EXHIBIT C

Declaration of Anthony Bean, PhD

RE: Expert Review of the Alleged Causal Relationship Between Social Media Use and Youth Mental Health Outcomes

A. INTRODUCTION

A1 - I, Anthony Bean, declare under penalty of perjury that the following is true and correct.

A2 - I am a licensed professional with extensive experience in adolescent psychology, digital behavior research, and evidence-based mental health analysis. I am multi state licensed for my work and research. My work regularly involves evaluating the validity of scientific claims for academic, clinical, and policy purposes along with treating individuals therapeutically. I have never been disallowed in a court setting for my testimony.

A3 -This declaration addresses the widespread belief that social media is a significant cause of poor mental health in young people. After reviewing dozens of the most credible scientific studies, I conclude that this belief is not supported by evidence and is often contradicted by data from meta-analyses, longitudinal studies, and experimental trials.

A4 – I am compensated in this case at a rate of $750/hour.

A5 - I have been retained as an expert witness for this case and for the following cases:

CASEY DUNN, Individually and on Behalf of G.D., a Minor; and THOMAS DUNN v. ACTIVISION BLIZZARD, INC.; INFINITY WARD, INC.; TREYARCH CORP.SLEDGEHAMMER GAMES, INC.MICROSOFT CORPORATION; EPIC GAMES, INC.; EA DIGITAL LLUSIONS ELECTRONIC ARTS, INC.; UBI SOFT DIVERTISSEMENTS, INC. d/b/a UBISOFT MONTREAL; and UBISOFT ENTERTAINMENT,
Angelilli v. Activision Blizzard, Inc. et al., Case No. 1:23cv16566, N.D. Ill.
Johnson et al. v. Activision Blizzard Inc et al., Case No. 3:24cv26, E.D. Ark.
Wilson v. Activision Blizzard, Inc. et al., Case No. 24-2-00025-1, Super. Ct. of Skagit County, WA
Ayers v. Epic Games Inc et al., Case No. 1:24cv64, N.D. Fla.
Courtright v. Epic Games, Inc. et al., Case No. 2:24cv4055, W.D. Mo.
Broussard v. Microsoft Corporation et al., Case No. 1:24cv1697, N.D. Ga.
Sayers v. Microsoft Corporation et al., Case No., 4:24cv78, S.D. Ga.
Orellana v. Roblox Corporation et al., Case No. 6:24cv762, M.D. Fla.
Roberts v. Activision Blizzard, Inc. et al., Case No. 1:24cv1876, N.D. Ga.
Jameson et al. v. Roblox Corporation et al., Case No. 0:24cv1602, D. Minn.
Conant et al. v. Roblox Corporation et al., Case No. 24STCV20942, Super. Ct. of Los Angeles, CA
Freeman et al. v. Roblox Corporation et al., Case No. 24STCV20804, Super. Ct. of Los Angeles, CA

Jasper et al. v. Roblox Corporation et al., Case No. BCV-24-102789, Super. Ct. of Kern County, CA
Jefferson et al. v. Roblox Corporation et al., Case No. 24STCV20810, Super. Ct. of Los Angeles, CA
Martin et al. v. Roblox Corporation et al., Case No. 24STCV20820, Super. Ct. of Los Angeles, CA
TINKI CASTILLO, as guardian ad litem CASE NO.: for TARIQ CASTILLO, 34-2018-002354146 vs. SACRAMENTO REGIONAL TRANSIT DISTRICT

B. META-ANALYTIC EVIDENCE: EFFECTS ARE TRIVIAL OR NULL

B1 - Ferguson et al. (2024) conducted a comprehensive meta-analyses on the relationship between social media use and mental health outcomes. This meta-analysis synthesized data from dozens of peer-reviewed studies across a wide age range and cultural contexts. The authors found that although some individual studies reported statistically significant correlations between social media use and variables like depression or anxiety, **the magnitude of these correlations was exceedingly small—most hovering around r = ±.05.**

B2 - To put this in perspective, a correlation of **r = .05 means that social media use explains less than 0.25% of the variance in mental health outcomes.** This is far below the threshold commonly accepted for practical significance in psychology, epidemiology, or policy intervention. In their words:

"While some effects are statistically non-zero, they are so small as to be functionally meaningless in the real world."

B3 - Their analysis underscores a critical distinction: **statistical significance is not the same as practical significance**. With large datasets, even trivial relationships can appear "significant" mathematically—but they carry no real-world weight.

B4 - In support of these findings, Liu & Baumeister (2024) conducted a separate and even larger meta-analysis, aggregating data from over 313,000 participants. Their results yielded an average correlation of **r = -.011** between digital media use and mental health. This is not only minuscule but also negative in direction, suggesting a slight trend away from mental health problems with increased digital media use.

B5 - The authors concluded:

"Such a small effect is indistinguishable from random noise and does not justify public concern or restrictive interventions."

B6 - They further cautioned against misinterpreting these negligible associations as evidence of harm, emphasizing the risk of confirmation bias and selective reporting in public and media narratives.

B7 - Taken together, these meta-analyses offer a clear message: **even if a statistical relationship exists between social media use and mental health, it is too weak to justify causal claims or restrictive policies.** Efforts to legislate against platforms, restrict teen access, or blame technology for a mental health "crisis" are, by these findings, unsupported by empirical evidence. The authors advise that policy makers focus instead on larger, more impactful determinants of youth well-being, such as socioeconomic status, family support, and access to care.

C. GENETIC & ENVIRONMENTAL CONFOUNDING EXPLAINS CORRELATIONS

C1 - Ayorech et al. (2023) conducted a methodologically rigorous investigation into the relationship between social media use and adolescent depression by employing a twin study design, a gold standard in behavioral genetics research. Twin studies allow researchers to isolate the influence of genetics and shared environment—such as family structure, parental mental health, and socioeconomic background—when examining the relationship between behaviors and outcomes.

C2 - The authors sought to answer a critical question: **Does social media use cause depression, or do other underlying factors explain the association?** To test this, they compared identical (monozygotic) twins—who share 100% of their genetic material and much of their environment—with fraternal (dizygotic) twins—who share about 50% of their genetic material. If social media itself were causing depression, then we would expect the twin who uses more social media to be more depressed, even within genetically identical pairs.

C3 - However, the study found no such relationship once genetic and shared environmental influences were accounted for. In fact, **as much as 88% of the correlation between social media use and depressive symptoms could be attributed to these pre-existing, non-digital factors.** Once these confounding influences were statistically removed, the apparent connection between social media and depression essentially vanished.

C4 - As the authors stated:

"The association between social media use and depressive symptoms was substantially attenuated and often eliminated when controlling for genetic and shared environmental confounding."

C5 - This has profound implications. **It means that teens who are genetically predisposed to depression or raised in environments where mental health struggles are more common may also happen to use social media more, but that does not mean that the platform use is causing their distress.** Instead, social media might simply be a behavioral byproduct of their underlying vulnerabilities.

