No Magic Wand

DR RAD SSI-MR v10

No Magic Wand

Seventy-Five Evidence Articles from the Clinic and the Classroom

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Lakeland, Florida

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All glory to God. ISBN to be assigned. First evidence edition, October 2026.

Disclosure and disclaimer

This book is an evidence manuscript, not a newly computed meta-analysis of seventy-five literatures. The research method is DR RAD SSI-MR version 10. Each article has one question, one contrast, and one primary outcome. Published effect sizes are secondary extractions from syntheses and trials already in the record as of October 2026. Where no published comparative estimate was retrieved, the article says the question is open. A gap is not a zero. No Hedges g, odds ratio, confidence interval, or study count in this book was fit for this book.

SSI-MR v10 is the authors' structured review engine. It is not a PRISMA-registered systematic review with a locked search, dual screening, and a protocol deposited for each title. Marketing papers and pre-post agency data are not treated as efficacy. Blinded and unblinded outcomes are not averaged. Passive-control effects are not treated as equivalent to active-control effects.

Nothing in this book is medical, psychological, educational, or legal advice, and nothing here creates a clinician-patient or counselor-client relationship. It is not a substitute for assessment, a treatment plan, a safety plan, or emergency care. If a child or adult is in immediate danger, call 911. In the United States, the 988 Suicide and Crisis Lifeline is available by call or text.

Programs, brands, and protocols named in these pages are discussed as evidence questions. Naming a program is not an endorsement, a referral, or a claim that the program is appropriate for a particular child. The authors have no magic wand to offer, and the book should not be read as one.

Franklin Edward Shoemaker, PhD, LMHC-QS, is a licensed mental health counselor in Florida and writes here as clinician, researcher, and co-author, not as a spokesman for any public body. This book is not a publication of the Republican Party of Florida, any county party, or any campaign, and it does not represent an official position of those organizations. Tonya A. Sharrett-Shoemaker, MA, writes as educator and co-author. Classroom examples are composite in spirit. They are not a record of a named student.

The authors and publisher disclaim liability for actions taken solely on the basis of this book. Evidence dates. A 2027 locked search can move a gap to a number, or move a number down after risk-of-bias adjustment.

For the child who is still snapped, and for the adult who stays.

Structure without nurture fails. Nurture without structure fails. There is no magic wand.

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Authors' preface

This book began as a question we are asked in the clinic and in the classroom. What works? The honest answer is shorter than the catalog. A few protocols have comparative effects. Many brands have a poster. Families are handed the poster.

We wrote seventy-five articles under one engine, DR RAD SSI-MR version 10, and one rule. A claim earns its keep only if the child is safer, the bond is more usable, the adult is still present, and the harm was counted. Where a published synthesis reported a number, the article carries that number. Where it did not, the article says the question is open. Read the disclosure page before the articles. It is part of the method, not a formality.

One of us is in the therapy room. One of us is in the school. We have also raised children with attachment difficulties. That is context, not a coefficient. The age-five gate remains a hypothesis wherever it has not been pooled.

Start with Which Protocol Holds, The Empty Cup, The Relative Home, The Skills That Interrupt the Cut, and The Screen Session. Article 75 protects every other claim. All glory to God.

The eight gates

1. One population, one contrast, one primary outcome.

2. Peer-reviewed trials and syntheses preferred.

3. Randomized or adjusted designs for an efficacy claim.

4. Extract effect, sample, follow-up, fidelity, harm, and caregiver dose.

5. A published pool outranks a signal. A signal outranks a slogan.

6. No invented hedges. Blinded and unblinded outcomes are not averaged.

7. Name the moderator that would change the result.

8. End with a decision: stop, start, or test.

Part I. Digital systems, youth severity, and the school workforce

Article 1

The Third Attachment Figure

When the Companion Never Sleeps

Franklin Edward Shoemaker, PhD, and Tonya A. Sharrett-Shoemaker, MA

Question. Do generative-AI companions increase dependency, loneliness, help-seeking delay, or crisis escalation in minors relative to no-companion or human-support controls?

Finding. APA named digital companions a 2026 field trend. Jed Foundation noted safeguards lagging profit-driven design and flagged emerging links to suicidal ideation. About 12 percent of U.S. teens have been described as using generative AI for emotional support. No safety meta-analysis was retrieved.

Practice. A companion that never sleeps is not a caregiver. Do not treat chatbot use as neutral until safety endpoints are pooled.

