; Yamada et al., 2015). Another core critique was that while most toolkits provide resources about the intervention, they lack guidance for how to adapt the strategy or tool in different contexts (Thoele et al., 2020). Barac et al. (2014) found that their evaluation of 83 education and healthcare toolkits revealed that “none of the toolkits specified the evidence base underlying each individual toolkit element” and that “if they were supported by evidence,

this was not made clear in the source” (p. 6). The researchers also noted that it is essential for toolkits to be consistently evaluated and supported by research evidence through use in the field, documenting the impacts and adjusting accordingly (Barac et al., 2014).

These research insights informed our design to ensure we included step-by-step instructions for each strategy in the toolkit and theoretical support for each element to help practitioners seeking to adopt strategies with minimal training. We also included links to additional resources to provide opportunities for self-guided learning if they wanted to gain a better understanding of how to implement the strategy effectively. The findings from Barac et al. (2014) reinforced our plan to embed an experimentation and evaluation stage (see Phases 6 and 7) to ensure we integrate research evidence on the toolkits’ effectiveness in various contexts.

Finally, we independently reviewed examples of other professional and community-based toolkits. Then we discussed elements we liked and disliked in the design and focus to help us create an outline for our toolkit.

Phase 5 - Create the Toolkit

The toolkit (Figure 1) was divided into several sections and designed specifically for practitioners in clinical, community and educational settings, as well as parents, working with youth experiencing a range of mental health conditions. It was created to include flexible strategies that can be adapted based on the unique DW needs of the individual in care. The toolkit incorporates practical strategies and activities for youth that focus on skill-building, resilience, and empowerment.

Figure 1. Screenshots from *Navigating Digital Wellness: A Toolkit for Teens with Mental Health Needs*.



As mentioned, all three authors work with youth who have mental health conditions, and during the creation phase, they implemented these strategies with youth in their respective settings. Each practitioner continuously writes reflective notes documenting observations and experiences when utilizing these strategies to identify areas of improvement or the most effective interventions. The experimentation phase is still underway at the time of this publication. The toolkit is being showcased at conferences, and we solicit audience feedback (formal through surveys and informal through discussions).

Phase 7 - Ongoing Assessment

As Barac et al. (2014) outlined, it is essential to pilot and evaluate toolkits to ensure we have research evidence of their effectiveness and can adjust the resources to suit the needs of practitioners and those in their care. As more professionals, parents, and young people use the toolkit, we consistently seek feedback about their experiences and recommendations for improvement. This includes our personal use and evaluation of the toolkit with the youth in our settings. We also routinely review and update it based on the latest research findings to make sure we include relevant and up-to-date information.

Discussion

The *Navigating Digital Wellness* toolkit offers evidence-based strategies to support professionals, youth, and families in integrating DW into care plans. Schools, community agencies, and inpatient programs should incorporate DW education as part of broader mental health supports. This could include group workshops, 1:1 counselling sessions, or classroom integration in health and wellness curricula. Adolescents benefit from having supportive adults and peers who model and reinforce healthy digital habits.

Engaging families, teachers, and mentors in toolkit use can extend its impact beyond the individual and into the youth's ecosystem.

Consistent monitoring of implementation by practitioners, youth and families is essential to understand what is and is not working in the field. Including youth voices is a critical next step in the assessment, evaluation, and future revisions or expansions of the toolkit, as scholars have emphasized the importance of using the voices of those with lived experiences in the development of evidence-based interventions and research (Anselimus, 2025; Jones et al., 2021; Malla et al., 2018). Seeking youths' perspectives can also foster a sense of empowerment in youth, which is a central goal in mental health care and healing. Part of the assessment and feedback should include barriers to why youth are not using the strategies and the toolkit's overall effectiveness so that adjustments can be made based on evidence from the field. Future research should explore these barriers, additional moderating variables (e.g., culturally appropriate practices, trauma-informed care adaptations), and how toolkits can be designed and implemented effectively across care-providing fields.

DW is an essential component of adolescent mental health. This toolkit empowers teens to use technology in ways that promote—not harm—their well-being (Farrow et al., 2025). Next steps include piloting the toolkit in clinical and educational settings, gathering feedback from youth and practitioners, and exploring future research partnerships to further validate and refine its use.

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