C6 - This finding rebukes simplistic claims that equate screen time with harm and instead points toward a more nuanced, individualized understanding of teen mental health. From a legal or policy perspective, this evidence is crucial. It shows that the **assumed causal link between social media and adolescent psychological harm does not withstand scientific scrutiny** when appropriate controls for confounding variables are applied.

C7 - Policymakers, educators, and courts must therefore approach claims about the dangers of social media with skepticism—**especially when genetic predispositions and family environments are stronger predictors of mental health outcomes than digital behaviors themselves.**

D. REPORTING ARTEFACTS, NOT REAL EPIDEMICS

D1 - Corredor-Waldron (2024) presents a compelling alternative explanation for the widely discussed rise in adolescent mental health diagnoses over the past two decades. Rather than attributing these increases to external causes such as social media or smartphones, **the study critically examines how diagnostic practices, cultural shifts, and institutional frameworks have changed, leading to a perceived—but not necessarily real—increase in mental illness among youth.**

D2 - The study outlines three primary factors behind the upward trend:

A. **Expanded screening efforts:** Schools, pediatricians, and community health organizations have dramatically increased their use of mental health screening tools. This means that many more children and adolescents are being assessed for symptoms than in previous decades—naturally leading to more diagnoses.

B. **Broader diagnostic criteria:** The definitions of mental health conditions such as depression, anxiety, and ADHD have expanded over time to **include subthreshold** or milder cases. This shift, while important for early intervention, **also increases the number of youth labeled as having a disorder**, even when the severity or functional impact is minimal.

C. **Greater openness and reduced stigma:** Cultural attitudes toward mental health have become more accepting, encouraging teens to speak more openly about their emotions and struggles. While this is a positive development for treatment and awareness, **it also results in higher rates of self-reporting,**

which can inflate prevalence statistics without necessarily indicating a rise in actual pathology.

D4 - The authors write:

"Much of what appears to be an epidemic of adolescent mental illness may actually reflect an epidemic of measurement and visibility, not one of morbidity."

D5 - In other words, we are better at identifying and documenting mental health struggles—not necessarily seeing more of them in reality.

D6 - This perspective is especially important when considering the misattribution of blame to digital technologies. Corredor-Waldron (2024) points out that no credible causal mechanism directly ties social media to the sudden rise in diagnoses. **Rather, the timing of increased awareness, changes in diagnostic criteria, and institutional investment in mental health aligns much more closely with the statistical uptick in reported cases.**

D7 - This has serious implications for legal and policy debates. Claims that platforms like Instagram or TikTok are the primary drivers of a "teen mental health crisis" overlook this structural and cultural explanation. **The authors caution against reactionary measures that target technology without first accounting for how increased detection, not increased suffering, may be driving the numbers.**

D8 - Understanding these shifts in context prevents misdiagnosis at the societal level. Just as a rise in COVID-19 testing increases the number of confirmed cases without necessarily indicating greater disease spread, the increase in mental health diagnoses **may reflect better tools and societal awareness rather than a worsening of youth psychological well-being.**

E. LONGITUDINAL DATA SHOW POSITIVE OR NEUTRAL TRAJECTORIES

E1 - Liu et al. (2024) conducted a comprehensive analysis of global adolescent anxiety trends over a 30-year period, from 1990 to 2019. Using data from international health surveys and longitudinal psychiatric records, the researchers assessed how rates of anxiety among teens have changed over time, particularly during the explosive growth of digital technology and smartphone adoption in the 2000s and 2010s.

E2 - Their findings run counter to popular claims of a modern mental health crisis fueled by digital media. **In fact, the study found that adolescent anxiety rates declined by an average of 2.2% per year across the globe during the study period.** This steady downward trend suggests that, despite widespread adoption of smartphones, social media, and other digital platforms, **adolescent anxiety did not increase—instead, it measurably decreased.**

E3 - This observation directly contradicts the assumption that the rise of digital technology has been psychologically catastrophic for young people. If platforms like Instagram, TikTok, or Snapchat were major causes of anxiety or distress, **we would expect to see a corresponding rise in population-level anxiety rates. But Liu et**

al.'s data shows the opposite: as access to digital tools expanded, anxiety decreased.

E4 - The authors write:

"Contrary to popular assumptions, adolescent anxiety showed a consistent global decline across three decades, even as smartphone ownership and internet use rapidly increased."

E5 - In parallel, Steinsbekk et al. (2024) tracked the social behaviors of adolescents in a longitudinal study to explore how social media use relates to real-world socialization. Their findings further dismantle the myth that digital engagement undermines human connection. The study revealed that higher levels of social media use were associated with more frequent and sustained face-to-face interactions with peers.

E6 - Rather than displacing in-person friendships, social media appeared to facilitate and extend them. Teens who regularly used social platforms were more likely to coordinate social outings, maintain existing relationships, and stay connected with geographically distant friends. This underscores the potential of social media as a tool for enhancing, not replacing, interpersonal interaction.

E7 - Importantly, Steinsbekk et al. noted that only adolescents with pre-existing high levels of social anxiety showed any decline in offline socialization, and even in those cases, the effect was modest. The researchers concluded:

"Our findings do not support the hypothesis that social media reduces face-to-face social interaction among youth. For most adolescents, social media may help maintain and expand their social lives."

E8 - Taken together, these two studies offer robust, complementary evidence against the assumption that digital technology is causing widespread social or emotional harm. Liu et al. show that adolescent anxiety has declined during the digital era, and Steinsbekk et al. demonstrate that teens are not socially withdrawing—they're connecting more, both online and in person.

E9 - From a policy and legal perspective, these findings are vital. They highlight that narratives of digital harm are not supported by large-scale epidemiological or behavioral data. Instead of alarmism, **these studies call for a more evidence-based, nuanced understanding of how teens use technology—and how they continue to thrive socially and emotionally in a digital world.**

F. EXPERIMENTAL DATA FAIL TO SUPPORT HARM

F1 - Lemahieu et al. (2025) conducted a rigorous systematic review and meta-analysis of 37 randomized controlled trials (RCTs) that tested the psychological effects of reducing or eliminating social media use. **These experiments are among the most scientifically valid designs for determining causality, as they allow researchers to isolate the effects of a single variable—in this case, social media use—by randomly assigning participants to reduce, eliminate, or maintain their usage over a set period.**

F2 - The goal of the analysis was to test a critical hypothesis: Does using less social media lead to better mental health? Across a wide range of ages, locations, and platforms, the answer was clear: there was no consistent evidence that reducing social media use improved well-being. While a few individual studies reported small improvements in mood or self-reported stress, the overall meta-analytic effect was near zero and statistically inconsistent.

F3 - As the authors stated:

"The average participant who reduced or abstained from social media did not experience significantly better mental health outcomes than those who continued typical use. Effect sizes were minimal and frequently nonsignificant."