Next pool. Random-effects pool of dependency, loneliness, and crisis contact. Age and hours of use as

moderators. Adverse events mandatory.

The Third Attachment Figure is research article 1 of 75 in the DR RAD SSI-MR v10 series, paired with the working title When the Companion Never Sleeps. Both names point at one contrast. Neither name is a promise that a curriculum, a molecule, a screen, or a point sheet will repair a bond. The series rule, from the clinic and the classroom, is that a claim earns its keep only if the child is safer, the bond is more usable, the adult is still present, and the harm was counted. This article applies that rule to a single question.

The question is this. Do generative-AI companions increase dependency, loneliness, help-seeking delay, or crisis escalation in minors relative to no-companion or human-support controls? The question is deliberately narrow. SSI-MR v10 refuses bundled outcomes. A knowledge test for adults is not a child outcome. A drop in office referrals is not a drop in injury. A saved hour of documentation is not a resignation that did not happen. Time saved, symptom change, placement stability, and death are different estimands. They are not averaged. This title sits in the wave on digital systems, youth severity, and the school workforce.

The first wave asks whether a tool, a screen, a screen-in, or a staffing gap is being mistaken for care. APA's 2026

trends and the Jed Foundation outlook sit behind this wave: companions, personalized data, shrinking public systems, and boys who will not ask. Readers who want a wand will be disappointed. Readers who want the sentence a supervisor can defend in a staffing, a court report, or an IEP meeting will find the sentence in the results and the practice close. The clinical problem is ordinary and expensive. Families arrive after several failed behavior plans.

Classrooms arrive after a purchased program and a poster. Systems arrive after a placement move, a screen, or a start of medication. The adult is tired. The child is still snapped. The Third Attachment Figure is the name for the moment when someone asks whether the thing being offered is the thing the evidence can support. When the Companion Never Sleeps is the same moment from the chair across the room. One title faces the protocol. The other faces the person who has to live with it at dismissal, at bedtime, or at the next placement.

Background literature was not re-searched from scratch for this title alone. The series extracted published syntheses and primary signals already in hand as of October 2026, including the APA Monitor trends report, the Jed Foundation youth outlook, the Hoppen pediatric PTSD network, the Urbanowicz parental-burnout meta-analysis, the Winokur Cochrane kinship review,

Cipriano's universal SEL synthesis, DBT-A self-harm pools, youth telehealth non-inferiority estimates, and the school trauma rating review that found two high-evidence models. Where this title is not one of those anchors, the article says so. Borrowing a neighbor's effect size is a form of overclaim.

Method followed eight gates. Gate 1 required one population, one contrast, and one primary outcome. Gate 2 preferred peer-reviewed trials and syntheses from 2000 through 2026, with child and caregiver samples first. Gate 3 refused marketing papers and refused pre-post agency data as efficacy. Gate 4 extracted effect, sample, follow-up, fidelity, harm, and caregiver dose when a source reported them. Gate 5 graded a published pool above an incomplete pool, and an incomplete pool above a signal. Gate 6 forbade invented hedges and forbade averaging blinded with unblinded outcomes. Gate 7 named the moderator that would change the result: age at placement, caregiver presence, fidelity, sex, or trauma dose.

Gate 8 required a practice decision: stop, start, or test. A title that could not pass a gate was written as a gap. The next analysis, when one is warranted, is specified rather than performed. Random-effects pool of dependency, loneliness, and crisis contact. Age and hours of use as moderators. Adverse events mandatory. Until that pool is

run under a locked search and dual screening, this article does not pretend the pool exists. A PRISMA flow diagram is not drawn for a search that was not locked. Forest plots are not drawn for effects that were not fit.

Results, as extracted. APA named digital companions a 2026 field trend. Jed Foundation noted safeguards lagging profit-driven design and flagged emerging links to suicidal ideation. About 12 percent of U.S. teens have been described as using generative AI for emotional support. No safety meta-analysis was retrieved. That paragraph is the whole quantitative yield of this title. Numbers inside it were reported by the cited syntheses or surveys. Numbers absent from it were not estimated here. A missing estimate is a gap. A gap is not a zero, and it is not a license to describe the intervention as ineffective.

It is a license only to say that the comparative claim has not been earned. Interpretation stays inside that yield. If the extracted figure is large, comparative, and maintained, practice can move toward the protocol and away from the slogan. If the extracted figure is small, as with universal school programs near a tenth of a standard deviation or smaller, the program may still be worth a modest place and is not worth the language of repair. If the extracted figure is a single trial, an open trial, or a search-volume spike, it stays in the narrative lane.

Therabot symptom drops, single-session d values, and anhedonia search interest are examples of signals that do not enter an efficacy ledger. If the cell is empty, the allowed sentence is that the question is open. The clinic and classroom implication is concrete. A companion that never sleeps is not a caregiver. Do not treat chatbot use as neutral until safety endpoints are pooled. Staff can be told that in one sentence. They should not be told that this title has solved the adjacent title. Parental burnout treatment does not prove a trauma-informed poster.

Kinship stability does not prove that the kinship home was offered services. Telehealth non-inferiority does not prove that a chatbot is a clinician. Trauma-focused CBT's lead in the pediatric network does not prove that every branded trauma worksheet is trauma-focused CBT. No magic wand follows from the implication. Structure without nurture fails. Nurture without structure fails. External quiet can

Article 2

The Sleep Gate

Screens, Sleep, and the Snapped Nervous System

Franklin Edward Shoemaker, PhD, and Tonya A. Sharrett-Shoemaker, MA

Question. Is sleep disruption a mediator between screen exposure and adolescent depression, anxiety, and self-harm?

Finding. A 2026 review identified sleep as a central transdiagnostic driver. U.S. adolescent major depression rose from 8.1 percent in 2009 to 15.8 percent in 2019. A formal mediation meta-analysis was not retrieved.

Practice. Fix the night before adding another curriculum.

Next pool. Two-stage mediation synthesis. Separate recreational screens from school-required screens.

The Sleep Gate is research article 2 of 75 in the DR RAD SSI-MR v10 series, paired with the working title Screens, Sleep, and the Snapped Nervous System. Both names point at one contrast. Neither name is a promise that a curriculum, a molecule, a screen, or a point sheet will repair a bond. The series rule, from the clinic and the classroom, is that a claim earns its keep only if the child

is safer, the bond is more usable, the adult is still present, and the harm was counted.

This article applies that rule to a single question. The question is this. Is sleep disruption a mediator between screen exposure and adolescent depression, anxiety, and self-harm? The question is deliberately narrow. SSI-MR v10 refuses bundled outcomes. A knowledge test for adults is not a child outcome. A drop in office referrals is not a drop in injury. A saved hour of documentation is not a resignation that did not happen. Time saved, symptom change, placement stability, and death are different estimands. They are not averaged. This title sits in the wave on digital systems, youth severity, and the school workforce.

The first wave asks whether a tool, a screen, a screen-in, or a staffing gap is being mistaken for care. APA's 2026 trends and the Jed Foundation outlook sit behind this wave: companions, personalized data, shrinking public systems, and boys who will not ask. Readers who want a wand will be disappointed. Readers who want the sentence a supervisor can defend in a staffing, a court report, or an IEP meeting will find the sentence in the results and the practice close. The clinical problem is ordinary and expensive. Families arrive after several failed behavior plans.

Classrooms arrive after a purchased program and a poster. Systems arrive after a placement move, a screen, or a start of medication. The adult is tired. The child is still snapped. The Sleep Gate is the name for the moment when someone asks whether the thing being offered is the thing the evidence can support. Screens, Sleep, and the Snapped Nervous System is the same moment from the chair across the room. One title faces the protocol. The other faces the person who has to live with it at dismissal, at bedtime, or at the next placement.

Background literature was not re-searched from scratch for this title alone. The series extracted published syntheses and primary signals already in hand as of October 2026, including the APA Monitor trends report, the Jed Foundation youth outlook, the Hoppen pediatric PTSD network, the Urbanowicz parental-burnout meta-analysis, the Winokur Cochrane kinship review, Cipriano's universal SEL synthesis, DBT-A self-harm pools, youth telehealth non-inferiority estimates, and the school trauma rating review that found two high-evidence models. Where this title is not one of those anchors, the article says so. Borrowing a neighbor's effect size is a form of overclaim.

Method followed eight gates. Gate 1 required one population, one contrast, and one primary outcome. Gate 2 preferred peer-reviewed trials and syntheses from 2000

through 2026, with child and caregiver samples first. Gate 3 refused marketing papers and refused pre-post agency data as efficacy. Gate 4 extracted effect, sample, follow-up, fidelity, harm, and caregiver dose when a source reported them. Gate 5 graded a published pool above an incomplete pool, and an incomplete pool above a signal. Gate 6 forbade invented hedges and forbade averaging blinded with unblinded outcomes. Gate 7 named the moderator that would change the result: age at placement, caregiver presence, fidelity, sex, or trauma dose.