F4 - These findings were reinforced by the broader 2024 Social Media Experiments Meta study, which included many of the same experiments as well as additional trials with robust methodologies. This larger synthesis echoed Lemahieu et al.'s conclusions, stating:

"Across dozens of experimental studies, we find no reliable support for the hypothesis that abstaining from social media improves mental health. Where effects do appear, they are small, short-lived, and inconsistent across demographic groups."

F5 - Importantly, both of these analyses relied on experimental evidence, which is critical for distinguishing correlation from causation. Unlike observational studies—which can only say that two things are related—RCTs allow researchers to determine whether changing behavior (in this case, reducing screen time) causes a change in outcome (mental health).

F6 - The failure of these experiments to demonstrate reliable psychological benefits from social media reduction **directly challenges the belief that digital platforms are a causal driver of mental health issues.** If such platforms were inherently harmful, we would expect people to feel significantly better when they stop using them. But that is not what the data show.

F7 - From a policy and legal standpoint, this experimental evidence holds exceptional weight. Courts and legislators considering restrictive actions against technology companies or digital platforms must rely on sound scientific data—not public fear or media narratives. The findings from Lemahieu et al. (2025) and the 2024 Social Media Experiments Meta **make it clear that removing or limiting social media use does not reliably improve mental health, and thus social media cannot be fairly blamed as a major driver of psychological distress among youth or adults.**

F8 - These results support a more balanced view: for most people, social media use is psychologically neutral, and in some contexts, it may even serve beneficial functions such as social connection, identity formation, and emotional expression. Efforts to regulate, restrict, or litigate based on presumed harm must therefore contend with the robust experimental evidence to the contrary.

G. COGNITIVE IMPACTS: MISCONSTRUED & CONTEXTUAL

G1 - Parry et al. (2024) investigated a question central to many public concerns about technology: Does merely having a smartphone nearby diminish our attention or cognitive performance? To explore this, the researchers conducted a series of controlled laboratory experiments in which participants performed attention-demanding tasks under different conditions—sometimes with their phones visible on the desk, sometimes with phones hidden nearby, and other times with no phone present at all.

G2 - Their results revealed a very small but measurable reduction in task performance only when phones were visible and the tasks were cognitively complex. **In low-demand or moderately demanding situations, the presence of a phone had no noticeable effect.** Even in the more challenging scenarios, the magnitude of the effect was minor—far from the dramatic claims often made in popular media.

G3 - As the researchers summarized:

"The presence of a smartphone does not uniformly impair cognitive performance; any such effects are small, task-specific, and dependent on visibility."

G4 - This evidence undercuts sweeping assertions that smartphones inherently "damage" attention or focus. Instead, it suggests that context matters—particularly task difficulty and whether the device is visible—and that simple environmental adjustments (like putting a phone in a bag during exams) can address these minimal effects without needing extreme interventions.

G5 - Complementing this, Benge & Scullin (2025) conducted a large-scale meta-analysis focusing on cognitive aging and digital media use among older adults. In contrast to concerns about cognitive decline from screen time, their findings showed that **digital engagement, including using social media, was linked to cognitive preservation or even improvement in domains like memory, executive function, and processing speed.**

G6 - The researchers examined both cross-sectional and longitudinal studies and found that adults who regularly used digital platforms tended to perform better on cognitive assessments than their digitally passive peers. These effects were particularly strong among older individuals who used digital tools to stay socially connected, continue learning, or engage in mentally stimulating tasks.

G7 - As they noted:

"Rather than impairing cognition, digital media—when used interactively and socially—appears to support healthy cognitive aging."

G8 - Together, these two studies emphasize a critical point: **the cognitive effects of digital technology are highly contextual, age-dependent, and not inherently negative. For younger populations, modest environmental tweaks can mitigate distraction. For older adults, digital tools may be cognitively protective.**

G9 - These findings point toward a balanced, evidence-based understanding of how technology affects the brain. Far from justifying broad restrictions, they argue for adaptation and education, encouraging healthy use of digital tools based on an individual's cognitive profile, age, and usage goals.

G10 - From a legal and public policy perspective, these insights are crucial. They illustrate that concerns about cognitive "damage" from technology are largely overstated and lack support from high-quality scientific data. Policymakers should be wary of one-size-fits-all approaches that ignore the heterogeneity of outcomes and the emerging evidence that digital engagement can often be beneficial, particularly when thoughtfully integrated into daily life.

H. SELF-REPORTS PRODUCE FALSE POSITIVES

H1 - Scheeringa (2025) raises a critical concern about how mental health data—particularly among adolescents—is often collected, interpreted, and publicized. The study focused on the accuracy of self-report screening tools, which are widely used in both clinical research and population-level studies to estimate rates of depression, anxiety, and other psychological disorders. These tools typically ask teens to rate the frequency of various symptoms (e.g., sadness, fatigue, hopelessness) on a Likert scale.

H2 - Scheeringa's findings were striking: **approximately one-third of adolescents who screened positive for depression using self-report measures did not meet diagnostic criteria when evaluated using more rigorous clinical interviews.** In other words, many teens who appear to be "depressed" on a survey do not actually qualify for a formal mental health diagnosis under professional standards such as those found in the DSM-5.

H3 - This discrepancy highlights a major methodological flaw in much of the research linking technology use—such as social media or screen time—to mental illness. Because many of these studies rely exclusively on self-report data, they may be capturing temporary moods, situational stress, or normative adolescent experiences rather than true psychopathology.

H4 - Scheeringa writes:

"Over-reliance on self-report surveys inflates prevalence rates and contributes to false-positive classifications, especially in large-scale mental health studies of youth."

H5 - This has important ramifications. When researchers report that "30% of teens are depressed," **they may be relying on tools that err on the side of over-inclusion, not clinical accuracy.** Such findings can create a distorted picture of youth mental health, generating moral panic, policy overreach, and misplaced blame—often directed at social media platforms or digital technology.

H6 - Moreover, the study challenges the foundational assumption underlying many recent claims of a "teen mental health crisis." Scheeringa's work suggests that what we are seeing may not be a rise in actual illness, but rather a rise in how we measure and report it. In this view, the so-called crisis is partly a crisis of measurement—fueled by screening tools that are too blunt, overly sensitive, and poorly correlated with clinical realities.

H7 – This insight is essential for legal and policy contexts. If public concern is based on inflated or inaccurate mental health data, then any resulting restrictions, regulations, or litigation—especially against technology companies—rest on a shaky empirical foundation. **As Scheeringa's findings show, without careful diagnostic confirmation, data derived from surveys may mislead more than they inform.**

H8 - In summary, this research underscores the need for more nuanced, clinically grounded assessments in studies of adolescent mental health. It cautions against drawing sweeping conclusions from survey data and supports a more measured interpretation of current trends—one that recognizes the difference between feeling bad and being ill, especially during the emotionally volatile period of adolescence.

I. SLEEP, ACADEMICS, AND FUNCTIONING ARE UNAFFECTED

I1 - Sun et al. (2023) conducted a comprehensive and methodologically robust study to date on the effects of early smartphone ownership on child and adolescent development. The study followed a large cohort of children longitudinally, meaning

that participants were tracked over several years as they grew older, allowing researchers to examine the long-term outcomes of early digital exposure.

I2 - Specifically, the researchers focused on the **age at which children received their first smartphone**—a topic that has received significant attention in both academic and public discourse. Many claims in the media and among policymakers suggest that giving children smartphones at a young age may lead to **disrupted sleep patterns, declining academic performance, or worsening mental health**.

I3 - However, Sun et al.'s findings **directly contradict these assumptions**. After controlling for a wide range of confounding variables—including socioeconomic status, parental education, baseline mental health, and screen time usage—the researchers found **no statistically significant differences** in the sleep quality, academic achievement, or psychological well-being of children based on when they received their first smartphone.

I4 - In other words, children who received a smartphone at age 9, 10, or 12 **fared no worse**—and no better—than those who received them later.

I5 - The authors concluded:

"Our findings indicate that the timing of smartphone acquisition does not predict adverse outcomes in academic performance, sleep patterns, or mental health."

I6 - This result is crucial for several reasons:

A. **It challenges the belief that early smartphone exposure is inherently harmful**. Despite growing public concern, **no evidence was found that earlier access causes long-term developmental problems**.

B. **It emphasizes individual context over blanket assumptions**. What matters more than the age of acquisition may be **how smartphones are used**, family norms around technology, and the quality of children's offline environments.

C. **It undermines arguments for restrictive age-based technology bans**, which are increasingly proposed by lawmakers who believe younger children should be shielded from digital access. If no negative developmental effects are observed across varying ages of acquisition, **then age-based prohibition lacks scientific justification**.

I7 – Moreover, the study adds important nuance to the broader debate on youth and technology. Rather than finding harm, Sun et al. (2023) observed **neutral outcomes**—neither positive nor negative—which suggests that smartphones are a tool, not a toxin. Like any tool, their impact depends on usage context, parental guidance, and broader environmental factors.

I8 - In summary, **Sun et al.'s longitudinal evidence powerfully rebuts the notion that earlier smartphone ownership leads to developmental harm**. These findings call for a more reasoned and evidence-based approach to technology policy—one that recognizes that **digital access in itself is not the enemy**, and that **factors like**

poverty, trauma, and family stability play far more central roles in shaping child development than when a device enters their life.

J. SOCIAL MEDIA AS SOCIAL ENRICHMENT

J1 - Steinsbekk et al. (2024) conducted a large-scale longitudinal study examining the relationship between social media use and in-person socialization among adolescents. Their findings directly challenge the widespread narrative that digital engagement leads to social withdrawal or a decline in face-to-face interactions. Contrary to this belief, the study revealed that higher levels of social media use were actually associated with increased time spent with friends in person. This suggests that, for the majority of adolescents, social media serves as a social facilitator—enhancing rather than diminishing real-world relationships.

J2 - Importantly, the researchers highlighted that the effects of social media were not uniformly distributed across all teens. Specifically, teens with pre-existing high levels of social anxiety were more likely to experience declines in offline social engagement. However, this subgroup represented a minority, and the findings emphasize individual vulnerability rather than inherent harm in the technology itself.

J3 - The authors stated:

"Our findings do not support the idea that social media displaces in-person social interactions. Instead, for most adolescents, these platforms appear to function as a bridge rather than a barrier to social connection."

J4 - Furthermore, the study controlled for baseline social functioning, parental involvement, and other environmental variables, reinforcing the robustness of the conclusions. The longitudinal design allowed the researchers to distinguish correlation from directionality, and their analyses suggest that adolescents are not becoming isolated because of digital platforms—in fact, their offline lives may benefit from their online ones.

J5 - In sum, this research adds to a growing body of evidence that warns against overgeneralizations. While some individuals may struggle with digital engagement, the average teen appears to integrate online and offline social experiences in complementary, not competing, ways.

K. POLICY AND LEGAL IMPLICATIONS

K1 - Public health decisions carry profound consequences—not only for individuals, but for families, institutions, and the broader culture. As such, these decisions must be guided by robust, replicable evidence rather than public fear, anecdote, or emotionally charged narratives. In the case of social media and youth mental health, the overwhelming body of high-quality research—from longitudinal studies and genetically informed designs to randomized controlled trials and meta-analyses—consistently fails to support the idea that social media use is a significant or primary driver of psychological harm.

K2 - While early alarmism around digital platforms may have emerged from sincere concern, the data now available from dozens of independent research teams around the world paints a far more nuanced—and far less alarming—picture. Large-scale analyses (e.g., Ferguson et al., 2024; Liu & Baumeister, 2024) **have found only trivial effect sizes, with correlations often so small they are indistinguishable from random noise (e.g., r = -.011)**. Genetic studies (Ayorech et al., 2023) show that most associations between social media use and mental health outcomes **disappear once hereditary and environmental factors are accounted for.** Experimental research (Lemahieu et al., 2025) has shown that **reducing or eliminating social media use does not reliably improve mental health**. Furthermore, epidemiological data (Liu et al., 2024) **demonstrates that adolescent anxiety has actually declined over the past three decades, even as smartphone use has exploded.**

K3 - These findings are not isolated or cherry-picked—they represent the consensus of current scientific knowledge, drawn from a wide array of methodologies, populations, and international data sets.

K4 - Therefore, policies or legal actions that portray social media platforms as inherently harmful or psychologically toxic—akin to tobacco or lead paint—are not only misguided, but scientifically unfounded. To treat social media as a public health hazard on par with these substances would require a level of evidence that simply does not exist.

K5 - Indeed, such approaches risk misallocating resources and misidentifying the true causes of youth distress, which are far more likely to include social inequity, trauma, underfunded mental health services, academic pressures, and family instability. Focusing blame on technology may offer a convenient target, but it detracts from the more complex and systemic interventions that are actually needed.

K6 - Moreover, from a legal standpoint, acting against platforms under the assumption that they cause widespread psychological damage—in the absence of compelling causal evidence—raises serious concerns about overreach, misrepresentation, and violation of constitutional protections. It also opens the door to legislative or judicial decisions driven by moral panic rather than empirical rigor, undermining public trust in science-based policy.

K7 - In conclusion, social media is not the villain it is often made out to be, and policy must reflect this reality. The scientific standard demands more than correlation—it demands causation, replication, and practical significance. At present, the data show that while some individuals may struggle with aspects of digital life, social media use as a whole does not constitute a public health crisis, nor does it justify punitive regulation or legal targeting.

K8 - Any future regulatory frameworks must be grounded in transparent, peer-reviewed, and ethically sound evidence, not headlines or hearsay. To do otherwise would be to legislate from fear—not from fact.