Gate 8 required a practice decision: stop, start, or test. A title that could not pass a gate was written as a gap. The next analysis, when one is warranted, is specified rather than performed. Two-stage mediation synthesis. Separate recreational screens from school-required screens. Until that pool is run under a locked search and dual screening, this article does not pretend the pool exists. A PRISMA flow diagram is not drawn for a search that was not locked. Forest plots are not drawn for effects that were not fit. Results, as extracted.

A 2026 review identified sleep as a central transdiagnostic driver. U.S. adolescent major depression rose from 8.1 percent in 2009 to 15.8 percent in 2019. A formal mediation meta-analysis was not retrieved. That paragraph is the whole quantitative yield of this title.

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Interpretation stays inside that yield. If the extracted figure is large, comparative, and maintained, practice can move toward the protocol and away from the slogan. If the extracted figure is small, as with universal school programs near a tenth of a standard deviation or smaller, the program may still be worth a modest place and is not worth the language of repair. If the extracted figure is a single trial, an open trial, or a search-volume spike, it stays in the narrative lane. Therabot symptom drops, single-session d values, and anhedonia search interest are examples of signals that do not enter an efficacy ledger.

If the cell is empty, the allowed sentence is that the question is open. The clinic and classroom implication is concrete. Fix the night before adding another curriculum. Staff can be told that in one sentence. They should not be told that this title has solved the adjacent title. Parental burnout treatment does not prove a trauma-informed poster. Kinship stability does not prove that the kinship home was offered services. Telehealth non-inferiority does not prove that a chatbot is a clinician.

Trauma-focused CBT's lead in the pediatric network does not prove that every branded trauma worksheet is trauma-focused CBT.

No magic wand follows from the implication. Structure without nurture fails. Nurture without structure fails. External quiet can be purchased with a point sheet, a suspension, a hold, or a medication start, and the child can remain snapped. Relational work is slower and is the work the stronger trials keep pointing toward: parent in the

Article 3

Scaffold or Substitute

The Offloaded Mind

Franklin Edward Shoemaker, PhD, and Tonya A. Sharrett-Shoemaker, MA

Question. Does generative-AI use for planning and drafting reduce independent executive-function performance?

Finding. Bibliometrics document a generative turn and a theory gap. Special-education reviews distinguish compensation, scaffolding, and development. No far-transfer pool was retrieved.

Practice. A tool that finishes the plan has not taught the plan.

Next pool. Split near-transfer from far-transfer. Pre-register offloading as a harm endpoint.

Scaffold or Substitute is research article 3 of 75 in the DR RAD SSI-MR v10 series, paired with the working title The Offloaded Mind. Both names point at one contrast. Neither name is a promise that a curriculum, a molecule, a screen, or a point sheet will repair a bond. The series rule, from the clinic and the classroom, is that

a claim earns its keep only if the child is safer, the bond is more usable, the adult is still present, and the harm was counted. This article applies that rule to a single question.

The question is this. Does generative-AI use for planning and drafting reduce independent executive-function performance? The question is deliberately narrow. SSI-MR v10 refuses bundled outcomes. A knowledge test for adults is not a child outcome. A drop in office referrals is not a drop in injury. A saved hour of documentation is not a resignation that did not happen. Time saved, symptom change, placement stability, and death are different estimands. They are not averaged. This title sits in the wave on digital systems, youth severity, and the school workforce. The first wave asks whether a tool, a screen, a screen-in, or a staffing gap is being mistaken for care.

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The adult is tired. The child is still snapped. Scaffold or Substitute is the name for the moment when someone asks whether the thing being offered is the thing the evidence can support. The Offloaded Mind is the same moment from the chair across the room. One title faces the protocol. The other faces the person who has to live with it at dismissal, at bedtime, or at the next placement. Background literature was not re-searched from scratch for this title alone. The series extracted published syntheses and primary signals already in hand as of October 2026, including the APA Monitor trends report, the Jed Foundation youth outlook, the Hoppen pediatric PTSD network, the Urbanowicz parental-burnout meta-analysis, the Winokur Cochrane kinship review, Cipriano's universal SEL synthesis, DBT-A self-harm pools, youth telehealth non-inferiority estimates, and the school trauma rating review that found two high-evidence models.

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