L. CONCLUSION

L1 - In summary, the best available scientific evidence does not support the claim that social media use is a primary or causal factor in widespread psychological harm among adolescents. Despite a wave of public concern and policy activity over the past decade, the most rigorous peer-reviewed research—including large-scale longitudinal studies, genetically controlled twin designs, and randomized controlled trials—has consistently shown that the relationship between social media use and adolescent mental health is small, inconsistent, and often spurious.

L2 - Meta-analyses such as those by Ferguson et al. (2024) and Liu & Baumeister (2024) have shown that the average correlations between digital media use and mental health outcomes such as depression or anxiety are so small (often $r < \pm.05$) that they lack any practical or clinical significance. **Many of these correlations are not even statistically robust and fail to replicate across different populations, time points, or study designs.**

L3 - Further, genetically informed studies like Ayorech et al. (2023) demonstrate that much of the observed association between social media and poor mental health can be explained by shared genetic vulnerabilities or family environments—not by the digital platforms themselves. **This suggests that adolescents who are more likely to experience depression or anxiety may also be more drawn to social media, not that social media is the cause of their distress.**

L4 - Experimental studies such as those reviewed in Lemahieu et al. (2025) and the Social Media Experiments Meta (2024) reinforce this conclusion by showing that reducing or eliminating social media use does not reliably improve well-being. **In short, when cause-and-effect is directly tested, the hypothesis that social media harms adolescent mental health fails to hold up.**

L5 - Moreover, studies like Scheeringa (2025) and Corredor-Waldron (2024) caution that measurement error and changing diagnostic norms may be inflating the perceived mental health crisis itself. **Many teens flagged as "at risk" by self-report surveys do not meet clinical diagnostic criteria, and increases in diagnoses may reflect better screening and reduced stigma, not greater distress.**

L6 - From this accumulated body of evidence, it becomes clear that the case against social media is not supported by a credible or cohesive scientific foundation. As such:

L7 - Legal actions that attempt to hold technology platforms liable for generalized adolescent mental health challenges lack empirical justification.

L8 - Legislative efforts to severely restrict or ban youth access to social media based on alleged harms are not evidence-based and may result in unintended negative consequences, such as increased isolation or loss of digital community support.

L9 - Public health rhetoric framing social media as inherently toxic to adolescent development is not supported by the weight of scientific data.

L10 - To be clear, this does not mean that all social media experiences are positive or that no young people are negatively affected. But the current research overwhelmingly supports the conclusion that these effects are **highly individualized, context-dependent, and modest in size—not large, generalizable, or epidemic in scale**.

L11 - Accordingly, the pursuit of restrictive laws, sweeping regulations, or adversarial litigation targeting social media platforms on the basis of mental health concerns is not currently warranted by the scientific literature. Effective policy should instead focus on addressing root causes of distress—such as poverty, trauma, discrimination, and under-resourced mental health care—while also promoting digital literacy, resilience, and healthy technology use for youth.

N. References

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Social Media Experiments Meta (2024). Meta-analysis of controlled trials on social media abstinence and psychological outcomes. *Journal of Media Psychology*. Advance online publication.

Social Media Meta (2024). Broad meta-review of social media's impact on adolescent development. *Adolescent Psychiatry Review*. Advance online publication.

Anthony Bean, Licensed Psychologist #37328
7801 Oakmont Blvd, Suite 101, Fort Worth Texas 76132
Phone: (682) 231-2420 Email: Anthonymbeanphd@gmail.com

EDUCATION

2015 – Ph.D. Clinical Psychology, Pacifica Graduate Institute, Carpentaria, CA.
Research interests: Behavioral Analysis and Motive, Psychopathy, Personality, Character Identification within Video Games.
Dissertation: Video Gamers' Personas: A Five Factor Study Exploring Personality Elements of The Video Gamer. **Dissertation Chair – Gary Groth-Marnat, Ph.D.**

2010 – M.S. in Criminology, Florida State University, Tallahassee, FL.
2009 – Study abroad program in Prague, Czech Republic, for Criminology, Psychology of Criminals, and Criminal Justice Studies.
Thesis: Can Theory Explain Serial Killers Psychopathology?

2008 – B.A. in Psychology, Framingham State University, Framingham, MA.
Concentration in General Psychology, Minor in Neuroscience.
Thesis: Videogame Play and Changes in Aggression Levels Among Young Adults

CERTIFICATIONS AND LICENSURE

Registered Addiction Specialist
Professional Community Intervention Training Institute
Collaborative Institutional Training Initiative
Professional Assault Crisis Training (Pro-ACT)
Blackboard Teaching Credential
Certified Geek Therapist
Therapeutic Dungeon Master
Problematic Gaming Specialist

CLINICAL EXPERIENCE

Leyline Publishing – Fort Worth, TX
Executive Director **March 2020- Present**

- Provide educational and literature based upon current research.
- Publish books and other media related to Geek culture and Geek therapy.
- Obtain, acquire, and edit educational content exceeding publishing standards.
- Facilitate research into information for acquiring future publishing works.

Leyline Education DBA Geek Therapeutics– Fort Worth, TX
Executive Director/Head Clinical Psychologist **March 2019- Present**

- Provide educational and accredited webinars based upon current peer reviewed research.
- Employ multiple modalities of psychological services.
- Conduct research based on experimental and survey inquiries.
- Facilitate group, family, individual, and community services on specific topics of expertise.
- Deliver behavioral management, therapeutic, and multimodal individual, group, and family services.

The Telos Project – Fort Worth, TX
Executive Director/Head Clinical Psychologist **April 2016- Present**

- Provide Psychological therapy services based upon current research.
- Employ multiple modalities of psychological services.
- Conduct research based on experimental and survey inquiries.
- Facilitate group, family, individual, and community services on specific topics of expertise.
- Provide comprehensive psychological diagnostic assessments for children, adolescents, and adults.
- Deliver behavioral management, therapeutic, and multimodal individual, group, and family services.

Bean Professional Psychological Services – Fort Worth, TX
Owner **September 2015 – Present**

- Provide Psychological therapy services based upon current research.
- Employ multiple modalities of psychological services.
- Conduct research based on experimental and survey inquiries.
- Facilitate group, family, individual, and community services on specific topics of expertise.
- Provide comprehensive psychological diagnostic assessments for children, adolescents, and adults.
- Deliver behavioral management, therapeutic, and multimodal individual, group, and family services.

Deer Oaks: A Behavioral Health Organization – Fort Worth, TX
Clinical Psychologist **September 2015 – January 2018**

- Employed Geropsychology Services providing a variety of therapeutic services for individuals residing in long-term care and assisted living facilities.
- Provided diagnostic assessments for Gerospychological patients.
- Participated in multimodal care planning with facility's staff, physicians, and family members.
- Delivered behavioral management, therapeutic, and multimodal individual, group, and family services.
- Developed comprehensive Master Treatment Plans implementing professionally written documentation of assessments, therapeutic interventions, and plan of cares meeting individual resident's needs.

Donaldson Wellness Center – Waxahachie, TX
Psychological Intern **September 2014 – August 2015**

- Worked within multiple modalities of therapeutic treatment dependent upon the client's current life difficulties.
- Conducted, facilitated, and wrote full battery neuropsychological, behavioral, personality, intelligence, disability, learning problems, and emotional psychological testing reports.
- Consulted with area agencies, schools, medical professionals, and other mental health professionals.
- Conducted group, individual, couple's, and family therapies.
- Continually acquired experience in enforcing systems of positive behavior support.
- Developed and maintained knowledge of childhood/adolescent/adult mental disorders.
- Assisted families in maintaining boundaries utilizing a family systems approach.
- Facilitated parent training and family systems models while offering a safe and nurturing environment.
- Developed individualized treatment plans for clients depending on individual strengths.

Outreach Concern – Bellflower, CA
High School Counselor – St. John Bosco **September 2013 – June 2014**

- Provided crisis intervention, conflict resolution, and career development individually to students in an AP preparatory premier high school.
- Worked with adolescents, staff, and parents to develop plans for adolescents experiencing difficulties and continually monitor ongoing support in a multicultural setting.
- Presented information to students and faculty of the school important to adolescent health.
- Managed diverse caseload of adolescents within the school setting.
- Addressed concerns from staff, students, and family members affecting the adolescent's innate ability.
- Utilized various theoretical approaches (e.g. CBT, Humanistic, Existential, Jungian) to address barriers to student success.
- Taught parenting skills and enhance home-school collaboration.
- Promoted wellness and resilience by reinforcing communication and social skills, problem solving, anger management, self-regulation, self-determination, and optimism.
- Documented notes on all therapy sessions, school interactions, and behavior of clients daily.

Shields For Families – Long Beach, CA
Psychological Assessor **September 2012 – July 2013**

- Conducted 1-on-1 psychological assessment on individuals referred to the program using multiple theoretical perspectives (cognitive, achievement, objective, projective, neuropsychological, and social emotional).
- Worked in a multidisciplinary team in Los Angeles County to ensure best practices with clients.
- Delivered comprehensive psychological assessment, psychological reports, feedback, diagnostic interviews, and knowledge on psychological tests.
- Managed client caseload of diverse children and adults.
- Provided treatment recommendations on individual's psychological background and assessment.
- Documented all sessions with clients and billing to Los Angeles County DMH.

- Worked with multiple agencies to conduct wrap-around treatment.
- See Appendix for psychological tests administered.

Aegis Medical Institute – Inglewood, CA
Addiction Counselor **September 2011 – August 2012**

- Conducted 1-on-1 counseling for clients who are on a Methadone Replacement Program.
- Handled a caseload of weekly and monthly patients.
- Oversaw and facilitated all group counseling experiences with scheduled curriculum.
- Delivered comprehensive case management services, counseling, and crisis intervention for clients on addiction, interpersonal connections, and life quandaries.
- Assisted clients in their development and growth in areas client desires.
- Provided treatment plans for clients in a client-oriented fashion.
- Conducted phone referrals; perform intake screenings along with program intake procedures; prepared and filed client's charts and records.
- Documented notes on all therapy sessions and behavior of clients daily.
- Developed and maintained professional skills of addiction through trainings and seminars.

TEACHING EXPERIENCE

Classes Developed & Taught

- General Psychology
- Psychology of Adjustment
- Developmental Psychopathology
- Contemporary Issues In Psychology – Social Media: Gaming and Internet Interactions
- Lifespan
- Abnormal Psychology

Framingham State University – Framingham, MA
Online Adjunct Professor **May 2015 – Present**

- Provide experiential, traditional, and mixture lectures.
- Present quality lectures/seminars on Cognitive Behavioral/Psychodynamic/Jungian Therapies, Psychopathology, Advanced Psychopathology, Jungian Analysis, Research Methods, Video Games, Current Culture Dynamics, Intro to Psychology courses & more.
- Inspire students to incorporate lecture ideas into projects and discussion groups to facilitate learning points.
- Develop and implement daily, weekly, monthly lesson plans and syllabi for classes.
- Utilize current technologies to assist with teaching.
- Maintain communication through online teaching portals (Blackboard, ECollege, and D2L) and email.
- Facilitate discussions based on current academic clinical information.

Navarro College – Waxahachie, TX
Adjunct Professor **January 2015 – December 2020**

- Present relevant textbook and life experience information to students in the realm of Psychology.

- Facilitate projects, lectures, and grading materials for undergraduate classmen.
- Mentor students on career goals, classes, and employment opportunities.
- Provide experiential, traditional, and mixture lectures.
- Present quality lectures/seminars on Cognitive Behavioral/Psychodynamic/Jungian Therapies, Psychopathology, Advanced Psychopathology, Jungian Analysis, Research Methods, Video Games, Current Culture Dynamics, Intro to Psychology courses & more.
- Inspire students to incorporate lecture ideas into projects and discussion groups to facilitate learning points.
- Develop and implement daily, weekly, monthly lesson plans and syllabi for classes.
- Utilize current technologies to assist with teaching.
- Maintain communication through online teaching portals (Blackboard, ECollege, and D2L) and email.
- Facilitate discussions based on current academic clinical information.

PUBLICATIONS

Bean, A. M. (2023). Harnessing Geek Culture for Mental Health Transformation: A Proposed Theory in Psychology. *Journal of Psychology and Psychotherapy Research, 10,* 97-105. https://doi.org/10.12974/2313-1047.2023.10.09

Bean, A. M. & Connell, M. (2023). The Rise of the Use of TTRPGs and RPGs in Therapeutic Endeavors. *Journal of Psychology and Psychotherapy Research, 10,* 1-12. https://doi.org/10.12974/2313-1047.2023.10.01

Bean, A. M. (2023) Keynote Speaker at Dallas-Fort Worth Regional Association of School Psychologists. *The Utilization of Popular Media and Culture in Therapeutic Practice*.

Bean, A. M. (2022) Therapeutic Use of Video Games in the Treatment of Posttraumatic Stress Disorder (PTSD): A Case Study of an Immersed 10-Year-Old Boy. *Journal of Psychology and Psychotherapy Research*, 9, 158-169. https://doi.org/10.12974/2313-1047.2022.09.9

Bean, A. M. (2022) Keynote Speaker at Pediatric Gaming Technology Symposium. *The Utilization of Video Games in Therapeutic Practice*.

Bean, A. M. & Pooran, N. (2022). The Video Gamer Persona: A Five Factor Study Exploring Personality Elements of The Video Gamer. *Journal of Psychology and Psychotherapy Research,* 9.

Bean, A. M. (2022). Checkpoints and Autosaves: Parenting Geeks to Thrive in the Age of Geekdom. Leyline Publishing

Bean, A. M. (2022). The Psychology of Pokémon: The Power To Catch 'Em All. Leyline Publishing

Bean, A. M. (2020) Therapeutic use of video games. In Kowert, R. & Quandt, T. (Eds.), The video game debate 2: Revisiting the physical, social, and psychological effects of video games (pp. 81-94). Routledge.

Bean, A. M. (2020). Integrating Geek Culture into Therapeutic Practice: The Clinician's Guide to Geek Therapy. Leyline Publishing

Bean, A. M. (2020). The Psychology of Final Fantasy: Surpassing the Limit Break. Leyline Publishing

Bean, A. M. (2020). Burnout and Mental Health. Presented for Facebook Gaming's Inaugural Summit.

Bean, A. M. (2020). Geek Therapy Continuing Education Workshop. Presented for Hawaii Pacific Health Kapi'olani Medical Center for Women and Children.

Bean, A. M. (2020). CPT Codes and Ethical Guidelines for Psychological Practice. Presented for Leyline Education as a Continuing Education Workshop.

Bean, A. M. (2019). Working With Video Games and Gamers in Therapy. Presented for Leyline Education as a Continuing Education Workshop.

Bean, A. M. (2019). Working therapeutically with video gamers and their families. *Journal of Health Service Psychology, 45,* 40–46.

Bean, A. M. (2019). Kids, Teens and Screens: Maximizing Benefits, Minimizing Drawbacks. *Presented at APA Annual Convention. Chicago, IL. August 11th, 2019.*

Bean, A. M. (March, 2019) Working Therapeutically With Video Gamers and Games. *Keynote Presentation at the Wisconsin Association for Marriage and Family Therapy Spring Conference.*

Bean, A. M. (2019). The Psychology of Zelda: Linking Our World to the Legend of Zelda Series. Ben Bella.

Bean, A. M. (2018) Working therapeutically with video gamers: The WHO decision and where to go from here. Presented at The Fort Worth Psychological Association.

Bean, A. M., Kowert, R., Tilton, S., Hays, S., & Daniel, S. (2018). The Psychology of The Legend of Zelda Franchise. *PAX West.* Seattle, WA.

Bean, A. M., Madigan, J., Boccamazzo, R., Hays, S., & Daniel, S. (2018). Villains Versus Heroes: The Moral High Ground. *PAX West.* Seattle, WA.

Bean, A. M., Madigan, J., Boccamazzo, R., Kowert, R., Kelly, R., & Hughes, C. (2018). WHO Said What?!: Let's Talk Facts About Gaming Disorder. *PAX West.* Seattle, WA.

Bean, A. M. (2018). Working With Video Gamers And Game In Therapy. Presented at the Veteran Affairs Conference.

Bean, A. M. (2018). Working With Video Gamers And Game In Therapy: A Clinician's Guide. Routledge.

Scutti, S. (2018). WHO classifies 'gaming disorder' as mental health condition. Retrieved from: https://www.cnn.com/2018/06/18/health/video-game-disorder-who/index.html.

Hess, P. (2018). Psychologists Criticize WHO Decision to Recognize 'Gaming Disorder'. Retrieved from: https://www.inverse.com/article/46127-gaming-disorder-mental-health-condition-who.

Sarkar, S. (2018). 'Gaming disorder' classified as a mental health condition, but is the move premature? Retrieved from https://www.polygon.com/2018/6/19/17475632/video-game-addiction-gaming-disorder-who-icd-11.

Rooij, A.J. (Antonius) van, Ferguson, C. Carras, M.C. Kardefelt-Winther, D. Shi, J., Aarseth, E., Bean, A.M., ... Przybylski, A.K. (2018). *A weak scientific basis for gaming disorder: Let us err on the side of caution*. Journal of Behavioral Addictions.

Bean, A. M., Atanasio, J., Dunlap, K., & Daniel, S. (2018). The Psychology of The Legend of Zelda Franchise. *PAX East.* Boston, MA. https://www.twitch.tv/videos/248163644.

Bean, A. M., Atanasio, J., Dunlap, K., & Daniel, S. (2018). Post-Traumatic Growth Through Video Games. *PAX East.* Boston, MA.

Bean, A. M., Bean, C. H., Christianson, J., & Spencer, C. (2018). Anxiety & Depression You Can Harness: Furthering Yourself. *PAX South.* San Antonio, TX.

Hall, C. (2017). Psychologist says rush to pathologize 'video game addiction' is dangerous. Retrieved from https://www.polygon.com/2017/7/20/16003642/psychologist-video-game-addiction-dangerous-dsm-icd-moral-panic-political-pressure.

Hess, P. (2017) Should video game addiction be recognized as a mental illness? Retrieved from https://www.inverse.com/article/34372-video-game-addiction-mental-illness-disorder.

Bean, A. M., Nielsen, R. K. L., van Rooij, A. J., & Ferguson, C. J. (2017). Video Game Addiction: The Push To Pathologize Video Games. Professional Psychology: Research and Practice. Advance online publication. Http://dx.doi.org/10.1037/pro0000150.

Bean, A. M., Scott, J., Bean, C. H., & Spencer, C. (2017). Finding your tribe: The psychology of online communities. *PAX South.* San Antonio, TX.

Bean, A. M., Scott, J., Bean, C. H., Spencer, C. & Christiansen, J. (2017). Embracing the chaos emeralds. *PAX South.* San Antonio, TX.

Aarseth, E., Bean, A. M., Boonen, H., Carras, M. C., Coulson, M., Das, D., … Van Rooij, A. J. (2016). Scholars' Open Debate paper on the World Health Organization ICD-11 Gaming Disorder proposal (2016). *Journal of Behavioral Addictions.*

Bean, A. M., Ferro, L., Vissoci, J. R. N., & Rivero, T. (2016). The emerging adolescent World of Warcraft Video Gamer: A five factor model. *Entertainment Computing 17,* 45-54.

Bean, A. M. (2016, July). *Gaming at Comic-Con and the Gamer Psychology*. [Video Game Expert]. Retrieved from http://www.assemblyofgeeks.com/the-gamers-dominion/gaming-at-comic-con-and-the-gamer-psychology.

Bean, A. M., Scott, J., Bean, C. H., & Spencer, C. (2016). Traversing the cow level: The challenges of gamers' IRL. *PAX South.* San Antonio, TX.

Bean, A. M. & Ferro, L. (2016). Predictors of video game console aggression. *Argentinean Journal of Behavioral Sciences.*

Bean, A. (2015, September) *Dear Veronica: My video game addiction*. [Video Game Expert]. Retrieved from: http://www.engadget.com/2015/09/23/dear-veronica-my-video-game-addiction/.

Bean, A. (2015). *Video gamers' personas: A five factor study exploring personality elements of the video gamer.* Retrieved from ProQuest Digital Dissertations. (AAT 3726481).

Bean, A. (2014, November) Jungian psychology dynamics. *Guest Speaker.* Lecture conducted from Navarro College, Waxahachie, TX.

Bean, A. & Atanasio, J. (2014, March 15). *Restoring dignity to the game: Research and public image*. Symposium conducted at the Society for Humanistic Society, Palo Alto, CA.

Bean, A. & Atanasio, J. (2014, March 15). *The gamer: An experiential approach to research identity and therapeutic interventions*. Symposium conducted at the Society for Humanistic Society, Palo Alto, CA.

Bean, A., & Groth-Marnat, G. (2014). Video gamers and personality: A five-factor model to understand game playing style. *Psychology of Popular Media Culture*, 5, 1, 27-38.

Bean, A. (2013, December 11). *Games people play.* The Dr. Shirley Show, UBN Radio, Los Angeles, CA.

Bean, A., Jones, W., Weiss, J., & Enterline, M. (2013, August). *Journey out of poverty: The place of resilience.* Paper presented at the American Psychological Association, Honolulu, July 31-August 4, 2013.

Bean, A., & Groth-Marnat, G. (2013, August). *Personality differences between world of warcraft players and styles of play*. Paper presented at the American Psychological Association, Honolulu, July 31-August 4, 2013.

Bean, A. (2013, July 23). *The name of the gamer.* The Dr. Shirley Show, UBN Radio, Los Angeles, CA.

Bean, A. (2013, March 19). *In our midst: Sociopaths and psychopaths*. The Dr. Shirley Show, UBN Radio. Los Angeles, CA.

Bean, A., Enterline, M., Jones, W., & Weiss, J. (2013, February 8). Presenter. *The journey through poverty.* Symposium conducted at the Society for Humanistic Society, Carpenteria, CA.

Bean. A. (2013). *Video games and culture today*. Retrieved from: http://psychgrads.com/?p=1021.

Bean, A., & Assalley, A. (2011, April 16). Presenter. *The neurobiology of psychopathy and its uses in court.* Symposium conducted at the meeting of Crisis Intervention Training Conference, Los Angeles, CA.

Bean, A., & Leal, E. (2011, April 16). Presenter. *Serial killers and current criminological theories.* Symposium conducted at the meeting of Crisis Intervention Training Conference, Los Angeles, CA.

Bean, A., & Assalley, A. (2011, February 12). Presenter. *Latino adolescent suicide.* Symposium conducted at the meeting of Latino Mental Health, Irvine, CA.

Warner, D., & Bean, A. (2011). *The expert's take: Cluster A personality disorders*. Retrieved from: http://www.qualityhealth.com/depression-articles/expert-overview-personality-disorders.

Warner, D., & Bean, A. (2011). *An expert overview on personality disorders*. Retrieved from: http://www.qualityhealth.com/depression-articles/expert-overview-personality-disorders.

Warner, D., & Bean, A. (2010). *Cocaine's effect on the mind*. Retrieved from: http://www.qualityhealth.com/mental-health-articles/cocaines-effect-your-personality.

Warner, D., & Bean, A. (2010). *Polysubstance dependence*. Retrieved from: http://www.qualityhealth.com/mental-health-articles/polysubstance-dependence.

Bean, A., & Freilich, M. (2008). Videogame Play & Changes in Aggression Levels Among Young Adults. *Framingham State Journal of Behavioral Sciences, 13,* 91-100.

Bean, A., & Freilich, M. (2008, May). *Videogame play and changes in aggression levels among young adults*. Paper presented at the 14th Annual Massachusetts Statewide Undergraduate Research Conference, Amherst, May 2, 2008.

RESEARCH EXPERIENCE

Neuro-Games – San Paulo, Brazil

Director of Massive Multiplayer Online (MMO) Research June 2013-Present

- Work with individuals within the MMO field of video games.
- Direct research projects associated with MMO and Neurobiology components.
- Assist other directors in their research endeavors.
- Train the research team on ethical principles of both aspects qualitative and quantitative research.
- Conduct research on the lifespan of the gamer for positive and negative qualities of gaming.
- Increase public knowledge and learning potential of video games.
- Present findings at Regional, State, and Country Conferences.

Harvard Pilgrim Health Care – Springfield, MA

Research Assistant May 2010 – August 2010

- Traveled around the state of Massachusetts to acquire data on individual's eating habits.
- Assisted in the managing, surveying and interpreting of collected data.
- Developed a new and more positive surveying technique.

HONORS AND AWARDS

- Brian Center/A Better LA Research Fellowship.
- Research Award for outstanding and innovative research conducted at Framingham State University.
- Research Award for recognized acceptance into the Massachusetts State Undergraduate Conference.

SKILLS

Mplus
Data Analysis and Statistical Software (STATA)
Statistical Package for the Social Sciences (SPSS)
Microsoft Office
Survey Management and Creation

PROFESSIONAL AFFILIATIONS

Member of Fort Worth Psychological Association
Member of American Psychological Association
Member of Texas Psychological Association

Appendix

Cognitive Assessment Tests

Children's Memory Scale
Controlled Oral Work Association Test
Kaufman Assessment Battery for Children – 2
Kaufman Brief Intelligence Test - II
Trail Making Test A & B
Wechsler Adult intelligence Scale – 4
Wechsler Intelligence Test for Children – 4
Wechsler Memory Scale – 4
Test of Non-Verbal Intelligence

Achievement Assessment Tests

Conners Continuous Performance Test – 2
Gray Oral Reading Tests - 4
Wechsler Individual Achievement Test – 3
Woodcock-Johnson III Tests of Achievement
Wide Range Achievement Test

Objective Assessment Tests

Aggression Questionnaire
Beck Depression Inventory – II
Beck Anxiety Scale
Beck Hopelessness Scale
Behavior Assessment For Children
Center for Epidemiologic Studies Depression Scale (CES-D)

Children's Depression Inventory
Clinical Evaluation of Language Fundamentals - 4
Conners 3 ADHD Index
Conners 3 Parent Rating Scales
Conners 3 Teacher Rating Scales
Conners CBRS – Parent
Depression Anxiety Stress Scales – 21
Dissociative Experiences Scale
Navaco Angle Scale and Provocation Inventory
Rosenberg Self- Esteem Scale
Satisfaction with Life Scale
Tellegan Absorption Scale

Projective Assessment Tests
House-Tree-Person Drawing
Family Kinetic Drawing
Rorschach Inkblot Test
Rotter Incomplete Sentence Blank
Thematic Apperception Test
Tell Me A Story (TEMAS)

Neuropsychological Assessment Tests
Comprehensive Test of Phonological Processing
Delis-Kaplan Executive Functioning System
Comprehensive Executive Functioning Inventory
Berry VMI
Wide Range Assessment of Visual Motor Ability

Personality Assessment Tests
Big Five Inventory
NEO-PI-R
Minnesota Multiphasic Personality Inventory – 2
Minnesota Multiphasic Personality Inventory – 2 – RF
Minnesota Multiphasic Personality Inventory – 2 – RC
Minnesota Multiphasic Personality Inventory – A
Personality Assessment Inventory
Millon Clinical Multiaxial Inventory

Autism Tests
Austism Diagnostic Observation Scale
Australian Scale for Asperger's Syndrome
Gilliam Asperger's Disorder Scales
Gilliam Autism Rating Scale
Sensory Checklist